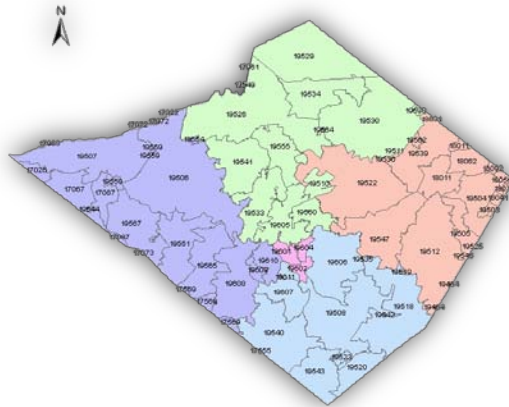




BERKS COUNTY, PENNSYLVANIA COMMUNITY HEALTH NEEDS ASSESSMENT



PREPARED FOR:

**BERKS COUNTY COMMUNITY FOUNDATION
ST. JOSEPH REGIONAL HEALTH NETWORK
THE READING HOSPITAL AND MEDICAL CENTER
UNITED WAY OF BERKS COUNTY**

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BERKS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

PURPOSE

The purpose of the needs assessment is to identify and prioritize community health needs so that these organizations can develop strategies and implementation plans that benefit the public as well as satisfy the requirements of the Affordable Care Act for the two hospitals. This report summarizes the results of an assessment of the health status and health care needs of residents in Berks County, Pennsylvania. The needs assessment was jointly sponsored by the Berks County Community Foundation, St. Joseph Regional Health Network, The Reading Hospital and Medical Center, and the United Way of Berks County. The needs assessment was conducted by Public Health Management Corporation, a private non-profit public health institute.

NEEDS ASSESSMENT PROCESS

This needs assessment was overseen by a Steering Committee of representatives from each of the four sponsoring organizations. An Advisory Committee of 13 representatives from Berks County community organizations was appointed by the Steering Committee to provide input from the community. The Advisory Committee supplied guidance at all stages of the needs assessment process.

COMMUNITY

Berks County (2010 Pop. 411,500) was defined as the community for the purposes of this assessment. Berks County includes urban, suburban, and rural areas with distinct populations and health resources. The population of Berks County is relatively homogeneous overall, with the exception of the City of Reading, where the majority of residents are Latino. The City of Reading also has a younger population than the County as a whole, and its residents are poorer than the county as a whole. In 2010, the City of Reading was the poorest city in the United States. The population of Berks County is not expected to greatly increase in the next few years.

HEALTH

Heart disease is the leading cause of death in Berks County followed by all forms of cancer, stroke, lung cancer, and female breast cancer. In addition, many adults suffer from obesity, high blood pressure, diabetes and untreated mental health conditions.

- Nearly one-third of adults (30.2%) are obese and more than one-third (35.9%) are overweight;
- More than one-third of adults (33.4%) have been diagnosed with high blood pressure; this percentage represents 105,400 adults;
- One in seven adults (13.9%) have been diagnosed with diabetes; and
- Although 14.6 have been diagnosed with a mental health condition, only 38.5% of those are receiving treatment for their condition.
- Residents of the City of Reading are in poorer overall health, are more likely to be obese and are more likely to have diabetes, high blood pressure, or a mental health condition than residents of the other areas of the county.



UNMET NEEDS

Health care is unaffordable for many Berks County residents. The cost of insurance, co-pays, and deductibles was the most common health care concern of residents.

- More than one in ten adults aged 18-64 (13.3%) is uninsured, representing 33,000 uninsured adults; this percentage has increased since 2008 from 8.7% to 13.3% in 2012.
- Among the uninsured in Berks County, one-quarter (24.8%) visited an emergency room for care in the past year due to a lack of health insurance.
- Many adults in Berks County are unable to get needed care due to the cost of that care: 12.0% of adults, or about 37,000 individuals, reported that there was a time in the past year when they needed health care, but did not receive it due to the cost.

Latino residents in Berks County are more at risk for poor health and lack of access to care than other residents. In addition to cost, barriers to care for Latino residents include cultural and linguistic differences, transportation, and a distrust of government. One-third (34%) of Latino adults age 18 years of age or older are in fair or poor health; this percentage is almost three times higher than for non-Latino adults. Nearly 8,000 Latino adults needed health care in the past year but did not receive that care due to cost. More than one in five (21.0%) Latino adults were prescribed medications in the past year but did not purchase those medications due to cost.

RECOMMENDATIONS

The majority of residents in Berks County are in good health. However, poor access to primary and preventive care results in poorer health status and higher rates of mortality for population sub-groups in Berks County. **The City of Reading should be targeted, because most of the population in the County that is at risk for experiencing barriers to care lives there.** The specific targeted recommendations for Berks County are listed below in order of priority and are based on the findings from this needs assessment:

Target 1: Increase Access to Care

1. **Increase access to care, specifically:**
 - **Primary care for the uninsured and underinsured, including Latino adults and Medical Assistance enrollees (creating a clinic for the uninsured in the City of Reading modeled on Volunteers in Medicine in West Chester, is also recommended.**
 - **Prescription, dental, and vision care;**
 - **Specialty care, including psychiatrists;**
 - **Mental health services; and**
 - **Early pre-natal care, especially among Black and Latina women.**
2. **Improve the ability of providers to serve the Latino population by expanding and enhancing bilingual, culturally appropriate services.**



Target 2: Enhance Personal Health Behaviors

- 3. Increase programs and interventions which address personal health behaviors which negatively impact health, especially obesity, smoking, and adolescent pregnancy. Addressing obesity in children and adults by public and private providers, including health care, government, and the schools, is a top priority.**

This report that follows provides an overview about the assessment process, the data collection methods and sources of information utilized and provides a detailed picture of the health status, health care experiences and unmet health care needs of residents in Berks County, Pennsylvania.



I. INTRODUCTION

PURPOSE

This report summarizes the results of an assessment of the health status and health care needs of residents of Berks County, Pennsylvania. The needs assessment was jointly sponsored by the Berks County Community Foundation, St. Joseph Regional Health Network, The Reading Hospital and Medical Center, and the United Way of Berks County. The needs assessment was conducted by Public Health Management Corporation, a private non-profit public health institute. The purpose of the needs assessment is to identify and prioritize community health needs so that these organizations can develop strategies and implementation plans that benefit the public as well as satisfy the requirements of the Affordable Care Act for the two hospitals.

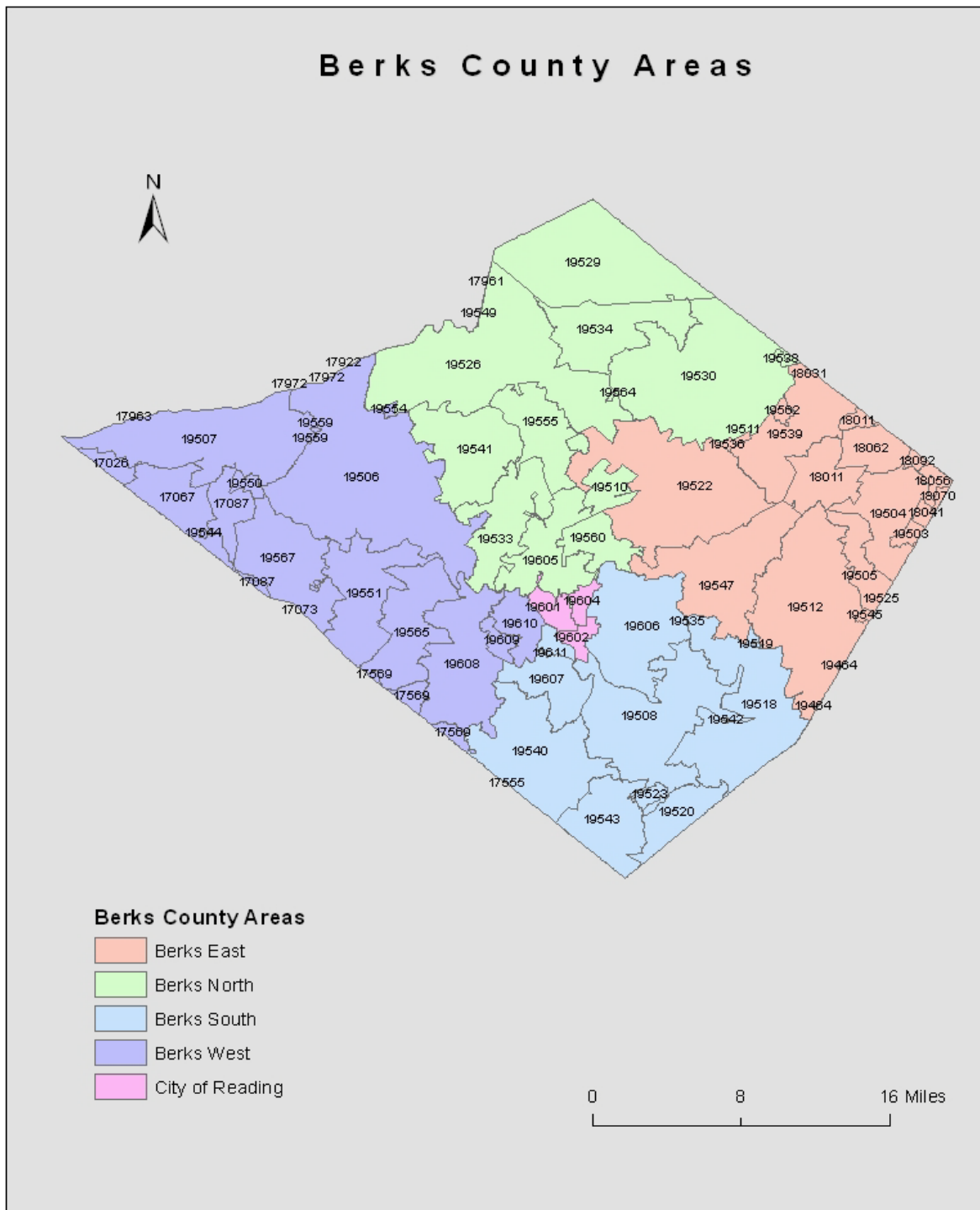
This introduction includes a definition of the community assessed in the report, the demographic and socioeconomic characteristics of the residents, and the existing health care resources followed by II. Needs Assessment Process and Methods; III. Findings; IV. Unmet Needs; and V. Conclusion and Recommendations. Tables and Maps are included in the Appendices.

COMMUNITY DEFINITION

Berks County (2010 Pop. 411,500) was defined as the community for the purposes of this assessment.

Berks County includes urban, suburban, and rural areas with distinct populations and health resources. For the purposes of this needs assessment, five geographic subareas of the county, defined by ZIP code clusters, were identified: the **City of Reading and East, West, North, and South Berks County** (Map 1). The boundaries of these smaller areas were determined by the Needs Assessment Steering Committee in collaboration with PHMC using county geography and population demographics. The City of Reading, consisting of only three ZIP codes approximately contiguous with its municipal boundaries, was assessed as a separate area because of the unique socioeconomic and demographic characteristics of its population compared to other areas of Berks County.





Source: U.S Census, 2010. Prepared by PHMC.



COMMUNITY DEMOGRAPHICS

This report includes a description of the socioeconomic and demographic characteristics of the residents of Berks County and its separate regions because these characteristics are strong indicators of access to health care and good health.

Population Size and Trends

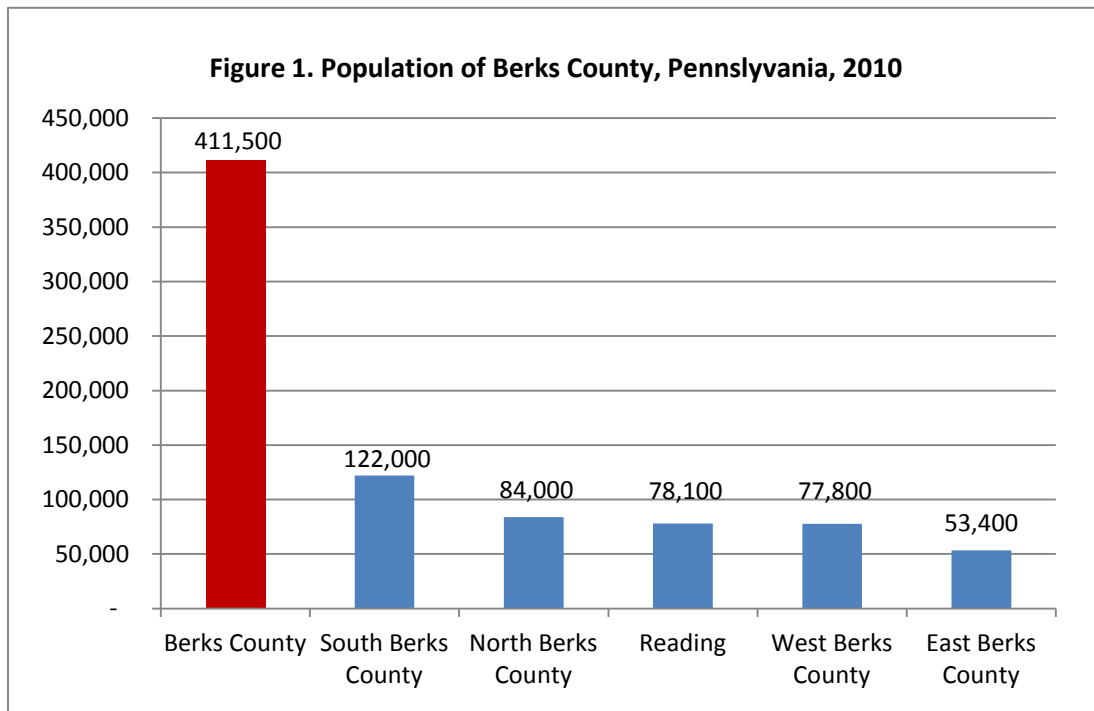
The population of Berks County is relatively homogeneous overall, with the exception of the City of Reading, where the majority of residents are Latino. The City of Reading also has a younger population than the County as a whole, and its residents are poorer than the county as a whole. In 2010, the City of Reading was the poorest city in the United States. The population of Berks County is not expected to greatly increase in the next few years.

The total population of Berks County is **nearly 411,500**, a 10% increase from **373,600** in 2000 (Figure 1). The population of Berks County is projected to continue to increase, but only slightly, through 2018 (See Appendix A for U.S. Census Tables).

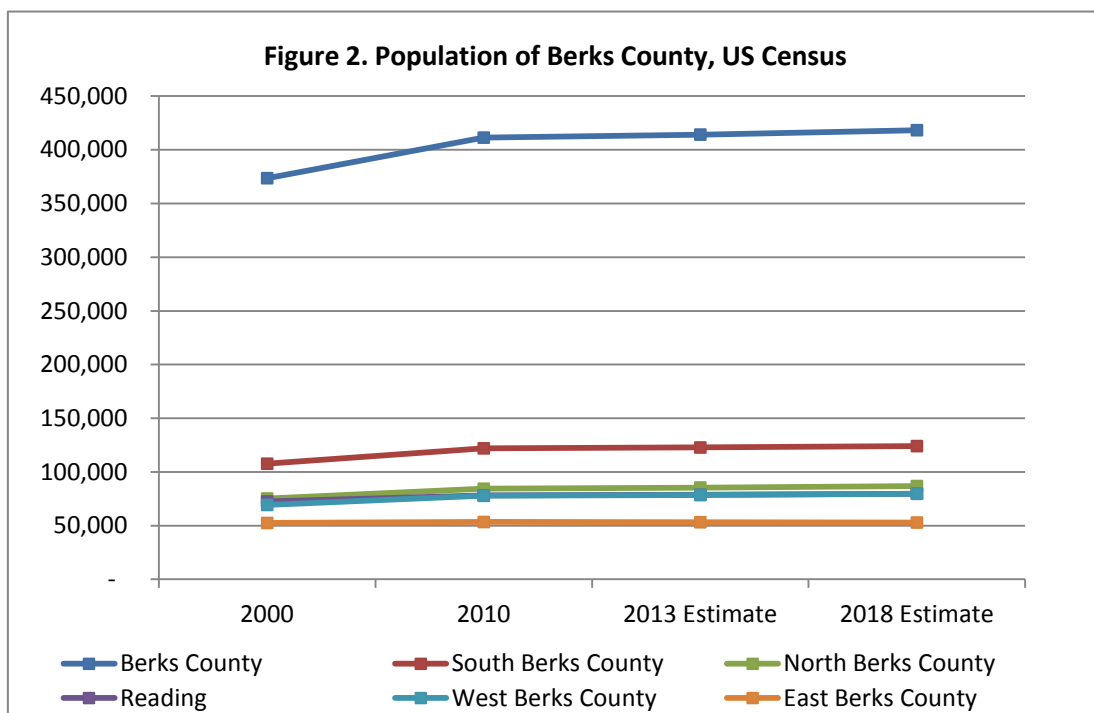
The South Berks area of the County has the largest population (122,000), followed by the North Berks area (84,400), the City of Reading (78,100), and the West (77,800) and East Berks (53,400) areas.

The South Berks area had the largest increase in its population from 2000 to 2010 (13.3%); the East Berks area had the smallest increase (1.7%).

The City of Reading, and North, West, and South Berks areas are projected to increase slightly in population through 2018, and the East Berks area is expected to decrease slightly. (Figure 2)



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Demographic Characteristics

Age

Berks County has a relatively high percentage of older adults aged 65 and over (15%) compared to the United States as a whole (13%). This percentage is lower than the percentage for Pennsylvania (16.0%). In Berks County nearly one-quarter of residents are children between the ages of 0-17 (24%), just over one-third are aged 18-44 (34%), and over one-quarter are aged 45-64 (27%). **The population of Berks County is aging; there was a decrease in the percentage of residents aged 18-44 between 2000 and 2010** (38% in 2000 and 34% in 2010) and **an increase in the percentage of those aged 45-64** (23% in 2000 and 27% in 2010). This age structure is expected to remain the same through 2018.

The City of Reading, overall, has a younger population compared to the rest of the county; (31.3% are ages 0-17 and 39.3% are ages 18-44 compared to 23.9% and 34.3%, respectively, in Berks County overall. Conversely, only **8.9% of adults in the City of Reading are 65 or older compared to 15% for Berks County.** In Reading, the percentage of residents under 65 years of age slightly increased from 2000 to 2010, while the percentage of adults 65 or older decreased.

The North, South, and West Berks areas follow a similar trend as Berks County as a whole; in 2010, the percentages of adults aged 18-44 decreased and the percentages of adults 45-64 increased. The East Berks area has seen an increase in adults aged 45-64 and 65 or older and a decline in the percentages of residents ages 0-17 and 18-44; this aging trend is projected to continue through 2018.

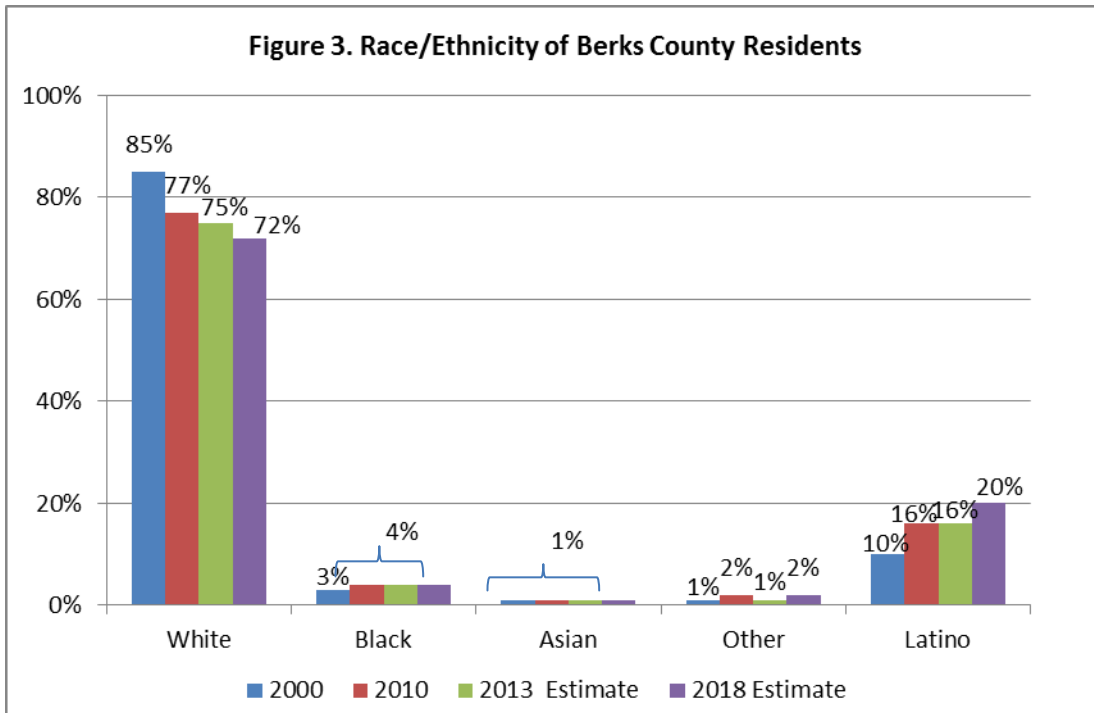
Gender

In Berks County an equal percentage of residents are male and female: 49% of residents are male and 51% are female.

Race/Ethnicity

In Berks County, the percentage of ethnic and racial minorities increased between 2000 and 2010 (Figure 3). **Between 2000 and 2010, the percentage of White residents dropped from 85% to 77% and the percentage of Latino residents increased from 10% to 16%.¹** The percentages of Black, Asian, and those who identified as an “other” race/ethnicity increased slightly in 2010 as well. The Latino population in Berks County is projected to continue to grow through 2018.

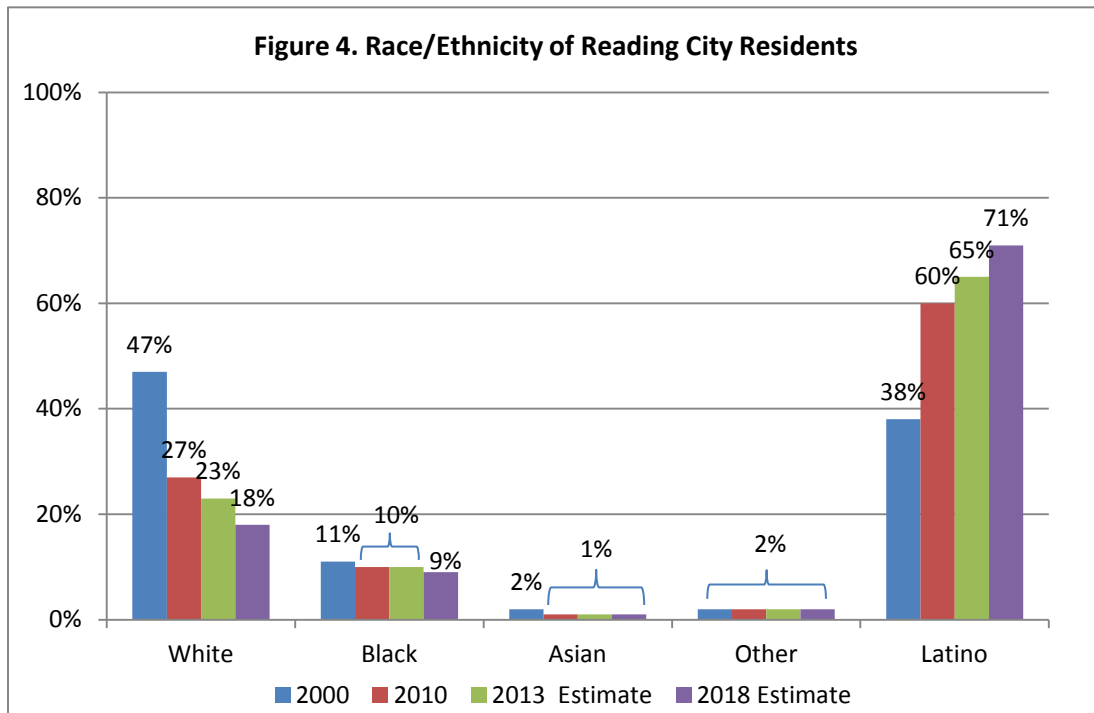
¹ It is important to note that racial and ethnic minorities are often undercounted by the U.S. Census. Therefore, the Asian, Black, and Latino populations of Berks County may actually be larger than reported.



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

The race and ethnicity of Berks County residents varies by area. **The City of Reading has a much higher percentage of Latino (59.6%) residents than White (27.1%) or Black (10.2%) residents.** In contrast to the City of Reading, the North, South, East and West Berks areas are much less racially and ethnically diverse; over 85% of the population is White and 3% or less of the population is Black.

The racial and ethnic composition of the City of Reading population changed substantially from 2000 to 2010. The percentage of White residents decreased from 47% to 27%, and the percentage of Latino residents increased from 38% to 60%. These trends are expected to continue through 2018, as the White population decreases and the Latino population increases. (Figure 4)

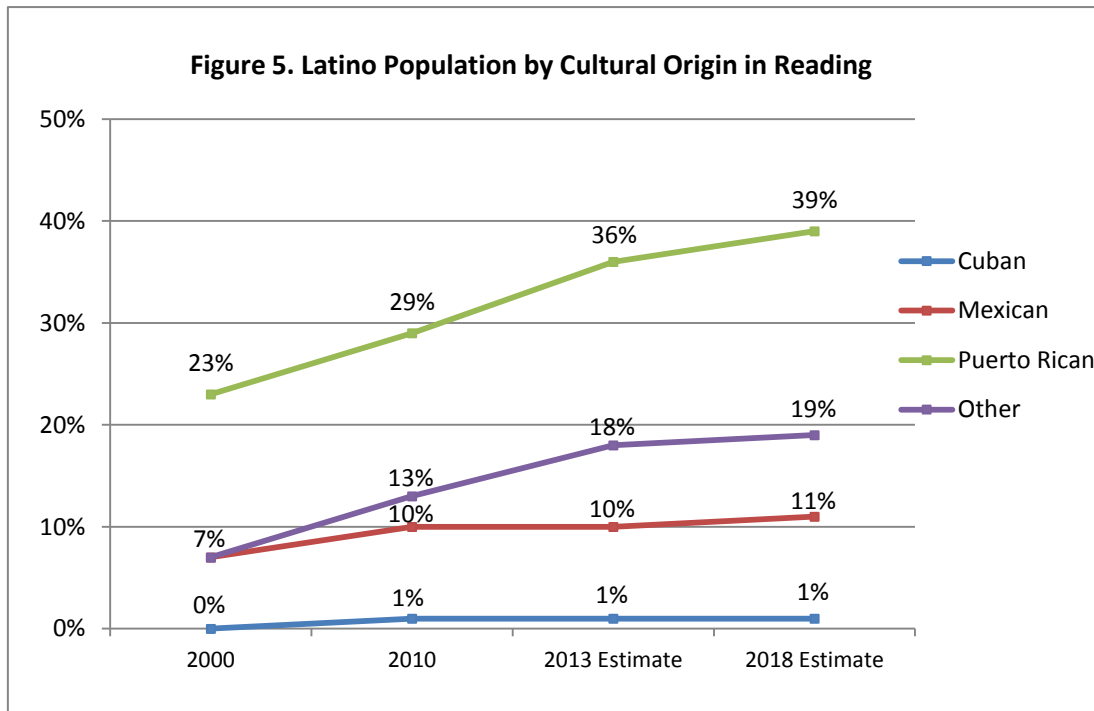


Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Latino Origin

Approximately one in six residents of Berks County (16%) is Latino. The Berks County Latino population increased from 10% to 16% between 2000 and 2010, and is projected to reach 20% in 2018. Latino residents most commonly identify as **Puerto Rican (8%), followed by other Latino origin (4%), Mexican American (2%), and Cuban American (<1%).**

The City of Reading has a substantially larger Latino population than the other areas of Berks County. The majority of the City of Reading residents (59.6%) are Latino, representing 45,600 persons. In comparison to the City of Reading, other areas of Berks County are less than 10% Latino: 8.0% (South), 7.2% (North), 5.2% (West), and 1.7% (East). In the City of Reading, the most common Latino cultural group is Puerto Rican (29.3%), followed by 13.0% other, 9.8% Mexican American, and 0.8% Cuban American (Figure5).



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

In the North and West Berks areas, the percentage of Puerto Rican residents, although small, doubled between 2000 and 2010. The population of those who identified as “other” Latino origin increased slightly in 2010 in the North, West, and South Berks areas.

Asian Origin

One percent of the population of Berks County is Asian (representing 5,200 individuals). This percentage is not expected to change greatly in the near future. Asian residents most commonly identify as **Vietnamese American, followed by Indian and Chinese American.** By 2013 it is expected that there will be more Chinese American residents than Vietnamese and Indian American residents. The City of Reading has the highest percentage of Vietnamese residents and the West Berks area has the highest percentages of Indian and Chinese American residents.

Language Spoken at Home

The overwhelming majority (85%) of Berks County residents speak English at home, about one in ten speaks Spanish (10%), 4% speak another language, and less than 1% speak an Asian language. The percentage of residents who speak Spanish at home is projected to increase to about 12% in 2013.

In The City of Reading, more than two in five residents (43%) speak Spanish at home, although the majority (53%) speak English at home. In the North, South, East and West Berks areas, at least 90% of residents speak English at home. Similar to the county as a whole, the percentage of residents who speak Spanish at home is estimated to continue to increase slightly in Reading to 46% in 2013.



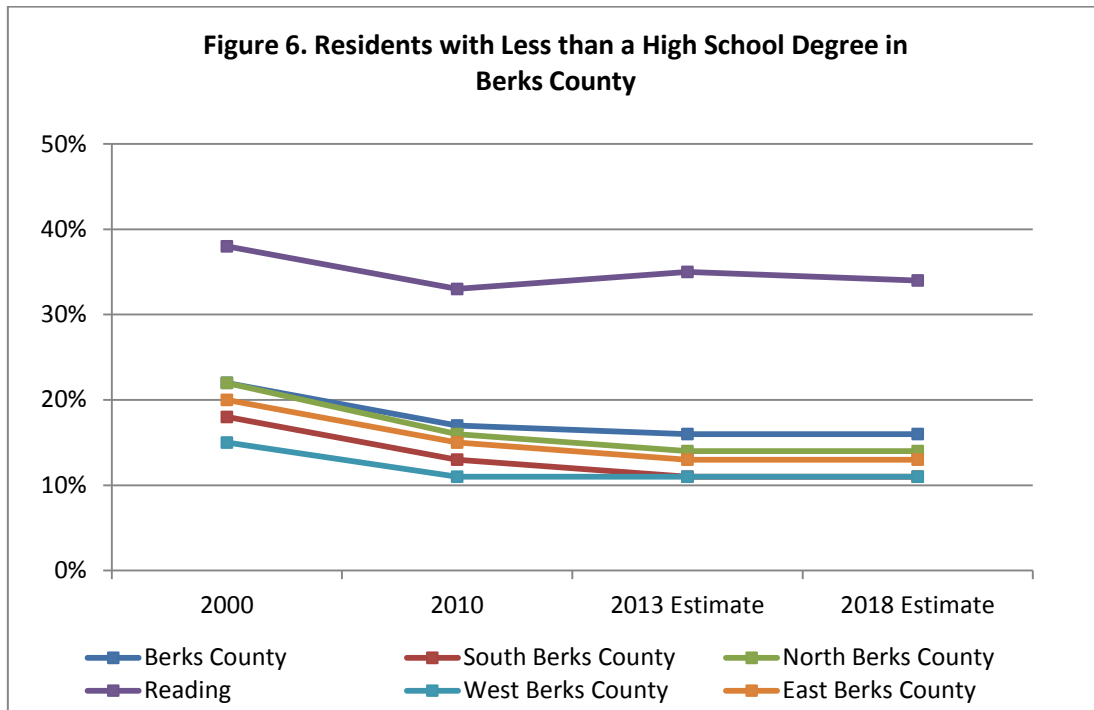
Socioeconomic Indicators

Education

In Berks County, three out of five residents (60.5%) are high school graduates, and one in five (22.4%) has at least a college degree. Seventeen percent of residents have less than a high school degree.

While the percentage of high school graduates remained the same in 2000 and 2010, the percentage of those who have a college degree or more increased to 22% and the percentage of those who have less than a high school degree decreased to 17%. These percentages are projected to remain relatively constant through 2013 and 2018.

The level of educational attainment is lower in the City of Reading than in the other Berks County areas. City of Reading residents are twice as likely to have dropped out of high school and one-half as likely to have a college degree as county residents overall. In Reading, one-third of residents (32.9%) have less than a high school degree, 56.0% graduated from high school, and only one in nine (11.1%) has a college or higher degree. These percentages have improved slightly since 2000. In contrast to the City of Reading, approximately 60% of residents of East, South, West, and North Berks areas have high school diplomas. While educational attainment in the other Berks County areas is generally projected to continue to improve, **in the City of Reading the percentage of those with less than a high school degree is projected to increase to 35% in 2013 and the percentage of those with a college degree or more is expected to decrease to 10%.** (Figure 6)



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

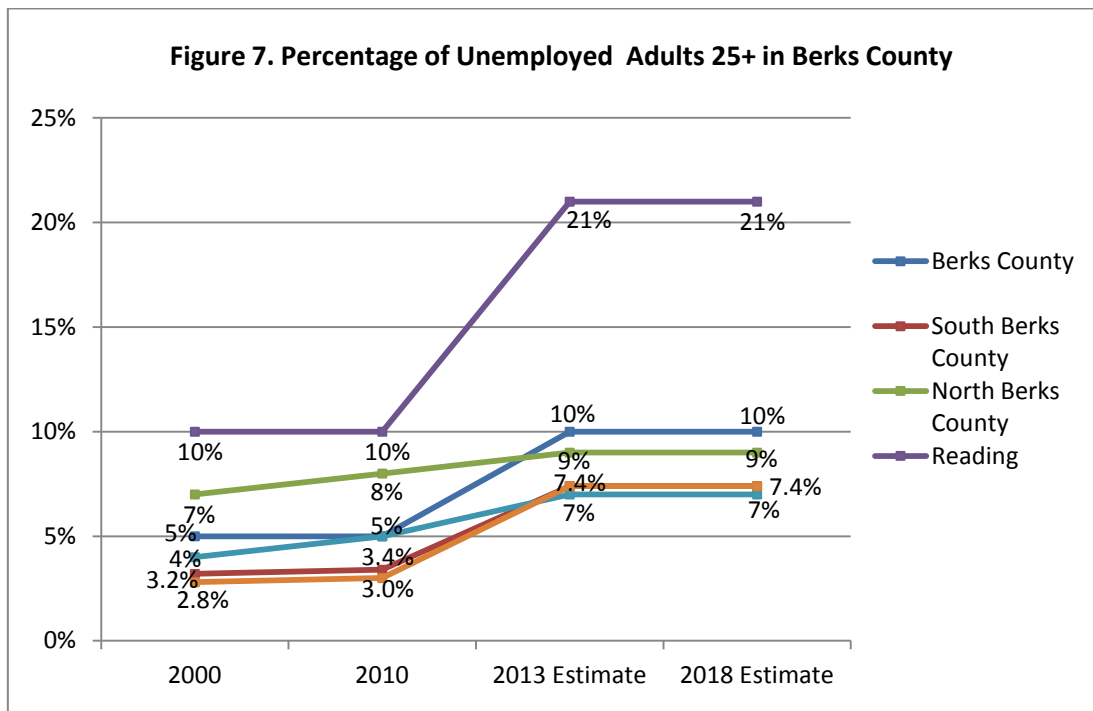


Employment

The overwhelming majority of Berks County residents age 25 and over (95%) were employed in 2010. By 2013, however, the unemployment rate is projected to double to 10%.

Reading has the highest unemployment rate in the county: 10% of residents were unemployed in 2010. The North Berks area had a slightly lower unemployment rate (7.5%). In the East, West and South Berks areas, the percentage of those who were unemployed in 2010 was less than 5%.

Unemployment rates are projected to double in the East and South Berks areas and the City of Reading by 2013, following a similar trend in the county as whole. In the City of Reading unemployment is projected to double by 2013; one in five adults aged 25 and over (20.1%) will be without work. A slightly smaller increase in unemployment is projected for 2013 in the North and West Berks areas (Figure 7).



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

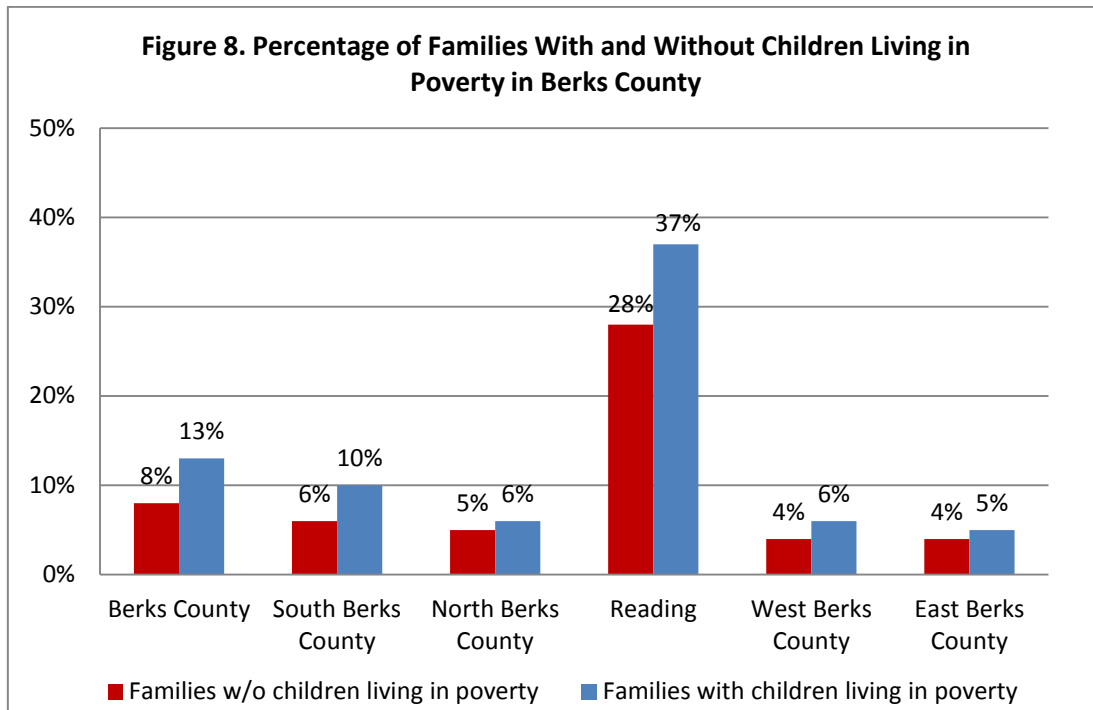
Poverty Status

In Berks County, 13% of families with children and 8% of families without children are living in poverty (Figure 8). The family poverty rate is projected to increase in 2013 and 2018.

The City of Reading has the highest percentage of families living in poverty in Berks County: more than three in ten families with children (31%) and more than one-quarter of families without children

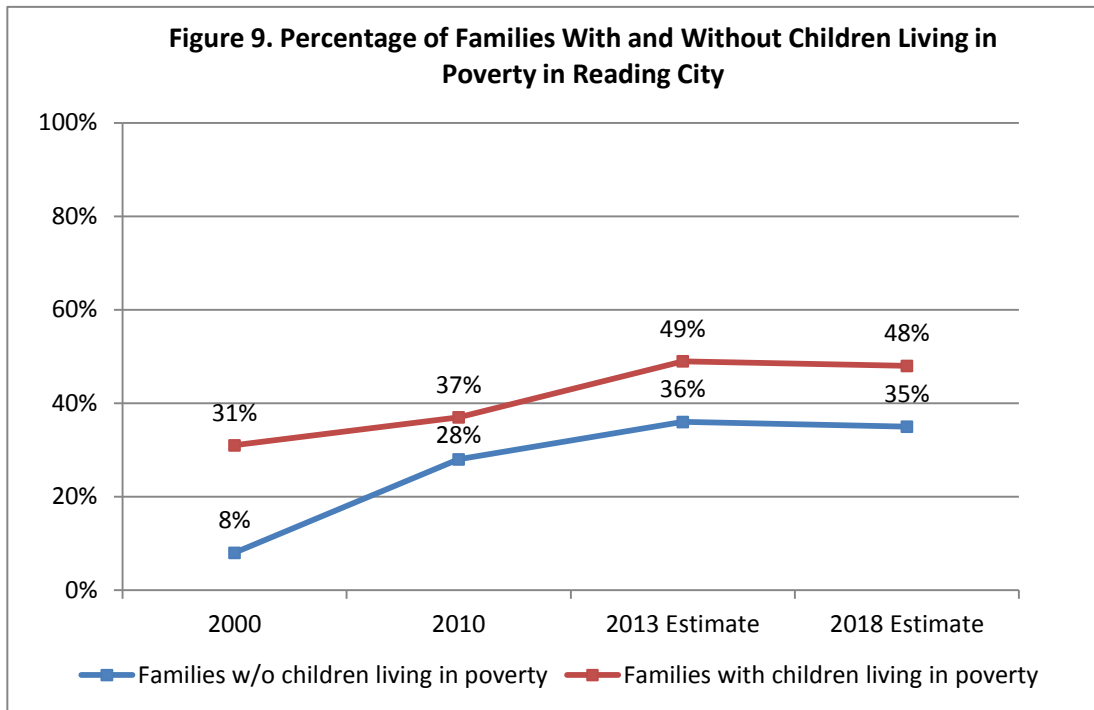


(28%) are living in poverty. **The percentage of City of Reading families without children living in poverty more than tripled from 2000 (8.0%) to 2010 (27.6%).** In other areas of Berks County the percentage of families with children living in poverty ranges from 5%-10%, and the percentage of families without children in poverty ranges from 4% to 6%.



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

All areas of Berks County are projected to see continued increases in the percentage of families living in poverty. The increase is projected to be **greater in the City of Reading** with nearly one-half of families with children (49%) and one-third of families without children (36%) are projected to live in poverty in 2013. (Figure 9)

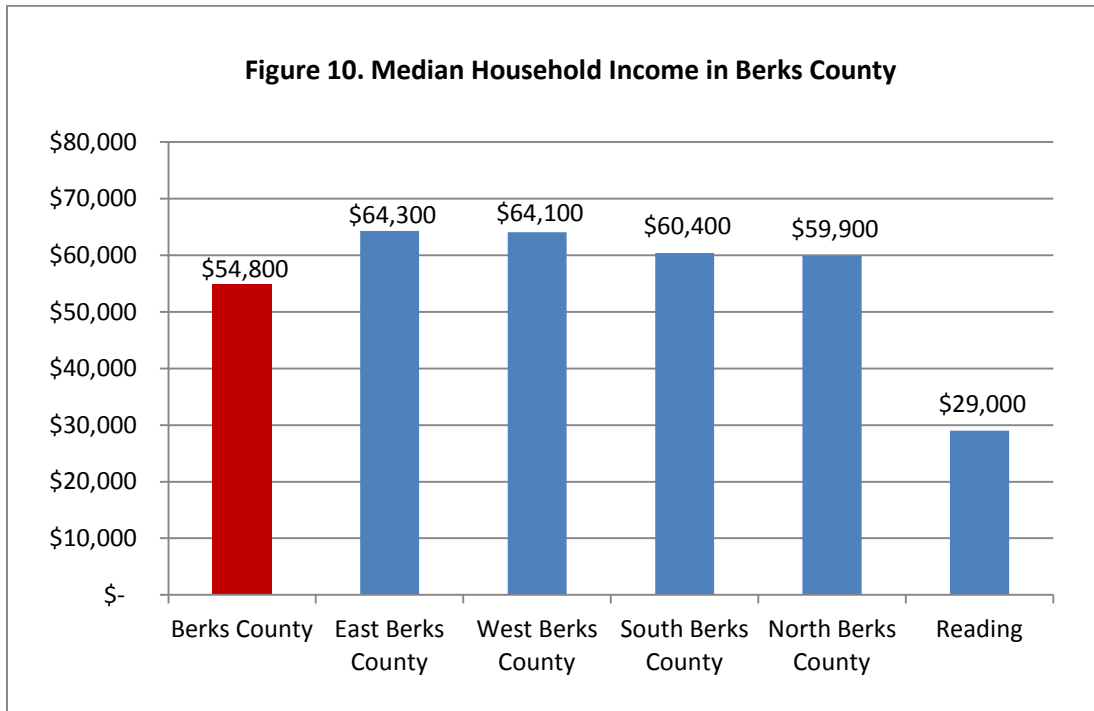


Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Median Household Income

The median household income in Berks County is \$54,800 annually, an increase from \$45,118 in 2000. However, household income in the county is projected to decrease in the future to \$51,500 annually in 2013 and 2018.

The median household income in the City of Reading is \$29,000 annually, almost one-half the countywide median household income. This income level is projected to drop below 2000 levels to **\$26,000 in 2013**. In contrast to the City of Reading, the East Berks area (\$64,300) has the highest median household income, and the North Berks area has the lowest (\$59,900). The median household income in these areas increased between \$10,000 and \$13,000 from 2000 to 2010 (Figure 10).



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Home Ownership

The majority of Berks County residents own their own homes(72%). Just over one-quarter of residents (28%) rent their home. These percentages are not projected to change through 2018.

Home ownership is much less common in the City of Reading than in the rest of the county:60% of residents rent their homes compared to 28% countywide. Housing tenure in the City of Reading is expected to remain the same in 2013 and 2018.

In the North, South, East and West Berks areas, approximately one-fifth of residents rent their homes. This percentage is projected to remain constant through 2018.

The next section, Existing Resources, summarizes the health and social service resources that currently exist in Berks County.

EXISTING RESOURCES

Most of the health and social service resources in Berks County are clustered in and around the City of Reading, the area with the highest population density (See Appendix D for Asset Maps 2 and 3). In comparison to the City of Reading and its suburbs, the remainder of Berks County is less densely populated and more suburban and rural. The City of Reading is also the county seat, so county agencies and services are also clustered there. Most resources for the low income population are also located in



or near the City of Reading, which was the poorest city in the United States in 2010.(For a complete list of services and locations, please see Appendix E).

Health Care Resources

Acute Care

Acute care resources in Berks County include two not for profit acute care general hospitals (St. Joseph Regional Health Care Network in Muhlenberg and The Reading Hospital and Medical Center in West Reading), a publicly-funded psychiatric hospital in Wernersville, and The Surgical Institute of Reading, an inpatient surgical hospital in Wyomissing which was recently purchased by St. Joseph Regional Health Care Network. Both acute care general hospitals are teaching hospitals that are located just outside the municipal boundaries of the City of Reading. St. Joseph Regional Health Care Network has 180 beds staffed and admitted 8,450 patients in fiscal year 2011.² The Reading Hospital and Medical Center has 661 beds staffed and admitted 28,243 patients during the same year. Both hospitals provide an extensive range of inpatient, outpatient, and emergency services, including maternity. There were 800 and 3,586 births at each hospital, respectively, in fiscal year 2011.

Primary Care

Primary care patient medical homes are an important resource in insuring continuous and comprehensive care that can prevent or ameliorate chronic disease. **Berks County has fewer primary care physicians per person than Pennsylvania as a whole.** According to the **County Health Rankings**,³ the ratio of primary care physicians to the population of Berks County is 1,068:1. This is worse than the U.S. ratio of 631:1 and the Pennsylvania ratio of 838:1. In addition, the Berks County Medical Society forecasts that, in the next decade, 440 new primary care physicians will be needed in the county to maintain the existing ratio.⁴

The City of Reading has a more severe primary care physician shortage than the county as a whole. Reading was recently designated a Medically Underserved Area by the U.S. Health Research and Services Administration, partially based on a 3,499:1 primary care physician to population ratio; more than three times higher than the countywide ratio of 1,068:1.⁵

Access to primary care for low income residents of Berks County is provided at two community clinics: the new Federally Qualified Health Center in the downtown area of the City of Reading (**Berks Community Health Center**), which opened in June 2012, and the **Western Berks Free Medical Clinic** in Robesonia. The Berks Community Health Center, which replaced the Reading Dispensary, provides primary medical care to uninsured and insured adults, accepting Medicare, Medical Assistance, private insurance, and self-pay patients on a sliding fee scale. It will eventually provide dental care and mental health services as well. The Western Berks Free Medical Clinic uses volunteer physicians to provide free

² Pennsylvania Health Care Cost Containment Council, 2011.

³ www.countyhealthrankings.org accessed October 19, 2012.

⁴ www.berkscms.org accessed October 18, 2012.

⁵ Federally Qualified Health Center Feasibility Study for Berks County, Pennsylvania. Drexel University School of Public Health (September 2010).



primary care to uninsured adults on Wednesday evenings. It opened in 2002 and served 247 unduplicated patients in calendar year 2011. Forty percent of patients live in Reading, which is fifteen miles away by car.

Other sources of **primary care for specific populations** are Planned Parenthood of Northeast, Mid-Penn, & Bucks Counties for reproductive health; the Keystone Farmworker Health Program for migrant workers; and Co-County Wellness Services for persons living with HIV/AIDS. Planned Parenthood, in the downtown area of the City of Reading, provides affordable reproductive health care to men and women through medical services and education. The **Keystone Farmworker Health Program** works with the Pennsylvania Department of Health and St. Joseph Regional Health Care Network to provide adult primary care, adult immunizations, STD screenings and counseling, adult health screenings, school physicals, domestic violence programming, and mental health services to about 800 Latino farm workers annually in Berks County. Services are provided in the City of Reading and also on-site at area farms. The program collaborates with the residency program at St. Joseph Regional Health Care Network to bring physicians out to farm worker camps and homes. **Co-county Wellness Services** provides services in Berks and Schuylkill Counties in STD screening, counseling, treatment, and education. The STD screening and treatment clinic is funded by the Pennsylvania Department of Health. The education department provides teaching and counseling in the community and on site. Individuals with HIV who are medically indigent and need a primary care physician are referred to the **Center for Public Health**, a publicly funded clinic at The Reading Hospital and Medical Center that provides primary care and case management services for persons with HIV/AIDS and STD screening.

Primary care services are also provided by **11 urgent care centers** located primarily in the City of Reading suburbs. Six of these centers are owned by The Reading Hospital and Medical Center, and one is owned by St. Joseph Regional Health Care Network.

Social Services

As shown in Map 3, there are many social service agencies in Berks County, including mental health services, substance abuse treatment, homeless/emergency shelters, social work case management and referral, and nutrition services. Major social service organizations include **Boyertown Area Multi-Services Center** in Boyertown in the East Berks area and **The Hispanic Center of Reading and Berks County** (Centro Hispano Daniel Torres) in the City of Reading. The Boyertown agency serves 750 older adults per month at the senior center and 300-400 individuals monthly with other services. They provided 185,000 units of service a year. Services include meals on wheels, a community food pantry, the senior center, and energy assistance, transportation to medical appointments by volunteers, and a senior farmer's market program.

The **Hispanic Center of Reading and Berks County** is the primary agency serving the rapidly growing Latino population of the area, serving over 3,000 community members through its information and referral program alone in the past year. The Hispanic Center offers social services, information and referral, and works to support other organizations in the county. Services also include two senior centers, Kennedy Senior Center and Casa de la Amistad, and the "Senior to Senior" case management program; the Office of Violence Against Women in collaboration with Berks Women in Crisis; HelpLink assistance with benefits and entitlements enrollment; and a notary public. The Center's Higher Education Program, a partnership between the Center and the Higher Education Colleges of Berks County (HECBC):



Albright College, Alvernia University, Kutztown University, Penn State Berks, and the Reading Area Community College (RACC), offers workshops and other opportunities for those pursuing higher education.

Other non-profit agencies that provide services to a substantial number of county residents include the Salvation Army, Olivet Boys and Girls Club of Reading and Berks County, and Jewish Family Service of Reading.

There are **ten senior centers in the county**, which provide health, education, and fitness programming; information and referrals; assistance with grocery shopping; socialization opportunities; and communal meals for older adults. There are five in the City of Reading. Berks Encore operates six senior centers in Berks County in the City of Reading, Birdsboro, Fleetwood, Hamburg, Mifflin, and Wernersville. There are also two senior centers in the City of Reading, Kennedy Senior Center and La Casa de la Amistad, which serve the Latino older adult population. There are seven **emergency shelters** in the county for women in crisis, families, and homeless persons. Six are located in the City of Reading and one in Wernersville.

Berks County has several agencies and organizations that provide services directed to improving nutrition. Three **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** offices in the county, two in the City of Reading and one in Shillington, provide supplemental nutritious foods, information on healthy eating including breastfeeding promotion and support, and referrals to health care to low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk.

Additional nutritional assistance is provided through the **Greater Berks Food Bank**, which collects, stores, and distributes food to more than 270 food pantries, soup kitchens, shelters, and after school programs in Berks, Schuylkill, and western Montgomery Counties. The food bank provides 1,000 meals nightly to children in after school program “Kids’ Cafes,” food backpacks to take home on the weekends, and 1,300 meals to low income seniors on a monthly basis. In Berks County there are a total of **27 food pantries and 21 “soup kitchens”** and other meal programs distributed throughout the county. While the majority of soup kitchens and meal programs are located in Reading, food pantry locations are more dispersed throughout the county. Most food pantries, soup kitchens, and meal programs are located in churches.

The next section of this report describes the process for conducting this needs assessment, including methods of data acquisition and analysis, followed by a summary of findings of the needs assessment and conclusion and recommendations.



II. NEEDS ASSESSMENT PROCESS AND METHODS

This needs assessment was overseen by a Steering Committee of representatives from each of the four sponsoring organizations. An Advisory Committee of 13 representatives from Berks County community organizations was appointed by the Steering Committee to provide input from the community. The Advisory Committee supplied guidance at all stages of the needs assessment process. The members of the Advisory Committee, and their organizations and titles, are listed below.

Berks County Community Health Needs Assessment		
<i>Community Advisory Committee Members</i>		
NAME	TITLE	ORGANIZATION
Mike Baxter, MD	Family Practice Physician; Past President, Berks County Medical Society	The Reading Hospital and Medical Center Family Health Care Center
Carolyn Bazik	Executive Director	Co-County Wellness Services
Diane Bonaccorsi, MD	Primary Care Physician	Green Hills Medical Center
Rebecca Hartman	Doctoral Program Student	Alvernia University
Rev. Wayne Heintzelman	Pastor	St. Daniel's Lutheran Church
Ed Michalik, PsyD	County Administrator	Mental Health/Developmental Disabilities
Gary Rightmire	Board Chair	Berks Community Health Center
Karen Rightmire	President	Wyomissing Foundation
Mike Russo, MD	Cardiologist	Berks Cardiologists, Ltd.
Pam Taffera, DO	Family Practice Physician; President-Elect, Berks County Medical Society	St. Joseph Regional Health Care Network
Mike Toledo	Executive Director	Centro Hispano (Hispanic Centro Daniel Torres, Inc.)
Ivan Torres, EdD	President	Pronto! Financial Services
Selina Zygmunt	Manager	Keystone Farmworker Health Program

The steps in the needs assessment process were: defining the community; identifying existing primary and secondary data and data needs; collecting primary and secondary data; analyzing data; and preparation of a written narrative report. The data acquisition and analysis are described in more detail below.

DATA ACQUISITION AND ANALYSIS

Both primary and secondary and quantitative and qualitative data were obtained and analyzed for this needs assessment. Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results which are consistent across more than one data source.



Data Sources and Dates

Quantitative information for this needs assessment was obtained from sources listed below for the most recent years available.

Table 1. Berks County Community Health Needs Assessment Data Sources

Data Source	Dates
U.S. Census of Population and Housing	2000, 2010
Claritas, Inc. Pop-Facts	2013, 2018
Pennsylvania Department of Health	2005-2008
PHMC Berks County Household Health Survey	2008, 2012
Pennsylvania Health Care Cost Containment Council	2011

Household Health Survey

The Berks County Household Health Survey was modeled after previous Household Health Surveys conducted by PHMC in Southeastern Pennsylvania and in Berks, Lancaster, and Schuylkill Counties. The instrument was designed by PHMC with input from the project Steering Committee. The survey was fielded by Abt/SRBI between June 20th and August 2nd 2012, and included 1,101 random-digit dial landline (1,001) and cell phone (100) respondents using a probability sample across five areas in the county. Within each randomly selected landline household, the selected respondent was chosen using the last birthday method. Interviews were conducted in English and Spanish, including an oversample of 101 household of Latino origin, and averaged 17 minutes in duration. The Berks County survey had an overall AAPOR 3 response rate close to, or better than, comparable surveys at 31.0%. The final data were weighted to reflect 2011 census estimates in two weighting areas, the City of Reading and the remainder of Berks County, allowing for projection numbers, estimates of the population represented by each percentage, to be calculated.

U.S. Census

This report includes data on the population of Berks County residents along with socio-demographic and socioeconomic characteristics for the years 2000, 2010, 2013 and 2018. Data from the 2000 U.S. Census, the 2010 American Community Survey, and the Nielsen-Claritas Pop-Facts Database were also used. The Nielsen-Claritas Pop-Facts Database uses an internal methodology to calculate and project socio-demographic and socioeconomic characteristics for non-census years, relying on the U.S. Census, the Current Population Survey, and the American Community Survey.

Vital Statistics

The most recent information on births, birth outcomes, deaths, and reportable diseases and conditions for Berks County was obtained from the Pennsylvania Department of Health, Bureau of Health Statistics and Research. Four year (2005-2008) annualized average rates for natality and mortality were calculated by PHMC. Mortality rates were age-adjusted using the Direct Method and the 2000 U.S. standard million population. The most recent morbidity information from 2010 was also obtained from the state Department of Health, and rates were calculated by PHMC. Morbidity information, including



information on HIV and AIDS cases, is not available at the ZIP code level and, therefore, rates are presented for the county and the state only. The denominators for all 2005-2008 vital statistics rates for the county and state were interpolated from the 2000 and 2010 U.S. Census. The number of women ages 15-44 and the number of adolescents ages 14-19 were also interpolated from the 2000 and 2010 US Census.

COMMUNITY REPRESENTATIVES

In addition to including community representatives on the project Advisory Board, other representatives of the Berks County community were included in this needs assessment through focus discussion groups of residents and informational interviews with service providers and community advocates knowledgeable about community health. The process for including community representatives in the focus groups and informational interviews is described below.

Focus Groups

There were five focus groups of Berks County residents conducted between June and September, 2012. A total of 55 residents participated. Focus groups were used to collect in-depth information from Berks County population subgroups that might be at risk for poor health and access to care: Latinos (18-64 and 65+), Black adults, and low income older adults aged 65+. All focus groups were conducted in the City of Reading, although participants were recruited from throughout Berks County. Participants were recruited by the Berks Encore Senior Center, Reading Area Community College ESL program, and the Keystone Migrant Farmworker Program. Transportation was provided when necessary and participants were compensated \$50 each for their time and costs. Focus groups lasted approximately 90 minutes and were guided by a set of written questions (see Appendix F for the Focus Group Discussion Guide). The focus groups of Latino older adults, migrant workers, and adults age 18-64 were conducted in Spanish by a bilingual, bicultural facilitator. All focus groups were audiotaped. Refreshments were served.

Focus Group	Location	Number of Participants
Older Adults 65+	Berks Encore Senior Center Reading	11
Black Adults	Berks Community Health Center	9
Latino Older Adults 65+	Reading Area Community College	11
Latino Migrant Workers	El Puente Restaurant	12
Latino Adults 18-64	Reading Area Community College	12

Informational Interviews

Information interviews were conducted with 13 community representatives with knowledge of the health and health care needs of Berks County residents. Key informants were identified and recruited by the project Steering Committee working in collaboration with PHMC. The names, titles, area of expertise, and organizational affiliation of each key informant are listed below.



Table 2. Berks County Community Health Needs Assessment Key Informants

Name	Organization	Title	Expertise
Carolyn Bazik	Co-County Wellness Services	Executive Director	HIV and AIDS Populations
Peg Bianca	Greater Berks Food Bank	Executive Director	Food Insecurity
Sheila Bressler	Berks County MH/MR	Child and Adolescent Service System Coordinator	Child Mental Health
Dana Eichert	Boyertown Area Multi-Service	Executive Director	Health and Social Service Needs in Boyertown Area
Ann Fisher	Reading School District	Supervisor of School Health	Child Health and Mental Health
Bob Harrop	East Penn Manufacturing	VP of Personnel	Insurance
Rev. Dr. Wayne Heintzelman	Western Berks Free Medical Clinic	Pastor, St. Daniel’s Lutheran Church	Uninsured
Dr. Louis D. Mancano	The Reading Hospital and Medical Center	Medical Director, Ambulatory Services	Clinical Services for At Risk Populations
Edward Michalik, Psy. D.	Berks County MH/MR	MH/MR Administrator	Mental Health and Mental Retardation
Ann Moll	Galen Insurance	President	Insurance
Dr. George A. Neubert	The Reading Hospital and Medical Center	Chair, Dept. of Ob/Gyn	Obstetrics and Gynecology
Dr. Peter Schnatz	The Reading Hospital and Medical Center	Residency Program Director	Clinical Services for At Risk Populations
Ivan Torres, Ph.D.	PRONTO! Financial Services	President	Latino Population
Selina Zygmunt	Keystone Farmworker Programs	Regional Manager	Migrant Workers

Key informants also included individuals with direct knowledge of special populations in Berks County, including: Latinos, migrant workers, individuals with HIV/AIDS, the uninsured, pregnant women, older adults, and persons with mental health conditions.

The interviews were conducted by telephone and lasted approximately 45 minutes. The interviews were guided by questions developed by PHMC in collaboration with the project Steering Committee (See Appendix G for the interview guide). The interviews were conducted between June and September, 2012.

ANALYTICAL METHODS

Quantitative information from the U.S. Census, Pennsylvania vital statistics, and Berks County Household Health Survey was analyzed for Berks County as a whole and for the five separate areas within the county using the Statistical Program for Social Sciences (SPSS). Frequency distributions were produced for variables for multiple years of data so trends over time could be identified and described. Qualitative information from focus groups and informational interviews was analyzed by identifying and coding themes common across groups and individual interviews, and also themes that were unique. This information was organized into major topic areas related to health status, access to care, special population needs, unmet needs, and health care priorities.



INFORMATION GAPS

There were no gaps in information for this community health needs assessment because quantitative information for socioeconomic and demographic information, vital statistics, and health was available at either the ZIP code or ZIP code cluster level for the entire county. These sources also provided information on the Latino population in Berks County. Information on these populations, and other unmet health care needs, was also supplied by in great detail by informational interviews and focus group discussions with community representatives.

The next section, III. Findings, summarizes the results of the needs assessment process.



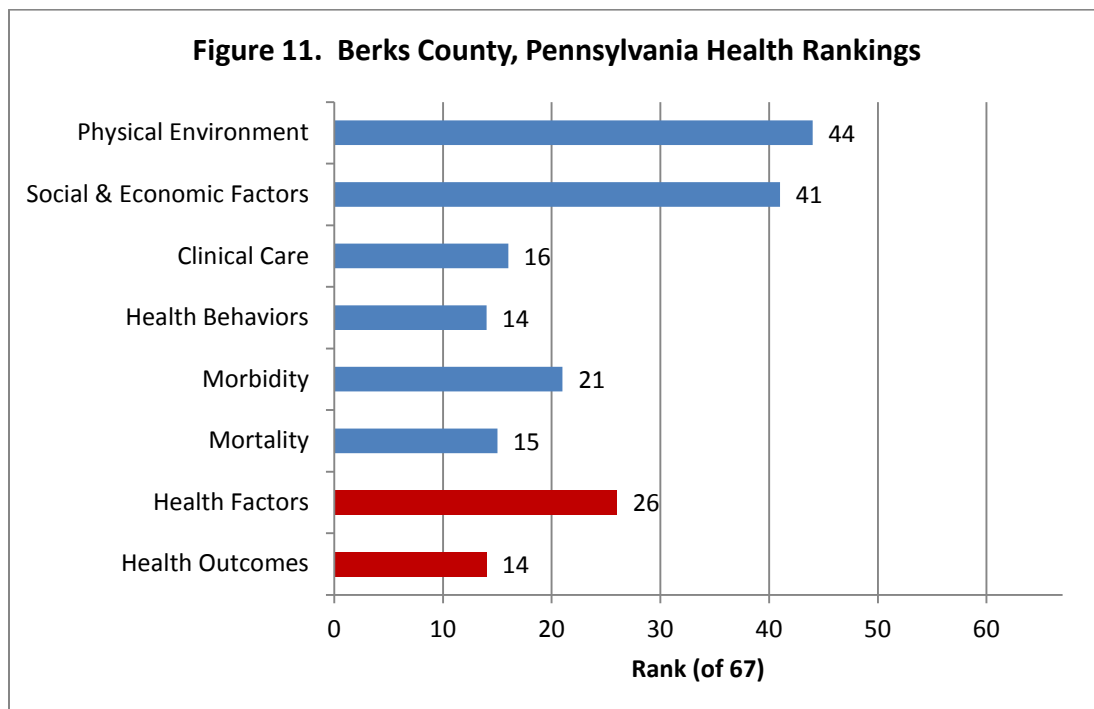
III. FINDINGS

This section describes the **health needs of Berks County’s population**, describing differences between Berks County and Pennsylvania, and among individual areas of Berks County, in health status, access to care, health behaviors, use of preventive screenings, and social capital, including the health needs of Latino residents.

HEALTH NEEDS OF THE COMMUNITY

The County Health Rankings provide an important overall view of the health needs of Berks County because they can be used to measure the health needs of Berks County relative to other counties in the state in specific areas. The rankings measure the health of nearly all counties in the nation and ranks counties within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. The health outcomes rank includes the premature death rate, health status, poor physical and mental health days, and low birth weight. The health outcomes rank includes indicators of health behavior, clinical care, social and economic factors, and the physical environment.

Berks County ranks as the 14th highest county among the 67 counties in the state in health outcomes and 26th in health factors.⁶



Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org.

⁶County Health Rankings & Roadmaps. www.countyhealthrankings.org. Accessed October 19, 2012.



Berks County (14) ranks relatively high compared to other counties in Pennsylvania in health outcomes, ranking 15 in premature death rates and 21 in morbidity (Figure 11). **Berks County ranks much lower than other counties in health factors (26), due to low relative rankings in physical environment (44) and social and economic factors (41)**, although clinical care (16) and health behaviors (14) are ranked relatively high compared to the rest of the counties in the state.

The next section of this report describes the health status, access to care, and use of services of Berks County residents.

Health Status

The health of a community can be assessed by comparing birth outcomes, self-reported health status and health conditions, communicable disease rates, self-reported health concerns and perceptions, and mortality rates to statewide indicators and Healthy People 2020 goals for the nation.

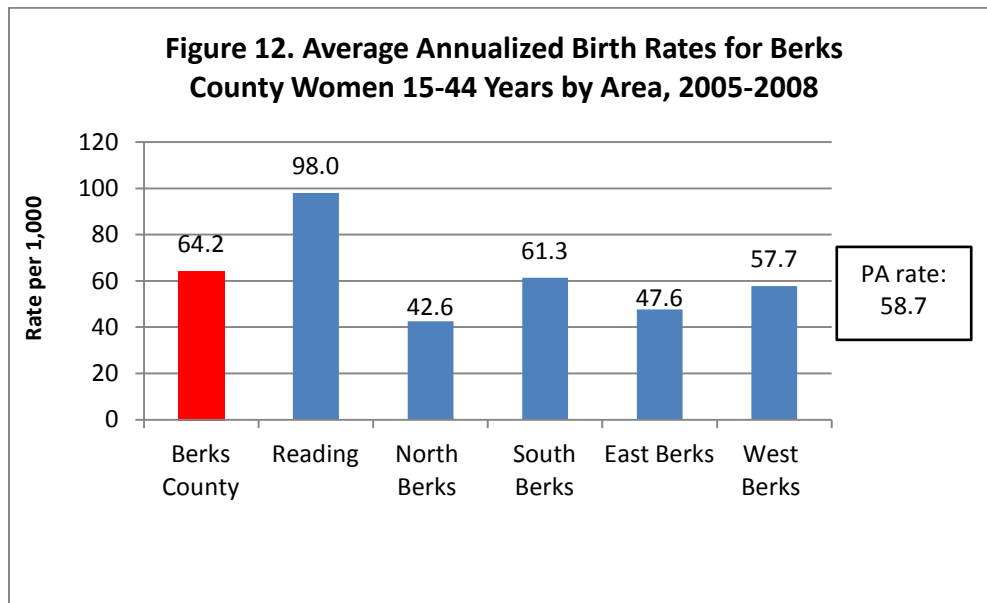
Birth Outcomes

Birth Rate

There are an average of nearly 5,100 births annually to Berks County women. The Berks County birth rate (64.2 per 1,000 women 15-44 years of age) is slightly higher than the state rate (58.7). **In Berks County, Latina women have the highest birth rate (119.8 per 1,000 women 15-44), followed by Asian (90.6) and Black (83.9) women, women of another race (70.6), and White women (54.9)**(See Appendix B for Vital Statistic Tables).

The City of Reading has the highest birth rate (98.0 per 1,000 women 18-44) in the county compared to the state (58.7), Berks County as a whole (64.2), and the surrounding Berks County areas, which range from 61.3 to 42.6 (Figure 12). The City of Reading birth rate represents an average of nearly 1,700 births annually. **Among the City of Reading's racial and ethnic groups, the birth rate is highest for Latina women (118.1)**, followed by Asian (99.1) and Black (88.1) women, women of another race (77.6), and White women (73.4). The birth rate for Latina women is lower in other areas of Berks County.

In contrast to the City of Reading, the North Berks area has the lowest birth rate (42.6) compared to the state (58.7), county (64.2), and the surrounding Berks County areas.



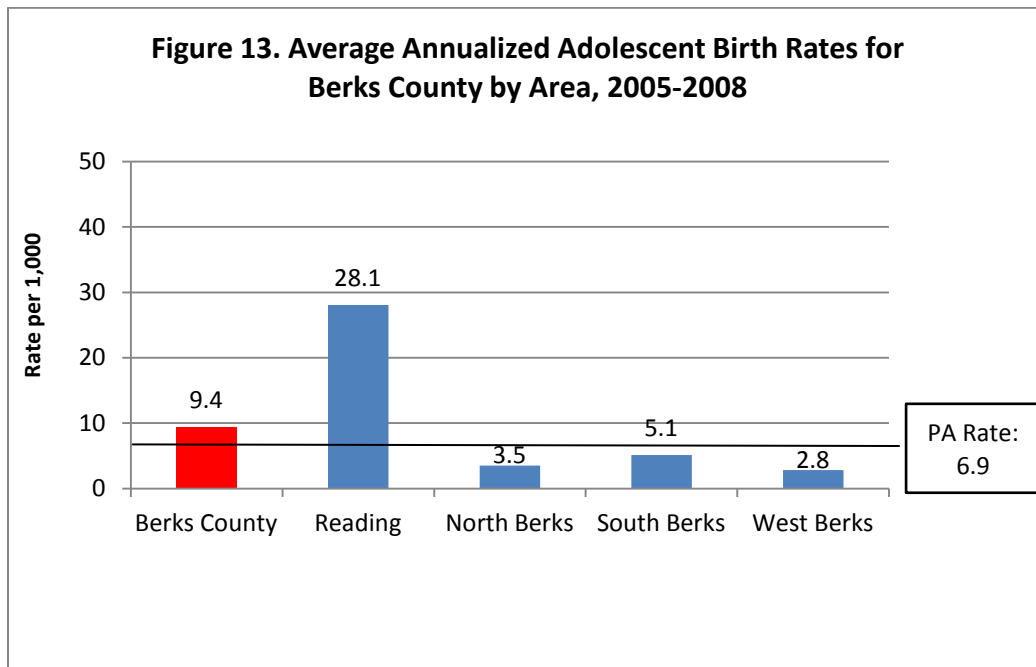
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Adolescent Birth Rate

Adolescent births are associated with a number of negative birth outcomes, including prematurity and low birth weight. **In Berks County, the adolescent birth rate (9.4) is higher than the state rate (6.9)**(Figure 13).

The adolescent birth rate is highest for Berks County Latina women (31.5), followed by women of another race (19.5) and Black women (18.5); the adolescent birth rate is lowest for White women (4.8). These rates are comparable to the statewide adolescent birth rates.

The City of Reading has the highest adolescent birth rate (28.1) of all the areas in the county. This rate represents an average of 134 births to adolescents annually. **Two-thirds of adolescent births in the county are to adolescents in the City of Reading (67.8%).** The City of Reading rate is four times the state rate (6.9) and three times the county rate (9.4). In contrast to the City of Reading, the West Berks area has the lowest adolescent birth rate (2.8; representing an average of 11 births annually).

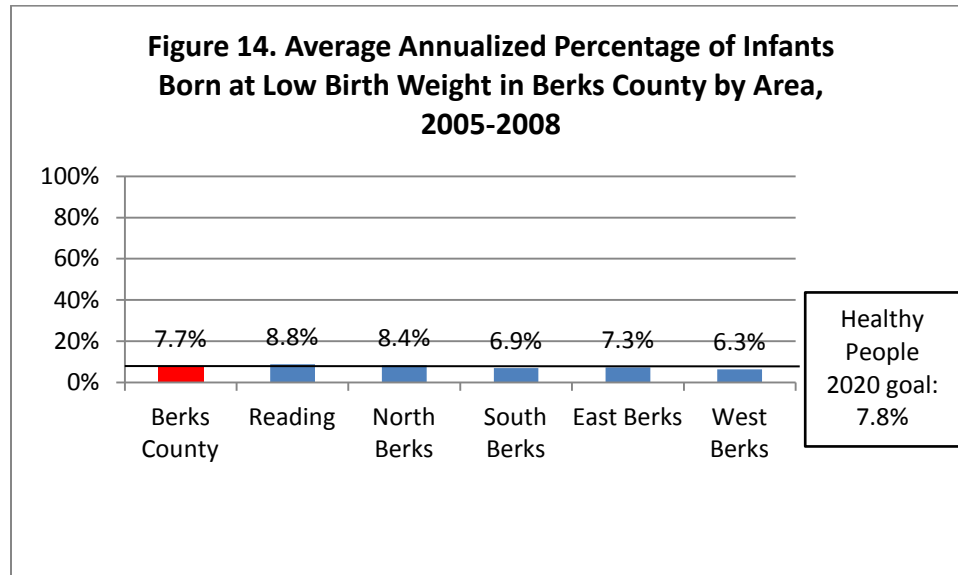


Note: The adolescent birth rate for East Berks was not calculated and displayed due to a count size of less than 10.
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Low Birth Weight

Low birth weight infants (<2,500 grams) are at greater risk for dying within the first year of life than infants of normal birth weight. **In Berks County, 7.7% of infants are low birth weight, comparable to the statewide average (8.3%) and the Healthy People 2020 target goal (7.8%)** (Figure 14). This percentage represents an annual average of almost 400 low birth weight infants. The percentage of low birth weight infants born is higher among Black infants (12.1%) than Latino (8.2%) and White (7.2%) infants, and infants of another race (7.2%). In general, these percentages are comparable to statewide percentages.

The City of Reading has a slightly higher percentage of infants born at low birth weight (8.8%) than the other areas of Berks County. This percentage represents an average of 150 births annually. The low birth weight percentage for the City of Reading is slightly higher than the county and state percentages, and the Healthy People 2020 target.



Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Infant Mortality Rate

The Berks County infant mortality rate is 4.9 infant deaths per 1,000 live births. This represents an average of 25 infant deaths annually. The infant mortality rate for Berks County is comparable to the state rate (5.2) and both rates have met the Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births. The infant mortality rate for the City of Reading is 5.8 infant deaths per 1,000 live births; this rate has met the Healthy People 2020 goal as well.

Self-reported Health Status

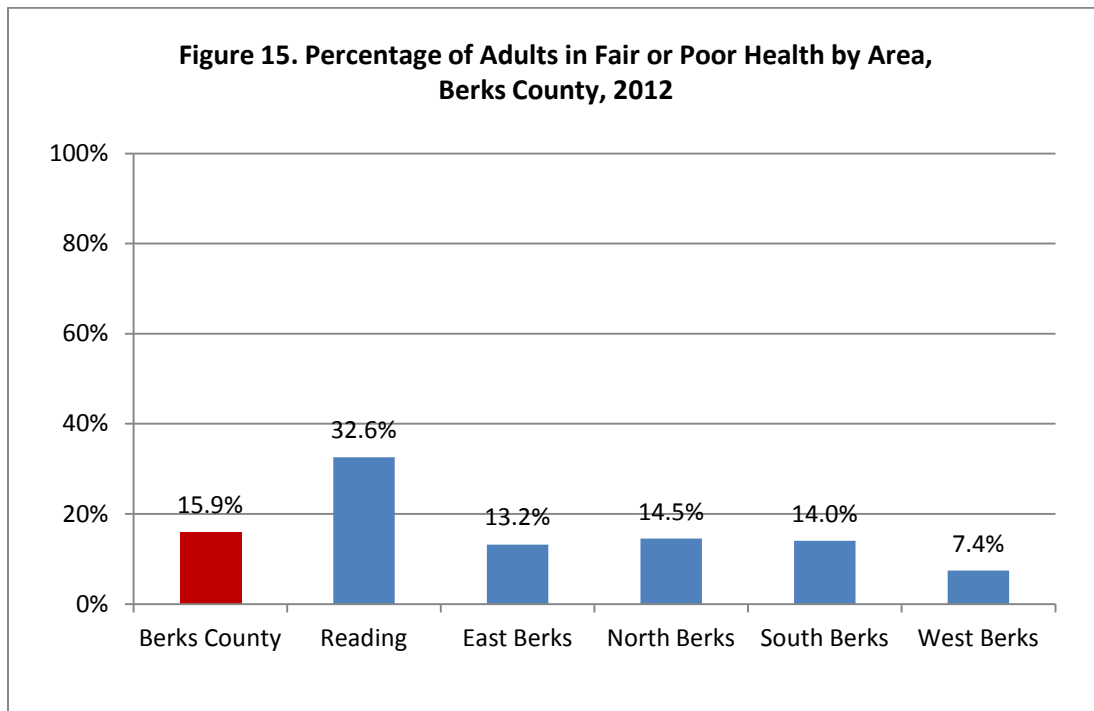
Fair or Poor Health

Self-reported health status is one of the best indicators of the population health. This measure has consistently shown to correlate very strongly with mortality rates.⁷ In Berks County **the overwhelming majority of adults rate their health as excellent, very good or good (Figure 15)** (See Appendix C for Household Health Survey Tables). **However, 15.9% of residents are in fair or poor health, representing 50,400 adults.** This percentage is slightly lower than the statewide average (16.8%).⁸

Adults in the City of Reading (32.6%) are more than twice as likely to be in fair or poor health compared to adults in the other areas of Berks County.

⁷ Idler EL, Benyamini Y. Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. *Journal of Health and Social Behavior*. 1997; 21-37.

⁸ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



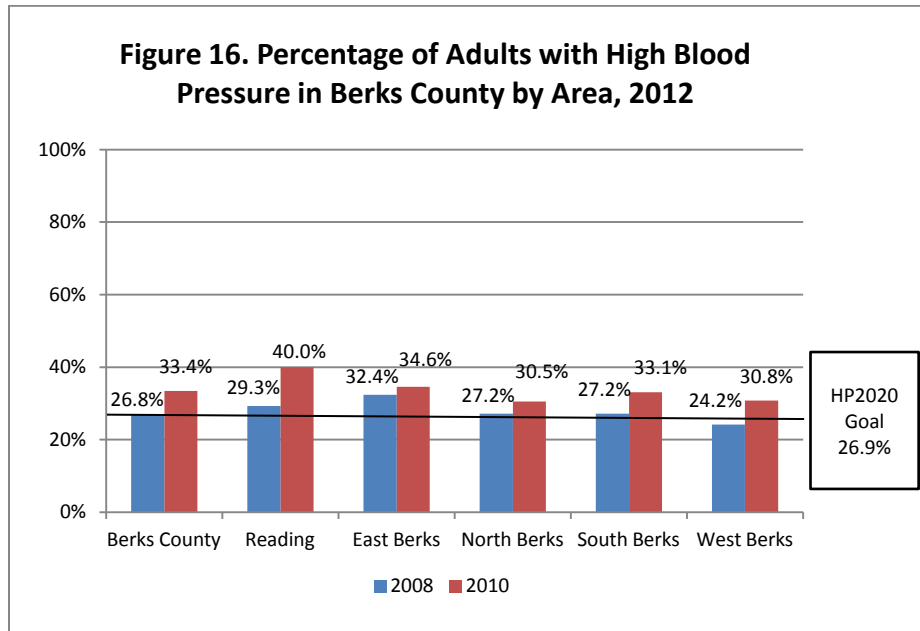
Source: PHMC's 2012 Berks County Household Health Survey.

Health Conditions

High blood pressure, diabetes, asthma, cancer, and mental health conditions are common illnesses that require ongoing care. In Berks County, **more than one-third of adults (33.4%) have been diagnosed with high blood pressure; this represents 105,400 adults.** Similarly, 31.0% of Pennsylvania adults have high blood pressure.⁹ Both of these percentages do not meet the Healthy People 2020 goal of 26.9%. The percentage of Berks County adult with high blood pressure increased from 26.8% to 33.4% between 2008 and 2012. (Figure 16)

- **The City of Reading (40.0%) has the highest percentage of adults with high blood pressure, whereas North Berks (30.5%) has the lowest percentage.**
- For most of the areas, the percentage of adults with high blood pressure has remained constant since 2008. However, **the percentage of adults with high blood pressure in the City of Reading has increased dramatically since 2008, from 29.3% to 40.0% in 2012.**

⁹2009 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Source: PHMC's 2008 and 2012 Berks County Household Health Survey.

One in seven adults (13.9%) in Berks County has been diagnosed with diabetes; this percentage represents approximately 44,000 adults. Statewide, only 9.5% of adults have been diagnosed with diabetes.¹⁰**The percentage of adults with diabetes is highest among adults in the City of Reading (18.9%) and lowest among adults in the West Berks area (8.8%).**

Diabetes among adults and children was also named as one of the top three health problems by key informants. Some key informants observed that diabetes disproportionately affects the Latino population, but others indicated it is a universal problem.

Approximately 49,200 adults in Berks County (15.5%) have asthma. In Pennsylvania, 12.9% of adults have asthma.¹¹The percentage of adults with asthma is highest in the City of Reading (18.7%) and lowest in the East and West Berks areas (11.4% and 11.3%, respectively).

- **The percentage of adults with asthma has decreased since 2008 in all areas of Berks County except for the North and South Berks areas (13% and 17.6%, and 13.6% and 17%, respectively).**

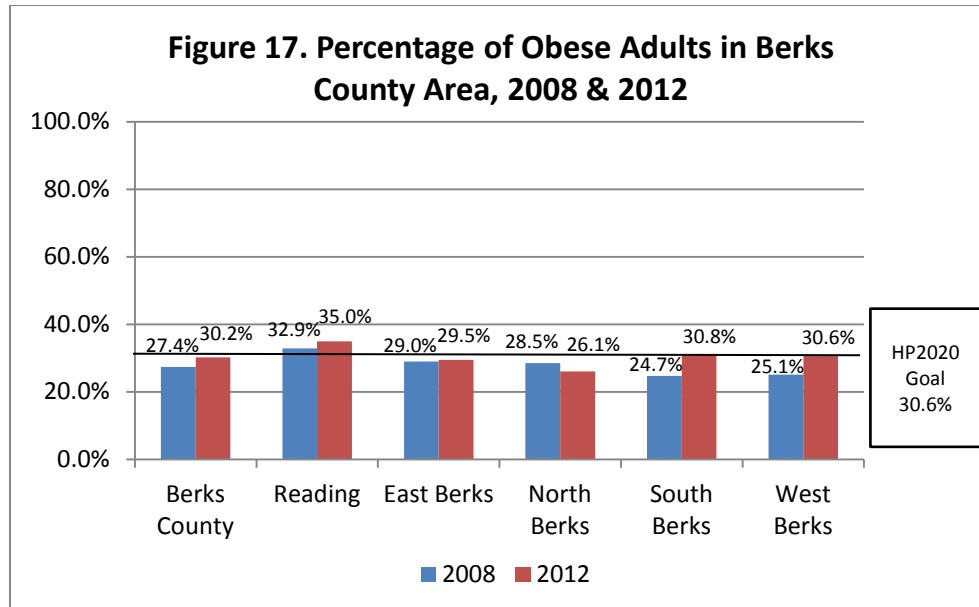
Nine percent (8.9%) of adults in Berks County have had cancer at some point in their lives, representing 28,300 adults. **The percentage of adults who ever had cancer is highest in the East Berks area (14%) and lowest in the North Berks area (8.3%). Adults in the City of Reading are least likely to report ever having cancer (6.1%).**

¹⁰2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

¹¹2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Nearly one-third of adults in Berks County (30.2%) are obese and more than one-third (35.9%) are overweight (Figure 17). A similar percentage of adults are obese or overweight statewide (28.6% and 36.0%, respectively).¹² The Healthy People 2020 goal for adult obesity is 30.6%.



Source: PHMC's 2008 and 2012 Berks County Household Health Survey.

The City of Reading has the highest percentage (35.0%) of obese adults among all Berks areas. The North Berks area has the lowest percentage (26.1%) of obese adults and is the only area that had a decrease in the percentage of obese adults from 2008 to 2012 (28.5% to 26.1%, respectively).

According to key informants, obesity an important health factor impacting Berks County youth and adults.

“Among people who don’t manage their diabetes well, obesity is very much a problem. There is more obesity in children because the most affordable food is the least appropriate for people to eat, and people don’t know how to cook unless it is fast food or take out, which is very fattening.” (Key Informant)

“Obesity is the simple greatest health risk in the United States, not just Berks County. It is the number one health problem related to coronary heart disease, diabetes, hypertension, and orthopedic joint disease. This will be very costly to the system.” (Key informant)

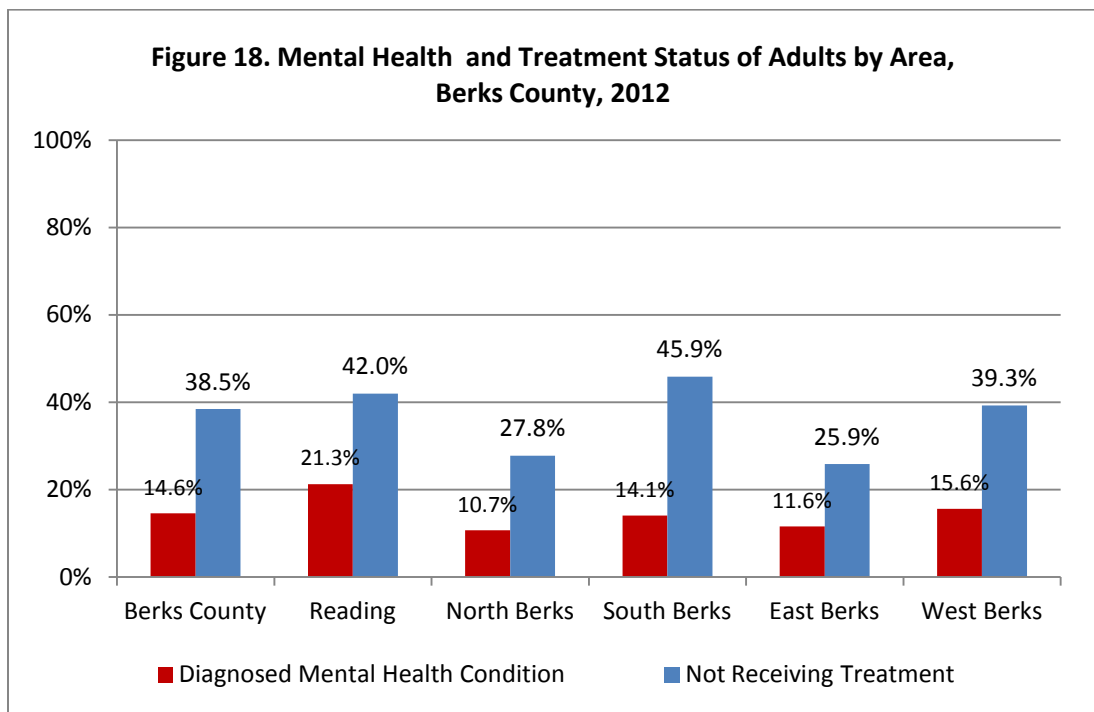
According to key informants, obesity is also the number one problem in caring for pregnant women, and is related to many maternal and infant complications, such as diabetes, pregnancy induced hypertension, shoulder dystocia, and increased Cesarean section rates.

¹²2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Across Berks County, one in seven adults(14.6%) has been diagnosed with a mental health condition, including clinical depression, anxiety disorder or bipolar disorder. This represents 46,200 adults (Figure 18). Of these adults, less than four in ten (38.5%) are receiving treatment for their condition. Nationally, 22.6% of adults suffer from some type of mental disorder, of which 5.8% are classified as “severe.”¹³

- Adults in the City of Reading (21.3%) are most likely to have been diagnosed with a mental health condition, while adults in the North Berks area (10.7%) are least likely to be diagnosed with a mental health condition.
- Among adults in the South Berks area, nearly one-half (45.9%) are not receiving treatment.



Source: PHMC's 2012 Berks County Household Health Survey.

Several key informants referred to mental health problems, particularly among youth, as one of the top issues in Berks County. One mental health service provider reported that the number of youth with a mental health disorder diagnosis, and the severity of the symptoms, is increasing. Several key informants noted that many families lack parenting skills, and this contributes to a wide range of conduct disorders and mental health problems in youth. One key informant recommended that all primary care practices should have mental health providers on-site because mental health is related to so many other adverse health conditions.

¹³ National Institute of Mental Health, http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml. Accessed November 1, 2012.



Communicable Diseases

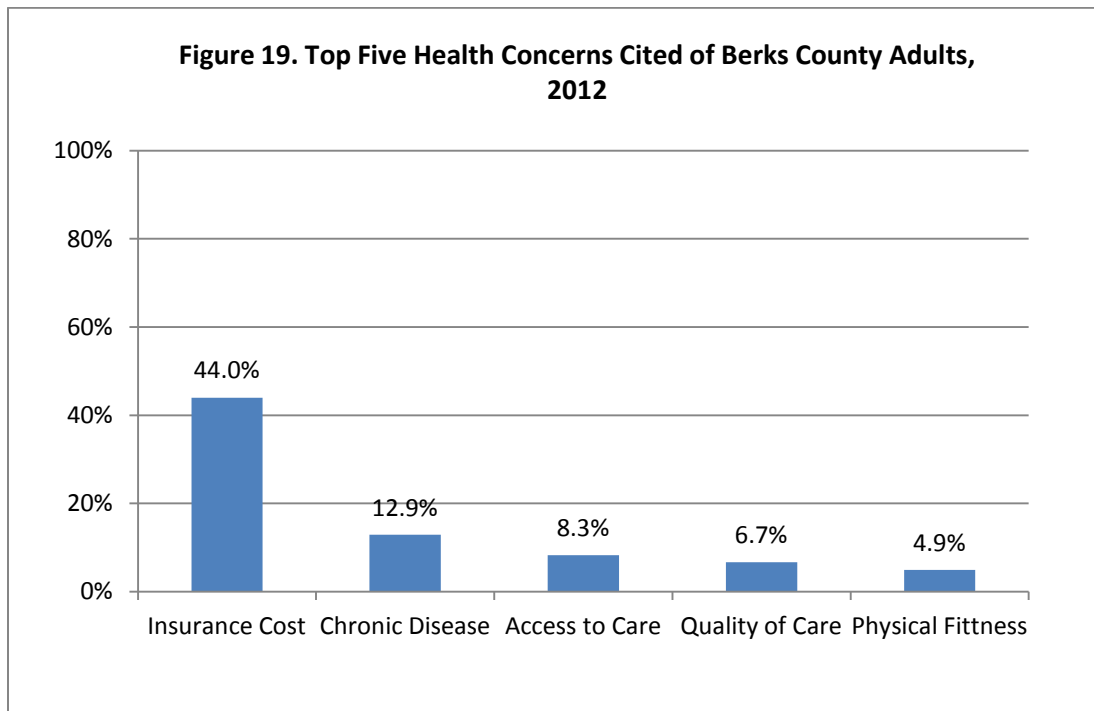
The rates of most communicable diseases in Berks County are below state rates. Countywide rates for chronic Hepatitis B (6.6 per 100,000 population), Lyme disease (8.0), Varicella (chicken pox) (20.7), chlamydia (302.6), and gonorrhea (47.6) are lower than state rates for these diseases. However, rates for pertussis, or whooping cough, are slightly higher in Berks County (6.6) than the state (4.0).

The prevalence rate of HIV/AIDS in Berks County is also below the statewide rate. There are 883 individuals currently living with HIV, including AIDS; this represents a rate of 218.7 cases per 100,000 population. This rate is below the state rate of 224.9 per 100,000 population. Among Berks County residents living with HIV or AIDS, nearly two-thirds are men (65%). In addition, nearly one-half (46%) are Latino, one-third (34%) are White, and one-fifth (20%) are Black.

Health Concerns

The cost of health care, including insurance coverage, co-pays, and deductibles (44.0%) is the most common health concern currently affecting the lives of Berks County residents (Figure 19). This percentage represents nearly 138,000 adults countywide who have identified health care costs as their top concern. East Berks area residents are most likely (51.6%) to identify cost as their top concern, and the City of Reading residents are least likely to do so (32.1%).

Chronic disease (12.9%) is the second most common health concern for Berks County residents. City of Reading residents (27.8%; representing 15,000 adults) are twice as likely as residents countywide to be concerned about chronic disease, whereas 6.6% of West Berks area residents are concerned about chronic disease. Access to care not related to insurance (8.3%), quality of care (6.7%), and physical fitness (4.6%) are less common health concerns for Berks County residents than the cost of insurance and chronic diseases.



Source: PHMC's 2012 Berks County Household Health Survey.

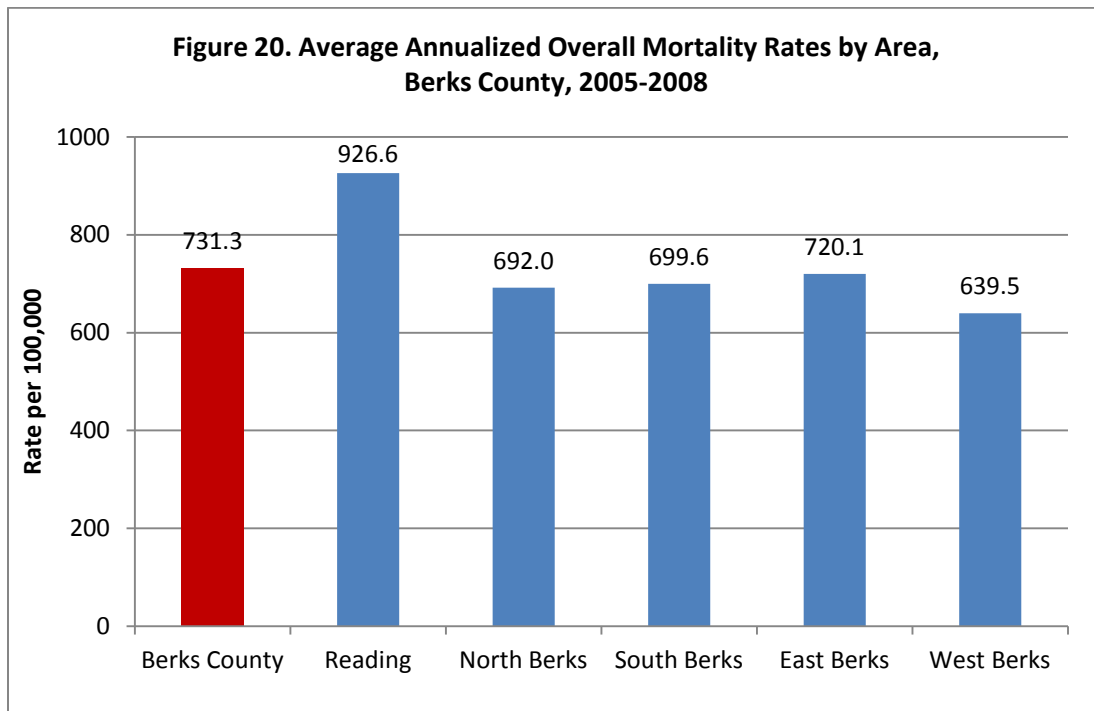
Mortality

In addition to self-reported health status and disease rates, the health of a population and the community can be measured by the leading causes of death and by death rates for specific conditions.

Berks County has a lower overall death rate (731 per 100,000 population) than the state as a whole (785) (Figure 14). Heart disease is the leading cause of death in Berks County (189.3), four of the five Berks County areas, and Pennsylvania as a whole (203.2) (Figure 20). The other four leading causes of death in the County are: all forms of cancer (175.1), stroke (50.7), lung cancer (46.7), and female breast cancer (24.5). The other four leading causes of death in the state are similar: all forms of cancer (184.7), lung cancer (50.9), stroke (42.5), and female breast cancer (23.9).

The City of Reading has a higher overall mortality rate than Berks County (929.6 versus 731 per 100,000 population), the four other areas of the county, and the state. Additionally, the City of Reading has higher mortality rates than the other areas of the county and state for each of the leading causes of death: heart disease (241.5), all forms of cancer (184.7), stroke (59.0), lung cancer (54.2), and female breast cancer (27.3).

The North Berks area has the lowest overall death rate in the county (692 per 100,000 population).



Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Access and Barriers to Care

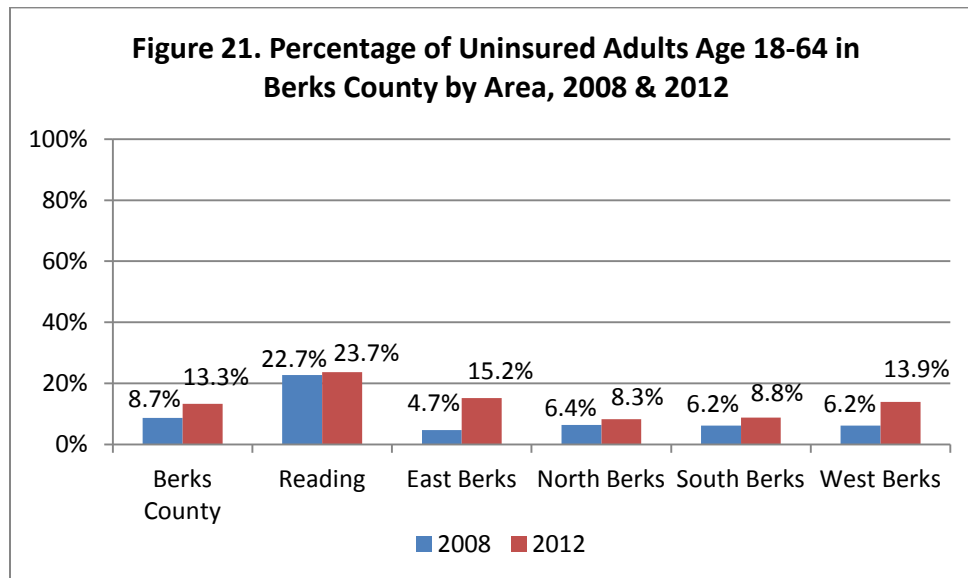
The Healthy People 2020 Goals for access to health care include:

- Increase the proportion of the population with health insurance to **100%**;
- Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care or prescription medicines to **9% overall** (4.2% for medical care, 5% for dental care and 2.8% for prescription medications); and
- Increase the proportion of persons with a usual primary care provider to **83.9%**.

Barriers to care for Berks County residents which were identified by key informants included insurance status and other costs, transportation, communication, and cultural differences. These barriers make it more difficult for individuals to receive the timely, high quality health care that they need.

Health Insurance Status

Having health insurance and a regular place to go when sick are important in ensuring continuity of care over time. The overwhelming majority of Berks County adults (86.7%) have health insurance coverage. However, a sizable percentage of adults do not have any private or public health insurance; **13.3% of adults aged 18-64 in Berks County are uninsured, representing 33,000 uninsured adults (Figure 21).** The percentage of uninsured adults in Berks County has **increased since 2008 from 8.7% to 13.3% in 2012.** The percentage of adults in Berks County without insurance does not meet the Healthy People 2020 goal of 100%.



Source: PHMC's 2008 and 2012 Berks County Household Health Survey.

- **Adults in the City of Reading (23.7%) are more likely to be uninsured**, and followed by adults in the North Berks area (8.3%) are least likely to be uninsured.
- While the percentage of adults without health insurance has remained steady in the City of Reading, North and South Berks since 2008, **the percentage of adults without health insurance has increased in the East and West Berks areas (4.7% to 15.3% and 6.2% to 13.9%, respectively).**

Undocumented Latinos are more likely to be uninsured because, under federal law, they are not eligible for publicly-funded insurance programs. Many Latino focus group participants went without needed care because they were uninsured and could not afford the out-of-pocket costs.

“They say that we don’t get screenings, but we don’t get screenings because we don’t have health insurance.” (Latino adults 18-64)

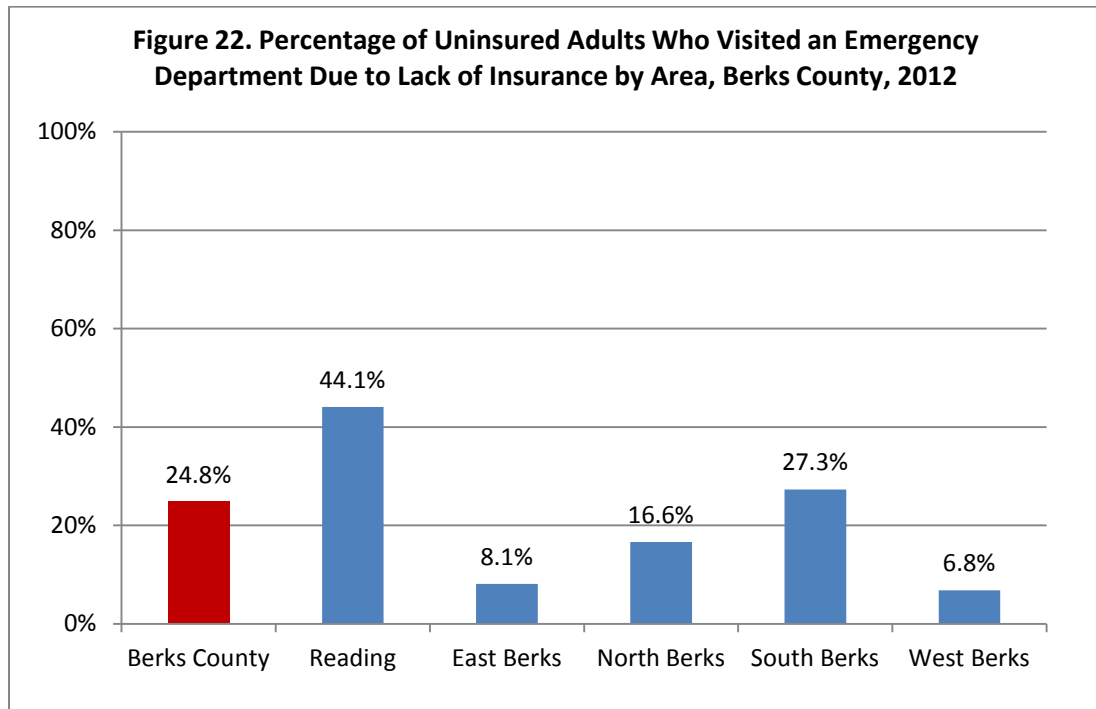
Information from focus group participants revealed that many Berks County residents who are uninsured or underinsured lack sufficient funds to self-pay for preventive or specialty care and to pay for needed prescriptions, dental, or vision care.

Emergency Room Utilization among the Uninsured

Among the uninsured in Berks County, one-quarter (24.8%) visited an emergency room for care due to inability to pay; this represents 8,100 adults. Uninsured adults in the City of Reading (44.1%) are more



likely to visit an emergency room due to a lack of health coverage. Adults in the West Berks area are least likely to use the emergency room for care (6.8%) (Figure 22).



Source: PHMC's 2012 Berks County Household Health Survey.

Many uninsured and underinsured focus group participants described going to emergency departments for non-urgent care because they could not afford to pay for private care and knew they would not have to pay the emergency department charges and/or preferred to be seen as soon as possible. Several informants mentioned that the emergency department becomes individuals' default source of primary care, which is costly and lacks the continuity of care that chronic conditions demand.

"I say, 'Go in there [ER], and lay on the floor.' If you can't breathe, they will see you right away." (Black adults)

Prescription Drug Coverage

One in ten (10.8%) adults in Berks County does not have prescription drug coverage. This percentage has remained constant since 2008. According to key informants, many older residents use their savings to pay for prescriptions. This is a serious problem for those who need medications for chronic conditions, particularly for expensive psychiatric medications. Patients often cut the medication dosage, which causes more serious health problems, or go without necessary basic medications. Many people are reluctant to ask for help.

"I have asthma, and I couldn't afford the medications and the care. Insurance doesn't pay for it all. Welfare says you make too much money. Then you try to go elsewhere and



it's too expensive to get additional insurance. I use an inhaler and sometimes I have to suck it up. Nebulizer controls it, but the Advair controls it better. But insurance doesn't pay for it [Advair]. I'm working, but insurance doesn't cover everything, and there's a \$700 deductible." (Black adults)

"My daughter has mental health problems and doesn't have insurance. The co-pays for mental health care are \$800 a visit." (Older adults)

"People are too prideful to ask [for help]. It's because they don't think they're going to get services. They take over-the-counter medications. There are also housing problems and paying your utility bills. There was an elderly couple that was sitting in their house with no heat. They paid for the medications and couldn't pay for their heating. So they went without." (Black adults)

Focus group participants felt that patients at private providers had better experiences with prescription refills and referrals than patients who used public clinics.

"My girlfriend gets her prescriptions filled in an hour. If she calls for an appointment, she gets one in 45 minutes to an hour." (Black adults)

"Yes, but you need a referral. I was here 2 weeks ago and I waited 2 weeks for people to let me know. I needed an MRI. I finally got something in the mail. You have to come down here in person if you want something done." (Black adults)

"The message (at the clinic) is too long now. I had called and it took two weeks to get a prescription. I had to miss two doctor's appointments because of the referrals. The doctor tells you to call in a referral, but the phone is too long. You dial and wait for a ring or someone to pick up, but you get a message. And then you get here and they're more focused on your name—has that changed; is everything the same for the form? But they're not paying attention to what needs to get back to the doctor." (Black adults)

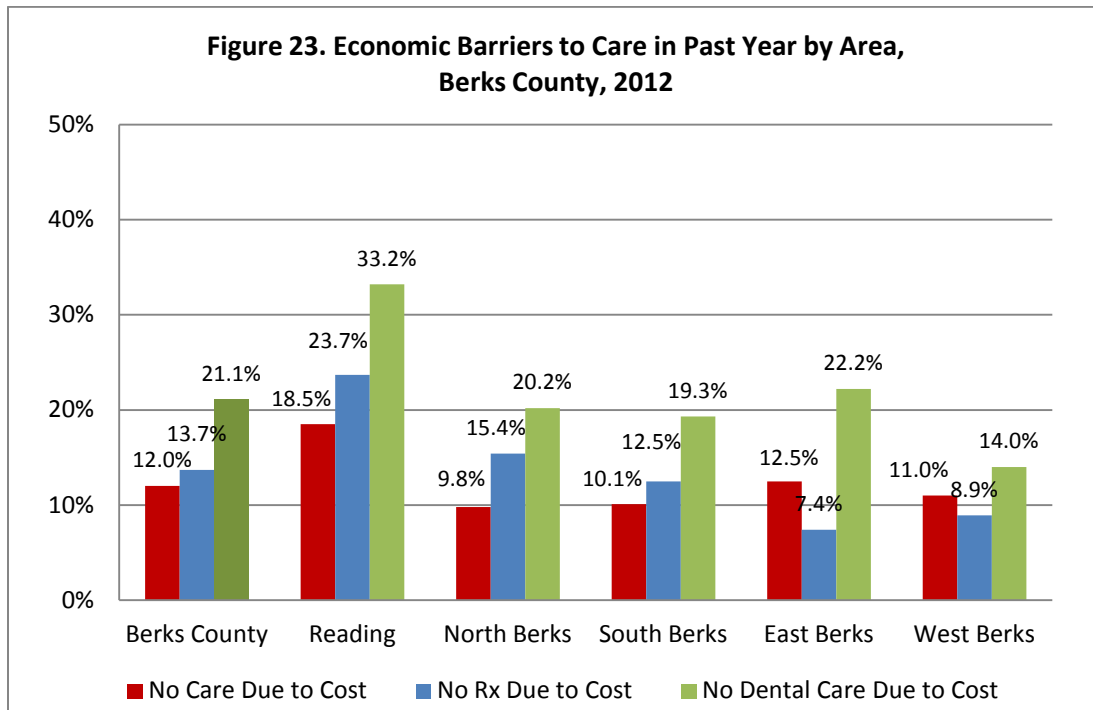
Economic Barriers

With or without health insurance, **many adults in Berks County are unable to get needed care due to the cost of that care; 12.0% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost (Figure 23).** The role of cost as a barrier to care varies across the county. **In the City of Reading, 18.5% of adults did not receive care due to cost.** Residents of the North Berks area (9.8%) were least likely to not get care due to the cost.

About 43,400 adults in Berks County (13.7%) were prescribed a medication but did not fill the prescription due to cost in the past year. Those living in the City of Reading are more likely to face cost barriers to prescriptions, with nearly one-quarter of adults in the City of Reading (23.7%) not receiving prescribed medications due to cost.



More than one in five (21.1%) adults in Berks County did not get dental care in the past year due to the cost of that visit. There was wide variation in the role of cost as a barrier to dental care in different parts of the county. One-third of adults in the City of Reading (33.2%) did not receive dental care due to the cost, compared with 14.0% of adults in the West Berks area.



Source: PHMC's 2012 Berks County Household Health Survey.

Many residents have no prescription coverage or dental insurance, and many older residents do not have Medicare Part D coverage and as a result go without needed medication. Dental care is not covered by Medicare, and minimum insurance coverage, which is often all that older adults can afford, has high deductibles and co-pays.

“When you try to buy dental care, it’s minimal amount. They’ll pay for general care. They’re making money on you. I have a problem right now and I need major care. It’s an impossible amount of money. I have one broken tooth, and it cost me \$1,000. Why isn’t dental covered by medical? If you have bad teeth, it affects your whole system. Then you have other problems that come from it. Dental care is absolutely impossible. And I have many more problems than that [i.e., broken tooth.]” (Older Adults 65+)

Transportation

Many Berks County residents have difficulty accessing services because they live in areas where public bus service is limited. Additionally, many services are located in the City of Reading, which is not always accessible for suburban and rural residents who don’t drive. While paratransit and some volunteer



transportation programs are available, the paratransit service will not cross county lines, so a resident in Berks County cannot see a physician in Montgomery County. The paratransit service is only for disabled adults and is often inconvenient:

“You can use the city bus. I was denied the special bus because I’m not disabled. I have to rely on a taxi or friends. The bus doesn’t stop in front of the doctor’s office. I manage to get there, but I have to take a taxi.” (Older adults 65+)

“You can use the BARTA bus, but you have to be disabled. And they won’t wait for you. You have to call 24 hours in advance.”(Older adults 65+)

Language

The ability to communicate with health care providers can be a major barrier to health care, especially for Latinos, due to a lack of Spanish-speaking staff and poor or non-existent translation services.

“Language and many times also lack of education and understanding terminology. They talk to us in terms that we don’t understand. Instructions. Many of us don’t understand English easily. They speak in terms that are difficult for us.” (Latino adults 18-64)

Interpreters are available at hospitals, but often not for specialists or at private practitioners’ offices. Materials are often provided solely in English. Since interpreters are so expensive, Latino patients often rely on children to interpret, which is a violation of doctor/patient confidentiality and can also result in miscommunication.

“In the hospitals, you often find an interpreter, but when you go to a specialist that’s the bigger problem because you need to bring your own interpreter, and they’re \$75 dollars an hour. The specialists typically are outside of the hospitals, so they’ll do translation and transportation – if you have to take a kid to King of Prussia, the interpreter and translation is \$150.” (Latino adults 18-64)

Interpreter services for Spanish speakers are thought to be unreliable. One participant felt that interpreters are sometimes rude:

“If you go to the clinic and treat them nicely, there’s no reason for their translators to be nasty to you. If you’re rude to them, then yes they’ll be rude to you, but if you’re there sick and treat them well, they shouldn’t treat you poorly.” (Latino adults 18-64)

“You don’t have to smile, but show some respect. They’re the professional. We’re not feeling well and then we have to be treated badly.” (Latino adults 18-64)

Cultural Differences

Even with interpretation, some important facts are often lost due to cultural differences. Differences between cultures can sometimes prevent optimal care and service provision.



“[Health care professionals] need training on the uniqueness within the Latino population and between documented and undocumented Latinos. They see Latinos all the same, but here there are Dominicans, Puerto Ricans, and Mexicans, which are totally different cultures.... They should understand the differences between the cultures – there are 21 different countries in Latin America.” (Key Informant Interview)

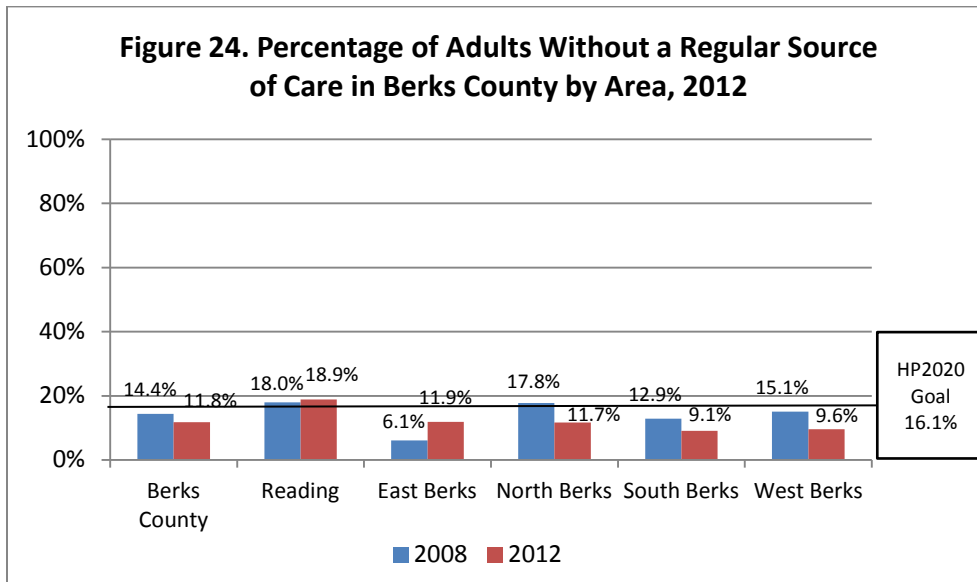
Lack of education is also a barrier to care for the Latino population:

“A poor person here is doesn’t really have access to anything and being educated makes it easier to have opportunities, but here the poor person and the poorly educated, you’re going to have a very hard time in this city.” (Latino Adults 18-64)

Utilization of Services

Having a regular source of care is important since people who have a regular source of care are more likely to seek care when they are sick compared with those who do not. **In Berks County, 11.8% of adults do not have a regular source of care; this percentage represents approximately 37,600 adults (Figure 24).** The percentage of adults in Berks County with a regular source of care (88.2%) is higher than the Healthy People 2020 goal of 83.9%.

- In the City of Reading, 18.9% of adults do not have a regular source of care; this percentage has remained constant since 2008.
- The percentage of adults without a regular source of care is similar across the other areas of Berks County.



Source: PHMC's 2012 Berks County Household Health Survey.



In addition to a lack of a primary care providers, many residents also lack sufficient access to mental health and specialty services. According to key informants, mental health needs are often unmet because there is a significant shortage of psychiatrists, particularly for children and adolescents, and many do not accept any type of insurance or Medical Assistance. Even with insurance coverage, out-of-pocket costs for deductibles and co-pays and low reimbursement rates are prohibitively expensive for many lower income residents. The insufficient number of board certified child and adolescent psychiatrists in the county also leads to long waiting times for an appointment. According to key informants, there are no inpatient psychiatric beds for children and adolescents; so many families rely on a family practitioner for treatment when they need specialty mental health care.

Accessing specialty care and preventive screenings is also difficult for Medicaid patients. Key Informants agreed that the Medicaid population lacks access to primary care, substance abuse treatment, and dental care. Access to mammograms and prostate exams is problematic for low income populations. Although there are free screenings available periodically throughout the year, there are a limited number of spots. Information also doesn't tend to get to the community regarding free screenings.

"I wanted to go [to the specialist] and they told me I couldn't go because they didn't have any space for another [Medicaid] patient." (Latino adults 65+)

In addition, some types of specialty treatment, like elective surgery, are not covered at all by Medicaid, so that patients must pay out of pocket or forgo treatment. For example, many pain management specialists and physicians who treat Hepatitis C will not see Medicaid patients at all. Many Latinos also rely on corner stores (bodegas) to acquire medications from their native countries; they also sometimes find it less expensive to travel to their home countries to receive care if they can.

"I went to a private clinic, and they sent me to the ER. When I got to the ER what they gave me was information about a specialist, so obviously at the specialist we had to pay ahead of time. It was \$270 for the consult and the exam. It was a colonoscopy that costs \$2,700, so obviously, no, I didn't get the procedure." (Latino adults 18-64)

"That's another reason that we don't receive health care, because there's no one that will charge you less or will at least put you on a payment plan and tell you we're going to do this [procedure] or that [one]. But there's no opportunity, there's no possibility, we don't have the opportunity to have available doctors that will charge us less or help us." (Latino adults 18-64)

Many key informants mentioned difficulty in accessing specialty services for those enrolled in Medical Assistance. Many specialty providers do not accept Medical Assistance, and the existing hospitals and community clinics do not have the capacity to serve all of the patients. This leads to long waiting times to see a provider and frustration for patients.

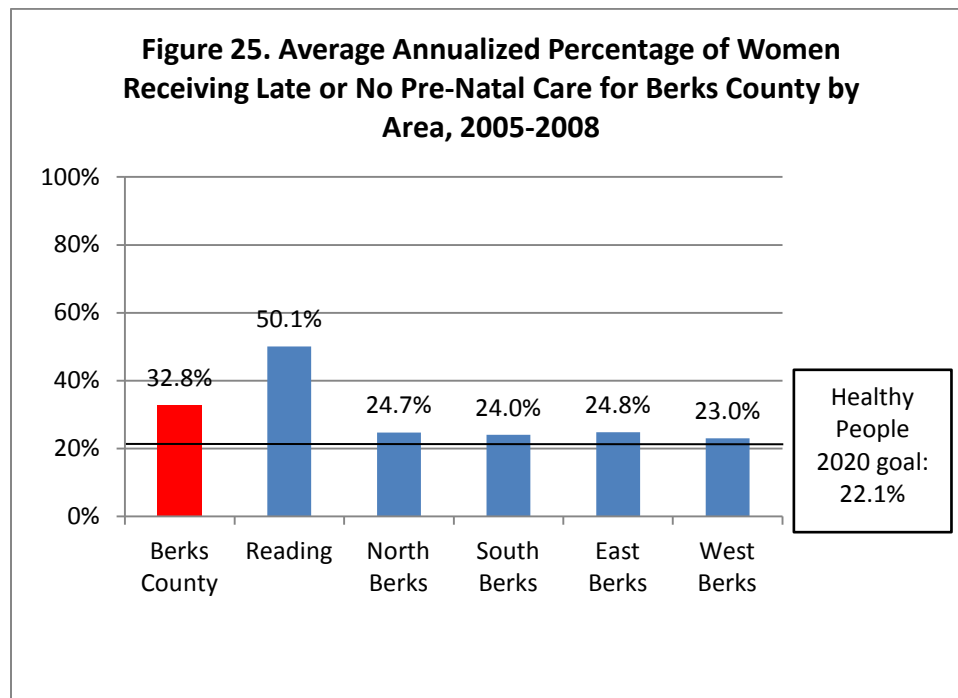
"What happens, they [clinic staff] make you wait a long time. Sometimes we don't have time to wait until they want to treat us. It also depends on the person, when I ask them why do you make me wait a long time, I'm not here to waste your time, and then they'll treat you. But sometimes it's a matter of speaking up, because if you stay quiet and wait for them, then they're just going to continue to ignore you." (Latino migrant workers)



Pre-Natal Care

Receiving pre-natal care during the first trimester of pregnancy can help ensure that health concerns are identified and addressed in a timely manner. Two-thirds of Berks County women (67.2%) receive early pre-natal care, which is below the state average of 70.6% and does not meet the Healthy People 2020 goal of 77.9% (Figure 25).

- **Black and Latina women are more likely to receive late or no pre-natal care than White or Asian women.** Approximately one-half of Latina (49.1%), and Black women (48.7%) receive late or no pre-natal care, compared to 30.0% of Asian women and 26.6% of White women. Similar patterns are found statewide.
- **In the City of Reading, one-half of women (50.1%) receive late or no pre-natal care, representing more than 820 women annually in the City. This percentage is higher than the percentage that receive late or no pre-natal care in other Berks County areas, Berks County as a whole (32.8%), and the state.** In Reading, more than one-half of Black women (52.7%), Latinas (52.0%) received pre-natal care late or not at all. **The West Berks area has the lowest percentage of women who receive late or no pre-natal care (23.0%).** Within West Berks, more than one-third of Latina women (36.2%) did not begin early pre-natal care, compared with 21.8% of White women.



Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Utilization of Services



Regular health screenings can help identify health problems before they start. Early detection can improve chances for treatment and cure and help individuals to live longer, healthier lives. **In Berks County, 17.5% of adults did not visit a health care provider in the past year; this percentage represents 55,200 adults.**

- **Adults in the City of Reading (23.0%) were less likely to visit a health care provider in the past year than any other area in Berks County.**

Dental Visit

Nearly one-third (30.0%) of all Berks County adults did not visit a dentist in the past year. This is similar to the percentage of adults statewide without a dental visit in the past year (29.0%).¹⁴ Adults in the City of Reading (43%) were more likely to not visit a dentist in the past year.

- **In all Berks County areas, the percentage of adults who did not visit a dentist in the past year has increased from 2008.**

Recommended Screenings

The following screenings have been recommended for preventative health for adults. As described below, many adults in Berks County are not utilizing these services.

Blood Pressure

- **13.2% of adults in Berks County did not have a blood pressure test in the past year.** Adults in the City of Reading (17%) are most likely to not receive this test within the past year.

Colonoscopy

Regular screenings beginning at age 50 are fundamental in preventing colorectal cancer.

- **Seven in ten (69.4%) adults 50 years of age and older in Berks County have had a colonoscopy in the past ten years. Statewide, 65% of adults age 50 and over have had a colon cancer screening in the past ten years.**¹⁵
- In the North Berks area, more than four in ten (42.5%) adults did not receive this recommended screening in the past ten years. This percentage represents 16,400 adults and is an increase since 2008 (31.6%)
- Nearly one-third (31.5%) of adults in the City of Reading did not receive a colonoscopy in the past ten years; adults in the West Berks (78.0%) were most likely to have had this test.

¹⁴2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

¹⁵2010 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Pap Smear Test

- **Four in ten Berks County women (41%) did not receive a Pap Smear test in the past year.** This percentage represents approximately 66,300 women and is an increase from 31.7% in 2008.
- The East Berks area has the highest percentage (46.8%) of women not receiving this test in the past year.
- The City of Reading had the lowest percentage (36.4%) of adult women who did not receive a Pap test in the past year.

Mammogram

The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health. However, **four in ten (40.6%) Berks County women age 40 and over are not receiving this screening annually. This is similar to the statewide percentage (42.0%).**¹⁶

- In the City of Reading, 45.2% of women aged 40 and over did not receive a mammogram in the past year. This percentage increased substantially from 28.6% in 2008.
- The percentage of adult women who did not receive a mammogram in the past year is slightly lower in other areas of the County.
- All regions saw an increase in the percentage of women not receiving yearly mammograms from 2008 to 2012; this may be due to changes in the recommended screening interval by some organizations that occurred during this time period.

Rectal Exams for Prostate Cancer

- **Nearly one-half (47.4%) of men aged 45 years and over in Berks County did not have a screening for prostate cancer in the past year.** Statewide, 53% of men age 50 and over did not have this test.

Health Behaviors

Nutrition

According to the USDA's MyPlate food guidelines, adults should eat 4-5 servings of fruits and vegetables daily.¹⁷ **Most adults in Berks County do not reach these recommended goals: nearly 221,100 residents (71.9%) do not meet these nutritional guidelines.** This percentage is comparable to national data. Nationally, less than three-quarters of adults (74%) eat three or more servings of fruits and vegetables daily.¹⁸

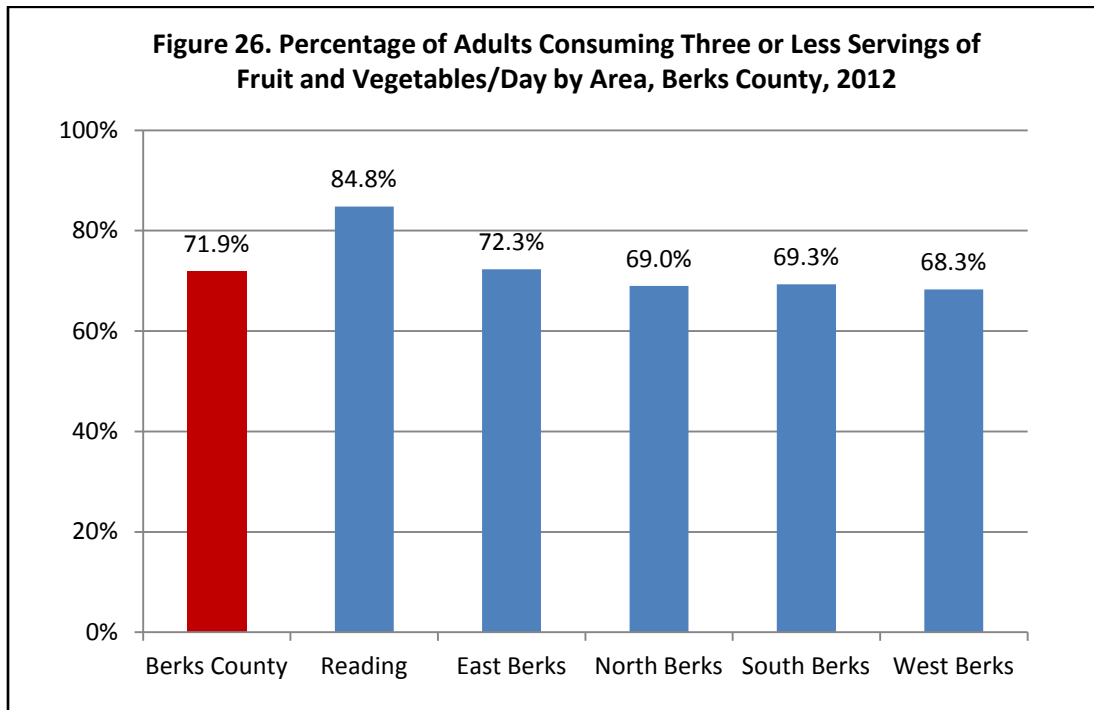
¹⁶2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

¹⁷The U.S. Departments of Agriculture, (2011). Dietary Guidelines Consumer Brochure. Retrieved online on October 23, 2012 at <http://www.choosemyplate.gov/food-groups/downloads/MyPlate/DG2010Brochure.pdf>

¹⁸U.S. Centers for Disease Control and Prevention. State-Specific Trends in Fruit and Vegetable Consumption Among Adults, 2000-2009 (2011).



The City of Reading has the highest percentage of adults who do not eat enough fruits and vegetables. More than eight in ten adults (84.8%) eat three or fewer servings of fruits and vegetables a day (Figure 26). In the other areas of the County approximately seven in ten adults eat fewer than the recommended four servings of fruits and vegetables a day.



Source: PHMC’s 2012 Berks County Household Health Survey

Fast foods are high in unhealthy calories, saturated fats, sugar, and salt. **Currently, nearly one-half (48.1%) of Berks County residents eat fast food one or more times a month.**

Key Informants attributed the rise in obesity to difficulty in accessing affordable healthy foods, individuals’ preferences for cheap, fast food, and the difficult economic times in which families focus more on economic security than on diet and exercise.

Exercise

The U.S. Department of Health and Human Services’ 2008 Physical Activity Guidelines for Americans recommends that adults (ages 18-64) get 2.5 hours of moderate aerobic physical activity each week.¹⁹ Many adults in Berks County do not meet these recommended guidelines.

- **Sixteen percent (15.6%) of adults in Berks County do not participate in any exercise and only 55% of adult residents exercise three or more days a week as recommended.** The Healthy People 2020 goal is to reduce the percentage of adults who participate in no leisure time physical activity to 32.6%.

¹⁹U.S.Department of Health and Human Services.2008 Physical Activity Guidelines for Americans, 2008.

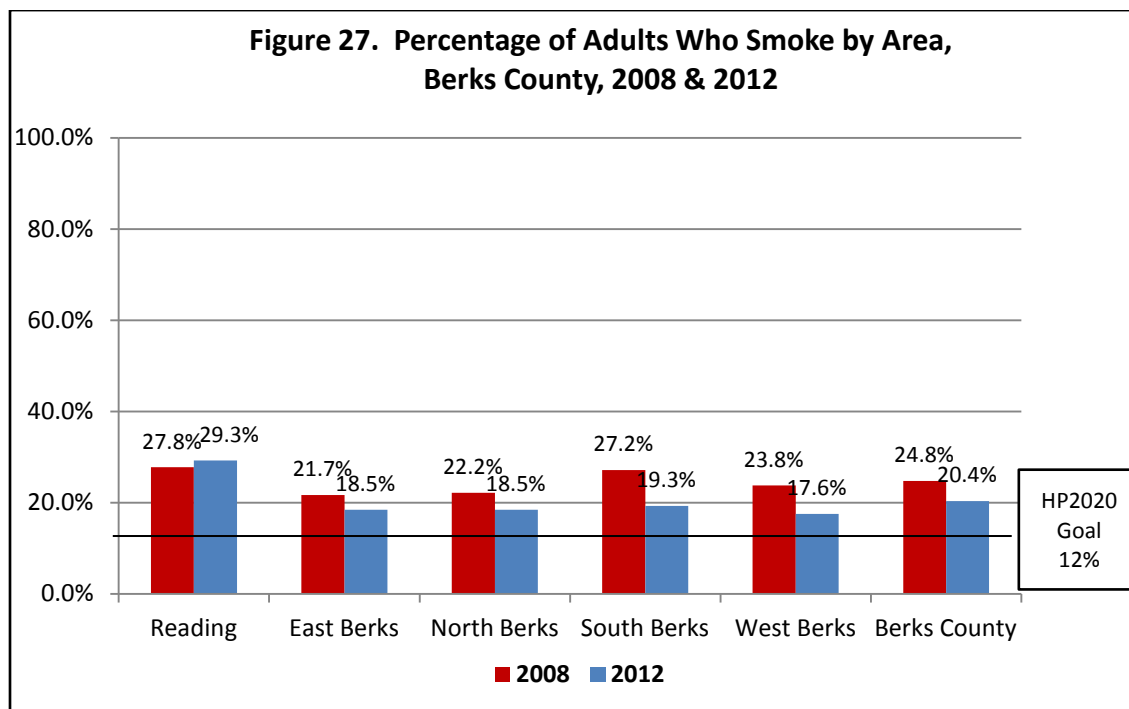


- Exercise habits of Berks County adult differ across the county. **The City of Reading has the highest percentage of adults (23.6%) who did not exercise at all within the past month;** the North and South Berks areas have the lowest percentage (13%).

Focus group participants were also asked whether they had heard of the Reading Trails and if they had used it. Most participants were aware of the trails, but none were currently using it due to either disability or fear of crime. Participants who had heard of the trails were aware of a recent attack on an older woman that occurred on the trails during the day. Those who stated they did not want to use the trails, or no longer wanted to use them, gave fear of crime as their reason.

Tobacco Use

One in five (20.4%) adults in Berks County currently smokes; this percentage is similar to the smoking rate statewide (22.4%) (Figure 27). The percentage of adults who smoke in Berks County does not meet the Healthy People 2020 goal of 12%.²⁰ The City of Reading has the highest percentage (29.3%) of adults who smoke and West Berks area (17.6%) has the lowest percentage of adult smokers.



Source: PHMC's 2008 and 2012 Berks County Household Health Surveys.

Slightly more than one-half (54.3%) of adults who smoke in Berks County tried to quit in the past year. Within the county, there was wide variation among smokers who tried to quit in the past year. The highest percentage of adults trying to quit was in the North Berks area (68.9%) and the lowest percentage of adults trying to quit was in the West Berks area (27%).

²⁰2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Alcohol Consumption

According to the Centers for Disease Control and Prevention (CDC), binge drinking is a common pattern of excessive alcohol use in the U.S. and is defined as five or more drinks on one occasion.²¹ **Nearly four in ten (38.4%) Berks County adults participated in binge drinking on one or more occasions in the past month.** Binge drinking is defined as having five or more servings of alcohol on an occasion. The Berks County binge drinking percentage is more than twice the statewide percentage of 18.3%.²²

- The City of Reading has the highest percentage of residents who participated in binge drinking in the past month. Nearly one-half of Reading residents (47.5%) consumed five or more drinks on one or more days during the past month.

Social Capital and Neighborhood

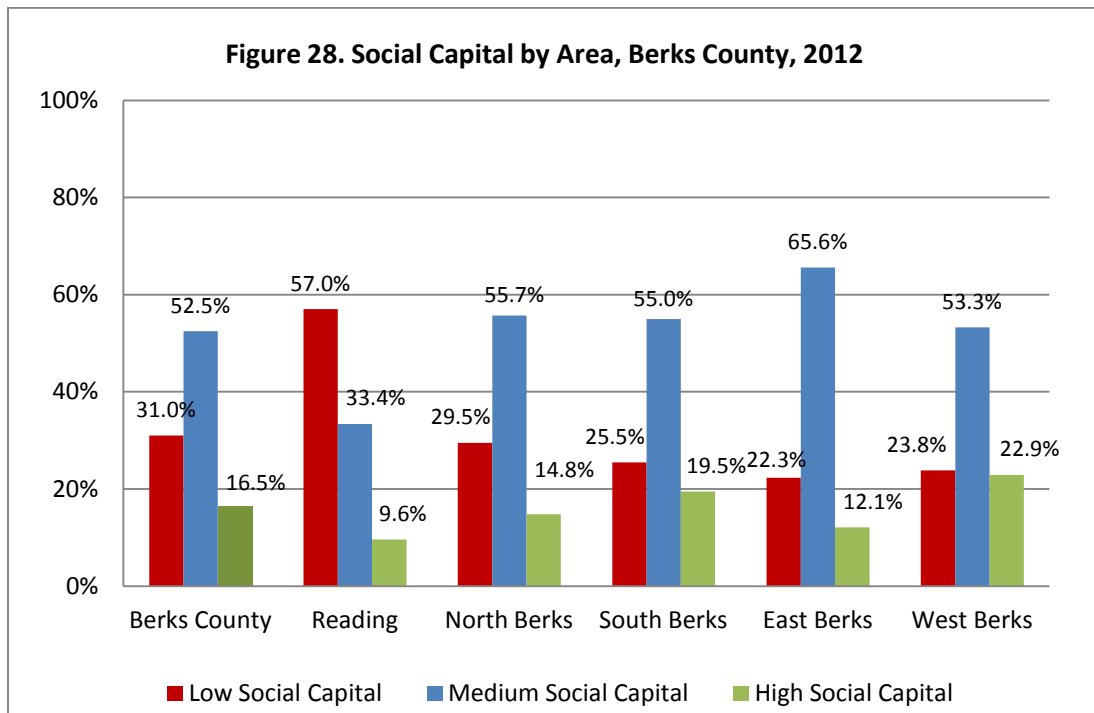
Neighborhood factors have important roles in the overall health and well-being of Berks County residents. Social capital is one measure used to understand an individual's neighborhood and role in that neighborhood. The social capital index used in this needs assessment was created from five questions asked in the Berks County Household Health Survey. Those questions were: 1) number of groups the respondent currently participates in; 2) respondent's perception as to whether neighbors ever worked together to improve their community; 3) respondent's perception as to whether neighbors are willing to help each other; 4) respondent's feeling of belonging to the neighborhood; and 5) respondent's perception as to whether people in the neighborhood can be trusted. A social capital index, with scores ranging from 1 to 10, was created with a score of 1-4 deemed as having a "low" social capital, 5-7 as being "medium," and 8-10 as "high" social capital.

Adults in Reading are more likely than adults in other parts of Berks County to have low social capital.

- More than half of adults in Reading, 57.0%, or approximately 26,500 adults, have low social capital, as compared to 22.3% of adults in the East Berks area (Figure 28).

²¹U.S. Centers for Disease Control and Prevention. Fact Sheets – Binge Drinking – Alcohol (2010).

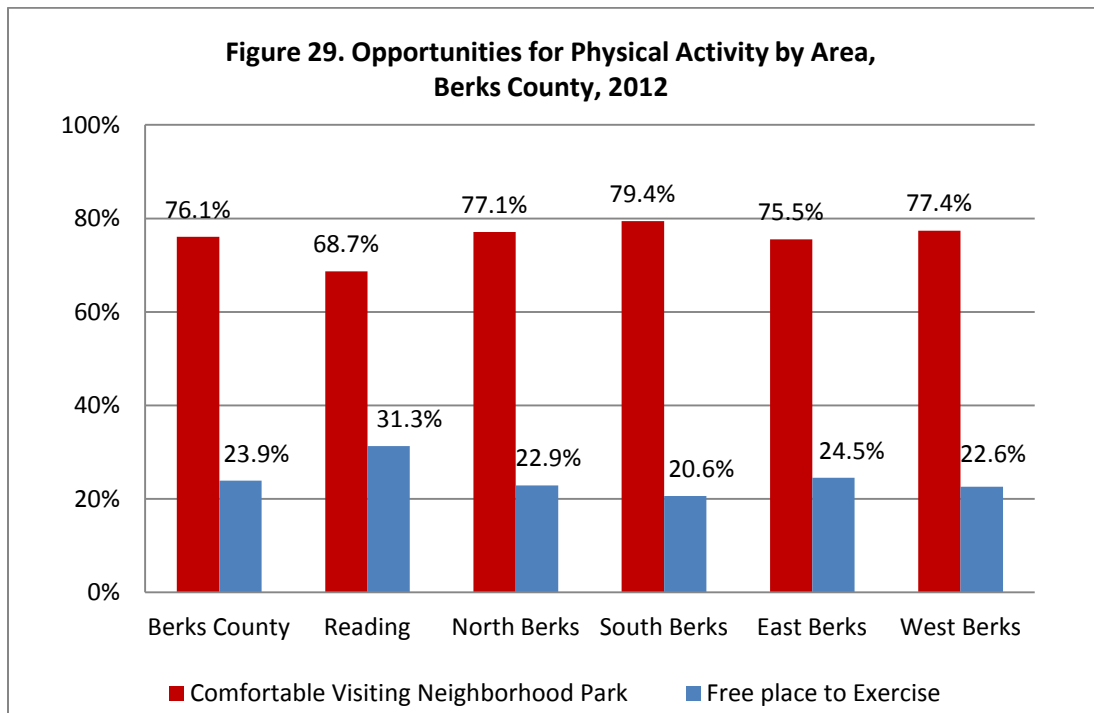
²²2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Source: PHMC's 2012 Berks County Household Health Survey.

About three-quarters of adults in Berks County (76.1%) have a park or other outdoor space in their neighborhood that they are comfortable visiting; this represents 237,800 adults. Adults in the South Berks area are most likely to have a park or other outdoor space in their neighborhood that they are comfortable visiting (79.4%). **Adults in the City of Reading are less likely (68.7%) to have a neighborhood park or other outdoor space that they are comfortable visiting.**

About six in ten adults in Berks County (59.8%) say there is a free place where they can exercise. This represents approximately 163,400 adults. **Adults in the City of Reading are less likely than other adults in Berks County to know of a place where they can exercise for free,** with one-half of adults (50.7%), or about 23,900 adults, saying there was a place where they could exercise free of charge. Access to a free place to exercise is somewhat consistent across the rest of the county, ranging from 63.7% of adults in the North Berks area to 58.1% of adults in the East Berks area (Figure 29).



Source: PHMC's 2012 Berks County Household Health Survey.

HEALTH NEEDS OF SPECIAL POPULATIONS

One of the goals of this needs assessment was to identify the health needs of special populations across Berks County. As described earlier in this report, the Latino population of Berks County has grown rapidly in the past twenty years, and many Latinos are in poorer health and experience more barriers to accessing health care than others in the county. However, other populations across Berks County, including Blacks and the poor, also lack access to affordable health care. The following section focuses on the health status and health care needs of special populations across Berks County. These groups present an area of immediate and growing need.

Health Status

One of the best indicators of the health of the population is their self-reported health status. This measure has consistently shown to correlate very strongly with outcomes on medical examinations.

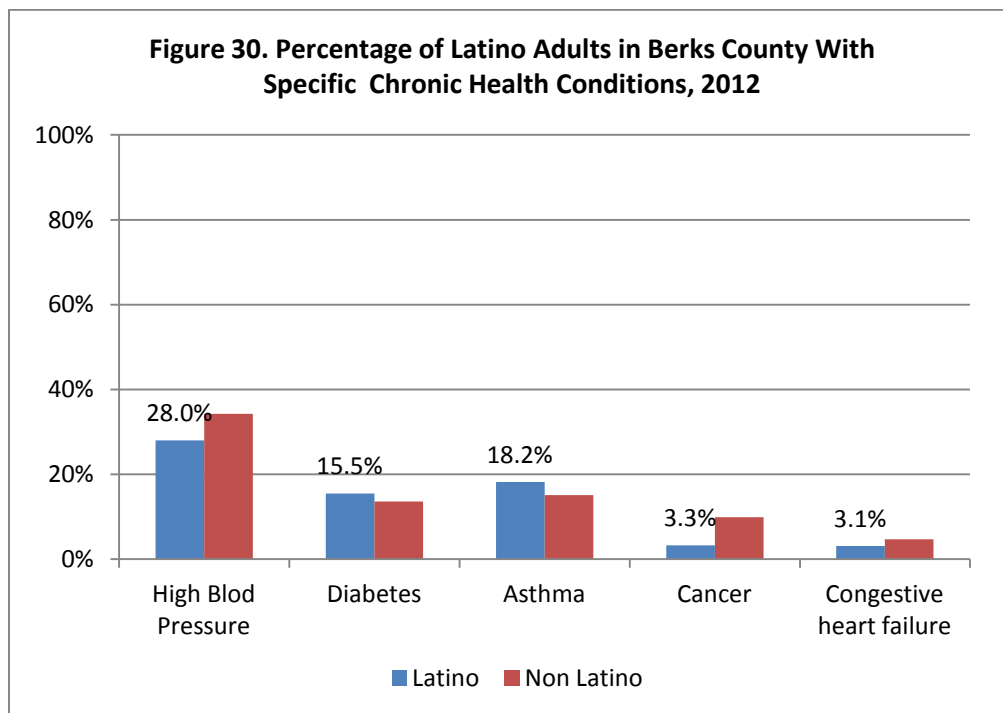
- Across Berks County, **the majority of Latino adults rate their health as good. However, slightly more than one-third (34%) of Latino adults age 18 years of age or older are in fair or poor health, representing 15,600 adults.** This percentage is almost three times higher than for non-Latino adults in Berks County (34% versus 12.8%, respectively).
- **Three in ten (30.9%) Black adults in Berks County are in fair or poor health;** this percentage is more than twice as high compared to white adults.



- **Poor adults across Berks County are more than three times as likely to be in fair or poor health compared to non-poor adults (40.8% versus 12.6%, respectively).**

High blood pressure, diabetes, asthma, cancer, and mental health are frequently cited health conditions that require ongoing care.

- **More than one-quarter (28%) of Latino adults have high blood pressure;** this percentage represents 12,900 adults. This percentage is lower than compared to non-Latino adults (34.3%). Black adults are more likely to have high blood pressure compared to white adults (48.4% versus 33.5%). One in four (39.6%) poor adults has high blood pressure compared to one-third (32.6%) of non-poor adults.
- Approximately **7,100 (15.5%) Latino adults in Berks County have diabetes and 18.2% has asthma.** These percentages are slightly higher than compared to non-Latino adults (13.6% and 15.1%, respectively). Across Berks County, Black (28.3%) and poor adults (24.9%) are twice as likely to have diabetes compared to their counterparts (13.3% and 12.5%). Black adults are slightly more likely to have asthma compared to white adults (17.9% versus 15.7%). Poor adults in Berks County are much more likely to have asthma compared to non-poor adults (25.2% versus 14.2%, respectively). (Figure 30)
- Latino adults in Berks County are **more likely to have a diagnosed mental health problem** than non-Latino adults (17.6% versus 14.2%, respectively). Poor adults are two times (16.2%) as likely to have a mental health problem compared to non-poor adults (13%).
- **Seven in ten (71.9%) Latino adults are overweight or obese;** this percentage represents 31,200 adults and is higher compared to non-Latino (65.2%) adults in Berks County. Black adults are more likely to be overweight or obese compared to white adults (69% versus 65.6%). Similarly, poor adults (74%) are more likely to be overweight or obese compared to non-poor (65.1%) adults.



Source: PHMC's 2012 Berks County Household Health Survey.

Utilization of Services

Early detection of a health problem can improve an individual's chances for treatment and a cure of a health condition.

- **Among Latinos in Berks County, approximately three in ten (29.3%) adults did not visit a health care provider in the past year;** this percentage represents 13,200 adults. **The percentage of Latino adults who did not visit a health care provider in the past year is nearly two times as high compared to non-Latino adults (15.6%). One in five Black (21.7%) and poor (21.4%) adults did not visit a health care provider in the past year compared to White (16.5%) and non-poor (17%) adults.**
- **Four in ten (40.3%) Latino adults did not visit a dentist in the past year,** representing 18,600 adults. This percentage is higher than for non-Latino adults (28.4%). One-half of Black adults did not visit a dentist in the past year; this percentage represents 7,300 adults. This percentage is higher than compared to White adults (28.4%). Similarly, nearly one-half of poor adults (47.8%) did not visit a dentist compared to non-poor adults (27.6%).

Health Screenings

The following screenings have been recommended for preventative health for adults. For many of these indicators, information is presented for Latinos across Berks County only. This is because for some screenings, the sample size was limited for Black and poor adults.



As described below, many Latino adults in Berks County are not getting these important screenings. (Figure 31).

Blood Pressure

- Almost one-quarter (24.5%) of Latino adults in Berks County did not have a blood pressure test in the past year, representing 11,100 adults. This percentage is more than two times as high as compared to non-Latino adults (11.3%). Across Berks County, Black (14.6%) and poor (19.4%) adults were more likely to not have a blood pressure test in the past year. These percentages are higher compared to White (11.6%) and non-poor adults (12.4%).

Colonoscopy

- Approximately one-third of Latino and non-Latino adults did not receive a colonoscopy screening in the past ten years (31.3% and 30.2%, respectively).

Pap Smear

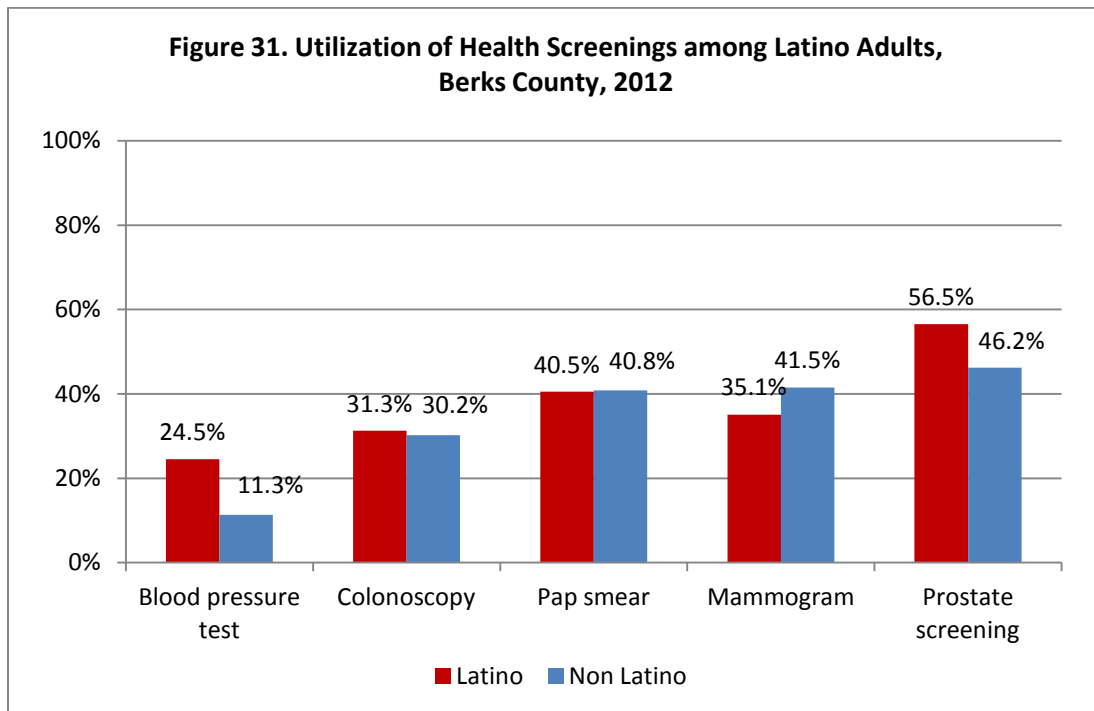
- Four in ten (40.5%) Latina adult women did not receive a Pap smear test in the past year. This percentage represents approximately 10,000 women. This percentage is similar for non Latina women.

Mammogram

- Annual mammograms are often recommended for women 40 years of age and older. However, more than one-third (35.1%) of Latina women in Berks County are not getting this annual screening. While this percentage is lower compared to non Latina women (41.5%), it represents 4,500 adult Latina women not getting this important cancer screening.

Rectal Exams for Prostate Cancer

- More than one-half (56.5%) of Latino adult men 45 years of age or older in Berks County did not have a rectal exam for prostate cancer in the past year. This percentage represents approximately 3,600 men. The percentage of Latino men who have not had a rectal exam for prostate cancer in the past year is higher compared to non-Latino men (56.5% versus 46.2%, respectively).



Source: PHMC's 2012 Berks County Household Health Survey.

Access and Barriers to Care

- **More than a quarter of Latinos in Berks County between the ages of 18 and 64 (25.8%) have no public or private health insurance.** This represents approximately 10,800 uninsured Latino adults in Berks County. This percentage is much higher than for non-Latino adults (10.8%), indicating that **Latino adults are more than twice as likely to be uninsured.** Similarly, more than one-quarter of Black (27.9%) and poor (27.3%) adults (ages 18-64) in Berks County do not have any public or private health insurance. These percentages are higher than for White (10.6%) and non-poor adults (10.5%).
- **While 8.6% of insured non-Latino adults in Berks have prescription drug coverage, more than a quarter of insured Latino adults (25.7%) do not.**

Adults without a regular source of care face increased risk of poor health outcomes.

- Latino adults in Berks County are much less likely to have a regular source of care than are non-Latino adults. About one in ten non-Latino adults (9.9%) has no regular source of care, compared with 22.9% of Latino adults. White adults in Berks County are much more likely to lack a regular source of care compared to Black adults (22.9% versus 9.9%). One in five (20.4%) poor adults across Berks County does not have a regular source of care; this percentage is twice as high compared to non-poor adults (10.7%).

Not having a regular healthcare provider is a particular burden for those without health coverage.



Among adults in Berks County without health coverage, nearly 8,100 visited an emergency department because they had nowhere else to go for care.

- **Nearly half of uninsured Latino adults in Berks County (45.2%) visited a hospital emergency department because they had nowhere else to go**, indicating that Latinos are more than three times as likely to have no option other than the emergency department as are non-Latinos (14.9%).

As indicated by the research above, there are many barriers to receiving regular and timely care faced by Berks County residents. One frequently cited barrier is cost, including the cost of medical and dental treatment for the uninsured, the cost of co-pays for those with insurance, and the cost of prescription medications, as many Berks County adults with health insurance still do not have coverage for prescriptions or for dental visits. In Berks County, Latinos, Blacks and poor adults face additional cost-related barriers to health care.

- **Nearly 8,000 Latino adults needed health care in the past year but did not receive that care due to cost.** This represents 16.8% of all Latino adults in Berks County and is higher than the percentage of non-Latino adults (11.1%) who deferred necessary care due to cost. Nearly one-quarter (23.6%) of Black adults did not seek healthcare due to the cost, representing 3,300 adults. Approximately 7,000 (17.8%) poor adults did not seek healthcare due to the cost.
- While many residents are able to seek medical treatment, cost remains a barrier to receiving prescription drugs. **More than one in five (21%) Latino adults in Berks County were prescribed medications in the past year but did not purchase those medications due to cost**, many more than the percentage of non-Latinos (12.4%) forgoing prescriptions due to cost. More than one-quarter of Black (26.3%) and poor (28.2%) adults did not fill a prescription due to the cost compared to white (12.1%) and non-poor (11.7%) adults.

Dental coverage can be difficult to obtain, and delayed dental care can result in extensive damage.

- More than a third of Latino adults in Berks County (34.9%) were not able to get the dental care they needed in the past year due to the cost of that care, while 18.8% of non-Latino adult deferred dental care. More than one in four Black (46.1%) and poor (42.1%) adults did not seek dental care due to the cost compared to white (18.4%) and non-poor (18.3%) adults.

Personal Health Behaviors

The USDA recommends that adults consume at least four to five servings of fruits and vegetables daily.²³ **Rates of fruit and vegetable consumption and exercise are lower for Latinos than for non-Latinos.**

- **The overwhelming majority of Latino adults in Berks County (86.6%) consume less than four servings of fruits and vegetables daily**, compared non-Latino adults (69.5%).

²³ Dietary Guidelines Consumer Brochure, U.S. Department of Agriculture (2011)



Eating in fast food restaurants is associated with increased consumption of high calorie, salty foods, placing individuals at risk for obesity-related chronic diseases.

- **The majority of Latino adults (50.1%) eat at fast food restaurants at least once a week.**
- This percentage is similar to that for non-Latino adults (47.8%).

Smoking is associated with increased risk for cancer, heart disease, and lung disease. **Latinos are more likely than non-Latinos to smoke cigarettes.**

- **Three in ten Latinos(30.4%) smoke cigarettes** compared to 18.8% of non-Latinos. This represents 14,000 Latino adults who smoke.
- The percentage of Latinos who smoke is more than twice the Healthy People 2020 goal (30.4% versus 12.0%).

Latinos smokers are more likely to have tried to quit smoking in the past year than non-Latino smokers.

- More than two-thirds of Latino smokers (69.5%) have tried to quit compared to one-half (50.2%) of non-Latinos.
- This percentage (69.5%) is lower than the Healthy People 2020 goal of 80.0%.

Latinos are slightly more likely than non-Latinos to drink more than five alcoholic drinks on one or more days in the past month (40.8% compared to (38.4%).

Social Capital and Neighborhood

Social capital includes participation in clubs and groups, feelings of belonging and trust in neighborhood and neighbors and neighborhood activities and parties and communities working together.

- **Latino adults are more than twice as likely as non-Latino adults to have low social capital (59.5% as compared with 26.4%).** Black (45.7%) and poor (51.1%) adults across Berks County are more likely to have low social capital compared to white (27.8%) and non-poor adults (27.9%).

In addition, Latino and poor adults in Berks County face other neighborhood disadvantages. While 77.3% of non-Latino adults have a park or other outdoor space they were comfortable visiting, just 69.7% of Latino adults report the same neighborhood resources. Similarly, 68.2% of poor adults across Berks County have a park or other outdoor space they were comfortable visiting compared to 77.2% of non-poor adults.

Slightly more than one in six (62.3%) of non-Latino adults have a place in their neighborhood where they can exercise for free, and fewer than half of Latinos (46.8%) have such a place. Similarly, fewer than one-half of Black (47.3%) and poor (43.3%) adults across Berks County have a place in their neighborhood where they can exercise for free compared to White (62.1%) and non-poor (61.9%) adults.



IV. UNMET HEALTH CARE NEEDS

Process and Unmet Health Care Needs

Unmet health care needs in Berks County were identified after determining the health status, access to care, health behaviors, social capital, and health care utilization of Berks County residents. This information was then compared to information on existing resources to identify unmet needs among county residents overall, for separate areas of the county, and for the Latino population specifically.

The Community Need Index score for Berks County provides an overall measure of unmet health care needs in the county.

Community Need Index

The **Community Need Index**²⁴ uses many of the socioeconomic indicators from the US Census which were described in the previous section to assign a community need index score to each ZIP code in the United States. The indicators are drawn from five major barriers to good health (culture/language, education, insurance, and housing). They are used to measure the multiple factors which are known to limit health care access. Individual indicators include: percent of elderly, children, and single parents in poverty; percent non-Caucasian and percent with limited English proficiency; percent without a high school diploma; percent unemployed and uninsured; and percent renting housing. A score of 1.0 to 5.0 is assigned to each community, with 1.0 indicating a community with the lowest need and 5.0 a community with the highest need. There is a high correlation between high CNI scores and high rates of hospital utilization, including those which are preventable with adequate primary care. Rates of hospital use in communities with the highest needs (5.0) are 60% higher than those in communities with low needs (1.0). Nationally, Bucks County, Pennsylvania has the lowest need index (1.99) among all communities with populations over 500,000, and Montgomery County is sixth lowest. The Bronx, N.Y. is highest nationally among large communities with a CNI score of 4.8.

Berks County as a whole is a community with middle range needs (2.7). Within Berks County, four ZIP codes in Reading and West Reading have highest needs (4.6-5.0): 19604 (Reading; 4.6), 196111 (West Reading; 4.8), 19601 (Reading; 5.0), and 19602 (Reading; 5.0) (See Appendix XX for a list of CNI scores by Berks County ZIP code). There are no ZIP codes with the second highest needs, but six ZIP codes have mid-level needs: Bethel (3.2), Shoemakersville (3.0), Kutztown (2.8), Womelsdorf (2.6), Temple (2.6), and Hamburg (2.6). ZIP codes in Bally (1.2), Kempton (1.2), Blandon (1.6), Centerport (1.6), and Wernersville (1.6) have the lowest needs.

Specific unmet needs in the county which were identified during this needs assessment, in order of greatest to least need, include:

- Access to primary and specialty care for the uninsured and underinsured, including particularly access to dental and mental health care;
- Access to affordable prescription medications;

²⁴Improving Public Health & Preventing Chronic Disease: CHW's Community Need Index. Dignity Health (2005).



- Access to specialty care for those insured through Medical Assistance;
- Transportation to medical care for the low income and Latino migrant worker population;
- More affordable mental health and substance abuse services, particularly for children and adolescents; and
- Culturally competent care for the Latino population, including more affordable services for the uninsured, including more qualified, affordable interpretation services and more bilingual, bicultural staff.



V. CONCLUSIONS AND RECOMMENDATION

In conclusion, the overall health status of Berks County residents is reasonably good when compared to the health of Pennsylvanians in general and to Healthy People 2020 goals. However, poor access to primary and preventive care for Latinos, Blacks, and Poor in Berks County results in poor health status and higher rates of mortality for these Population sub-groups. The City of Reading with its high percentage of poor and racial and ethnic minorities, has the highest percentages of residents in poor health, with poor personal health behaviors, and who lack access to a source of regular primary, preventive care. The specific unmet needs for Berks County which are listed below in order of priority are based on the findings from this needs assessment, including input from the community:

Access to Care

Increase access to:

- **primary care for the uninsured and underinsured, including Latino adults and Medical Assistance enrollees;**
- **prescription, dental, and vision care;**
- **specialty care, including psychiatrists;**
- **early pre-natal care; and**
- **mental health services.**

Access to a regular source of primary, preventive care is problematic for Berks County adults who are poor or underinsured or uninsured for basic health care or for critical services such as prescriptions, dental, and vision care. The cost of health insurance was the most commonly cited health concern for Berks County residents. **More than 30,000 adults under age 65 lack health insurance coverage and 30,000 do not have prescription drug coverage. An additional 38,000 do not have a regular source of primary care.** One-third of pregnant women do not receive pre-natal care in the first trimester or receive none at all, a major factor in low birth weight births and infant mortality. In addition, many uninsured and underinsured adults experience economic barriers to accessing specialists. Access to mental health treatment is particularly limited: less than one-half of those diagnosed with a mental health condition are receiving treatment. Access to child and adolescent psychiatrists is particularly problematic.

Addressing lack of insurance coverage and primary care providers is a high priority because it has a negative impact on every component of good health: physical and mental health status, personal health behaviors, and preventive care. Adults who do not receive primary, preventive care are more likely to develop chronic diseases, to experience hospitalizations which could have been avoided, and to use the emergency room for primary care. This leads to higher costs for hospitals and publicly-funded insurance programs such as Medicare and Medicaid.

Currently, underinsured and uninsured Berks County residents and the Medicaid population are served through the new Berks Community Health Center. This new Federally Qualified Health Center cannot currently meet the needs of the uninsured and underinsured and Medicaid population, and does not currently provide prescription, dental, or vision care. The existing Western Berks Free Medical Clinic in



Robesonia does not currently have the resources to serve this population either, and is located 15 miles from the City of Reading, where a high proportion of this population lives.

Latino residents often lack health insurance because they are undocumented. In addition, they often experience cultural and linguistic barriers to care. Many health care providers in the public sector have addressed this issue through employing bilingual and bicultural staff. However many private providers, especially specialists, lack bilingual staff and the knowledge of Latino cultures which would assist them in providing more effective care.

Expanding the ability of the Berks Community Health Center to serve the Medicaid population and the underinsured and uninsured, and the Medicaid population is recommended. In addition, the ability to provide free or low cost prescriptions and dental and vision care should be expanded. Creating a clinic for the uninsured in the City of Reading modeled on Volunteers in Medicine in West Chester, is also recommended. Any recommendations addressing the uninsured and underinsured will be affected by the Patient Protection and Affordable Care Act is implemented. Therefore, implementation of the recommendations in this area will have to take any future changes in the Act into account.

Improving the ability of providers to serve the Latino population with bilingual, culturally appropriate services is recommended. Providing free interpreters and translation of documents and prescriptions at primary care and specialist sites should be a priority. In addition, providers should receive education in Latino cultures as they impact medical treatment and in cultural sensitivity.

Improving access to care for Latinos and the Medicaid population, the uninsured and underinsured by removing other barriers is also recommended. Providing patient navigators or case managers has been successful in removing other barriers to care for these populations in many communities. These programs exist to some extent in Berks County, but should be expanded.

Increasing access to early pre-natal care should be addressed, especially among Black and Latina women. According to key informants, there are sufficient providers for pre-natal care in Berks County, but the factors that prevent women from seeking early pre-natal care should be addressed through outreach and education, especially in the City of Reading, where more than one-half of pregnant women do not receive early pre-natal care.

The City of Reading should be targeted, because most of the population in the County that is at risk for experiencing barriers to care lives there.

Personal Health Behaviors

Increase programs and interventions which address personal health behaviors which negatively impact health, especially obesity, smoking, and adolescent pregnancy.

Obesity and overweight is very common in Berks County as it is nationally: **almost two-thirds of adults in the county are obese or overweight.** This represents almost 200,000 adults. Obesity and overweight was mentioned as the most serious health concern in the county by several key informants because it is a major factor in many serious chronic illnesses which are on the rise: heart disease, cancer, stroke, high blood pressure, and diabetes. In addition, many adults in the county receive little or not exercise and



frequently eat “fast food.” Residents of the City of Reading often do not have a place to exercise for free or where they feel safe. There is currently no county-wide coordinated effort to address this issue.

Addressing obesity in children and adults by public and private providers, including health care, government, and the schools, is therefore a top priority.

Programs to prevent smoking in children and adolescents and assist smokers to quit should be increased. Cancer is the second leading cause of death in Berks County, and one in five adults smoke cigarettes, which is linked to lung and many other cancers. Lung cancer is the fourth leading cause of death. More than one-half of smokers tried to quit in the past year; these efforts should be supported, particularly for low income residents and residents of the City of Reading, who have higher rates of smoking.

The adolescent pregnancy rate should be reduced to zero, and programs that support this should be expanded or implemented. Adolescent pregnancy rates in Berks County are not high when compared to the rest of the state, but the rate in the City of Reading is the highest in the county. This represents 134 births annually. The City of Reading should be targeted, because two-thirds of the adolescent births occur to City of Reading teens.

In summary, while the overall health status of Berks County residents is good and the majority of residents have access to basic health care services, certain population groups are at-risk for poor health outcomes. Poor access to primary and preventive care for Latinos, Blacks, and poor adults in Berks County has resulted in lower health status and higher rates of mortality for these populations. In addition, specific geographic areas within Berks County are at higher risk for poor health status and health outcomes. More education and attention should be aimed at increasing positive health behaviors and enhancing primary and preventive access to care for residents in the City of Reading and throughout Berks County as a whole.



APPENDIX A: U.S. CENSUS TABLES



Berks County

Table 1. Socio-Demographic Indicators of Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		373,638		411,442		414,193		418,339	
		#	%	#	%	#	%	#	%
Age	0-17	91,909	(24.6)	98,136	(23.9)	96,516	(23.3)	94,880	(22.7)
	18-44	140,980	(37.7)	141,140	(34.3)	140,705	(34.0)	140,718	(33.6)
	45-64	84,559	(22.6)	112,608	(27.4)	113,592	(27.4)	112,180	(26.8)
	65+	56,190	(15.0)	59,558	(14.5)	63,380	(15.3)	70,561	(16.9)
Gender	Male	182,956	(49.0)	201,864	(49.1)	203,159	(49.0)	205,129	(49.0)
	Female	190,682	(51.0)	209,578	(50.9)	211,034	(51.0)	213,210	(51.0)
Race/Ethnicity*	White	317,025	(84.8)	316,406	(76.9)	310,624	(75.0)	302,093	(72.2)
	Black	12,478	(3.3)	16,517	(4.0)	17,267	(4.2)	18,475	(4.4)
	Asian	3,713	(1.0)	5,244	(1.3)	5,527	(1.3)	5,904	(1.4)
	Other	4,065	(1.1)	5,920	(1.4)	6,323	(1.5)	6,937	(1.7)
	Latino	36,357	(9.7)	67,355	(16.4)	74,452	(18.0)	84,930	(20.3)
Language Spoken at Home	English	--	--	324,576	(85.1)	323,776	(83.3)	326,764	(83.4)
	Spanish	--	--	40,504	(10.6)	47,785	(12.3)	47,940	(12.2)
	Asian Language	--	--	2,612	(0.7)	3,165	(0.8)	3,180	(0.8)
	Other	--	--	13,864	(3.6)	13,865	(3.6)	13,940	(3.6)

*White, Black, Asian and Other races exclude Latinos.
 Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.
 Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 2. Latino Population by Specific Origin of Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		373,638		411,442		414,193		418,339	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	385	(0.1)	1,423	(0.3)	1,378	(0.3)	1,571	(0.4)
	Mexican	6,562	(1.8)	10,027	(2.4)	11,812	(2.9)	13,399	(3.2)
	Puerto Rican	22,038	(5.9)	32,057	(7.8)	40,537	(9.8)	46,478	(11.1)
	Other	7,372	(2.0)	16,166	(3.9)	20,725	(5.0)	23,482	(5.6)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 3. Population by Detailed Asian Origin of Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		373,638		411,442		414,193		418,339	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	871	(0.2)	1,256	(0.3)	1,291	(0.3)	1,376	(0.3)
	Cambodian	31	(0.0)	45	(0.0)	59	(0.0)	60	(0.0)
	Chinese	569	(0.2)	796	(0.2)	1,527	(0.4)	1,642	(0.4)
	Filipino	325	(0.1)	463	(0.1)	724	(0.2)	774	(0.2)
	Hmong	45	(0.0)	52	(0.0)	21	(0.0)	25	(0.0)
	Japanese	155	(0.0)	197	(0.0)	73	(0.0)	73	(0.0)
	Korean	330	(0.1)	470	(0.1)	212	(0.1)	233	(0.1)
	Laotian	93	(0.0)	117	(0.0)	53	(0.0)	55	(0.0)
	Thai	37	(0.0)	59	(0.0)	ND		ND	
	Vietnamese	1,066	(0.3)	1,279	(0.3)	1,387	(0.3)	1,492	(0.4)
	Other	263	(0.1)	368	(0.1)	335	(0.1)	352	(0.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 4. Socio-Economic Indicators of Berks County, U.S. Census

		2000		2010		2013		2018	
		373,638		411,442		414,193		418,339	
		#	%	#	%	#	%	#	%
Education	Less than HS	54,651	(22.0)	46,556	(17.1)	42,986	(15.7)	43,650	(15.7)
	HS graduate	148,202	(59.6)	165,193	(60.5)	169,624	(61.9)	172,689	(61.9)
	College or more	46,011	(18.5)	61,261	(22.4)	61,554	(22.5)	62,465	(22.4)
Employment	Employed	180,881	(94.9)	206,721	(94.6)	197,088	(90.3)	200,220	(90.3)
	Unemployed	9,671	(5.1)	11,879	(5.4)	21,259	(9.7)	21,597	(9.7)
Poverty Status	Families living in poverty w/o children	1,247	(2.5)	8,544	(8.0)	10,823	(10.2)	10,906	(10.2)
	Families living in poverty with children	4,943	(10.3)	6,895	(13.3)	9,015	(17.9)	9,071	(17.9)
Housing Unit Type	Renter-occupied	36,851	(26.0)	43,703	(28.3)	43,840	(28.4)	44,165	(28.4)
	Owner-occupied	104,719	(74.0)	110,653	(71.7)	110,632	(71.6)	111,088	(71.6)
Median Household Income		45,118		54,775		51,448		51,546	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Reading City

Table 5. Socio-Demographic Indicators of Reading City, U.S. Census

Total Population		2000		2010		2013		2018	
		72,472		78,128		78,715		79,673	
		#	%	#	%	#	%	#	%
Age	0-17	21,843	(30.1)	24,415	(31.3)	24,258	(30.8)	24,263	(30.5)
	18-44	29,398	(40.6)	30,729	(39.3)	30,648	(38.9)	30,541	(38.3)
	45-64	12,458	(17.2)	15,998	(20.5)	16,436	(20.9)	16,723	(21.0)
	65+	8,773	(12.1)	6,986	(8.9)	7,373	(9.4)	8,146	(10.2)
Gender	Male	35,219	(48.6)	38,272	(49.0)	38,648	(49.1)	39,234	(49.2)
	Female	37,253	(51.4)	39,856	(51.0)	40,067	(50.9)	40,439	(50.8)
Race/Ethnicity*	White	34,029	(47.0)	21,155	(27.1)	17,828	(22.6)	14,107	(17.7)
	Black	8,195	(11.3)	7,935	(10.2)	7,668	(9.7)	7,085	(8.9)
	Asian	1,097	(1.5)	845	(1.1)	796	(1.0)	728	(0.9)
	Other	1,627	(2.2)	1,617	(2.1)	1,601	(2.0)	1,529	(1.9)
	Latino	27,524	(38.0)	46,576	(59.6)	50,822	(64.6)	56,224	(70.6)
Language Spoken at Home	English	--	--	35,492	(53.3)	35,612	(50.0)	36,237	(50.3)
	Spanish	--	--	28,257	(42.5)	33,031	(46.4)	33,176	(46.1)
	Asian Language	--	--	856	(1.3)	1,066	(1.5)	1,082	(1.5)
	Other	--	--	1,934	(2.9)	1,503	(2.1)	1,514	(2.1)

*White, Black, Asian and Other races exclude Latinos.

Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 6. Latino Population by Specific Origin of Reading City, U.S. Census

Total Population		2000		2010		2013		2018	
		72,472		78,128		78,715		79,673	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	195	(0.3)	634	(0.8)	773	(1.0)	836	(1.0)
	Mexican	5,398	(7.4)	7,674	(9.8)	8,196	(10.4)	8,959	(11.2)
	Puerto Rican	16,809	(23.2)	22,926	(29.3)	28,007	(35.6)	31,182	(39.1)
	Other	5,122	(7.1)	10,129	(13.0)	13,846	(17.6)	15,247	(19.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 7. Population by Detailed Asian Origin of Reading City, U.S. Census

Total Population		2000		2010		2013		2018	
		72,472		78,128		78,715		79,673	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	131	(0.2)	149	(0.2)	74	(0.1)	70	(0.1)
	Cambodian	ND		ND		ND		ND	
	Chinese	91	(0.1)	104	(0.1)	314	(0.4)	299	(0.4)
	Filipino	46	(0.1)	50	(0.1)	42	(0.1)	45	(0.1)
	Hmong	25	(0.0)	22	(0.0)	ND		ND	
	Japanese	31	(0.0)	34	(0.0)	28	(0.0)	26	(0.0)
	Korean	47	(0.1)	56	(0.1)	25	(0.0)	23	(0.0)
	Laotian	36	(0.0)	34	(0.0)	ND		ND	
	Thai	ND		ND		ND		ND	
	Vietnamese	671	(0.9)	722	(0.9)	292	(0.4)	257	(0.3)
	Other	69	(0.1)	73	(0.1)	77	(0.1)	68	(0.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 8. Socio-Economic Indicators of Reading City, U.S. Census

		2000		2010		2013		2018	
		72,472		78,128		78,715		79,673	
		#	%	#	%	#	%	#	%
Education	Less than HS	16,183	(38.4)	14,435	(32.9)	15,542	(34.7)	15,954	(34.4)
	HS graduate	22,292	(52.8)	24,563	(56.0)	24,848	(55.5)	25,894	(55.9)
	College or more	3,716	(8.8)	4,868	(11.1)	4,362	(9.7)	4,511	(9.7)
Employment	Employed	27,832	(90.5)	29,150	(90.0)	27,438	(79.0)	27,851	(79.0)
	Unemployed	2,919	(9.5)	3,226	(10.0)	7,277	(21.0)	7,399	(21.0)
Poverty Status	Families living in poverty w/o children	499	(8.0)	4,399	(27.6)	6,172	(35.8)	6,162	(35.3)
	Families living in poverty with children	3,087	(30.5)	3,853	(37.2)	5,532	(48.9)	5,511	(48.3)
Housing Unit Type	Renter-occupied	13,304	(49.6)	15,556	(58.5)	15,655	(58.5)	15,829	(58.5)
	Owner-occupied	13,503	(50.4)	11,054	(41.5)	11,116	(41.5)	11,227	(41.5)
Median Household Income		26,783		29,032		26,033		26,051	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



North Berks County

Table 9. Socio-Demographic Indicators of North Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		75,270		84,437		85,509		86,865	
		#	%	#	%	#	%	#	%
Age	0-17	15,786	(21.0)	16,885	(20.0)	16,546	(19.4)	16,149	(18.6)
	18-44	30,175	(40.1)	31,003	(36.7)	31,314	(36.6)	31,801	(36.6)
	45-64	17,281	(23.0)	23,511	(27.8)	23,785	(27.8)	23,421	(27.0)
	65+	12,028	(16.0)	13,038	(15.4)	13,864	(16.2)	15,494	(17.8)
Gender	Male	37,225	(49.5)	41,607	(49.3)	42,120	(49.3)	42,708	(49.2)
	Female	38,045	(50.5)	42,830	(50.7)	43,389	(50.7)	44,157	(50.8)
Race/Ethnicity*	White	71,084	(94.4)	74,555	(88.3)	74,180	(86.8)	73,046	(84.1)
	Black	917	(1.2)	2,083	(2.5)	2,408	(2.8)	2,947	(3.4)
	Asian	469	(0.6)	756	(0.9)	810	(0.9)	888	(1.0)
	Other	521	(0.7)	985	(1.2)	1,091	(1.3)	1,273	(1.5)
	Latino	2,279	(3.0)	6,058	(7.2)	7,020	(8.2)	8,711	(10.0)
Language Spoken at Home	English	--	--	73,468	(90.7)	73,809	(90.7)	74,905	(90.7)
	Spanish	--	--	3,668	(4.5)	4,142	(5.1)	4,170	(5.1)
	Asian Language	--	--	376	(0.5)	414	(0.5)	415	(0.5)
	Other	--	--	3,464	(4.3)	3,032	(3.7)	3,072	(3.7)

*White, Black, Asian and Other races exclude Latinos.

Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 10. Latino Population by Specific Origin of North Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		75,270		84,437		85,509		86,865	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	42	(0.1)	162	(0.2)	64	(0.1)	75	(0.1)
	Mexican	531	(0.7)	1,127	(1.3)	1,710	(2.0)	2,142	(2.5)
	Puerto Rican	911	(1.2)	1,787	(2.1)	3,423	(4.0)	4,234	(4.9)
	Other	795	(1.1)	2,130	(2.5)	1,823	(2.1)	2,260	(2.6)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 11. Population by Detailed Asian Origin of North Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		75,270		84,437		85,509		86,865	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	91	(0.1)	144	(0.2)	98	(0.1)	107	(0.1)
	Cambodian	ND		ND		ND		ND	
	Chinese	95	(0.1)	146	(0.2)	255	(0.3)	270	(0.3)
	Filipino	44	(0.1)	65	(0.1)	63	(0.1)	66	(0.1)
	Hmong	ND		ND		ND		ND	
	Japanese	24	(0.0)	34	(0.0)	ND		ND	
	Korean	48	(0.1)	64	(0.1)	30	(0.0)	31	(0.0)
	Laotian	ND		ND		45	(0.1)	47	(0.1)
	Thai	ND		17	(0.0)	ND		ND	
	Vietnamese	98	(0.1)	157	(0.2)	275	(0.3)	319	(0.4)
	Other	59	(0.1)	100	(0.1)	53	(0.1)	57	(0.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 12. Socio-Economic Indicators of North Berks County, U.S. Census

		2000		2010		2013		2018	
		75,270		84,437		85,509		86,865	
		#	%	#	%	#	%	#	%
Education	Less than HS	11,016	(21.8)	9,450	(16.4)	8,120	(14.4)	8,245	(14.3)
	HS graduate	30,774	(61.0)	35,665	(62.0)	37,241	(66.2)	38,136	(66.2)
	College or more	8,628	(17.1)	12,439	(21.6)	10,924	(19.4)	11,235	(19.5)
Employment	Employed	37,458	(93.4)	44,329	(92.5)	42,371	(91.3)	43,296	(91.3)
	Unemployed	2,649	(6.6)	3,616	(7.5)	4,023	(8.7)	4,116	(8.7)
Poverty Status	Families living in poverty w/o children	258	(2.4)	983	(4.5)	1,262	(5.9)	1,281	(5.9)
	Families living in poverty with children	350	(4.1)	596	(6.1)	955	(10.6)	978	(10.8)
Housing Unit Type	Renter-occupied	5,211	(19.1)	6,627	(21.4)	6,615	(21.4)	6,623	(21.3)
	Owner-occupied	22,104	(80.9)	24,350	(78.6)	24,366	(78.6)	24,513	(78.7)
Median Household Income		48,032		59,907		54,438		54,597	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



South Berks County

Table 13. Socio-Demographic Indicators of South Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		107,683		122,016		122,829		124,135	
		#	%	#	%	#	%	#	%
Age	0-17	26,125	(24.3)	29,179	(23.9)	28,790	(23.4)	28,364	(22.8)
	18-44	39,089	(36.3)	39,857	(32.7)	39,530	(32.2)	39,210	(31.6)
	45-64	25,770	(23.9)	34,469	(28.2)	34,778	(28.3)	34,566	(27.8)
	65+	16,699	(15.5)	18,511	(15.2)	19,731	(16.1)	21,995	(17.7)
Gender	Male	52,312	(48.6)	59,422	(48.7)	59,769	(48.7)	60,346	(48.6)
	Female	55,371	(51.4)	62,594	(51.3)	63,060	(51.3)	63,789	(51.4)
Race/Ethnicity*	White	98,901	(91.8)	104,831	(85.9)	103,792	(84.5)	101,933	(82.1)
	Black	1,985	(1.8)	3,783	(3.1)	4,150	(3.4)	4,787	(3.9)
	Asian	1,063	(1.0)	1,739	(1.4)	1,865	(1.5)	2,034	(1.6)
	Other	1,134	(1.1)	1,869	(1.5)	2,033	(1.7)	2,300	(1.9)
	Latino	4,600	(4.3)	9,794	(8.0)	10,989	(8.9)	13,081	(10.5)
Language Spoken at Home	English	--	--	102,035	(90.9)	103,315	(89.5)	104,346	(89.6)
	Spanish	--	--	5,263	(4.7)	7,275	(6.3)	7,250	(6.2)
	Asian Language	--	--	690	(0.6)	1,101	(1.0)	1,094	(0.9)
	Other	--	--	4,255	(3.8)	3,806	(3.3)	3,829	(3.3)

*White, Black, Asian and Other races exclude Latinos.

Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 14. Latino Population by Specific Origin of South Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		107,683		122,016		122,829		124,135	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	105	(0.1)	424	(0.3)	131	(0.1)	156	(0.1)
	Mexican	276	(0.3)	547	(0.4)	1,035	(0.8)	1,236	(1.0)
	Puerto Rican	3,342	(3.1)	5,345	(4.4)	6,709	(5.5)	8,075	(6.5)
	Other	877	(0.8)	2,231	(1.8)	3,114	(2.5)	3,614	(2.9)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 15. Population by Detailed Asian Origin of South Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		107,683		122,016		122,829		124,135	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	278	(0.3)	416	(0.3)	342	(0.3)	360	(0.3)
	Cambodian	ND		17	(0.0)	48	(0.0)	47	(0.0)
	Chinese	164	(0.2)	232	(0.2)	520	(0.4)	588	(0.5)
	Filipino	129	(0.1)	195	(0.2)	317	(0.3)	334	(0.3)
	Hmong	15	(0.0)	22	(0.0)	18	(0.0)	17	(0.0)
	Japanese	49	(0.0)	65	(0.1)	16	(0.0)	16	(0.0)
	Korean	111	(0.1)	168	(0.1)	111	(0.1)	120	(0.1)
	Laotian	48	(0.0)	69	(0.1)	ND		ND	
	Thai	13	(0.0)	21	(0.0)	ND		ND	
	Vietnamese	192	(0.2)	255	(0.2)	412	(0.3)	465	(0.4)
	Other	59	(0.1)	90	(0.1)	119	(0.1)	131	(0.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 16. Socio-Economic Indicators of South Berks County, U.S. Census

		2000		2010		2013		2018	
		107,683		122,016		122,829		124,135	
		#	%	#	%	#	%	#	%
Education	Less than HS	13,098	(17.6)	10,929	(13.3)	8,843	(10.5)	8,916	(10.5)
	HS graduate	45,405	(61.1)	50,454	(61.4)	51,226	(61.1)	51,832	(61.1)
	College or more	15,757	(21.2)	20,844	(25.3)	23,827	(28.4)	24,126	(28.4)
Employment	Employed	54,909	(96.8)	63,586	(96.6)	62,722	(92.6)	63,821	(92.6)
	Unemployed	1,819	(3.2)	2,228	(3.4)	5,018	(7.4)	5,083	(7.4)
Poverty Status	Families living below poverty w/o children	238	(1.5)	1,851	(5.6)	2,050	(6.2)	2,094	(6.3)
	Families living below poverty with children	1,074	(7.6)	1,507	(9.7)	1,588	(10.3)	1,623	(10.5)
Housing Unit Type	Renter-occupied	9,317	(22.1)	10,744	(22.9)	10,755	(22.9)	10,805	(22.9)
	Owner-occupied	32,771	(77.9)	36,176	(77.1)	36,180	(77.1)	36,406	(77.1)
Median Household Income		49,890		60,411		60,234		60,640	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



East Berks County

Table 17. Socio-Demographic Indicators of East Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		52,468		53,429		53,199		52,941	
		#	%	#	%	#	%	#	%
Age	0-17	12,908	(24.6)	11,465	(21.5)	11,047	(20.8)	10,528	(19.9)
	18-44	19,331	(36.8)	16,296	(30.5)	15,940	(30.0)	15,724	(29.7)
	45-64	13,032	(24.8)	17,131	(32.1)	17,100	(32.1)	16,548	(31.3)
	65+	7,197	(13.7)	8,537	(16.0)	9,112	(17.1)	10,141	(19.2)
Gender	Male	26,076	(49.7)	26,487	(49.6)	26,344	(49.5)	26,138	(49.4)
	Female	26,392	(50.3)	26,942	(50.4)	26,855	(50.5)	26,803	(50.6)
Race/Ethnicity*	White	51,139	(97.5)	51,365	(96.1)	50,963	(95.8)	50,375	(95.2)
	Black	430	(0.8)	369	(0.7)	361	(0.7)	377	(0.7)
	Asian	159	(0.3)	287	(0.5)	311	(0.6)	340	(0.6)
	Other	278	(0.5)	498	(0.9)	555	(1.0)	636	(1.2)
	Latino	462	(0.9)	910	(1.7)	1,009	(1.9)	1,213	(2.3)
Language Spoken at Home	English	--	--	49,137	(93.9)	48,231	(95.5)	47,912	(95.5)
	Spanish	--	--	999	(1.9)	599	(1.2)	595	(1.2)
	Asian Language	--	--	161	(0.3)	63	(0.1)	61	(0.1)
	Other	--	--	2,007	(3.8)	1,613	(3.2)	1,597	(3.2)

*White, Black, Asian and Other races exclude Latinos.

Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 18. Latino Population by Specific Origin of East Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		52,468		53,429		53,199		52,941	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	19	(0.0)	67	(0.1)	162	(0.3)	196	(0.4)
	Mexican	129	(0.2)	248	(0.5)	194	(0.4)	233	(0.4)
	Puerto Rican	200	(0.4)	366	(0.7)	419	(0.8)	501	(0.9)
	Other	114	(0.2)	295	(0.6)	234	(0.4)	283	(0.5)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 19. Population by Detailed Asian Origin of East Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		52,468		53,429		53,199		52,941	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	17	(0.0)	22	(0.0)	39	(0.1)	45	(0.1)
	Cambodian	ND		12	(0.0)	ND		ND	
	Chinese	30	(0.1)	45	(0.1)	80	(0.2)	88	(0.2)
	Filipino	31	(0.1)	47	(0.1)	43	(0.1)	41	(0.1)
	Hmong	ND		ND		ND		ND	
	Japanese	ND		11	(0.0)	26	(0.0)	28	(0.1)
	Korean	33	(0.1)	47	(0.1)	26	(0.0)	32	(0.1)
	Laotian	ND		ND		ND		ND	
	Thai	ND		ND		ND		ND	
	Vietnamese	16	(0.0)	22	(0.0)	28	(0.1)	31	(0.1)
	Other	11	(0.0)	15	(0.0)	71	(0.1)	77	(0.1)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 20. Socio-Economic Indicators of East Berks County, U.S. Census

		2000		2010		2013		2018	
		52,468		53,429		53,199		52,941	
		#	%	#	%	#	%	#	%
Education	Less than HS	7,067	(19.6)	5,573	(14.5)	4,845	(12.8)	4,845	(12.7)
	HS graduate	22,771	(63.2)	24,582	(64.1)	24,576	(64.8)	24,624	(64.8)
	College or more	6,171	(17.1)	8,176	(21.3)	8,531	(22.5)	8,552	(22.5)
Employment	Employed	28,004	(97.2)	31,141	(97.0)	28,089	(92.6)	28,214	(92.6)
	Unemployed	812	(2.8)	958	(3.0)	2,241	(7.4)	2,247	(7.4)
Poverty Status	Families living below poverty w/o children	154	(2.0)	558	(3.6)	440	(2.9)	459	(3.1)
	Families living below poverty with children	196	(2.8)	335	(4.6)	244	(3.9)	260	(4.2)
Housing Unit Type	Renter-occupied	3,697	(18.6)	4,265	(20.2)	4,249	(20.2)	4,234	(20.2)
	Owner-occupied	16,162	(81.4)	16,836	(79.8)	16,766	(79.8)	16,686	(79.8)
Median Household Income		51,556		64,298		61,122		61,501	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



West Berks County

Table 21. Socio-Demographic Indicators of West Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		69,305		77,806		78,595		79,767	
		#	%	#	%	#	%	#	%
Age	0-17	16,236	(23.4)	17,364	(22.3)	17,036	(21.7)	16,664	(20.9)
	18-44	24,039	(34.7)	24,319	(31.3)	24,427	(31.1)	24,771	(31.1)
	45-64	16,997	(24.5)	22,768	(29.3)	22,907	(29.1)	22,429	(28.1)
	65+	12,033	(17.4)	13,355	(17.2)	14,225	(18.1)	15,903	(19.9)
Gender	Male	33,886	(48.9)	38,163	(49.0)	38,534	(49.0)	39,085	(49.0)
	Female	35,419	(51.1)	39,643	(51.0)	40,061	(51.0)	40,682	(51.0)
Race/Ethnicity*	White	65,389	(94.3)	68,758	(88.4)	68,363	(87.0)	67,484	(84.6)
	Black	957	(1.4)	2,336	(3.0)	2,670	(3.4)	3,265	(4.1)
	Asian	946	(1.4)	1,683	(2.2)	1,819	(2.3)	2,008	(2.5)
	Other	550	(0.8)	996	(1.3)	1,099	(1.4)	1,253	(1.6)
	Latino	1,463	(2.1)	4,033	(5.2)	4,644	(5.9)	5,757	(7.2)
Language Spoken at Home	English	--	--	67,763	(92.2)	66,875	(89.9)	67,753	(89.9)
	Spanish	--	--	2,362	(3.2)	2,712	(3.6)	2,733	(3.6)
	Asian Language	--	--	575	(0.8)	667	(0.9)	669	(0.9)
	Other	--	--	2,780	(3.8)	4,162	(5.6)	4,203	(5.6)

*White, Black, Asian and Other races exclude Latinos.

Note: Language spoken at home was not provided by Nielsen-Claritas for 2000.

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 22. Latino Population by Specific Origin of West Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		69,305		77,806		78,595		79,767	
		#	%	#	%	#	%	#	%
Specific Origin	Cuban	32	(0.0)	136	(0.2)	253	(0.3)	314	(0.4)
	Mexican	201	(0.3)	391	(0.5)	694	(0.9)	857	(1.1)
	Puerto Rican	770	(1.1)	1,609	(2.1)	1,982	(2.5)	2,499	(3.1)
	Other	460	(0.7)	1,353	(1.7)	1,715	(2.2)	2,087	(2.6)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

Table 23. Population by Detailed Asian Origin of West Berks County, U.S. Census

Total Population		2000		2010		2013		2018	
		69,305		77,806		78,595		79,767	
		#	%	#	%	#	%	#	%
Asian Origin	Indian	356	(0.5)	524	(0.7)	752	(1.0)	814	(1.0)
	Cambodian	ND		ND		ND		ND	
	Chinese	195	(0.3)	277	(0.4)	386	(0.5)	429	(0.5)
	Filipino	74	(0.1)	111	(0.1)	258	(0.3)	289	(0.4)
	Hmong	ND		ND		ND		ND	
	Japanese	45	(0.1)	53	(0.1)	1	(0.0)	1	(0.0)
	Korean	97	(0.1)	141	(0.2)	24	(0.0)	27	(0.0)
	Laotian	ND		ND		ND		ND	
	Thai	ND		ND		ND		ND	
	Vietnamese	95	(0.1)	134	(0.2)	386	(0.5)	432	(0.5)
	Other	64	(0.1)	90	(0.1)	30	(0.0)	36	(0.0)

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 24. Socio-Economic Indicators of West Berks County, U.S. Census

		2000		2010		2013		2018	
		69,305		77,806		78,595		79,767	
		#	%	#	%	#	%	#	%
Education	Less than HS	7,278	(15.1)	6,092	(11.3)	5,760	(10.6)	5,850	(10.6)
	HS graduate	28,215	(58.5)	31,448	(58.3)	33,153	(60.9)	33,836	(61.1)
	College or more	12,749	(26.4)	16,383	(30.4)	15,481	(28.5)	15,702	(28.3)
Employment	Employed	34,557	(95.8)	40,684	(95.5)	38,788	(93.1)	39,656	(93.0)
	Unemployed	1,523	(4.2)	1,897	(4.5)	2,896	(6.9)	2,966	(7.0)
Poverty Status	Families living below poverty w/o children	104	(1.0)	797	(3.7)	907	(4.3)	936	(4.4)
	Families living below poverty with children	329	(3.8)	622	(6.4)	694	(7.7)	713	(7.8)
Housing Unit Type	Renter-occupied	5,580	(20.8)	6,785	(22.4)	6,856	(22.5)	6,993	(22.7)
	Owner-occupied	21,212	(79.2)	23,512	(77.6)	23,573	(77.5)	23,746	(77.3)
Median Household Income		53,864		64,080		60,172		60,279	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



APPENDIX B: VITAL STATISTICS TABLES



Table 1: Average Annualized Birth Rates for Women 15-44 Years by Race and Ethnicity, 2005-2008

Race/Ethnicity	Reading	North	South	East	West	County	State
Total	98.0 (1,688)	42.6 (712)	61.3 (1,382)	47.6 (462)	57.7 (785)	64.2 (5,098)	58.7 (144,233)
White	73.4 (597)	42.0 (646)	58.8 (1,179)	47.6 (450)	56.7 (696)	54.9 (3,638)	52.6 (105,608)
Black	88.1 (200)	35.5 (15)	67.6 (52)	ND	59.2 (28)	83.9 (297)	74.6 (21,237)
Asian	99.1 (28)	ND	70.9 (27)	ND	74.6 (26)	90.6 (92)	78.8 (5,298)
Other	77.6 (508)	29.7 (21)	44.6 (60)	ND	38.7 (19)	70.6 (611)	92.6 (8,810)
Latina	118.1 (1,134)	53.4 (59)	84.3 (166)	65.5 (10)	62.3 (47)	119.8 (1,416)	110.0 (13,040)
Non-Latina	69.2 (527)	41.6 (650)	58.5 (1,203)	46.9 (448)	57.1 (732)	53.7 (3,630)	55.4 (129,559)

Notes:

The birth rate is calculated per 1,000 women 15-44 years of age.

White, Black, Asian and Other races include Latinas.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Table 2: Average Annualized Birth Rates for Adolescent Women 10-17 Years, 2005-2008

	Reading	North	South	East	West	County	State
	28.1 (134)	3.5 (14)	5.1 (33)	ND	2.8 (11)	9.4 (198)	6.9 (4,427)

Notes:

The birth rate is calculated per 1,000 women 10-17 years of age.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10. Racial and ethnic rates are not calculated and displayed for each service area due a count of less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



Table 3: Average Annualized Percentage of Women Receiving Late or No Pre-Natal Care by Area, Race, and Ethnicity, 2005-2008

Race/Ethnicity	Reading	North	South	East	West	County	State
Total	50.1 (821)	24.7 (172)	24.0 (327)	24.8 (112)	23.0 (177)	32.8 (1,634)	29.4 (40,227)
White	45.6 (263)	23.2 (146)	21.9 (254)	24.6 (108)	21.8 (149)	26.6 (944)	24.0 (24,458)
Black	52.7 (102)	ND	41.9 (21)	ND	ND	48.7 (140)	47.5 (9,051)
Asian	45.5 (13)	ND	ND	ND	ND	30.0 (27)	32.7 (1,604)
Other	57.3 (283)	ND	37.2 (22)	ND	ND	54.3 (324)	45.9 (3,753)
Latina	52.0 (575)	37.9 (22)	37.7 (62)	ND	36.2 (17)	49.1 (680)	45.4 (5,524)
Non-Latina	45.8 (233)	23.4 (148)	21.9 (260)	24.7 (108)	22.1 (159)	26.3 (933)	27.6 (33,988)

Notes:

White, Black, Asian and Other races include Latinas.

ND=Not Displayed. Percents are not calculated and displayed when the count is less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Table 4: Average Annualized Percentage of Infants Born at Low Birth Weight by Berks County Area, 2005-2008

	Reading	North	South	East	West	County	State
	8.8 (150)	8.4 (60)	6.9 (96)	7.3 (34)	6.3 (49)	7.7 (392)	8.3 (12,022)

Notes:

Low birth weight is defined as an infant weighing less than 2500 grams (5.5 lbs.) at birth.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10. Racial and ethnic rates are not calculated and displayed for each service area due a count of less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

Table 5: Average Annualized Infant Mortality Rate, 2005-2008

	Reading	North	South	East	West	County	State
	5.8 (10)	ND	ND	ND	ND	4.9 (25)	5.2 (751)

Notes:

Infant mortality is defined as the death of an infant within the first year of birth and is calculated per 1,000 live infant births.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10. Racial and ethnic rates are not calculated and displayed for each service area due a count of less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



Table 6: Average Annualized Mortality Rates, 2005-2008

	Reading	North	South	East	West	County	State
All Causes	929.6 (601)	692.0 (709)	699.6 (1,021)	720.1 (464)	639.5 (687)	731.3 (3,514)	785.2 (124,136)
All Cancer	184.7 (117)	170.5 (172)	163.8 (235)	175.5 (115)	170.1 (174)	175.1 (818)	184.7 (28,616)
Female Breast Cancer	27.3 (10)	23.2 (13)	25.5 (21)	ND	23.5 (13)	24.5 (65)	23.9 (2,082)
Lung Cancer	54.2 (34)	49.9 (50)	42.6 (61)	50.5 (33)	39.0 (40)	46.7 (217)	50.9 (7,852)
Colorectal Cancer	19.4 (12)	15.7 (16)	15.1 (22)	15.1 (10)	21.3 (22)	17.6 (83)	17.8 (2,802)
Prostate cancer	ND	ND	7.6 (11)	ND	ND	6.7 (33)	8.9 (1,448)
Heart Disease	241.5 (154)	176.5 (186)	188.5 (283)	188.9 (124)	164.0 (183)	189.3 (940)	203.2 (33,297)
Stroke	59.0 (38)	53.6 (58)	47.3 (71)	42.7 (28)	50.8 (60)	50.7 (255)	42.5 (7,017)
HIV/AIDS	ND	ND	ND	ND	ND	2.6 (10)	2.7 (344)
Homicide	ND	ND	ND	ND	ND	4.0 (15)	6.1 (721)
Suicide	ND	11.0 (10)	9.6 (12)	ND	ND	10.8 (44)	10.9 (1,404)
Motor Vehicle Crashes	ND	15.4 (13)	11.8 (14)	19.2 (10)	ND	14.0 (57)	11.2 (1,434)

Notes:

Mortality rates are calculated per 100,000 population.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



Table 7: Currently Living with HIV, including AIDS (2008) by Gender and Race/Ethnicity		
	County	State
Total number currently living with HIV, including AIDS	883	30,479
Currently living with HIV, including AIDS (rate per 100,000)*	218.7	244.9
Gender (percentage)		
Male	65% (575)	N/A
Female	35% (308)	N/A
Race/Ethnicity (percentage)		
White	34% (297)	N/A
Black	20% (175)	N/A
Latino	46% (409)	N/A
Asian	ND	N/A
Other	ND	N/A
<p>Notes: ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10. N/A=Data are not available. *Rates calculated by PHMC using HIV prevalence estimates provided by the Pennsylvania Department of Health divided by population estimates from the 2008 American Community Survey. Source: Pennsylvania Department of Health, HIV/AIDS Investigations-Bureau of Epidemiology and American Community Survey.</p>		



Table 8: Communicable Disease Rates, 2010

	County	State
Hepatitis B, Chronic	6.6 (27)	11.6 (1,470)
Lyme Disease	8.0 (33)	30.0 (3,805)
Pertussis*	6.6 (123)	4.0 (1,496)
Varicella*	20.7 (387)	23.1 (8,671)
Chlamydia	302.6 (1,245)	374.1 (47,518)
Gonorrhea	47.6 (196)	101.4 (12,883)

Notes:
Communicable disease rates are calculated per 100,000 population.
* Indicates information is from 2007-2009.
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, EpiQMS.



APPENDIX C: HOUSEHOLD HEALTH SURVEY TABLES



Table 1: Health Status of Adults 18+

		Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
		2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Health Status	Excellent	9,700 (20.3)	7,300 (13.3)	11,000 (28.3)	5,800 (14.9)	20,100 (31.9)	15,000 (21.1)	27,600 (31.7)	22,000 (25.8)	20,600 (28.0)	16,900 (25.0)	89,000 (28.7)	67,000 (21.1)
	Very Good	N/A	9,900 (18.2)	N/A	16,700 (43.1)	N/A	25,600 (36.1)	N/A	29,800 (35.0)	N/A	18,000 (26.6)	N/A	100,100 (31.5)
	Good	22,600 (47.3)	19,200 (35.3)	19,400 (50.3)	11,200 (28.8)	33,600 (53.2)	20,000 (28.2)	42,500 (48.8)	21,500 (25.2)	42,000 (57.1)	27,800 (41.0)	160,100 (51.6)	99,700 (31.4)
	Fair	11,500 (24.2)	15,100 (27.2)	6,400 (16.6)	3,400 (8.7)	7,700 (12.3)	7,800 (10.9)	14,200 (16.3)	8,900 (10.4)	9,800 (13.3)	4,000 (6.0)	49,700 (16.0)	39,100 (12.3)
	Poor	3,900 (8.2)	3,000 (5.4)	1,900 (4.8)	1,700 (4.5)	1,700 (2.6)	2,600 (3.6)	2,800 (3.3)	3,100 (3.6)	1,100 (1.6)	900 (1.4)	11,400 (3.7)	11,300 (3.6)
Mental Health	Diagnosed with mental health condition	N/A	11,600 (21.3)	N/A	4,500 (11.6)	N/A	7,600 (10.7)	N/A	12,000 (14.1)	N/A	10,500 (15.6)	N/A	46,200 (14.6)
	Received treatment for mental health condition	N/A	6,800 (58.0)	N/A	3,400 (74.1)	N/A	5,500 (72.2)	N/A	6,500 (54.1)	N/A	6,400 (60.7)	N/A	28,400 (61.5)
Body Mass Index	Overweight	16,000 (32.9)	18,500 (35.3)	14,900 (39.3)	12,700 (33.9)	23,700 (37.8)	25,100 (35.6)	33,300 (38.7)	28,800 (35.4)	21,400 (29.7)	25,500 (38.7)	109,200 (35.7)	110,600 (35.9)
	Obese	16,000 (32.9)	18,300 (35.0)	11,000 (29.0)	11,000 (29.5)	17,900 (28.5)	18,400 (26.1)	21,200 (24.7)	25,100 (30.8)	18,000 (25.1)	20,200 (30.6)	83,700 (27.4)	93,100 (30.2)
Chronic Health Conditions	Ever had cancer	N/A	3,300 (6.1)	N/A	5,400 (14.0)	N/A	5,900 (8.3)	N/A	7,400 (8.7)	N/A	6,200 (9.2)	N/A	28,300 (8.9)
	Ever had asthma	11,000 (23.0)	10,200 (18.7)	5,900 (15.2)	4,400 (11.4)	8,200 (13.0)	12,500 (17.6)	12,000 (13.6)	14,400 (17.0)	11,500 (15.6)	7,700 (11.3)	48,500 (15.6)	49,200 (15.5)
	Ever had diabetes	6,900 (14.5)	10,300 (18.9)	6,300 (16.2)	6,600 (16.9)	7,500 (11.9)	9,600 (13.7)	7,500 (8.6)	11,600 (13.7)	6,000 (8.2)	5,900 (8.8)	34,200 (11.0)	44,000 (13.9)
	Ever had high blood pressure	14,000 (29.3)	21,800 (40.0)	12,500 (32.4)	13,300 (34.6)	17,000 (27.2)	21,700 (30.5)	21,400 (27.2)	28,100 (33.1)	21,400 (24.4)	20,500 (30.8)	82,900 (26.8)	105,400 (33.4)
	Ever had congestive heart failure	N/A	3,700 (6.7)	N/A	1,300 (3.3)	N/A	3,000 (4.2)	N/A	3,500 (4.1)	N/A	2,600 (3.8)	N/A	14,100 (4.4)

Note: N/A = not asked in 2008

Source: PHMC's 2008 and 2012 Berks County Household Health Survey



Table 2: Health Insurance Status of Adults 18+

	Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Uninsured (18-64)	9,100 (22.7)	11,100 (23.7)	1,436 (4.7)	4,300 (15.2)	3,200 (6.4)	4,600 (8.3)	4,700 (6.2)	5,700 (8.8)	3,600 (6.2)	7,200 (13.9)	22,000 (8.7)	33,000 (13.3)
No prescription drug coverage	7,000 (18.2)	6,500 (15.1)	2,100 (5.7)	3,100 (9.6)	7,300 (12.4)	6,600 (10.1)	7,800 (9.3)	7,500 (9.5)	6,300 (9.2)	6,500 (10.7)	30,600 (10.7)	30,200 (10.8)
No regular source of care	8,600 (18.0)	10,400 (18.9)	2,300 (6.1)	4,600 (11.9)	11,300 (17.8)	8,300 (11.7)	11,300 (12.9)	7,800 (9.1)	11,000 (15.1)	6,500 (9.6)	44,600 (14.4)	37,500 (11.8)
Visited ER in past year due to lack of insurance	N/A	4,900 (44.1)	N/A	300 (8.1)	N/A	800 (16.6)	N/A	1,600 (27.3)	N/A	500 (6.8)	N/A	8,100 (24.8)

Note: N/A = not asked in 2008

Source: PHMC's 2008 and 2012 Berks County Household Health Survey



Table 3: Cost Barriers to Care

	Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Did not seek health care due to cost	N/A	10,100 (18.5)	N/A	4,800 (12.5)	N/A	7,000 (9.8)	N/A	8,600 (10.1)	N/A	7,400 (11.0)	N/A	37,900 (12.0)
Did not seek dental care due to cost	N/A	18,100 (33.2)	N/A	8,600 (22.2)	N/A	14,300 (20.2)	N/A	16,500 (19.3)	N/A	9,500 (14.0)	N/A	67,000 (21.1)
Did not fill prescription due to cost	N/A	12,900 (23.7)	N/A	2,900 (7.4)	N/A	11,000 (15.4)	N/A	10,600 (12.5)	N/A	6,000 (8.9)	N/A	43,400 (13.7)

Note: N/A = not asked in 2008

Source: PHMC's 2008 and 2012 Berks County Household Health Survey



Table 4: Personal Health Behaviors of Adults 18+

		Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
		2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Number of fruits and vegetables consumed in normal day	0-3 servings	40,900 (88.3)	43,300 (84.8)	23,600 (63.5)	26,800 (72.3)	39,700 (63.5)	48,000 (69.0)	56,500 (65.9)	57,300 (69.3)	51,000 (71.3)	45,700 (68.3)	211,800 (69.8)	221,100 (71.9)
	4+ servings	5,400 (11.7)	7,700 (15.2)	13,600 (36.5)	10,300 (27.7)	22,800 (36.5)	21,600 (31.0)	29,300 (34.1)	25,400 (30.7)	20,500 (28.7)	21,200 (31.7)	91,600 (30.2)	86,200 (28.1)
How many times eaten at fast food restaurant in past week	1 or more times	N/A	26,800 (48.9)	N/A	21,800 (43.5)	N/A	30,900 (43.5)	N/A	40,800 (48.0)	N/A	32,200 (47.6)	N/A	152,600 (48.1)
Number of times exercised in past month	None	9,600 (19.9)	12,900 (23.6)	4,900 (12.7)	5,600 (15.0)	3,900 (6.2)	9,500 (13.4)	8,800 (10.1)	11,100 (13.2)	4,900 (6.7)	9,900 (14.6)	32,100 (10.3)	49,000 (15.6)
	1-2 days per week	15,200 (31.7)	16,800 (31.0)	14,500 (37.5)	13,000 (34.9)	19,500 (30.9)	20,700 (29.3)	23,000 (26.3)	22,100 (26.3)	25,000 (34.3)	19,800 (29.2)	97,300 (31.4)	92,400 (29.4)
	3 or more days per week	23,300 (48.4)	24,700 (45.4)	19,300 (49.9)	18,600 (50.1)	39,600 (62.8)	40,400 (57.2)	55,600 (63.6)	51,000 (60.6)	43,000 (59.0)	38,000 (56.2)	180,800 (58.3)	172,800 (55.0)
Smokes Cigarettes		13,300 (27.8)	15,900 (29.3)	8,300 (21.7)	7,100 (18.5)	14,000 (22.2)	13,000 (18.5)	23,900 (27.2)	16,400 (19.3)	17,500 (23.8)	11,900 (17.6)	77,000 (24.8)	64,500 (20.4)
Have tried quitting in past year		6,538 (49.2)	10,000 (62.6)	3,900 (46.5)	4,400 (62.3)	9,100 (64.9)	9,000 (68.9)	14,144 (59.3)	8,300 (50.5)	9,600 (55.4)	3,200 (27.0)	43,200 (56.3)	34,900 (54.3)
Number of days consumed 5 or more drinks in past month	1 or more days	N/A	7,500 (47.9)	N/A	6,000 (37.1)	N/A	10,100 (32.8)	N/A	19,500 (43.6)	N/A	12,000 (33.0)	N/A	55,000 (38.4)

Note: N/A = not asked in 2008

Source: PHMC's 2008 and 2012 Berks County Household Health Survey



Table 5: Utilization of Services by Adults 18+

	Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
In past year DID NOT...												
Visit a health care provider	12,600 (26.2)	12,300 (23.0)	5,500 (14.2)	6,200 (16.3)	9,000 (14.3)	12,400 (17.5)	15,600 (17.8)	11,800 (13.9)	8,900 (12.1)	12,400 (18.4)	51,600 (16.6)	55,200 (17.5)
Visita dentist	18,900 (39.4)	23,600 (43.0)	8,400 (21.7)	12,400 (31.8)	14,000 (22.2)	19,800 (27.9)	24,200 (27.7)	24,300 (28.8)	16,100 (21.9)	15,100 (22.4)	81,600 (26.3)	95,100 (30.0)
DID NOT have the recommended screening...												
Blood pressure test in the past year	6,300 (13.2)	9,100 (17.0)	2,800 (7.2)	4,900 (13.3)	8,400 (13.6)	10,100 (14.3)	11,000 (12.6)	9,800 (11.6)	5,800 (8.0)	7,400 (11.0)	34,300 (11.1)	41,400 (13.2)
Colonoscopy in past 10 years (adults 50+)	6,300 (40.2)	6,100 (31.5)	8,400 (40.5)	5,300 (25.2)	8,200 (31.6)	16,400 (42.5)	13,600 (37.0)	11,700 (28.8)	9,000 (28.1)	7,400 (22.0)	45,500 (34.7)	46,900 (30.6)
Pap smear in the past year	8,800 (39.6)	10,400 (36.4)	8,800 (42.3)	9,300 (46.8)	8,100 (22.8)	17,700 (42.8)	14,500 (31.4)	14,000 (36.8)	10,000 (29.6)	14,700 (43.9)	50,200 (31.7)	66,300 (41.0)
Mammogram in the past year (women 40+)	3,900 (28.6)	7,500 (45.2)	4,800 (31.4)	6,500 (40.4)	6,700 (31.5)	12,400 (42.2)	9,900 (31.6)	9,600 (35.7)	6,300 (30.6)	8,900 (41.0)	31,600 (31.0)	44,800 (40.6)
Rectal exam for prostate cancer in past year (males 45+)	5,400 (53.5)	6,200 (55.9)	7,100 (49.9)	6,900 (52.6)	6,200 (44.6)	8,700 (45.7)	11,200 (50.2)	13,100 (50.9)	7,900 (40.5)	8,300 (37.4)	37,700 (47.2)	43,200 (47.4)
Note: N/A = not asked in 2008												
Source: PHMC's 2008 and 2012 Berks County Household Health Survey												



Table 6: Social Capital and Neighborhood of Adults 18+

		Reading		East Berks		North Berks		South Berks		West Berks		Berks County	
		2008	2012	2008	2012	2008	2012	2008	2012	2008	2012	2008	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Social Capital	Low social capital	N/A	26,500 (57.0)	N/A	7,900 (22.3)	N/A	18,600 (29.5)	N/A	18,600 (25.5)	N/A	13,900 (23.8)	N/A	85,500 (31.0)
	Medium social capital	N/A	15,600 (33.4)	N/A	23,200 (65.6)	N/A	35,000 (55.7)	N/A	40,100 (55.5)	N/A	31,100 (53.3)	N/A	145,000 (52.5)
	High social capital	N/A	4,500 (9.6)	N/A	4,300 (12.1)	N/A	9,300 (14.8)	N/A	14,200 (19.5)	N/A	13,300 (22.9)	N/A	45,600 (16.5)
Comfortable visiting park/outdoor space in neighborhood		N/A	37,500 (68.7)	N/A	28,400 (75.5)	N/A	53,700 (97.1)	N/A	66,900 (79.4)	N/A	51,400 (77.4)	N/A	237,800 (76.1)
Free place to exercise		N/A	23,900 (50.7)	N/A	20,000 (58.1)	N/A	39,300 (63.7)	N/A	45,400 (60.8)	N/A	34,700 (63.0)	N/A	163,400 (59.8)

Note: N/A = not asked in 2008
Source: PHMC's 2008 and 2012 Berks County Household Health Survey



	Latino Origin		Total
	Latino	Non- Latino	
	N (%)	N (%)	N (%)
Did not seek health care due to cost	7,700 (16.8)	29,800 (11.1)	37,900 (12.0)
Did not seek dental care due to cost	15,900 (34.9)	50,700 (18.8)	67,000 (21.1)
Did not fill prescription due to cost	9,700 (21.0)	33,300 (12.4)	43,400 (13.7)

Source: PHMC's 2012 Berks County Household Health Survey



Table 8: Insurance Status and Source of Care by Latino Origin			
	Latino Origin		Total
	Latino	Non-Latino	
	N (%)	N (%)	N (%)
Uninsured (18-64)	10,800 (25.8)	22,200 (10.8)	33,000 (13.3)
No prescription drug coverage (among insured)	9,100 (25.7)	21,000 (8.6)	30,200 (10.8)
No regular source of care	10,600 (22.9)	26,600 (9.9)	37,500 (11.8)
Visited ER in past year due to lack of insurance (among those uninsured in past year)	4,900 (45.2)	3,200 (14.9)	8,100 (24.8)
Source: PHMC's 2012 Berks County Household Health Survey			



Table 9: Health Status by Latino Origin

		Latino Origin		Total
		Latino	Non- Latino	
		N (%)	N (%)	N (%)
Health Status	Excellent	6,100 (13.2)	60,300 (22.4)	67,000 (21.1)
	Very Good	6,700 (14.6)	92,800 (34.5)	100,100 (31.5)
	Good	17,600 (38.2)	81,300 (30.2)	99,700 (31.4)
	Fair	12,000 (26.1)	26,900 (10.0)	39,100 (12.3)
	Poor	3,600 (7.9)	7,700 (2.8)	11,300 (3.6)
Mental Health	Diagnosed with mental health condition	8,100 (17.6)	38,100 (14.2)	46,200 (14.6)
Body Mass Index	Overweight	16,600 (38.2)	93,000 (35.5)	110,600 (35.9)
	Obese	14,600 (33.7)	77,800 (29.7)	93,100 (30.2)
Chronic Health Conditions	Ever had cancer	1,500 (3.3)	26,600 (9.9)	28,300 (8.9)
	Ever had asthma	8,400 (18.2)	40,500 (15.1)	49,200 (15.5)
	Ever had diabetes	7,100 (15.5)	36,500 (13.6)	44,000 (13.9)
	Ever had high blood pressure	12,900 (28.0)	91,800 (34.3)	105,400 (33.4)
	Ever had congestive heart failure	1,400 (3.1)	12,500 (4.7)	14,100 (4.5)

Source: PHMC's 2012 Berks County Household Health Survey



Table 10: Personal Health Behaviors by Latino Origin

		Latino Origin		Total
		Latino	Non-Latino	
		N (%)	N (%)	N (%)
Number of fruits and vegetables consumed in normal day	0-3 servings	37,200 (86.6)	182,300 (69.5)	221,100 (71.9)
	4+ servings	5,700 (13.4)	79,900 (30.5)	86,200 (28.1)
How many times eaten at fast food restaurant in past week	1 or more times	23,100 (50.1)	128,600 (47.8)	152,600 (48.1)
Number of times exercised in past month	None	12,100 (26.2)	36,500 (13.7)	49,000 (15.6)
	1-2 days per week	14,100 (30.6)	77,800 (29.3)	92,400 (29.4)
	3 or more days per week	19,900 (43.2)	151,600 (57.0)	172,800 (55.0)
Smokes Cigarettes		14,000 (30.4)	50,500 (18.8)	64,500 (20.4)
Have tried quitting in past year		9,500 (69.5)	25,400 (50.2)	34,900 (54.3)
Number of days consumed 5 or more drinks in past month	1 or more days	4,900 (40.8)	50,200 (38.4)	55,000 (38.4)

Source: PHMC's 2012 Berks County Household Health Survey



Table 11: Social Capital and Neighborhood by Latino Origin

		Latino Origin		Total
		Latino	Non-Latino	
		N (%)	N (%)	N (%)
Social Capital	low social capital	22,400 (59.5)	62,400 (26.4)	85,500 (31.0)
	medium social capital	12,300 (32.8)	131,700 (55.6)	145,000 (52.5)
	high social capital	7,400 (7.7)	40,700 (18.0)	45,600 (16.5)
Comfortable visiting park/outdoor space in neighborhood		31,700 (69.7)	204,900 (77.3)	237,800 (76.1)
Free place to exercise		19,300 (46.8)	143,300 (62.3)	163,400 (59.8)

Source: PHMC's 2012 Berks County Household Health Survey



Table 12: Utilization of Services by Latino Origin

	Latino Origin		Total
	Latino	Non-Latino	N (%)
	N (%)	N (%)	
In past year DID NOT...			
Visit a health care provider	13,200 (29.3)	41,700 (15.6)	55,200 (17.5)
Visita dentist	18,600 (40.3)	76,100 (28.4)	95,100 (30.0)
Blood pressure test in the past year	11,100 (24.5)	29,900 (11.3)	41,400 (13.2)
Colonoscopy in past 10 years (adults 50+)	3,300 (31.3)	42,800 (30.2)	46,900 (30.6)
Pap smear in the past year	10,000 (40.5)	55,400 (40.8)	66,300 (41.0)
Mammogram in the past year (women 40+)	4,500 (35.1)	40,200 (41.5)	44,800 (40.6)
Rectal exam for prostate cancer in past year (males 45+)	3,600 (56.5)	38,700 (46.2)	43,200 (47.4)

Source: PHMC's 2012 Berks County Household Health Survey



Table 13. Health Status, Mental Health Status, Body Mass Index, and Chronic Health Conditions by Race and Poverty Status						
		Race		Poverty Status*		Total
		White	Black	Poor	Non-Poor	N (%)
		N (%)	N (%)	N (%)	N (%)	
Health Status	Excellent	58,200 (21.7)	3,100 (21.2)	4,400 (12.0)	62,500 (22.3)	67,000 (21.1)
	Very Good	91,500 (34.1)	2,100 (14.3)	4,000 (10.8)	96,000 (34.3)	100,100 (31.5)
	Good	81,400 (30.3)	4,900 (33.7)	13,500 (36.4)	86,100 (30.8)	99,700 (31.4)
	Fair	29,300 (10.9)	3,700 (25.6)	12,000 (32.2)	27,100 (9.7)	39,100 (12.3)
	Poor	8,200 (3.0)	800 (5.3)	3,200 (8.6)	8,100 (2.9)	11,300 (3.6)
Mental Health	Diagnosed with mental health condition	38,400 (14.3)	2,900 (19.6)	9,800 (26.2)	36,400 (13.0)	46,200 (14.6)
Body Mass Index	Overweight	94,100 (36.0)	4,800 (35.5)	11,700 (33.0)	98,900 (36.3)	110,600 (35.9)
	Obese	77,400 (29.6)	4,500 (33.5)	14,500 (41.0)	78,500 (28.8)	93,100 (30.2)
Chronic Health Conditions	Ever had asthma	42,100 (15.7)	2,600 (17.9)	9,500 (25.2)	39,700 (14.2)	49,200 (15.5)
	Ever had diabetes	35,600 (13.3)	4,100 (28.3)	9,200 (24.9)	34,800 (12.5)	44,000 (13.9)
	Ever had high blood pressure	89,500 (33.5)	7,000 (48.4)	14,900 (39.6)	90,500 (32.6)	105,400 (33.4)

Source: PHMC's 2012 Berks County Household Health Survey



	Race		Poverty		Total
	White	Black	Poor*	Non-Poor	
	N (%)	N (%)	N (%)	N (%)	N (%)
Uninsured (18-64)	21,800 (10.6)	3,400 (27.9)	10,200 (32.5)	22,700 (10.5)	33,000 (13.3)
No regular source of care	10,600 (22.9)	26,600 (9.9)	7,700 (20.4)	29,900 (10.7)	37,500 (11.8)

Source: PHMC's 2012 Berks County Household Health Survey
*Below 100% of Federal Poverty Level



Table 15: Social Capital and Neighborhood by Population Sub-groups

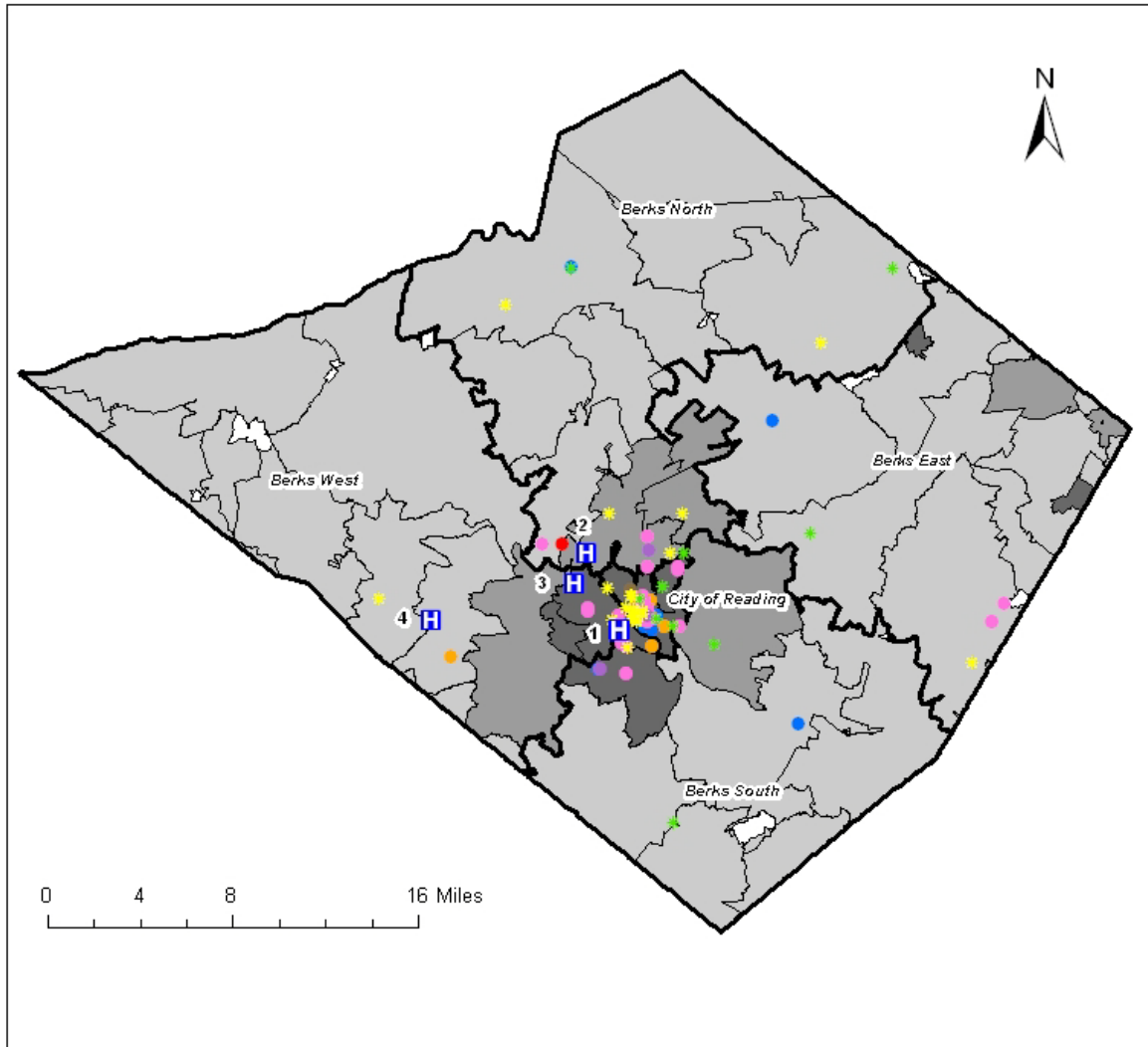
		Race		Poverty Status		Total
		White	Black	Poor	Non-Poor	N (%)
		N (%)	N (%)	N (%)	N (%)	
Social Capital	low social capital	66,000 (27.8)	5,600 (45.7)	16,800 (51.1)	68,600 (27.9)	85,500 (31.0)
	medium social capital	129,900 (54.8)	4,800 (39.6)	10,400 (34.7)	134,600 (54.7)	145,000 (52.5)
	high social capital	41,200 (17.4)	1,800 (14.7)	2,800 (9.3)	42,800 (17.4)	45,600 (16.5)
Comfortable visiting park/outdoor space in neighborhood		202,900 (76.8)	10,600 (73.3)	25,100 (68.2)	212,600 (77.2)	237,800 (76.1)
Free place to exercise		143,600 (62.1)	5,800 (47.3)	13,400 (43.3)	150,000 (61.9)	163,400 (59.8)



APPENDIX D: ASSET MAPS



Berks County Social Services



**Population Density
(per square mile)**

- Less than 600
- 600 - 1,999
- Greater than 2000

Hospitals

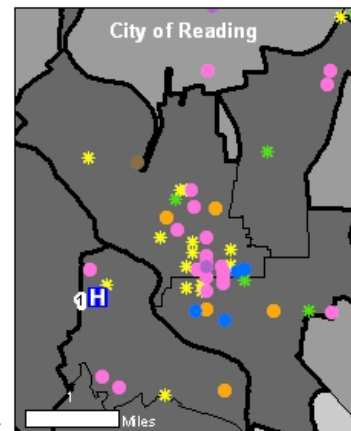
- 1 Reading Hospital
- 2 St. Joseph Medical Center
- 3 Surgical Institute of Reading
- 4 Wernersville State Hospital

Social Services

- Emergency Services
- Homeless/Emergency Shelter
- Pregnancy Crisis Center
- Senior Center
- Social Service Agency
- WIC Office

Food Assistance

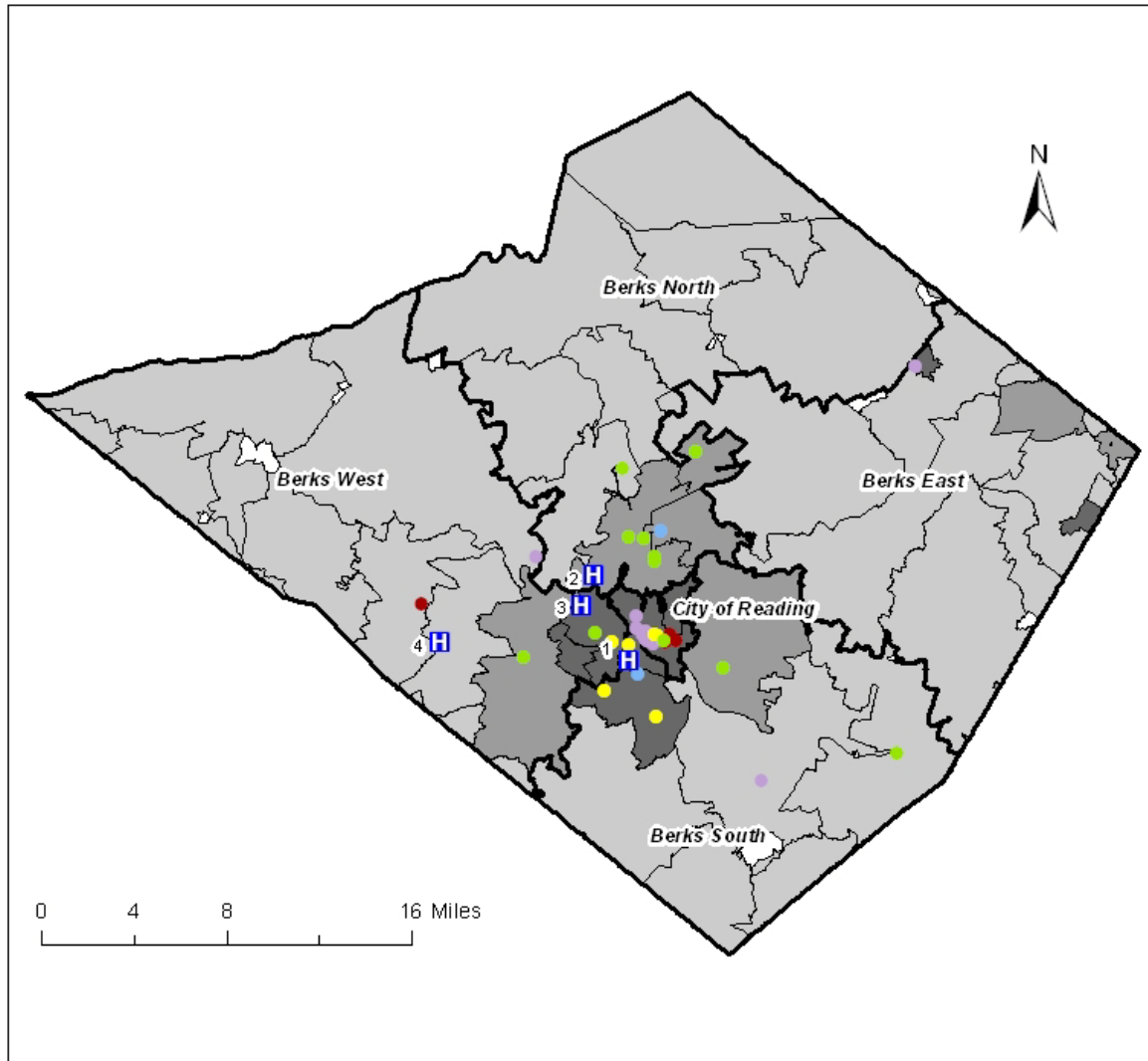
- Food Pantry
- Soup Kitchen/Meal Program



Unshaded zipcodes are postal/business zipcodes and do not have census population data.
Prepared by The Research & Evaluation Group, PHMC; October, 2012



Berks County Health Care Services



Population Density (per square mile)

- Less than 600
- 600 - 1,999
- Greater than 2000

Unshaded zipcodes are postal or business zipcodes and do not have census population data.

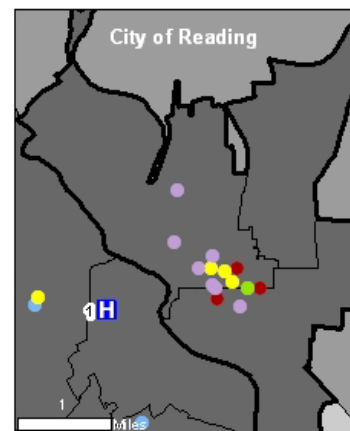
Prepared by The Research & Evaluation Group, PHMC; October 2012

Hospitals

- 1 Reading Hospital
- 2 St. Joseph Medical Center
- 3 Surgical Institute of Reading
- 4 Wemersville State Hospital

Health Care Services

- Behavioral Health Service
- Health Center
- Mental Health Center
- Substance Abuse Treatment
- Urgent Care Center





APPENDIX E: COMMUNITY RESOURCE LIST

Food Assistance

Name	Address	Town	State	Zipcode	Type
Hub of Hope at Reading Moravian Church	1116 Perry St.	Reading	PA	19604	Food Pantry
Iglesia Bautista Betania	164 Douglass St.	Reading	PA	19601	Food Pantry
Northern Berks Food Pantry	31 North 3rd St.	Hamburg	PA	19526	Food Pantry
Oley Valley Food Pantry	1076 Memorial Highway	Oley	PA	19547	Food Pantry
Spring Valley Church of God	2727 Old Pricetown Rd.	Temple	PA	19560	Food Pantry
St. Benedict's RCC	2020 Chestnut Hill Rd.	Mohnton	PA	19540	Food Pantry
St. Ignatius Loyola RCC	3700 Perkiomen Ave.	Reading	PA	19606	Food Pantry
St. James Chapel	11 South 9th St.	Reading	PA	19602	Food Pantry
St. Paul's Lutheran Church	1559 Perkiomen Ave.	Reading	PA	19601	Food Pantry
The Rodale Institute	611 Siegfriedale Rd.	Kutztown	PA	19530	Food Pantry
Bethany Lutheran Church	336 Franklin St.	West Reading	PA	19611	Soup Kitchen/Meal Program
Bethel AME Church	330 West Windsor St.	Reading	PA	19601	Soup Kitchen/Meal Program
Calvary Community Center	201 Noble St.	Reading	PA	19611	Soup Kitchen/Meal Program
Catholic Charities, Diocese of Allentown	400 Washington St.	Reading	PA	19606	Soup Kitchen/Meal Program
Central Park United Methodist Food Ministry	138 S 6th St.	Reading	PA	19606	Soup Kitchen/Meal Program
Christ Lutheran Church	1301 Luzerne St.	Reading	PA	19601	Soup Kitchen/Meal Program
Circle of Friends Drop In Center	227 N 5th St.	Reading	PA	19601	Soup Kitchen/Meal Program
City Light Ministry	246 North 9th St.	Reading	PA	19601	Soup Kitchen/Meal Program
Cluster Outreach Center	137 Walnut St.	Temple	PA	19560	Soup Kitchen/Meal Program

Conrad Weiser Pantry	108 South Robeson St.	Robesonia	PA	19551	Soup Kitchen/Meal Program
Evangelical Mennonite Church	45 S 6th St.	Reading	PA	19602	Soup Kitchen/Meal Program
First Unitarian Universalist	416 Franklin St.	Reading	PA	19602	Soup Kitchen/Meal Program
Friend, Inc.	658 Noble St.	Kutztown	PA	19350	Soup Kitchen/Meal Program
Grace and Hope Mission	117 North 9th St.	Reading	PA	19601	Soup Kitchen/Meal Program
Greater Berks Food Bank	1011 Tuckerton Court	Reading	PA	19605	Soup Kitchen/Meal Program
Hamburg SDA Church	22 Willow Rd.	Hamburg	PA	19526	Soup Kitchen/Meal Program
Hampden Heights SDA Church	2706 Old Pricetown Rd.	Temple	PA	19560	Soup Kitchen/Meal Program
Harvest Fellowship of Colebrookdale	584 Colebrookdale Rd.	Boyertown	PA	19512	Soup Kitchen/Meal Program
Holy Cross Memorial Church	329 N. 5th St.	Reading	PA	19601	Soup Kitchen/Meal Program
Holy Spirit Lutheran Church	421 Windsor St.	Reading	PA	19601	Soup Kitchen/Meal Program
Holy Trinity Church of God	130 West Buttonwood St.	Reading	PA	19601	Soup Kitchen/Meal Program

Health Centers

SiteName	Address	Town	State	Zip	Type
Advance Urgent Care	4631 Penn Avenue	Reading	PA	19608	Urgent Care Center
Berks County Community Health Center	838 Penn Street	Reading	PA	19601	Health Center
CoCounty Wellness Services Berks AIDS Network	429 Walnut St	Reading	PA	19603	Mental Health Center
Concentra Urgent Care	4201 Pottsville Pike	Reading	PA	19605	Urgent Care Center
Keystone Farmworker Health Program	6th & Walnut Sts.	Reading	PA	19601	Health Center
MedExpress Urgent Care Muhlenberg	3407 N 5th St.	Reading	PA	19605	Urgent Care Center
Planned Parenthood of Northeast PA	48 S. 4th St.	Reading	PA	19602	Health Center
Reading Convenient Care	3534 N 5th St.	Reading	PA	19605	Urgent Care Center
St. Josephs Health Network- Maidencreek	108 Plaza Dr.	Blandon	PA	19510	Urgent Care Center
Muhlenberg Urgent Care Center	1000 Tuckerton Court	Reading	PA	19605	Urgent Care Center
Reading Urgent Care Center	838 Penn Street	Reading	PA	19602	Urgent Care Center
Care Center					Center
Quick Care Site - Exeter	3703 Perkiomen Ave.	Reading	PA	19606	Urgent Care Center
Quick Care Site - Leesport	5471 Pottsville Pike	Leesport	PA	19533	Urgent Care Center

Quick Care Site- Berkshire Heights	950 N. Wyomissing Blvd	Wyomissing	PA	19610	Urgent Care Center
Western Berks Free Medical Clinic	480 Big Spring Rd.	Robesonia	PA	19551	Health Center
Premier Immediate Medical Care	1139 West Ben Franklin Highway	Douglassville	PA	19518	Urgent Care Center
Family Guidance Center	1235 Penn Ave	Wyomissing	PA	19610	Behavioral Health Services
Kidspace	8th Ave & Hay Rd.	Temple	PA	19560	Behavioral Health Services
Threshold Rehab Services	1000 Lancaster Ave.	Reading	PA	19607	Behavioral Health Services
Progressions	144 N 6th Ave.	Reading	PA	19601	Mental Health Center
Mental Health Association	122 W Lancaster Ave.	West Reading	PA	19611	Mental Health Center
Office of Mental Health/Developmental Disabilities	633 Court St	Reading	PA	19601	Mental Health Center
Caron Foundation	243 N Galen Hall Rd.	Shillington	PA	19607	Mental Health Center
Center for Mental Health	6th & Spruce St.	Reading	PA	19601	Mental Health Center
Concern of Reading	1120 Hobart Ave	Reading	PA	19602	Mental Health Center
ADAPPT	428 Walnut St	Reading	PA	19601	Substance Abuse Treatment
Children's Home of Reading	1010 Centre Ave	Reading	PA	19601	Substance Abuse Treatment
Council on Chemical Abuse	601 Penn St	Reading	PA	19601	Substance Abuse Treatment
Creative Health Services	321 N Furnance St.	Birdsboro	PA	19508	Substance Abuse Treatment

Easy Does It, Inc.	1300 Hilltop Rd	Leesport	PA	19533	Substance Abuse Treatment
Family Life Services	1 South Home Ave	Topton	PA	19562	Substance Abuse Treatment
Freedom Gate Ministries	131 South 9th St	Reading	PA	19602	Substance Abuse Treatment
New Person Center	317 N 6th St	Reading	PA	19601	Substance Abuse Treatment
Opportunity House	430 N 2nd St	Reading	PA	19601	Substance Abuse Treatment
Treatment Access and Service Center	19 N 6th St	Reading	PA	19601	Substance Abuse Treatment

Hospitals

ID Number	SiteName	Address	Town	State	Zip
1	Reading Hospital	6th Ave. Spruce St.	West Reading	PA	19611
2	St. Joseph Medical Center	2500 Bernville Rd.	Reading	PA	19605
3	Surgical Institute of Reading	2752 Century Blvd.	Wyomissing	PA	19610
4	Wernersville State Hospital	Sportsman Rd & Route 422	Wernersville	PA	19565

**SOCIAL
SERVICES**

SiteName	Address	Town	State	Zip	Type
Berks County Emergency	1238 County Welfare Rd.	Leesport	PA	19533	Emergency Services
Berks Women in Crisis	50 N 4th St.	Reading	PA	19601	Homeless/Emergency Shelter
Danken House	448 Preston Rd.	Wernersville	PA	19565	Homeless/Emergency Shelter
Dayspring Homes, Inc.	430 Hazel St.	Reading	PA	19611	Homeless/Emergency Shelter
Family Promise of Berks	105 W Greenwich St.	Reading	PA	19601	Homeless/Emergency Shelter
Hope Rescue Mission	6th & Oley Sts.	Reading	PA	19601	Homeless/Emergency Shelter
Mary's Shelter	325 S 12th St.	Reading	PA	19602	Homeless/Emergency Shelter
Salvation Army	301 S 5th St.	Reading	PA	19602	Homeless/Emergency Shelter
Real Alternatives	7810 Allentown Blvd.	West Reading	PA	19601	Pregnancy Crisis Center
Berks Encore- Birdboro	201 East Main St.	Birdsboro	PA	19508	Senior Center
Berks Encore- Fleetwood	109 West Vine St.	Fleetwood	PA	19522	Senior Center
Berks Encore- Hamburg	61 N 3rd St.	Hamburg	PA	19526	Senior Center
Berks Encore- Mifflin	30 Liberty St.	Shillington	PA	19607	Senior Center
Berks Encore- Providence House	800 Court St.	Reading	PA	19601	Senior Center
Berks Encore- Wernersvill	Sportsman Rd. & Rt. 422	Wernersville	PA	19565	Senior Center
Berks Encore- Reading Center	40 N 9th St.	Reading	PA	19601	Senior Center
Family First Resource Center	416 South 7th St.	Reading	PA	19602	Senior Center
Kennedy Senior Center	300 S 4th St.	Reading	PA	19602	Senior Center
La Casa De la Amistad	501 Washington St.	Reading	PA	19601	Senior Center
Abilities In Motion	210 N. 5th St.	Reading	PA	19601	Social Service Agency
American Cancer Society	498 Bellevue Ave.	Reading	PA	19605	Social Service Agency
American Red Cross	701 Centre Ave.	Reading	PA	19601	Social Service Agency
Arc Advocacy Services	1829 New Holland Rd.	Reading	PA	19607	Social Service Agency
Autism Society of Berks	PO Box 6683	Wyomissing	PA	19610	Social Service Agency

BCC Satellite Office	430 N Second St.	Reading	PA	19601	Social Service Agency
BCC/ACT Program	645 Penn St.	Reading	PA	19601	Social Service Agency
Berks Advocates Against Violence	500 Buttonwood St.	Reading	PA	19601	Social Service Agency
Berks Coalition to End Homelessness	336 S 18th St.	Reading	PA	19602	Social Service Agency
Berks Counseling Center	124 S 5th St.	Reading	PA	19601	Social Service Agency
Berks County Association for the	2020 Hampden Blvd.	Reading	PA	19604	Social Service Agency
Berks County Children and	633 Court St.	Reading	PA	19601	Social Service Agency
Berks County Services Center	633 Court St.	Reading	PA	19601	Social Service Agency
Big Brothers/Big Sister	303 Windsor St.	Reading	PA	19601	Social Service Agency
Boyertown Area Multi-Services	200 W. Spring St.	Boyertown	PA	19512	Social Service Agency
Boyertown Salvation Army	409 S. Reading Ave.	Boyertown	PA	19512	Social Service Agency
Centro Hispano	501 Washington St.	Reading	PA	19601	Social Service Agency
Children's Alliance Center	50 N 4th St.	Reading	PA	19601	Social Service Agency
Community Prevention Partnership	2227 N 5th St.	Reading	PA	19601	Social Service Agency
Community Skills Program and Rehab, Inc.	1150 Berkshire Blvd.	Wyomissing	PA	19610	Social Service Agency
Department of Public Welfare County Assistance Office	625 Cherry St.	Reading	PA	19601	Social Service Agency
Easter Seals of Eastern PA	1040 Liggett Ave.	Reading	PA	19611	Social Service Agency
Goodwill	501 Crescent Ave.	Reading	PA	19605	Social Service Agency
Here and Now Group	132 S 5th St.	Reading	PA	19602	Social Service Agency
Jewish Community Center of Reading	1700 City Line St	Reading	PA	19604	Social Service Agency
Olivet Boy and Girls Club	1161 Pershing Blvd.	Reading	PA	19611	Social Service Agency
Salvation Army - Boyertown Corps	409 S. Reading Ave.	Boyertown	PA	19512	Social Service Agency
Signature Family Services	696 Reading Ave.	West Reading	PA	19611	Social Service Agency

United Way of Berks County	501 Washington St.	Reading	PA	19603	Social Service Agency
Veterans Affairs of Berks	1243 County Rd.	Leesport	PA	19533	Social Service Agency
YMCA	631 Washington St,	Reading	PA	19601	Social Service Agency
Laureldale Center	555 Raymond St.	Reading	PA	19605	WIC Office
Reading Center	501 Washington St.	Reading	PA	19601	WIC Office
Shillington Center	7 East Lancaster Ave.	Shillington	PA	19607	WIC Office



APPENDIX F: FOCUS GROUP DISCUSSION GUIDE

Berks County Community Health Needs Assessment

Older Adults Focus Group Questions

Introduction

You have been asked to participate in this discussion group because you are residents of Berks County. The St. Joseph Regional Health Network, The Reading Hospital and Medical Center, Berks County Community Foundation, and the United Way of Berks County have asked the Philadelphia Health Management Corporation to collect information on the health and social service needs of residents of Berks County. Public Health Management Corporation, or PHMC, is a private, non-profit public health organization.

There are three other discussion groups being conducted for this project. The information from these discussion groups will be combined with other information we are collecting into a report. The results of the needs assessment will be made available to the public. Our conversation tonight will be recorded by a tape recorder because we do not want to miss anything you say. I want to assure you that everything you say here is confidential and your name will never be used in connection with anything you say in any written report that comes out of this group. My job is to act as moderator of the discussion and ask the questions. Since we have a lot of questions to get through today/tonight, I may have to cut short discussion of some questions to make sure we finish on time. Also, in order to make sure that everyone gets a chance to be heard, I ask that only one person talk at a time. Please feel free to leave and use rest rooms at any time during the discussion or to get up and help yourself to the refreshments.

In order to introduce everyone, let's go around the table. Please tell everyone your first name and what part of Berks County you live in.

Questions

As I mentioned earlier, we are very interested in learning if there are any unmet health care needs for people who live in Berks County. This includes care for health problems a person might have, as well as screenings and check ups to maintain good health, and mental health care.

I am going to ask you some questions about how people get to the doctor, and where they go for care.

1. How many people here have a doctor or other health care professional they can go to if they have a question about their health or are sick? Do other people in your family have a doctor or other health care professional? What type of provider do you use: private practice doctor, clinic, emergency room, etc.? If you or your family don't have a health care professional you can go to, why not?

Now I am going to ask you some questions about any problems getting health care you or your family might have had in the past year.

2. Have you or anyone in your family had a problem getting any health care and related services that you needed or thought you needed in the past year? This includes primary care, check ups for adults, emergency services, mental health (inpatient or outpatient), substance abuse treatment (inpatient or outpatient), specialty care, dental care, prescriptions, eyeglasses, diagnostic tests, such as mammograms and prostate cancer screening.
3. If so, what type of services could you not get, and what was the problem? Probe for type of service:

Primary care for adults
Specialty care for adults
Services for adults with special needs
Dental care
Eyeglasses
Dentures
Urgent care
Preventive screenings
Diagnostic testing
Mental health care – in patient or outpatient
Substance abuse treatment – inpatient or outpatient

What was the reason you or your family could not get health care? Probe for:

- Insurance – does not take my type of insurance
- Cost – no insurance or cost of co-pays and deductibles
- No providers in my area
- Care after hours and on weekends
- Long waiting time for appointment
- Cost of prescriptions
- Transportation/location
- Handicap access
- Language barrier
- Cultural barriers

Now I would like to ask you to think a little about what types of unmet health care needs there are in Berks County.

4. Nutrition is very important for health. Do older adults in Berks County experience any barriers in getting fresh fruits and vegetables? If so, what are they? Probe for: markets with fresh fruit and vegetables in their community, transportation barriers, cost, oral health, medical conditions, likes/dislikes, lack of knowledge of importance of eating f/vegs, culture.
5. Physical exercise is also very important for health. Are there any barriers to physical exercise for older adults in Berks County? If so, what are they? Probe for: chronic condition, cost, lack of facility in neighborhood/transportation, fears of going outside, don't want to, lack of knowledge of importance of exercise, culture.

6. Have you heard of the Greater Reading Trails? If so, how did you hear about it? Do you use it? If not, why not? How likely would you be to use it in the future? Probe for: safety reasons, health problems, transportation, don't have someone to go with them, don't want to.
7. Based on your own experience, what are the top health care needs of adults in Berks County?
8. Many health problems are impacted by social conditions, such as lack of education, poverty, poor housing conditions, unemployment, and culture and language. What, in your opinion, are the top social conditions that have a negative impact on the health of the community in Berks County?
9. What is the best way to reach people in Berks County with information about health and health care resources? Probe for: local newspapers, radio, cable TV, internet, word of mouth, churches, other organizations.



APPENDIX G: KEY INFORMANT INTERVIEW GUIDE

**BERKS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT
KEY INFORMANT INTERVIEW GUIDE**

INTERVIEWER: _____

DATE: ___/___/___

KEY INFORMANT: _____

TITLE: _____

ORGANIZATION: _____

Introduction: The St. Joseph Regional Health Network, The Reading Hospital and Medical Center, Berks County Community Foundation, and the United Way of Berks County are conducting an assessment of the community assets and unmet health care needs of residents of Berks County. As part of the assessment, we are interviewing leaders in the community who are knowledgeable about these issues. We would like to know your opinions, based on your experience serving the community.

First, I would like to ask you some questions about your experiences working in Berks County.

I would like to ask you some questions about the health of residents of Berks County, based on your experiences.

Based on your experience, what types of health problems – both physical and mental health problems – do you observe in adults and children in Berks County? Are there different problems in different regions of the County?

- Overweight
- Diabetes
- Arthritis
- Heart disease
- High Blood pressure
- Cancer
- High cholesterol
- Poor oral health
- Poor nutrition
- STDs
- Depression
- Serious mental illness – schizophrenia, bi-polar, etc.
- ADHD
- Anorexia/bulimia
- Communicable diseases – including those of childhood
- Lead poisoning/elevated lead levels
- Limitations of mobility
- Alzheimer's/dementia

Based on your experience, have you observed any health behaviors in Berks County residents that can have a negative impact on health? (Probe for smoking, drinking, substance abuse, obesity, food insecurity, poor nutrition, high risk sexual behavior, lack of physical exercise) Are these behaviors more common among different population subgroups or different geographic areas of the county?

Do Berks County residents have access to the health care services they need? Do different groups of residents have access?

Adults

Children
Uninsured persons, underinsured
Persons without prescription insurance, dental insurance
Pregnant women
Older adults
Persons with special needs – children and adults
Ethnic and racial minorities – African American, Latino
Undocumented persons
Persons with limited English proficiency
Urban residents
Rural residents
Homeless
Persons with Medical Assistance or Medicare

If no, why not??

Probe for transportation, eligibility rules, cost, lack of information, culture, language, immigration status, insurance type, provider shortages

Are there barriers to accessing specific types of health care services? If so, what types of services?

Primary care for adults
Prescriptions
Dental care
Obstetrical care
Women's health – gyn care/prenatal care, mammograms, other
Acute inpatient care
Outpatient care
Rehabilitation care
Home health care
Respite care
Pediatric primary care or specialty care
Adult specialty care
Substance abuse treatment – inpatient and outpatient
Mental health treatment – inpatient and outpatient

What are the barriers? Probe for provider shortages, cost, transportation, eligibility rules, lack of information, culture, language, immigration status, insurance type

What are the top five health and social service needs of the people you serve?

Are these needs being met? If not, why not? Are there any gaps in services? What are they?

Which are some exemplary services/programs? Why are they exemplary?

Are there services/programs that need improvement? Why?

Which of the needs not being met should have the highest priority for being met?

Do you have any further comments?