

2015-2016 Berks County Community Health Needs Assessment Summary Report

Overview of the Berks Community

April 2016



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Overview and Methods

This document provides an overview of findings from a community health needs assessment conducted on behalf of the Berks County Community Foundation, Berks Community Health Center, Penn State Health St. Joseph's, the Reading Health System, and United Way of Berks County. The assessment uses information from primary and secondary sources to identify health issues of consequence to the community. Estimates are presented for selected demographic and health indicators, including access to healthcare, health-related behavioral risks, and prevention behaviors and context. Appendix A contains a description of the data sources used for the assessment. Appendix B contains the questions respondents were asked for the Berks County Community Health Needs Assessment Survey. Appendix C provides definitions of selected terms. Appendix D contains all data tables. Appendix E shows the results of multivariate analyses predicting the relationship between race and ethnicity, gender, and economic hardships on obesity. Appendix F contains a Secondary Data Summary. Appendix G contains maps that display the locations of health facilities, parks, fast food restaurants, and grocery stores in terms of census indicators related to social determinants of health.

Data Sources

The information presented in this summary comes from one of three sources. The primary source of comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. The performance of individual counties are compared to other Pennsylvania counties to provide a relative performance ranking.

The primary source of local, current information comes from a Community Health Needs Assessment (CHNA) survey. The CHNA survey information is based on a behavioral risk factor survey of 1,001 adult residents of Berks County. The survey interviewing took place from September 21-October 18, 2015. The survey sample was designed to be representative of the adult,

non-institutionalized population of Berks County.

All other data come from existing data sources such as the Pennsylvania Department of Health and U.S. Census. These sources are noted when used.

Community Priorities

This CHNA identifies community health needs based on the prevalence of health risks and health disparities. It focuses specifically on health risks that contribute to non-communicable disease that are among the leading causes of death and disability with some emphasis on how these risk factors are unevenly distributed across demographic groups. This approach shows the most significant health risks in Berks County relate to obesity, including obesity-related behaviors such as diet and exercise, and mental health in terms of both the number of people affected and the amount of death and disability each creates.

Reviewing the overall data shows that access indicators for Berks County are generally favorable, with most residents reporting they have health care coverage, and a personal physician. Still, more than two out of five residents had some economic hardships, around one in eleven skipped medical treatment due to cost, and around one in nine did not fill a prescription due to cost in the past year. Behavioral risk indicators show that few residents exercise regularly and even fewer eat three servings of vegetables every day. In fact, twice as many eat fast food three or more days a week. They also show that more than one in six residents is a current smoker and that around two in three are overweight or obese. Rates of health conditions such as diabetes, heart conditions, breathing conditions and cancer are not comparatively high, but a plurality of residents have high cholesterol and high blood pressure and about one in five has been diagnosed with either an anxiety or depressive disorder. Finally, over half of residents exhibited some depressive symptoms, and around two in five says their normal activities have been limited by their health.

Transforming these proportions into population totals shows that more than 300,000 Berks County adults did not consume three vegetables each day, more

than 200,000 were overweight or obese, and more than 175,000 had one or more days with depressive symptoms in the two weeks preceding the survey.

There are notable health disparities within Berks County, with age and poverty frequently showing differences between groups. Older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators. However, they are also more likely to have specific health conditions. Younger residents are more likely to have better rates for behavioral indicators, notably for overweight and obesity as well as physical activity, although they are more likely to smoke, drink, and use illegal drugs. Poverty is also significantly associated with differential outcomes related to access, health conditions and prevention-related behaviors. Low-income or poor residents are more likely to have poor access to healthcare as well as asthma, diabetes, mental health problems and money concerns. Race and ethnicity is also significantly associated with differential outcomes related to access and prevention behaviors.

A deeper look into the predictors of obesity and depression finds there are differences between demographic and other groups' likelihood of experiencing a state of poor physical and mental health, particularly related to race and ethnicity, gender, and economic hardships on obesity, accounting for other variables. Yet, although some groups are significantly more likely to experience these conditions, it is also true that these conditions are found in all

demographic and geographic communities.

Finally, although not direct measures of health, specific contextual factors that influence health and well-being appear as significant issues for the county. Berks County receives its poorest relative county ranking for its quality of life, which includes premature death, fair or poor health, poor physical and mental health days, and low birthweight.

A review of US Census and other existing data about Berks County shows specific community needs related to housing, education, and poverty. Census data show that housing affordability is a problem for many county residents; more than half (56%) of renters pay more than 30% of their incomes on rent and more than a quarter (26%) of homeowners pay more than 30% of their incomes on mortgage costs. A second related need is improved educational attainment. Few county residents have post-secondary credentials, only 23% have a Bachelor's degree or higher, and the rates of 18-24 year olds enrolled in college are below national and state rates. Moreover, only two in five (43%) 3 and 4 year olds are enrolled in pre-school, which is below state and national rates. A third issue for county residents, which is likely related to the previous two, is poverty. A large portion of Blacks (28%) and Hispanics (40%) live in poverty, and one in seven households (15%) receive food stamp benefits. It is important to note that these demographic disparities are geographically concentrated and contribute to poor health outcomes and increased health risks.

Behavioral Risk Factor Survey

The Behavioral Health Risk Factor survey allows us to review a variety of health indicators specific to the county. These indicators fall into the broad categories of health care access, behavioral risk, health conditions, prevention behaviors and context. Altogether, these indicators show that poor diet, lack of physical activity, obesity, and mental health concerns affect a majority of residents in Berks County.

Access indicators for Berks County are generally favorable, with most residents reporting they have health care coverage, and a personal physician (see Table 1). Still,

more than two out of five residents had some economic hardships, around one in eleven skipped medical treatment due to cost, and around one in nine did not fill a prescription due to cost in the past year. Behavioral risk indicators show that few residents exercise regularly and even fewer eat three servings of vegetables every day. They also show that more than one in six residents is a current smoker and that around two in three are overweight or obese. Rates of health conditions such as diabetes, heart conditions, breathing conditions and cancer are not high

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compared to state rates, but a plurality of residents have high cholesterol and high blood pressure and about one in five has been diagnosed with either an anxiety or depressive disorder. Finally, over half of

residents exhibited some depressive symptoms, and around two in five says their normal activities have been limited by their health.

Table 1. Summary of Health Indicators, Berks County, BFRSS

Access Indicators	2008	2012	2015
Has health care coverage	91%	87%	93%
Has a personal physician	86% ^a	88% ^a	82%
Economic hardships (one or more)			44%
Did not fill prescription because of cost		14%	14%
Did not receive health care in past year because of cost		12%	9%
Behavioral Risk Indicators			
Participated in physical activities or exercise in past month	90% ^d	84% ^d	81%
Body Mass Index Category (overweight and obese)	63%	66%	68%
Strength training in past month			45%
Exercised 30 minutes on five days in past week			19%
Smoking behavior (regular smoker)	25% ^b	20% ^b	18%
Binge drinking behavior	17% ^h	17% ^h	18%
Ate fast food three or more days in past week			9%
Used illegal drugs in past year			5%
Consumed three servings of vegetables daily			4%
Conditions			
Has high cholesterol			39%
Has high blood pressure	27%	33%	38%
Has an anxiety disorder			19%
Has a depressive disorder	19% ^h	20% ^h	18%
Has asthma	16% ^e	16% ^e	12%
Has ever had cancer		9%	10%
Respondent is diabetic	11% ^f	14% ^f	10%
Told has heart disease, heart attack, or stroke	11% ^h	13% ^h	9%
PHQ-8 current depression indicator-currently depressed			8%
Ever had COPD, emphysema, or chronic bronchitis	6% ^h	6% ^h	7%
Prevention Behaviors and Context			
Gets needed social and emotional support			92%
Has ever had blood cholesterol checked			80%
Visited doctor for routine checkup in year	83% ^g	83% ^g	75%
One or more days with depressive symptoms in past two weeks			57%
Has had flu shot in past year			45%
Poor health limited participation in normal activities in past month	20% ^h	20% ^h	38%
At least one day physical health was not good in past month	36% ^h	37% ^h	35%
At least one day mental health was not good in past month	38% ^h	37% ^h	35%
Stressed about paying rent or mortgage			26%
Avoids or never uses health care system			9%

Notes:

a. Variable wording: Has a regular source of care; Source: PHMC 2008/2012 Household Survey
b. Variable wording: Currently smokes; Source: PHMC 2008/2012 Household Survey
c. Variable wording: Number of days consumed 5 or more drinks in past month (1 or more days); Source: PHMC 2008/2012 Household Survey
d. Variable wording: Exercised 1 or more times in past month; Source: PHMC 2008/2012 Household Survey
e. Variable wording: Ever had asthma; Source: PHMC 2008/2012 Household Survey
f. Variable wording: Ever had diabetes; Source: PHMC 2008/2012 Household Survey
g. Variable wording: Visited a health care provider in past year; Source: PHMC 2008/2012 Household Survey
h. Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined; Data from 2012=2011-2013; Data from 2014=2012-2014; Source: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp

Population Totals

The estimates produced by the Behavioral Risk Factor survey provide a tool for translating the proportion of citizens with a specific characteristic into an estimate of the number of adult residents with that characteristic. In aggregate terms, diet, exercise, obesity, and mental health issues affect large numbers of Berks County

residents. In Berks County, more than 300,000 adults did not consume three vegetables each day, and more than 200,000 were overweight or obese. Additionally, more than 175,000 adults in the county experienced one or more days with depressive symptoms in the two weeks preceding the survey (Figure 1).

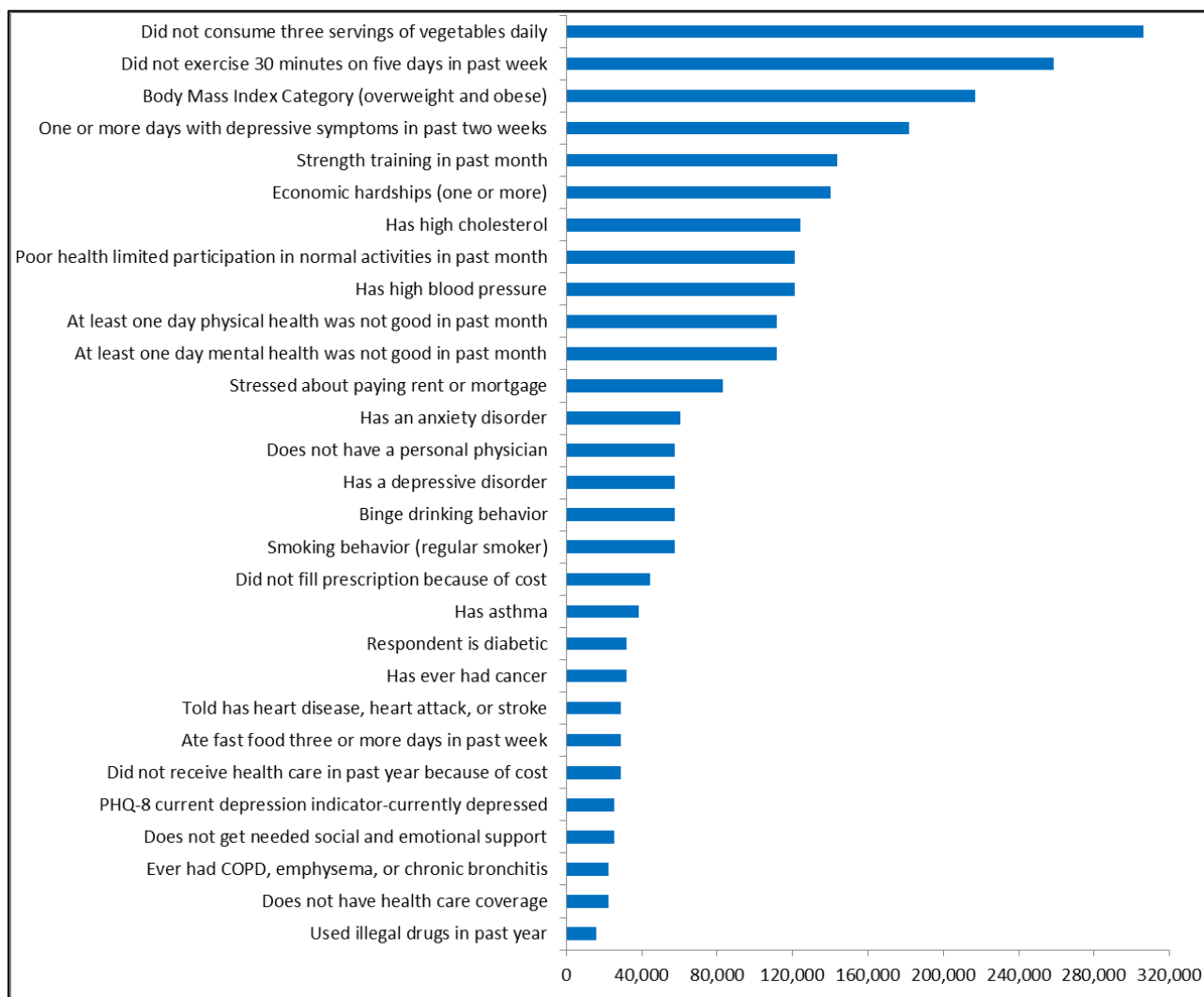


Figure 1. Total Adult Residents Reporting Condition, Berks County 2015. The blue bars provide estimates of the adult population in 2015 that reported each behavior, condition, or experience. In Berks County, more than 300,000 adults did not consume three vegetables each day, more than 200,000 were overweight or obese. Additionally, more than 175,000 adults in the county experienced one or more days with depressive symptoms in the two weeks preceding the survey. The estimated error for these estimates is $\pm 13,396$ adults. (Total number of adult residents in Berks County: 2014 Final Estimate=318,956).

Health Risks and Disability-Adjusted Life Years

Long-term health risk and disability can be quantified by calculating disability-adjusted life years. Disability-adjusted life years (DALYs) calculations provide an estimate of the burden of disease by assessing premature mortality and disability, thus providing an overall view of the most important contributors to health loss. In the

United States, the leading causes of DALYs were all non-communicable diseases: heart disease, COPD, lung cancer, and major depressive disorders.¹ The rates of these major causes of death and disability for Berks County and Pennsylvania are shown in Table 2.

Table 2. Rates of Major Causes of Death and Disability

	Berks County*	Pennsylvania
Heart Disease	7%	7%
COPD	6%	7%
Bronchus and Lung Cancer**	66.6	63.9
Depressive Disorder	20%	19%

**Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined*

***Age-adjusted/Specific Rate*

Source: 2012 – 2014 BRFSS and 2012 lung cancer incidence both accessed from EPI-QMS

The disability-adjusted life years estimates might encourage a focus on these conditions, but such efforts would emphasize treatment and not causes; focusing on these conditions alone would do little to reduce lives lost and disability within a community. Instead, a public health focus on reducing DALY's encourages the prevention of disease instead of its treatment. Even though the specific conditions affect a small segment of the population, the risk factors that account for the most disease burden in the United States are dietary risks, smoking, and high BMI. Each contributes to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes.ⁱⁱ

Chronic, non-communicable diseases pose a tremendous health burden throughout the world and within Berks County.ⁱⁱⁱ The estimates for the county for smoking, drinking, diabetes, hypertension, high cholesterol, physical activity, nutrition and weight are similar to other Pennsylvania counties, but even though these health conditions and behaviors are not out of line with other counties in the state, many residents are exposed to significant long-term risk because of them (Figure 2).

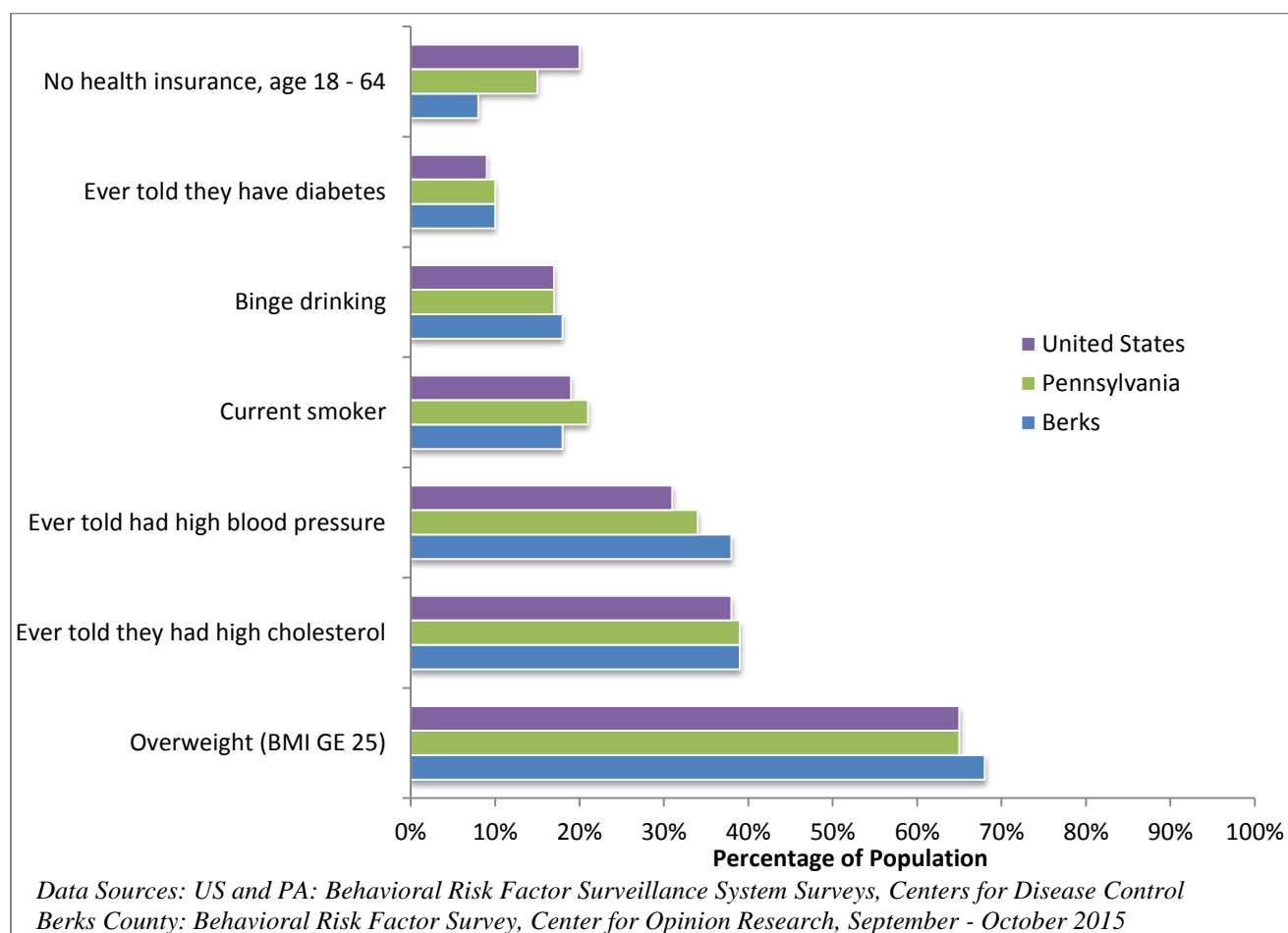


Figure 2. Behavioral Health Risks, Berks County 2015 Compared to US and PA Estimates. This figure compares the prevalence of health risks in Berks County compared to the United States and Pennsylvania. Although the county has rates similar to the state and nation, the rates for smoking, health insurance access, and obesity do not meet health targets set by the Centers for Disease Control.

Correlates of Obesity and Depression

Local indicator data highlights both obesity and mental well-being as important indicators of community health. Is it possible to learn something from those experiencing these conditions that can help inform community health planning? What substantive information does the survey provide about individuals that suffer from these problems that can guide our thinking about future strategies for addressing these problems?

More than half (57%) of Berks County residents have had at least some depressive symptoms in the two weeks prior to the survey.^{iv} If we measure “current depression” we find that about 8% of adults were suffering from depression at the time of the survey. The likelihood of being currently depressed increases with variables such as having economic hardships, being unmarried, receiving low social and emotional support, and having asthma.

Nearly one in three residents of Berks County is obese (31%). The likelihood of being obese differs a great deal depending on the number of health conditions someone has, other things being equal. Being diabetic, male, Hispanic, or having economic hardships each increases the likelihood that a respondent is obese, accounting for demographic characteristics. Unfortunately, the model itself does a relatively poor job of predicting who is obese from the observed data (see Appendix E for a more detailed explanation of this analysis).

Figure 3 displays the relationships between race and ethnicity, gender, and economic hardships on obesity, accounting for other variables. This figure shows there are sizable differences in the likelihood of being obese and that people with chronic health conditions are particularly at-risk. Unfortunately, the model does a relatively poor job of predicting who is obese from the observed data.

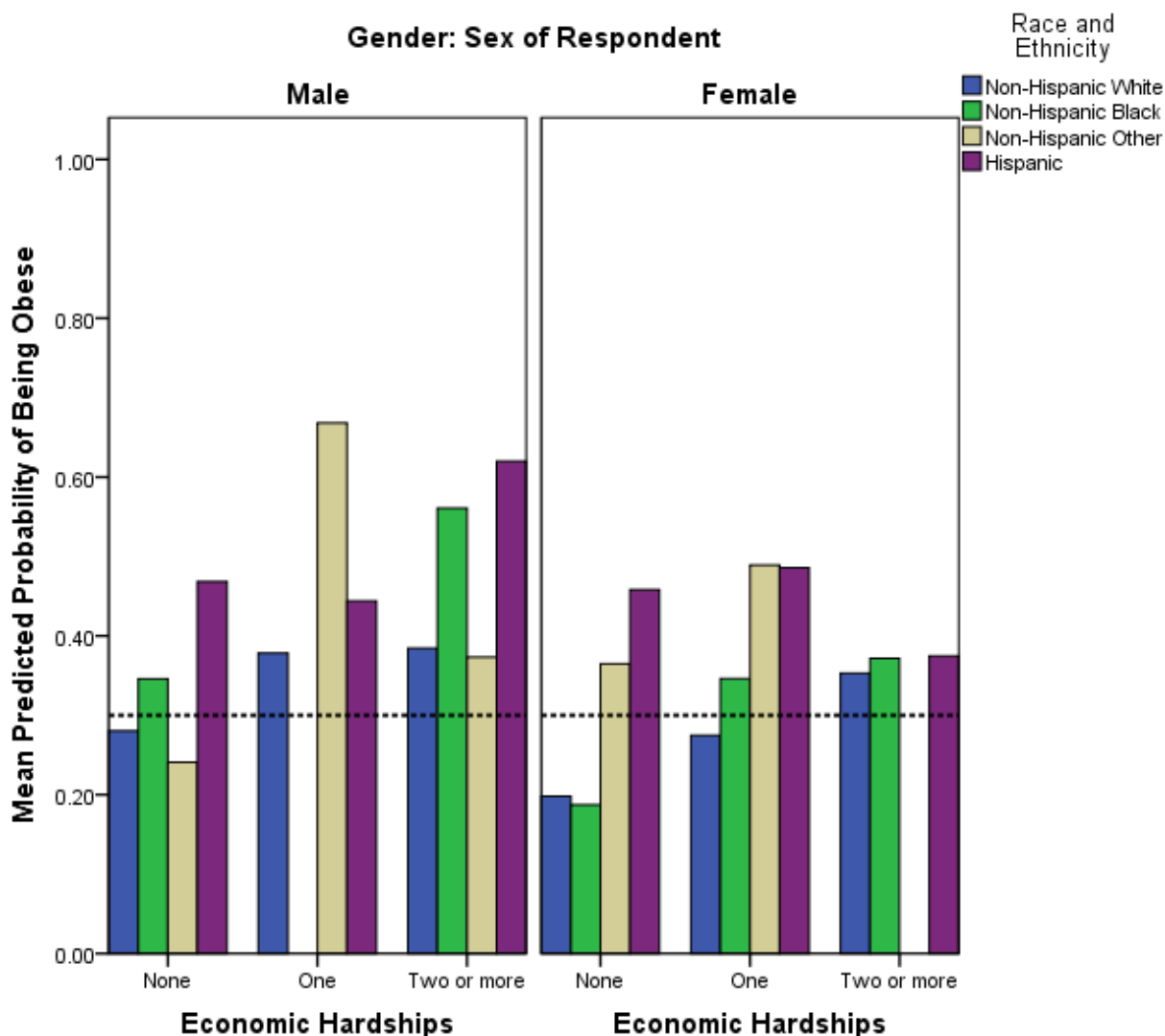


Figure 3. Logistic Regression Results for Obesity, Berks County, Pennsylvania, 2015. This figure shows the mean predicted probability of being obese as measured by race and ethnicity, gender, and economic hardships.

This analysis of depression and obesity reveals two important findings worth noting. First, there are differences between various health conditions and their likelihood of predisposing an individual to being obese or depressed.

Second, although some comorbidity occurs between certain health conditions and obesity and depression, it is also true that these conditions are found across many different groups, a contention supported by the large amount of unexplained variation in these models.

Health Disparities

The CHNA identifies the presence of numerous health disparities, i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others.

The area's health disparities, generally speaking, show clear patterns. First, poverty is significantly associated with differential outcomes related to access, health conditions and prevention-related behaviors. Low-income or poor residents are more likely to have poor access to healthcare as well as asthma, mental health problems and money concerns. Second, age is significantly associated with differential outcomes related to all indicator groups. Older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators. However, they are also more likely to have specific health conditions. Younger residents are more likely to have better rates for behavioral indicators, notably for overweight and obesity as well as physical activity, although they are more likely to smoke, drink, and use illegal drugs. Race and ethnicity is also significantly associated with differential outcomes related to access and prevention behaviors.

Figure 4 displays the relationships that exist between each survey indicator and demographic information such as poverty status, race and ethnicity, gender, region, and age (Appendix D provides cross tabulations that show the estimate of each indicator within each subgroup). The color coding identifies whether there is a significant relationship between each indicator and each demographic subgroup and how strong those differences are; the darkest coloring indicates the strongest associations.^v

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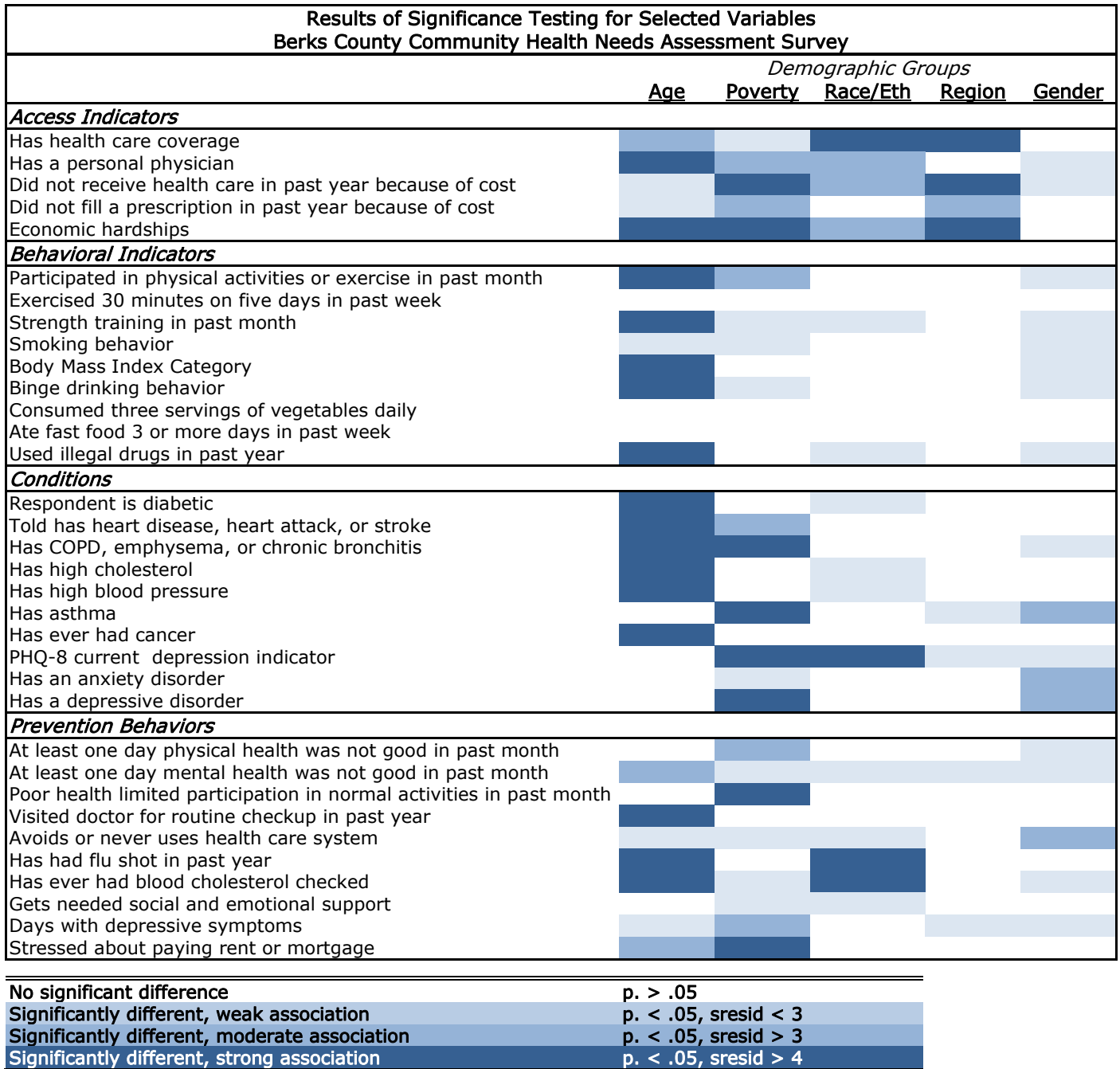


Figure 4. Health Indicators by Selected Demographic Groups, Berks County, 2015. This figure displays the relationships between each survey indicator and poverty status, race and ethnicity, gender, region, and age. The color coding identifies whether there is a significant relationship between each indicator and each demographic subgroup and how strong those differences are; the darkest coloring indicates the strongest associations.

Health disparity analysis identifies those demographic characteristics that are more often associated with poor health behaviors and conditions. Because these demographic disparities are often geographically concentrated, public health researchers have begun to focus on the characteristics of place and geography through social determinants analysis as a way to more effectively target public health interventions. Social determinants analysis attempts to geographically describe the physical environments where people live and work that can contribute to health outcomes and risks.^{vi} Social determinants research highlighting the importance of poverty, residential segregation, stigma and discrimination, incarceration, and educational attainment on health outcomes provides a deeper understanding of the complex social and structural determinants of health and pinpoints additional

opportunities for enhancing prevention and control efforts.^{vii}

Social determinants analysis was conducted for each block group in Berks County. The scoring for the social determinants mapping is based on five factors: poverty, educational attainment, occupied housing units, employment, and race and ethnicity. Higher scores indicate that a block group has stronger social characteristics. Berks has 2 block groups that score an A (1%), 92 block groups that score a B (35%), 107 block groups that score a C (40%), 18 block groups that score a D (7%), and 46 block groups that score an F (17% of the 265 block groups in the county). This map shows that many areas within the county have social and economic characteristics that increase the risk of poor health (Figure 5). Appendix F provides additional maps that show the locations of health infrastructure in the county.

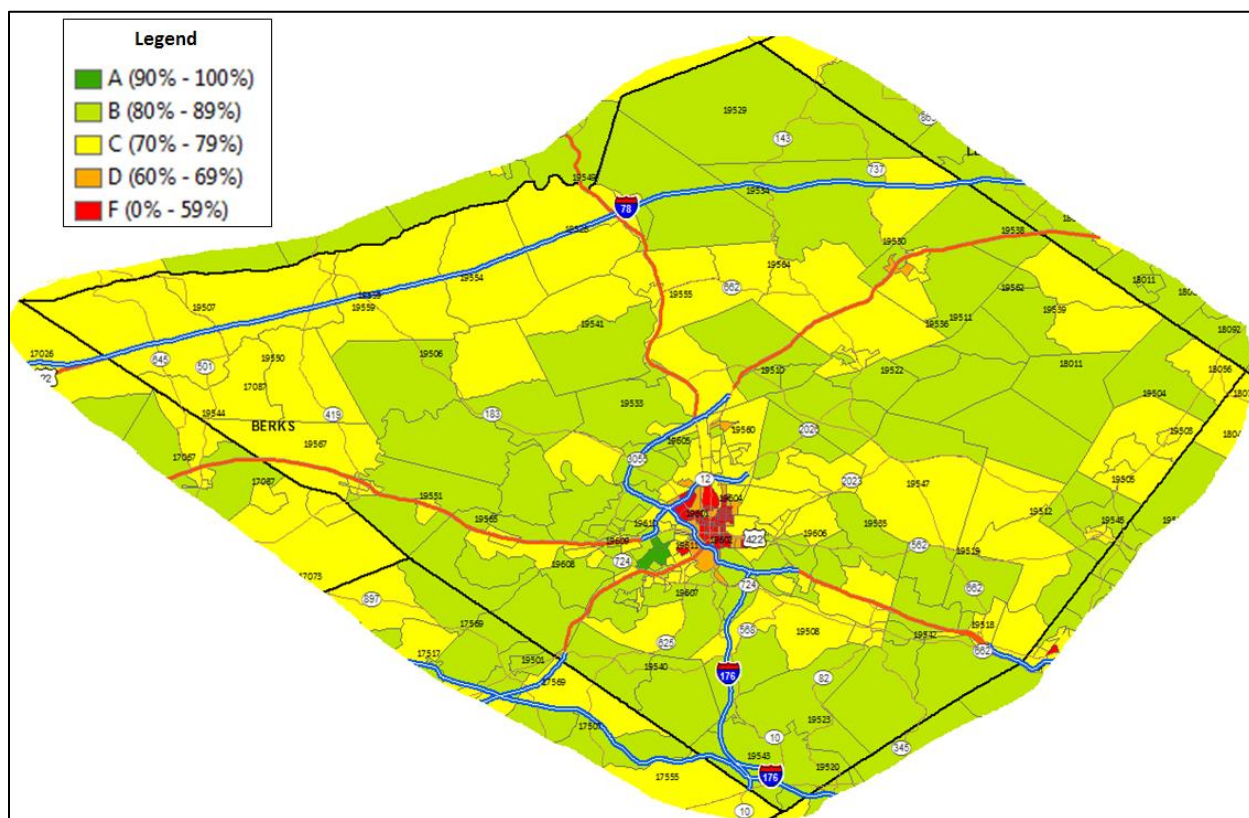


Figure 5. Social Determinants Analysis of Health for Berks County. *This figure displays the social determinants scores for each census tract in Berks County. Higher scores indicate that a census tract has stronger social characteristics. Berks has two block groups that score an A. Berks has 18 block groups that rate a D and 46 that rate an F. Calculations by the Center for Opinion Research based on American Community Survey data.*

County Health Rankings

Berks County ranks 25 out of 67 counties in health outcomes and 27 out of 67 counties in health factors, according to county health rankings data.^{viii} Compared to other counties in the state, Berks shows high rates of children in single parent households, severe housing problems, teen births, sexually transmitted infections, and violent crimes

(Figure 6). Berks does relatively well on access to exercise opportunities, low rates of preventable hospital stays, food environment index, and high rates of diabetic screening.



Figure 6. Relative Health Rankings, Berks County, 2016. This figure displays the relative ranking of Berks County to other Pennsylvania counties on individual health indicators. Lower scores closer to the left hand axis indicate stronger relative performance, in that fewer counties perform better on that indicator. Different colors represent different years. Not all indicators have data for all years. Calculations by the Center for Opinion Research based on Robert Wood Johnson Foundation County Health Rankings data.

The relative performance of Berks County on the grouped indicators reveals the indicator groups that need the greatest improvement (Table 3). Berks County receives its poorest relative rankings for quality of life, which includes premature death, fair or poor health, poor physical and mental health days, and low birthweight (see Appendix A,

Table A-2). Social and economic factors is the second lowest performing set of factors for the county, which includes educational attainment, children in single parent households, and injury deaths. Table 3 displays the health outcomes and factors for Berks County as well as the same ranks for the top performing counties in Pennsylvania.

Table 3. Relative County Ranks on County Health Rankings Outcomes and Factors

	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Berks County	15	53	32	17	40	37
<i>Top Performing PA Counties</i>						
Montgomery	4	2	2	1	1	22
Union	1	5	16	3	8	6
Chester	3	1	1	4	3	36

Health Related Social Characteristics

A review of US Census and other existing data about Berks County shows specific community needs related to housing, education, and poverty. Census data show that housing affordability is a problem for many county residents; more than half (56%) of renters pay more than 30% of their incomes on rent and more than a quarter (26%) of homeowners pay more than 30% of their incomes on mortgage costs. A second related need is improved educational attainment. Few county residents have post-secondary credentials, only 23% have a Bachelor’s degree or higher, and the rates of 18-24 year olds

enrolled in college are below national and state rates. Moreover, only two in five (43%) 3 and 4 year olds are enrolled in pre-school, which is below state and national rates. A third issue for county residents, which is likely related to the previous two, is poverty. A large portion of Blacks (28%) and Hispanics (40%) live in poverty, and one in seven households (15%) receive food stamp benefits. It is important to note that these demographic disparities are geographically concentrated and contribute to poor health outcomes and increased health risks. Appendix F provides detailed information about this secondary data.

Endnotes

ⁱ Low back pain appears in the top five leading causes of DALYs in the US, but is not included in this section because the CHNA did not include any questions specifically about low back pain.

ⁱⁱ Institute for Health Metrics and Evaluation. *GBD Profile: United States*. Retrieved from <http://www.healthmetricsandevaluation.org> on April 28, 2015.

ⁱⁱⁱ Draft Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases, United Nations, 7 September 2011.

^{iv} Depression calculations were made using the PHQ-8 scale. Kroenke, K., T. Strine, R. Spitzer, J. Williams, J. Berry, A. Mokdad. (2008). The PHQ-8 as a measure of current depression in the general population. *J. Affect. Disorders*, doi:10.1016/j.jad.2008.06.026.

^v These patterns represent bivariate relationships within the data and do not account for simultaneous effects of multiple variables as the previous analysis of obesity and depression do.

^{vi} <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

^{vii} Dean, H., Williams, K., Fenton, K. (2013). From Theory to Action: Applying Social Determinants of Health to Public Health Practice. *Public Health Reports, Supplement 3 (128): 1 – 4.*

^{viii} Robert Wood Johnson Foundation. (2016). *2016 County Health Rankings Pennsylvania Data – v1_0.xls [Data file]*. Retrieved from <http://www.countyhealthrankings.org/app/pennsylvania/2016/overview>.

Description of Data Sources

The primary source of local, current data about Berks County comes from a Community Health Needs Assessment (CHNA) survey. The CHNA survey information is based on a behavioral risk factor survey of 1,001 adult residents of Berks County. The survey interviewing took place from September 21–October 18, 2015. The survey sample was designed to be representative of the adult, non-institutionalized population of Berks County. Survey results were weighted (gender, education, race and age) using an iterative weighting algorithm to reflect the known distribution of those characteristics as reported by the American Community Survey for Berks County (see Table A-1).

The sample error is +/- 4.2 percentage points for Berks County when the design effects from weighting are considered. In addition to sampling error, this survey is also subject to other sources of non-sampling error. Generally speaking, two sources of error concern researchers most. Non-response bias is created when selected participants either choose not to participate in the survey or are unavailable for interviewing. Response errors are the product of the question and answer process. Surveys that rely on self-reported behaviors and attitudes are susceptible to biases related to the way respondents process and respond to survey questions.

Table A-1. Unweighted and Weighted Sample Estimates, Weighting Variables and Selected Health Indicators

Group	Parameter	Unweighted Estimate	Weighted Estimate
Weighting Variables			
Male	48.4	37.2	48.4
Female	51.6	62.8	51.6
HS or less	54.8	39.5	54.8
some college	23	25.6	23
College or more	22.2	34.2	22.2
White	86.2	91.7	86.2
Other	13.8	8.3	13.8
18 – 34	28	13	28
35 – 54	36.3	31.1	36.3
55 or older	35.7	55.9	35.7
Health Indicators			
Health fair or poor	18	15.2	15.7
Health insurance	85	95.6	93.4
Diabetic	11	12.7	10.4
Asthma (current)	11	11.6	11.7
Regular smoker	23	13.7	18.3
Income greater than \$75,000	35.5	36.5	32.4
Depressive disorder	20	16.7	18.1
Cell Only	28.9	16.5	17.1

Note: age, gender, race estimates in the parameter column are from US Census Bureau, 2009-2013 5-Yr ACS; health indicators are for Berks County only and come from the state's EPI-QMS system for years 2012 – 2014; data from this source combines Berks and Schuylkill Counties.

The primary source of comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. Table A-2 provides a list of the measures used by the County Health Rankings.

Other sources of data are listed in the Secondary Data Summary (Appendix F). The trend data that appears in Appendix F is based on the data available through the Bureau of Health Statistics and Research, Pennsylvania Department of Health, accessed through the Epidemiological Query and Mapping System (EpiQMS) web portal and includes the Commonwealth of Pennsylvania's behavioral risk factor

surveillance system (BRFSS) survey and other health statistics. The BRFSS data displayed in the Pennsylvania EpiQMS system that was used to compile the trend data, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. Other health statistics gathered from the site were analyzed by Center for Opinion Research staff. The Department of Health specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Table A-2. 2016 County Health Rankings

Health Outcomes												
Focus Area	Measure	Description	Top performers	US Overall	PA Overall	PA Top Performers	Adams County	York County	Lancaster County	Lebanon County	Berks County	Franklin County
Health Outcomes Rank							8	15	9	16	25	13
Length of Life Rank							6	12	7	16	15	11
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,200	6,600	6914	3765	5534	5993	5687	6216	6197	5959
Quality of Life Rank							16	29	12	25	53	24
Quality of life (50%)	Poor or fair health	% of adults reporting fair or poor health (age-adjusted)	12	14	15	8	13	14	15	16	17	15
	Poor physical health days	Average # of physically unhealthy days reported in past 30 days (age-adjusted)	2.9	3.5	3.6	2.5	3.4	3.4	3.5	3.5	3.7	3.6
	Poor mental health days	Average # of mentally unhealthy days reported in past 30 days (age-adjusted)	2.8	3.5	3.9	2.5	3.7	3.9	3.7	3.7	3.9	3.8
	Low birthweight	% of live births with low birthweight (< 2500 grams)	6.0	8.0	8.2	4.9	7.6	8.0	6.8	7.7	7.9	7.4
Health Behaviors												
Focus Area	Measure	Description	Top performers	US Overall	PA Overall	PA Top Performers	Adams County	York County	Lancaster County	Lebanon County	Berks County	Franklin County
Health Behaviors Rank							11	21	6	10	32	22
Tobacco use (10%)	Adult smoking	% of adults who are current smokers	14	17	19	12	17	18	17	18	20	19
Diet and exercise (10%)	Adult obesity	% of adults that report a BMI of 30 or more	25	27	29	23	32	32	29	31	31	30
	Food environment index	Index of factors that contribute to a healthy food environment(0=worst, 10=best)	8.3	7.2	7.7	8.6	8.5	8.0	8.1	8.4	8.3	8.0
	Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	20	23	24	17	24	23	21	22	25	27
	Access to exercise opportunities	% of population with adequate access to locations for physical activity	91	84	85	100	61	78	75	86	89	78
Alcohol and drug use (5%)	Excessive drinking	% of adults reporting binge or heavy drinking	12	18	18	8	17	17	17	17	16	16
	Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	14	31	33	15	42	38	35	26	35	29
Sexual activity (5%)	Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	134	447	408	77	182	323	193	283	348	208
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	19	35	27	6	25	31	25	32	32	34
Clinical Care												
Focus Area	Measure	Description	Top performers	US Overall	PA Overall	PA Top Performers	Adams County	York County	Lancaster County	Lebanon County	Berks County	Franklin County
Clinical Care Rank							34	12	15	13	17	26
Access to care (10%)	Uninsured	% of population under age 65 without health insurance	11	17	12	8	12	11	14	13	12	13
	Primary care physicians	Ratio of population to primary care physicians	1040:1	1320:1	1219:1	224:1	1782:1	1380:1	1341:1	1540:1	1504:1	1536:1
	Dentists	Ratio of population to dentists	1340:1	1540:1	1552:1	1085:1	3179:1	2060:1	1954:1	2131:1	1906:1	2466:1
	Mental health providers	Ratio of population to mental health providers	370:1	490:1	583:1	261:1	1375:1	1011:1	874:1	444:1	844:1	1158:1
Quality of care (10%)	Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	38	54	57	23	52	48	42	43	52	43
	Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	90	85	86	93	85	89	91	88	88	86
	Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	71	63	64	78	63	67	67	66	64	63
Social and Economic Environment												
Focus Area	Measure	Description	Top performers	US Overall	PA Overall	PA Top Performers	Adams County	York County	Lancaster County	Lebanon County	Berks County	Franklin County
Social & Economic Factors Rank							9	16	7	15	40	18
Education (10%)	High school graduation	% of ninth-grade cohort that graduates in four years	93	82	86	95	90	90	90	85	85	87
	Some college	% of adults ages 25-44 years with some post-secondary education	72	64	62	77.3	50	57	53	52	55	51
Employment (10%)	Unemployment	% of population ages 16 and older unemployed but seeking work	4	6	6	5.5	4	5	5	5	5	5
Income (10%)	Children in poverty	% of children under age 18 in poverty	13	22	19	8	15	15	15	17	21	17
	Income inequality	Ratio of household income at the 80th to the 20th percentile	3.7	4.7	4.8	3.4	3.8	4.0	3.9	3.7	4.4	3.8
Family and social support (5%)	Children in single-parent households	% of children that live in a household headed by single parent	21	34	33	18	28	32	23	31	36	27
	Social associations	Number of membership associations per 10,000 population	22	9	12	30	12	13	14	16	12	16
Community safety (5%)	Violent crime	# of reported violent crime offenses per 100,000 population	59	392	357	83	147	254	177	193	323	131
	Injury deaths	Number of deaths due to injury per 100,000 population	51	60	67	39	62	62	56	57	64	58
Physical Environment												
Focus Area	Measure	Description	Top performers	US Overall	PA Overall	PA Top Performers	Adams County	York County	Lancaster County	Lebanon County	Berks County	Franklin County
Physical Environment Rank							55	51	26	13	37	41
Air and water quality (5%)	Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.5	11.4	12.9	11.5	12.8	12.6	12.4	12.5	12.1	12.9
	Drinking water violations	Indicator of the presence of health-related drinking water violations.	NA	NA	NA	No	Yes	Yes	Yes	No	Yes	Yes
Housing and transit (5%)	Severe housing problems	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9	19	15	6	15	13	15	13	16	12
	Driving alone to work	% of the workforce that drives alone to work	71	76	77	50	82	85	79	81	80	83
	Long commute - driving alone	Among workers who commute in their car alone, the % that commute more than 30 minutes	15	31	35	16	38	36	27	32	30	29

Source: Robert Wood Johnson Foundation (2016). 2016 County Health Rankings Pennsylvania Data. Retrieved from www.countyhealthrankings.org

Marginal Frequency Report: Behavioral Risk Factor Survey

Health Status

S1_1. Would you say that in general your health is...

Excellent,	17%
Very good,	34%
Good,	33%
Fair, or	12%
Poor?	4%

HCUSE. Which of the following best describes your relationship with your physician and your health care use...

I have a chronic health condition and require frequent care	17%
I use health care mostly for preventive checkups and health monitoring	40%
I seek out health care ONLY when I'm sick or injured	33%
I try to avoid using the health care system as much as possible	8%
I never use the health care system	2%

Health Days – Health Related Quality of Life

S2_1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

None	65%
1or more	35%

S2_2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

None	65%
1or more	35%

S2_3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

	n=520
None	62%
1or more	38%

**19.7% of total sample were limited 1 or more days*

Health Care Access

S3_1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes	93%
No	6%

S3_1A. Do you plan to sign up for health insurance through the health insurance exchange, or through your employer?

	n=63
Yes	47%
No	52%

S3_1b. Why not?

	n=31
Cost: Too expensive, costs too much	47%
Eligibility: Not eligible	5%
Cost: More affordable to pay out of pocket, pay as you go	4%
Stay healthy, do not get sick	3%
Other	58%
Do not know	1%

**Totals may exceed 100% because multiple responses were accepted*

INS2. Do you get that coverage through employer or private, prepaid plans such as HMO's, state or federal health exchange, or government plans such as Medicare, Medicaid or CHIP?

	n=935
Health insurance from employer,	54%
Private health insurance,	11%
A prepaid plan such as an HMO,	1%
A state or federal health exchange,	3%
Medicaid,	4%
Medicare, or	11%
Employer and Medicare	3%
Medicare and insurance you purchased yourself	10%
Employer and insurance you purchased yourself	0%
Other	1%
Don't know	2%

S3_2A. Do you have one person you think of as your personal doctor or health care provider?

Yes, only one	75%
Yes, more than one	8%
No person as personal doctor	16%
Do not know	1%

DISTCARE. Thinking about the distance or time you travel to get to the place you usually go for your health care needs, how would you rate the convenience of that place? Would you say:

	n=825
Excellent,	45%
Very good,	32%
Good,	15%
Fair, or	5%
Poor?	2%

ERUSE. Was there a time in the past 12 months that you have gone to the hospital emergency department for primary care instead of to a doctor's office or clinic?

Yes	19%
No	81%

ERUseY. What is the MAIN reason you went to the hospital emergency department for care as opposed to going to a doctor's office or clinic?

	n=190
Was an emergency, did not have a choice/Specific health issue named	59%
Doctor's office was unavailable, closed, not open, etc.	15%
Did not have healthcare coverage	5%
Needed care provide that could not be provided in doctor's office	5%
Doctor said to go to the emergency room	4%
Out of area, away from home	2%
Unhappy with doctor's care	1%
Unsure of where to get care	1%
No reason, does not want to, just did not (unspecified)	1%
Other	5%
Do not know	2%

S3_3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Yes	9%
No	91%

CHILDCARE. Was there a time in the past 12 months when you needed to see a doctor but could not due to lack of child care?

Yes	3%
No	97%

COSTPRES. Was there a time in the past 12 months when you did NOT fill a prescription because of cost?

Yes	14%
No	86%

T3. Has a lack of transportation kept you from getting to a doctor's office or to any other health care appointment during the PAST YEAR?

Yes	5%
No	95%

S3_4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Within past year (anytime less than 12 months ago)	76%
Within past 2 years (1 year ago but less than 2 years ago)	9%
Within past 5 years (2 years ago but less than 5 years ago)	5%
5 or more years ago	7%
Never	1%
Don't Know, Not sure	3%

S3_7. How confident do you feel when leaving the doctor's office that you understand what the doctor has told you...

Extremely confident,	61%
Quite a bit,	28%
Somewhat,	7%
A little bit, or	2%
Not at all confident?	1%

Exercise

S5_1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Yes	81%
No	19%

S5_2. When you took part in this physical activity for how many MINUTES did you usually keep at it?

	n=807
Mean	59.6
S.D.	72.9

S5_3. During the PAST MONTH, how many TIMES PER WEEK did you take part in these physical activities?

	n=808
Mean	4.8
S.D.	5.9

S5_4. During the PAST MONTH, how many times PER WEEK did you do physical activities to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight, like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

Mean	2.0
S.D.	3.8

Diabetes

S12_19. What is your gender or sex?

Male	48%
Female	52%

S6_1A. Have you ever been told by a doctor that you have diabetes?

Yes 10%
 Yes, but female told only during pregnancy 1%
 No 86%
 No, pre-diabetes or borderline diabetes 3%

S6_2. About how many times in the PAST 12 MONTHS have you seen a doctor, nurse, or other health professional for your diabetes?

n=104
 None 13%
 1-3 49%
 4-6 36%
 7-10 2%
 11 or more 1%

Cardiovascular Disease Prevalence

IntS8. Now I would like to ask you some questions about cardiovascular disease. Has a doctor, nurse, or other health professional EVER told you that you had...

	Yes	No
A heart attack, also called a myocardial infarction?	4%	96%
Angina or coronary heart disease?	5%	94%
A stroke?	3%	97%
Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?	7%	93%

S8_5. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood CHOLESTEROL checked?

Yes 80%
 No 17%
 Do Not Know 3%

S8_6. Has a doctor, nurse, or other health professional EVER told you that your blood CHOLESTEROL is high?

n=834
 Yes 39%
 No 59%
 Do Not Know 2%

S8_7. Has a doctor, nurse, or other health professional EVER told you that you had HIGH blood PRESSURE?

Yes 38%
 No 62%
 Don't know 1%

S8_12. Has a doctor or other health professional EVER advised you to TAKE MEDICATION to help lower or control your high blood pressure?

n=621
 Yes 75%
 No 25%

Asthma

S9_1. Has a doctor, nurse, or other health professional EVER told you that you had... ASTHMA?

Yes 18%
 No 82%

S9_2. Do you still have asthma?

	n=178
Yes	66%
No	29%
Don't know	5%

Tobacco Use

S11_1. Have you smoked at least 100 cigarettes in your entire life?

Yes	44%
No	55%

S11_2. Do you now smoke cigarettes every day, some days, or not at all?

	n=444
Every day	30%
Some days	11%
Not at all	59%

S11_3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

	n=183
Yes	58%
No	42%

SMOKEHOME. Does anyone living in your house smoke cigarettes, cigars or pipes INSIDE your home?

Yes	12%
No	88%

S11_5. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

Every day	2%
Some days	4%
Not at all	94%

Demographics

AGE. What is your AGE?

Under 35	28%
35-54	36%
Over 55	36%

HISP. Are you Hispanic or Latino, or NOT?

Yes	9%
No	91%

reRACE. Racial group

White	86%
Nonwhite	14%

S12_6. What is your CURRENT marital status, are you married, divorced, widowed, or separated?

Married,	53%
Divorced,	12%
Widowed,	7%
Separated,	4%
Never married	17%
A member of an unmarried couple	9%

SEXIDENT. Which of these best describes you? Are you...

Heterosexual or straight,	96%
Homosexual, gay, or lesbian	1%
Bisexual, or	1%
Something else?	2%
Don't Know	1%

RELIGION. Some people identify with a religious group and many others do not, do you identify with any of the following any religious groups:

Christians	66%
Buddhist	0%
Folk or Traditional Religions	1%
Hindus	0%
Jews	0%
Muslims	0%
Some other religion	6%
Unaffiliated	25%
Do not know	1%

NumC. How many children LESS than 18 years of age live in your household?

None	64%
1-2	27%
3-4	8%
5 or more	1%

CG1. Some people play the role of caregiver as part of their daily lives, which means they are responsible for meeting the physical and psychological needs of others. Do you act as a caregiver for another ADULT, such as a spouse, sibling, aunt, uncle, parent, or grandparent on a daily basis?

Yes	15%
No	85%

reEDUC. What is the HIGHEST grade or year of school you completed?

HS or less	55%
Some college	23%
College degree	22%

S12_9. Are you currently...

Employed for wages,	54%
Self-employed,	5%
Out of work for MORE than one year	3%
Out of work for LESS than one year	2%
A Homemaker,	5%
A Student,	5%
Retired, or	20%
Unable to work?	7%

S12_9A. Are you currently looking for employment, or not?

	n=48
Yes	63%
No	37%

INCOME. Is your annual household income from all sources above or below \$25,000? Is that...

Under \$10,000	5%
\$10-\$15,000	3%
\$15-20,000	6%
\$20-25,000	4%
\$25 - 35,000	11%
\$35 - 50,000	16%
\$50 - 75,000	14%
Over \$75,000	29%
Don't Know, Not sure	12%

BMIcat. Body Mass Index Score (**Note: BMI Score calculated using respondent height and weight*)

Underweight	1%
Normal	31%
Overweight	37%
Obese	31%

S12_15. Do you now consider yourself to be...

Overweight,	40%
Underweight, or	3%
About average?	57%
Don't know	1%

Alcohol Consumption

S13_1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Yes	58%
No	41%
Don't know, not sure	1%

S13_2a. During the past 30 days, how many DAYS per WEEK OR per MONTH did you have at least one drink of any alcoholic beverage?

	n=583
No drinks in past 30 days	1%
Per WEEK response	53%
Per MONTH response	45%
Don't know	1%

S13_2b. Days per week response

	n=307
1	43%
2-3	31%
4-5	12%
6 or more	13%
Don't know	2%

S13_2c. Days per month response

	n=262
1-3	60%
4-6	26%
7-9	4%
10-15	3%
16-20	2%
21-25	1%
26 or more days	4%

S13_3. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
 NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

	n=575
1-3	83%
4-6	12%
7-9	1%
10-15	2%
16 or more drinks	2%
Don't know	1%

S13_4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have FIVE (men) / FOUR (women) or more drinks on an occasion?

No binge drinking 82%
Binge drinker 18%

S13_5. During the past 30 days, what is the largest number of drinks you had on any occasion?

n=575
1-3 66%
4-6 19%
7-9 5%
10-15 6%
16 or more drinks 1%
Don't know 4%

Substance Abuse

	Yes	No
Use illegal drugs one or more times?	5%	95%
Have a child under 18 who used drugs or had a drinking problem?	1%	99%
Use painkillers NOT prescribed for you (such as: OxyContin, Vicodin)?	2%	98%
Use stimulants NOT prescribed for you (such as: Adderall, Ritalin)?	0%	100%
Use tranquilizers NOT prescribed for you (such as: Xanax, Valium, Ativan, Klonopin)?	1%	99%
Take someone else's medicines for any reason?	1%	99%

Immunization

S14_1. Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

Yes 45%
No 54%
Don't know 1%

S14_6cod. What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

n=556
Side effects, causes the flu, makes you sick 15%
Have never gotten it, does not want to get it 14%
Not effective, does not believe in it 11%
Healthy, never or rarely gets the flu or sick 8%
Planning on getting it, has or is making appointment 8%
No need, not necessary, not high risk 7%
Hasn't gotten around to it, hasn't been to doctors office 6%
Afraid, does not like needles, shots, or doctors 4%
Too busy, no time 3%
Cost, no insurance 3%
Allergic 3%
Lack of availability, doctor does not have it 2%
Forgot to get one 1%
No reason, just did not 3%
Other 8%
Do not know 5%

***NOTE: The next two sections (Falls, Aging) asked only of respondents aged 45 years or older
n=605**

Falls

S15_1. The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen?

None 87%
1-2 10%
3-4 2%
5 or more times 1%

S15_2a. How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

	n=78
None (or 1 fall & no injury)	56%
1	34%
2	3%
3 or more times	6%
Don't know	2%

Aging

IntA1. Do you have difficulty with any of the following? Please respond with: No difficulty, some difficulty, a lot of difficulty, or unable to do this. First, do you have difficulty...

	No difficulty	Some difficulty	A lot of difficulty	Unable to do this	DK
With self-care, such as washing all over or dressing?	95%	4%	0%	0%	0%
Raising a 2 liter bottle of water or soda from waist to eye level?	93%	6%	1%	0%	1%
Using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	85%	13%	3%	0%	0%
Walking or climbing steps?	77%	15%	8%	1%	0%
Doing errands alone such as visiting a doctor's office or shopping?	89%	7%	2%	2%	0%

A2. Do you have someone who helps you take care of the daily activities that are difficult for you?

	n=197
Yes	36%
No	64%

End of Life

EL1. Have you, personally, had experience with palliative care, end-of-life care, or hospice care either for yourself or a family member?

Yes	31%
No	68%
Don't know	1%

IntEL2 Do you have any of the following legal documents that are used in end-of-life situations? Do you have...

	Yes	No	DK
A living will?	33%	65%	1%
An advanced directive related to health care treatment?	22%	71%	7%
A power of attorney?	32%	66%	2%
A health care proxy?	17%	69%	14%

Cancer Screening

IntCanScr. The next few questions are about routine screenings and exams. About how long ago has it been since you had each of the following:

	Never	Within past year	Within past 2 years	Within past 3 years	Within past 5 years	Within past 10 years	10 or more years ago	DK
A pap smear test (female only) (n=516)	4%	51%	15%	6%	9%	5%	7%	3%
A breast examination by a doctor or a health professional (female only) (n=516)	6%	65%	11%	5%	5%	3%	5%	1%
A mammogram (female only) (n=516)	33%	41%	11%	4%	4%	2%	3%	2%
A PSA test or rectal exam for prostate cancer (males 39+) (n=324)	26%	46%	9%	6%	3%	4%	4%	2%
A Sigmoidoscopy or colonoscopy (age 45+) (n=501)	24%	22%	13%	11%	14%	9%	5%	2%

S20_6. Have you EVER been told by a doctor, nurse, or other health professional that you had CANCER?

Yes	10%
No	90%

S20_7. How many different types of cancer have you had?

	n=101
None	1%
1 type	85%
2 types	12%
3 or more types	2%

S20_8cod. With your MOST RECENT diagnosis of cancer, what type of cancer was it?

	n=100
Skin (Not melanoma)	17%
Breast	15%
Melanoma	10%
Prostate	9%
Lymphoma (Non-Hodgkin's)	6%
Cervical (cervix)	6%
Endometrial (uterus)	6%
Colon (intestine) includes large intestine	3%
Ovarian (ovary)	3%
Lymphoma (Hodgkin's disease)	3%
Neuroblastoma	3%
Lung	3%
Leukemia (blood)	2%
Thyroid	2%
Renal (kidney)	2%
Bladder	2%
Liver	1%
Brain	1%
Other	4%
Do not know	1%

S21_1. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

	n=779
Yes	41%
No	55%
Don't Know	3%

S21_1A. Did your HIV testing take place during the past 12 months?

	n=322
Yes	25%
No	75%
Don't Know	1%

S21_1B. Have you ever been tested for Hepatitis C?

Yes	29%
No	59%
Don't Know	12%

Emotional Support and Life Satisfaction

S22_1. The next two questions are about emotional support and your satisfaction with life. How often do you get the social and emotional support you need...

Always,	52%
Usually,	27%
Sometimes,	14%
Rarely, or	4%
Never?	4%

S22_2. In general, how satisfied are you with your life...

Very satisfied,	47%
Satisfied,	45%
Dissatisfied, or	5%
Very dissatisfied?	2%
Don't know	1%

Anxiety and Depression

IntM17 Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks. Over the last 2 weeks, how many days have you...

	None	1-3 days	4-6 days	7-9 days	10-12 days	13-14 days
Had little interest or pleasure in doing things?	67%	17%	7%	2%	2%	5%
Felt down, depressed or hopeless?	72%	16%	5%	3%	2%	3%
Had trouble falling asleep or staying asleep or sleeping too much?	54%	19%	6%	3%	4%	14%
Felt tired or had little energy?	40%	30%	8%	5%	3%	14%
Had a poor appetite or eaten too much?	69%	13%	8%	2%	2%	7%
Felt bad about yourself or that you were a failure or had let yourself or your family down?	82%	11%	3%	1%	1%	3%
Had trouble concentrating on things, such as reading the newspaper or watching the TV?	83%	7%	4%	1%	1%	4%
Moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	90%	4%	2%	1%	1%	3%
Had little interest or pleasure in doing things?	67%	17%	7%	2%	2%	5%
Felt down, depressed or hopeless?	72%	16%	5%	3%	2%	3%

Days with depressive symptoms:

None	43%
One or more	57%

M17_9. Has a doctor or other healthcare provider EVER told you that you have an ANXIETY disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

Yes	19%
No	81%

M17_10. Has a doctor or other healthcare provider EVER told you that you have a DEPRESSIVE disorder (including depression, major depression, dysthymia, or minor depression)?

Yes	18%
No	82%

Social Context

M19_1. Now, I am going to ask you about several factors that can affect a person's health. Do you own or rent your home?

Own	65%
Rent	26%
Other arrangement	9%
Don't know	1%

M19_2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your (rent/mortgage)? Would you say you were worried or stressed...

	n=903
Always,	6%
Usually,	4%
Sometimes,	15%
Rarely, OR	15%
Never?	56%
Not applicable	6%

IntM19_9. Now I'm going to ask you about various events that happen to people. I'm interested in those that happened to you at any point during the last 12 months, that is since [fill one year ago's date]. Did any of the following hardships happen to you in the last 12 months?

	Yes	No
M19_9a. Did you fall behind in paying your rent or mortgage?	8%	92%
M19_9b. Were you evicted from your apartment or house?	1%	99%
M19_9c. Did you have any UTILITIES, such as water, heat, or electricity, shut off because you couldn't afford the bill?	3%	97%
M19_9e. Were you unable to purchase needed FOOD because you couldn't afford it?	9%	91%
M19_9f. Were you unable to get needed MEDICAL CARE because you couldn't afford it?	8%	92%
M19_9g. Did you lack health insurance coverage?	10%	90%
M19_9h. For financial reasons, did you have to temporarily live with others or in a shelter or on the street?	5%	94%
M19_9i. Were you let go or permanently laid off from your job?	7%	93%
M19_9j. Did you experience a reduction in pay for any reason?	12%	88%
M19_9k. Were you unemployed and looking for work for as long as a month?	11%	88%

M19_9h2cod1. Where did you live?

	n=51
Family home	55%
Shelter	13%
Friends home	10%
Other	26%
Don't know	4%

**Totals may exceed 100% because multiple responses were accepted*

Fruits and Vegetables

IntQ18. These next questions are about the foods you usually eat or drink. During the PAST WEEK, how often did you eat or drink each one, for example, twice a WEEK, three times a WEEK, and so forth. We are only interested in the foods YOU ate. Please include all foods you ate both at home and away from home. During the PAST WEEK, how often did you...

	None	1-2 times	3-4 times	5-7 times	More than once per day	Never eat/ drink item/DK
Drink fruit juices such as orange, grapefruit, or tomato?	37%	23%	13%	23%	2%	2%
Eat fruit, not counting juice?	12%	14%	20%	46%	8%	1%
Eat green salad?	20%	27%	28%	23%	2%	1%
Eat potatoes not including French fries, fried potatoes, or potato chips?	25%	47%	21%	6%	0%	0%
Eat carrots?	36%	41%	13%	9%	1%	1%

Q18_6. Not counting carrots, potatoes, or salad, how many SERVINGS of VEGETABLES did you eat during the PAST WEEK? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

None	5%
1-2	13%
3-4	22%
5-7	36%
8 or more servings	21%
Do not know	3%

D1. On average, how many cups of bottled or tap water do you drink each day?

None	5%
1-3 cups (8 - 24 ounces)	29%
4-7 cups (32 - 56 ounces)	39%
8 or more cups (64 ounces or more)	26%
Don't know	1%

SODA. On average, how many sugary drinks, such as soda or sports drinks, do you drink each day?

None	57%
1-3 cups (8 - 24 ounces)	32%
4-7 cups (32 - 56 ounces)	7%
8 or more cups (64 ounces or more)	3%
Do not know	1%

Fast Food

FF1. How many days in the past WEEK did you prepare your evening meal at home?

None	8%
1-2 days	7%
3-4 days	20%
5-6 days	27%
Every day	38%

IntFF2. How many days in the past week did you purchase or receive food from the following sources:

	None	1-2 days	3-5 days	6-7 days	Don't Know
A senior center or food pantry?	98%	2%	0%	0%	0%
A Wal-Mart, Target, or other big box store?	66%	27%	5%	1%	1%
A convenience store, or corner store?	69%	20%	7%	3%	1%
A farmer's market?	62%	35%	2%	1%	0%
A grocery store such as Giant, Weis, Food Lion?	17%	61%	17%	4%	1%
A fast food or chain restaurant?	51%	40%	8%	2%	0%

NUMA. Including yourself, how many adults 18 years of age or OLDER CURRENTLY live in this household?

1	21%
2	54%
3-4	22%
5 or more	2%

GENDER. Sex of respondent

Male	48%
Female	52%

Definitions of Selected Terms

Age-adjusted Rate: Age-adjustment is the process by which differences in the age composition of two or more populations are removed, to allow comparisons between these populations in the frequency with which an age-related health event occurs.¹

ALA Grades: The American Lung Association grades counties in which the EPA has placed the necessary monitoring equipment and creates weighted annual averages for both high ozone days and high particle pollution days.

Binge Drinker: Males having five or more drinks on one occasion or females having four or more drinks on one occasion.¹

Body Mass Index (BMI): Number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.²

Confidence Intervals: Interval determining the variability of a rate, ratio or percent.¹

Current smoker: During COR interviewing, respondents who said they had smoked more than 100 cigarettes in their life were asked about the frequency of their current smoking habits. If the respondent confirmed to smoking occasionally or every day, they were labeled as smokers.

Days with depressive symptoms: During COR interviewing, respondents were asked a series of questions relating to their mood over the past month. These questions each received values that were then compiled to create a composite score for days with depressive symptoms.

Economic hardships: During COR interviewing, respondents were asked a series of questions relating to economic hardships experienced within the past year, such as falling behind on rent payments or being unable to pay for food, utilities, gasoline or medical care. These questions each received values that were then compiled to create a composite score for economic hardships experienced in the past year.

Gets needed social and emotional support: During COR interviewing, respondents were asked how often they received the social and emotional support they need. If respondents answered "Always", "Usually" or "Sometimes", they were marked as getting needed social and emotional support. If they answered "Rarely" or "Never", they were marked as not getting needed support.

Healthy literacy: During COR interviewing, respondents were asked a series of questions relating to their own confidence in understanding medical information, which was used to create a composite score that determined the threshold of health literacy.

Healthy People 2020: Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.³

Definitions have been directly obtained from the following sources:

¹ "EpiQMS Help." Epidemiologic Query and Mapping System, Pennsylvania Department of Health, <http://app2.health.state.pa.us/epiqms/EpiQMSHelp/DGEpiQMSHELP.htm>.

² "Body Mass Index." Healthy Weight, Assessing Your Weight, Centers for Disease Control and Prevention, <http://www.cdc.gov/healthyweight/assessing/bmi/>.

³ Healthy People 2020, <http://www.healthypeople.gov>.

Low birth Weight: Birth weight of less than 2,500 grams.⁴

Obese: Has a BMI over 30.¹

Overweight: Has a BMI between 25 and 30.¹

Physical activity: During COR interviewing, respondents were marked as engaging in physical activity if the respondent said to have exercised at least 30 minutes on five days of the past week.

Poverty Status of Household: During COR interviewing, respondents were asked to indicate their income level, as well as the number of people in their household. Three categories of poverty status (in poverty, low-income and other) were created based on the 2011 US Department of Health and Human Services (HHS) Poverty Guidelines. The category "In Poverty" was created based on these guidelines. Respondents were marked as "Low-income" if their income level fell within 100% and 200% of the HSS guidelines.⁵

Rate: A rate is a measure of the frequency of an event per population unit. The use of rates, rather than raw numbers, is important for comparison among populations, since the number of events depends, in part, on the size of the population.¹

Statistical significance: The difference between two independent rates is statistically significant if the confidence intervals for two independent rates do not overlap.¹

Stressed about paying for food: During COR interviewing, respondents were asked how often in the past 12 months they were stressed about having enough money to buy nutritious meals. If they answered "Always", "Usually" or "Sometimes", as opposed to "Rarely" or "Never", they were marked as being stressed about paying for food.

Stressed about paying for rent or mortgage: During COR interviewing, respondents were asked how often in the past 12 months they were stressed about having enough money to pay their rent or mortgage. If they answered "Always", "Usually" or "Sometimes", as opposed to "Rarely" or "Never", they were marked as being stressed about paying rent or mortgage.

Unemployed persons : Persons aged 16 years and older who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment sometime during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.⁴

Unemployment rate: The unemployment rate represents the number unemployed as a percent of the labor force.⁴

Vegetable Consumption: During COR interviewing, respondents were asked how many servings of vegetables they had eaten during the past week, to determine whether they consumed three or more servings of vegetables per day on average during that week.

⁴ "Economic Indicators." Definitions, UNICEF, http://www.unicef.org/infobycountry/stats_popup7.html.

⁵ "2011 HHS Poverty guidelines." United States Department of Health and Human Services. <http://aspe.hhs.gov/poverty/11poverty.shtml>.

Appendix D: Health Indicators for Berks County and Pennsylvania, by Year
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Center For Opinion Research Berks County Community Health Needs Assessment 2015

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Logistic Regression Analyses

The logistic regression model for obesity was statistically significant, $\chi^2(23) = 102.78$, $p < .001$. The model explained 17% (Nagelkerke R^2) of the variance in obesity and correctly classified 73% of cases. The largest effects were found for race, gender, economic

hardships, and having diabetes (Table E-1). Model sensitivity (the percent of cases that are obese that were accurately predicted) was 28% and model specificity (the percent of cases that were not obese that were accurately predicted) was 92%.

Table E-1. Logistic Regression Analysis for Adults who are Obese

	Variables in the Equation		
	B	Std. Error	Sig.
Poverty, low-income, and other households			0.674
In poverty	-0.223	0.331	0.500
Low-income	-0.169	0.213	0.428
Race and Ethnicity			0.008
Non-Hispanic White	-1.076	0.32	0.001
Non-Hispanic Black	-1.104	0.515	0.032
Non-Hispanic Other	-0.68	0.507	0.180
Male	0.487	0.175	0.005
Age Range			0.084
Under 35 years old	-0.444	0.274	0.105
35-54 years old	0.087	0.212	0.681
Educational Attainment			0.928
High school or less	0.075	0.221	0.733
Some college	0.012	0.251	0.961
Married	0.079	0.192	0.680
Economic Hardships			0.005
None	-0.749	0.261	0.004
One economic hardship	-0.181	0.282	0.520
Gets needed social and emotional support	0.074	0.313	0.814
Exercised 30 minutes on five days in past week	-0.241	0.226	0.287
Diabetes			0.000
No	-1.136	0.448	0.011
Yes	0.432	0.494	0.382
Told has heart disease, heart attack, or stroke	0.28	0.287	0.329
Has asthma	0.096	0.272	0.725
PHQ-8 Depression Scale Symptom Category			0.134
No symptoms	-0.273	0.721	0.705
Mild symptoms	-0.014	0.735	0.985
Moderate symptoms	-0.48	0.761	0.528
Moderately severe symptoms	0.782	0.826	0.344
Constant	1.433	0.957	0.134

*Nagelkerke R Square = 0.171

*Percentage correct = 73.1

*-2 Log likelihood = 870.747

The logistic regression model for depression was statistically significant, $\chi^2(19) = 142.426$, $p < .001$. The model explained 35% (Nagelkerke R^2) of the variance in depression and correctly classified 93% of cases. The largest effects were found for

having economic hardships, marital status, social and emotional support, and having asthma (Table E-2). Model sensitivity (the percent of cases that are depressed that were accurately predicted) was 32% and model specificity was 99%.

Table E-2. Logistic Regression Analysis for Adults who are Depressed

	Variables in the Equation		
	B	Std. Error	Sig.
Poverty, low-income, and other households			0.133
In poverty	0.704	0.445	0.113
Low-income	-0.075	0.37	0.840
Race and Ethnicity			0.569
Non-Hispanic White	-0.535	0.429	0.212
Non-Hispanic Black	-20.546	6254.907	0.997
Non-Hispanic Other	-0.85	0.758	0.262
Male	-0.395	0.314	0.208
Age Range			0.824
Under 35 years old	0.111	0.473	0.815
35-54 years old	0.235	0.395	0.552
Educational Attainment			0.846
High school or less	0.2	0.411	0.626
Some college	0.25	0.454	0.582
Married	-0.759	0.34	0.026
Economic Hardships			0.000
None	-1.862	0.369	0.000
One economic hardship	-1.17	0.394	0.003
Gets needed social and emotional support	-1.404	0.366	0.000
Exercised 30 minutes on five days in past week	0.353	0.36	0.326
Diabetes			0.112
No	-0.759	0.848	0.371
Yes	0.111	0.905	0.902
Told has heart disease, heart attack, or stroke	0.228	0.487	0.639
Has asthma	1.045	0.363	0.004
Constant	0.936	1.14	0.412

*Nagelkerke R Square = 0.354

*Percentage correct = 92.6

*-2 Log likelihood = 350.869

2015-2016 Berks County Community Health Needs Assessment

Secondary Data Summary

April 2016



Demographic Statistics¹

A. Population Statistics

Total Population

The population of Berks County has grown slowly since 2010. Its rate of growth is similar to that of Pennsylvania, and below that of the nation ([Table A1](#)).

Population Shares by Age

Compared to the U.S., Pennsylvania as a whole has a much older population. The population of Berks County is between these two; it is younger than Pennsylvania but older than the nation ([Table A2](#)).

Share of Population by Race and Ethnicity

Almost 90% of the population of Berks County identifies as White (alone, or in combination with another race and ethnicity category.) The Latino share of the population in Berks is much higher than that of Pennsylvania, and slightly higher than the nation's share ([Table A3](#)).

Language Spoken at Home

About 18% of Berks County residents speak a language other than English at home. The majority of these persons speak Spanish, and most Spanish-speakers (about 60%) report that they are also able to speak English "very well" ([Table A4](#)).

B. Household Statistics

Marital Status

A greater share of the population of Berks is married, compared to the State and the nation (Berks County=51%, PA=48%, U.S.=48%)([Table B1](#)).

Households by Occupancy

Berks County has a higher rate of home ownership and a lower housing unit vacancy rate than Pennsylvania and the nation as a whole ([Table B2](#)).

Housing Characteristics

Berks County's owner-occupied housing stock has a similar median value to Pennsylvania's, and a slightly higher percentage of owned homes in Berks are mortgaged compared to the state. A higher share of renters in Berks are experiencing a housing affordability problem (with rental costs being 30% of income or more) than in the state and the nation ([Table B3](#)).

Households by Type

Berks County has a greater share of family households than Pennsylvania and the nation, as well as a greater share of married-couple households. About 11% of Berks County households are elderly single-person households, a percentage that is higher than the nation's and below the state's ([Table B4](#)).

C. Income Statistics

Household and Family Income

Berks County has slightly smaller shares of households in the lowest and highest income brackets compared to Pennsylvania and the U.S. Because of having fewer high income households, its mean (average) household and family incomes are lower than the comparison areas. However, median household income and median family income are similar or higher for Berks, which has a larger share of households in income ranges between \$50,000 and \$150,000 ([Table C1](#)).

Median Household Income by Race and Ethnicity

In Berks County, as in the state and nation, Blacks and Latinos have lower median household incomes than Whites and Asians. Blacks in Berks have a similar median income to Blacks in Pennsylvania, although both areas have lower Black median incomes when compared to the U.S. as a whole. For Latinos, median income in Berks is lower than the statewide and national Latino median income values ([Table C2](#)).

Earnings

In all areas, fewer than half of the employed population works full time. Compared to the U.S. and Pennsylvania, Berks has a slightly higher share of full-time employed persons. The earnings of individuals in Berks, whether full-time or part-time workers, are lower than in the state and the nation ([Table C3](#)).

Poverty

The poverty rate in Berks County is higher than that of Pennsylvania, and lower than the U.S. rate. For families, the incidence of poverty is highest for families with children; 20.5% of Berks County families with children experience poverty. By age, poverty is lowest for older persons and highest for children. By race and ethnicity, the poverty rates of Blacks (28.2%) and Latinos (39.7%) are significantly higher than those of Asians and Whites ([Table C4](#)).

2015 Poverty Guidelines

The poverty guideline for a household of two people is \$15,930; and for a household of four people, it is \$24,250 ([Table C5](#)).

¹ Source: Census Bureau American Community Survey 1-year estimates for 2014, unless otherwise noted.

Households with Supplemental Benefits in the Past 12 Months

A slightly higher share of Berks households receive food stamp benefits than in comparison areas. The majority of these households include children, and are below the poverty level ([Table C6](#)).

Food Insecurity

Although Berks County has a much lower overall food insecurity rate compared the state and nation, its child food insecurity rate is similar to state and national values ([Table C7](#)).

D. Employment Statistics

Employment Status of the Population 16 Years and Older

Berks County has a higher labor force participation rate and a lower unemployment rate when compared to the state and nation. Unemployment in Berks County rose above the State level during the recession (during 2009 and 2010), but has again dropped below the state value (after 2012) ([Table D1](#)).

Means of Transportation to Work

Residents of Berks County are more likely to drive alone or carpool than are persons in the state and nation as a whole. Berks County residents have a shorter average commute than other areas ([Table D2](#)).

Employment by Occupation

Occupation refers to the job duties of a worker, as opposed to the type of good or service that is produced by the firm that employs the worker. For example, a person employed as an administrative assistant at a construction firm would be classified in the "sales and office occupations" category. When compared to workers in the state and nation, persons employed in Berks County are more concentrated in "blue-collar" occupations such as production and transportation. There are lower concentrations of workers in the typically highest wage business and technology occupations ([Table D3](#)).

Employment by Class of Worker

A higher percentage of those employed in Berks County work in the private sector compared to Pennsylvania and the U.S., while a smaller share are self-employed or work in the public sector ([Table D4](#)).

Employment by Industry Sector

Industry refers to the type of good or service that is produced by the firm employing the worker, and not the worker's job duties. For example, a person employed as an administrative assistant at a

construction firm would be classified in the construction industry. Compared to the state and nation, a significantly higher share of Berks County workers are in the manufacturing and transportation industries ([Table D5](#)).

E. Education Statistics

Educational Attainment of the 25+ Population

Berks County adults have lower levels of educational attainment compared to Pennsylvania and the U.S. as a whole. In Berks, 23% of persons age 25 and up have a bachelor's degree, compared to 29% at the state level and 30% nationally ([Table E1](#)).

School Enrollment

Smaller percentages of pre-school aged children are enrolled in school in Berks compared to the state and nation. Additionally, and in line with the educational attainment data in table E1 above, smaller percentages of Berks County adults are enrolled in school. The college enrollment disparity between Berks and other areas is more pronounced for men ([Table E2](#)).

II. Health Statistics²

F. County Health Rankings

Berks County performs in the bottom 30 percent of Pennsylvania counties on social and economic factors, and in the bottom 50 percent of counties on physical environment. The county ranks in the top 70 percent of counties on length of life, health outcomes, and clinical care. The rank is based on 67 counties in Pennsylvania. A ranking of "1" is the healthiest county in the state ([Table F](#)).

G. Health Care Access Statistics

Health Insurance Coverage

In general, Pennsylvania and Berks County have higher levels of health insurance coverage than the U.S. as a whole. The health insurance coverage rate in Berks County (90.2%) is slightly lower than the state rate (91.5%). Health insurance coverage varies by race and ethnicity. Whites have the highest coverage rates in all areas. Asians and Blacks in Berks County have a higher percent uninsured when compared to the county average, as well as when compared against persons in their racial groups statewide or nationally. In contrast, Latinos have the highest percent uninsured of the groups shown above, Latinos in Berks County are less likely to be uninsured than Latinos in the state and nation as a whole ([Table G1](#)).

² Note: Unless otherwise noted, all health data for Pennsylvania and Berks County comes from the PA Dept. of Health EpiQMS data extraction website, <https://apps.health.pa.gov/EpiQMS/>

H. Mortality Statistics

Mortality

The death rates in Pennsylvania and in Berks County are lower than the national average in total and among females, while males in both PA and Berks County have a higher death rate than the national average ([Table H1](#)).

Deaths by Selected Causes

In the U.S., the leading causes of death are diseases of the heart, malignant neoplasms, and CLRD. In Pennsylvania, the leading causes of death are diseases of the heart, malignant neoplasms, and chronic lower respiratory disease (CLRD). In Berks County, the leading causes of death are diseases of the heart, malignant neoplasms, and cerebrovascular diseases (stroke). Berks County has a significantly lower rate of death due to malignant neoplasms than the state's overall rate and a significantly higher rate of death due to cerebrovascular diseases than the state's overall rate ([Table H2](#)).

I. Maternal & Child Health Statistics

Live Birth Rate by Age of the Mother

The rate of teen births (Berks County=45.7; U.S.=36.6) is higher in Berks County than in both Pennsylvania and the nation ([Table I1](#)).

Births by Selected Characteristics

The rate of births to unmarried women (Berks County=46%; U.S.=41%) is higher in Berks County than in both Pennsylvania and the nation ([Table I2](#)).

Low Birth Weight and Preterm Births

Rates of low birthweight are similar in Berks County, PA, and the U.S. ([Table I3](#)).

Prenatal Care Onset

The percentage of mothers with prenatal care in the first trimester is better in Berks County than in Pennsylvania (Berks County=76%; PA=72%). In both Berks County and in PA, white mothers are significantly more likely to receive prenatal care in the first trimester than black mothers (PA: White=78%, Black=57%; Berks County: White=80%, Black=63%) ([Table I4](#)).

Infant Mortality Rate

The infant mortality rate in PA and in Berks County is higher than the national average (PA=7.0; U.S.=6.0; Berks County=6.4) ([Table I5](#)).

J. Sexually Transmitted Infections Statistics

Sexually Transmitted Illness Incidence

Rates of Gonorrhea (56.1) and Chlamydia (348.2) are considerably lower in Berks County than in the state and U.S. (106.1; 446.6). ([Table J1](#)).

K. Mental Health Statistics

The suicide rate in Berks County (13.5) is slightly higher than the national average (12.6) and the state average (12.1). Rates of depressive disorders and poor mental health days are consistent between PA and Berks County ([Table K1](#)).

L. Cancer Statistics

Cancer Incidence by Site

The rate of breast cancer incidence is slightly higher in Pennsylvania (128.2) and Berks County (129.4) than the national average (122.7). Rates of rectum and rectosigmoid cancer are significantly lower in PA (12.5) and in Berks County (13.8) than the national average (43.3). Rates of pancreas, cervical, and lung and bronchus cancer are consistent between the national average, PA, and Berks County. Rates of melanoma of the skin are virtually identical in Berks County and in PA. Overall cancer incidence is slightly higher in PA than in Berks County and the national average ([Table L1](#)).

Annual Cancer Mortality Rate by Site

Mortality rates of breast and colorectal cancers are consistent between Berks County, PA, and the U.S. Mortality rates of bronchus and lung and prostate cancer are slightly lower in Berks County than in PA and the U.S. Overall cancer mortality rates are lowest in Berks County, and rates in PA are higher than the national average ([Table L2](#)).

M. Environmental Health Statistics

Asthma Burden

The rate of adults who were ever diagnosed with asthma is slightly higher in Berks County than in Pennsylvania. The percent of adults who currently have asthma is lower in Berks County and in PA than the national average. The asthma mortality rate is virtually identical in PA and in the U.S. ([Table M1](#)).

N. Social Determinants Mapping

Social determinants analysis attempts to geographically describe the physical environments where people live and work that can contribute to health outcomes and risks. Social determinants research highlighting the importance of poverty, residential segregation, stigma and discrimination, incarceration, and educational attainment on health outcomes provides a deeper understanding of the complex social and structural determinants of health and pinpoints additional opportunities for enhancing prevention and control efforts. This CHNA includes social determinants analysis for each block group in Berks County. The scoring for the social determinants mapping is based on five factors: poverty, educational attainment, occupied housing units, employment, and race and ethnicity. Higher scores indicate that a block group has stronger social characteristics. Berks has 2 block groups that score

an A (1%), 92 block groups that score a B (35%), 107 block groups that score a C (40%), 18 block groups that score a D (7%), and 46 block groups that score an F (17% of the 265 block groups in the county). These maps show that many areas within the county have social and economic characteristics that increase the risk of poor health ([Figure 2](#)).

Table A1: Total Population

	U.S.	Pennsylvania	Berks County
Population (2014)	318,857,056	12,787,209	413,691
Population growth (2010 to 2014)	3.3%	0.7%	0.5%
Male share of population	49.2%	48.9%	49.2%
Female share of population	50.8%	51.1%	50.8%

The population of Berks County has grown slowly since 2010. Its rate of growth is similar to that of Pennsylvania, and below that of the nation. ([Click here to return to text](#))

Source: Population change data calculates percent change from 2000 to 2014 using Decennial Census 2010 data and American Community Survey 1-Year Estimates for 2014.

Table A2: Population Shares by Age

	U.S.	Pennsylvania	Berks County
Under 5 years	6.2%	5.6%	5.9%
5-14 Years	13.0%	11.8%	12.8%
15-24 Years	13.8%	13.3%	14.0%
25-44 Years	26.4%	24.7%	23.7%
45-59 Years	20.3%	21.4%	21.2%
60-74 Years	14.2%	15.5%	15.0%
75-84 Years	4.3%	5.1%	5.2%
85 years and older	1.9%	2.5%	2.2%
Median Age	37.7	42.3	40.1

Compared to the U.S., Pennsylvania as a whole has a much older population. The population of Berks County is between these two; it is younger than Pennsylvania but older than the nation. ([Click here to return to text](#))

Table A3: Share of Population by Race and Ethnicity

	U.S.	Pennsylvania	Berks County
White	75.9%	83.4%	89.0%
Black/African American	13.9%	12.4%	8.7%
American Indian/Alaska Native	1.7%	0.8%	5.4%
Asian	6.2%	3.6%	1.7%
Native Hawaiian and Pacific Islander	0.4%	0.1%	0.1%
Some Other Race	5.2%	2.2%	3.8%
Hispanic or Latino (of any race)	17.3%	6.5%	18.7%

Almost 90% of the population of Berks County identifies as White (alone, or in combination with another race and ethnicity category.) The Latino share of the population in Berks is much higher than that of Pennsylvania, and slightly higher than the nation's share. ([Click here to return to text](#))

Note: because persons can be of multiple race and ethnicity categories, the numbers above do not add up to 100%. These data by race are based on persons reporting that they are a particular race alone or in combination with other race categories.

Table A4: Language Spoken at Home

	U.S.	Pennsylvania	Berks County
English Only	78.9%	89.2%	81.6%
Language other than English	21.1%	10.8%	18.4%
Speak English less than "very well"	8.5%	4.2%	7.5%
Spanish	13.1%	4.7%	14.3%
Speak English less than "very well"	5.5%	1.9%	6.0%
Other Indo-European languages	3.6%	3.5%	3.1%
Speak English less than "very well"	1.1%	1.1%	1.0%
Asian and Pacific Islander languages	3.4%	2.0%	0.8%
Speak English less than "very well"	1.6%	1.0%	0.5%
Other Languages	1.0%	0.6%	0.1%
Speak English less than "very well"	0.3%	0.2%	0.0%

About 18% of Berks County residents speak a language other than English at home. The majority of these persons speak Spanish, and most Spanish-speakers (about 60%) report that they are also able to speak English "very well". ([Click here to return to text](#))

Table B1: Marital Status for the Population 15 Years and Older

	U.S.	Pennsylvania	Berks County
Never married	33.3%	33.6%	30.9%
Now married, except separated	47.7%	47.7%	50.6%
Separated	2.1%	2.2%	2.6%
Widowed	5.9%	6.8%	5.9%
Divorced	11.0%	9.6%	9.9%

A greater share of the population of Berks is married, compared to the state and the nation. ([Click here to return to text](#))

Table B2: Households by Occupancy

	U.S.	Pennsylvania	Berks County
Total housing units	133,962,970	5,590,712	164,846
Percent occupied	87.5%	88.5%	92.8%
Percent vacant	12.5%	11.5%	7.2%
Total occupied housing units	117,259,427	4,945,972	152,908
Percent owner-occupied	63.1%	68.8%	70.1%
Percent renter-occupied	36.9%	31.2%	29.9%

Berks County has a higher rate of home ownership and a lower housing unit vacancy rate than Pennsylvania and the nation as a whole. ([Click here to return to text](#))

Table B3: Housing Characteristics

	U.S.	Pennsylvania	Berks County
Owner-Occupied Housing			
Owner-occupied units	73,991,995	3,404,164	107,124
Housing units with a mortgage	63.8%	60.6%	63.3%
Housing units without a mortgage	36.2%	39.4%	36.7%
Median Value	\$181,200	\$165,400	\$168,600
Households spending 30% or more of income on owner costs	25.0%	23.9%	26.1%
Renter-Occupied Housing			
Occupied units paying rent	43,267,432	1,541,808	45,784
Median dollars	\$934	\$848	\$864
Households spending 30% or more of income on rent	51.8%	50.9%	56.3%

Berks County's owner-occupied housing stock has a similar median value to Pennsylvania's, and a slightly higher percentage of owned homes in Berks are mortgaged compared to the state. A higher share of renters in Berks are experiencing a housing affordability problem (with rental costs being 30% of income or more) than in the state and the nation. ([Click here to return to text](#))

Table B4: Households by Type

	U.S.	Pennsylvania	Berks County
Total households	117,259,427	4,945,972	152,908
Average household size	2.7	2.5	2.6
Average family size	3.3	3.1	3.1
Shares of all households that are:			
Family households	65.8%	64.4%	71.2%
Male householder, no wife	4.9%	4.5%	5.4%
Female householder, no husband	13.0%	12.0%	12.7%
Married-couple families	47.9%	47.8%	53.1%
Nonfamily households	34.2%	35.6%	28.8%
Householder living alone	27.8%	29.6%	23.8%
65 years and over, living alone	10.3%	12.1%	10.8%

Berks County has a greater share of family households than Pennsylvania and the nation, as well as a greater share of married-couple households. About 11% of Berks County households are elderly single-person households, a percentage that is higher than the nation's and below the state's. ([Click here to return to text](#))

Table C1: Household and Family Income

	U.S.	Pennsylvania	Berks County
Household Income			
Less than \$10,000	7.3%	7.1%	6.3%
\$10,000 to \$24,999	15.8%	15.9%	15.5%
\$25,000 to \$34,999	10.0%	10.1%	10.2%
\$35,000 to \$49,999	13.5%	13.7%	12.9%
\$50,000 to \$74,999	17.8%	18.4%	19.7%
\$75,000 to \$99,999	12.0%	12.4%	13.9%
\$100,000 to \$149,999	13.1%	13.0%	13.9%
\$150,000 or more	10.5%	9.4%	7.7%
Median household income	\$53,657	\$53,234	\$56,059
Mean household income	\$75,591	\$73,112	\$69,160
Family Income			
Median family income	\$65,910	\$67,876	\$66,774
Mean family income	\$88,394	\$87,813	\$79,734

Berks County has slightly smaller shares of households in the lowest and highest income brackets compared the Pennsylvania and the U.S. Because of having fewer high income households, its mean (average) household and family incomes are lower than the comparison areas. However, median household income and median family income are similar or higher for Berks, which has a larger share of households in income ranges between \$50,000 and \$150,000. ([Click here to return to text](#))

Table C2: Median Household Income by Race and Ethnicity

	U.S.	Pennsylvania	Berks County
Total	\$53,046	\$52,548	\$55,170
Asian	\$72,225	\$64,397	\$79,107
Black	\$35,415	\$32,426	\$32,522
Latino	\$42,042	\$33,963	\$27,168
White Non-Latino	\$58,096	\$56,035	\$60,682

In Berks County, as in the state and nation, Blacks and Latinos have lower median household incomes than Whites and Asians. Blacks in Berks have a similar median income to Blacks in Pennsylvania, although both areas have lower Black median incomes when compared to the U.S. as a whole. For Latinos, median income in Berks is lower than the statewide and national Latino median income values. ([Click here to return to text](#))

Note: These data by race are based on persons reporting that they are a particular race alone, and do not include persons who report that they are of multiple races.

Source: This table uses American Community Survey 5-Year Estimates, for the years 2009-2013. Due to the utilization of multiple years of sample data, these estimates are more accurate, which is important for race and ethnicity sub-groups with smaller populations. The overall median household income value in this table is not the same as the value shown in Table C1 due to this data source difference.

Table C3: Earnings

	U.S.	Pennsylvania	Berks County
Total employed persons	165,102,809	6,739,281	221,493
Male share of employed	52.6%	51.8%	52.2%
Female share of employed	47.4%	48.2%	47.8%
Share of employed working full-time	40.9%	40.4%	42.0%
Share of employed men working full-time	48.2%	47.3%	49.2%
Share of employed women working full-time	34.0%	33.9%	35.1%
Median earnings: all workers	\$30,845	\$31,524	\$31,148
Median earnings: full-time year round workers	\$44,571	\$45,860	\$43,287
Median earnings: non-full time workers	\$10,755	\$10,202	\$9,651

In all areas, fewer than half of the employed population works full time. Compared to the U.S. and Pennsylvania, Berks has a slightly higher share of full-time employed persons. The earnings of individuals in Berks, whether full-time or part-time workers, are lower than in the state and the nation. ([Click here to return to text](#))

Table C4: Poverty

	U.S.	Pennsylvania	Berks County
All families	11.3%	9.4%	10.8%
With related children under 18 years	18.0%	16.2%	19.5%
With related children under 5 years	22.3%	20.0%	20.5%
Married couple families	5.6%	4.1%	5.2%
With related children under 18 years	8.2%	5.8%	8.1%
With related children under 5 years	10.5%	7.6%	9.7%
Female-headed households, no husband present	30.5%	28.5%	33.8%
With related children under 18 years	40.6%	39.7%	45.2%
With related children under 5 years	52.5%	50.2%	55.1%
All People	15.5%	13.6%	14.7%
Individual poverty by age			
Under 18 years	21.7%	19.4%	22.4%
18-64 years	14.6%	13.1%	13.5%
65 years and over	9.5%	8.1%	7.8%
Individual poverty by race (2009-13)			
Asian	12.5%	16.3%	8.7%
Black	27.1%	28.6%	28.2%
Latino	24.7%	32.3%	39.7%
White Non-Latino	10.6%	9.6%	7.4%

The poverty rate in Berks County is higher than that of Pennsylvania, and lower than the U.S. rate. For families, the incidence of poverty is highest for families with children; 21% of Berks County families with children experience poverty. By age, poverty is lowest for older persons and highest for children. By race and ethnicity, the poverty rates of Blacks (28%) and Latinos (40%) are significantly higher than those of Asians and Whites. ([Click here to return to text](#))

Note: These data by race are based on persons reporting that they are a particular race alone, and do not include persons who report that they are of multiple races.

Source: The data by race in this table are provided by American Community Survey 5-Year Estimates, for the years 2009-2013. Due to the utilization of multiple years of sample data, these estimates are more accurate, which is important for race and ethnicity sub-groups with smaller populations.

Table C5: 2015 Poverty Guidelines

Number of Persons in Household	2015 Poverty Guideline
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890
For families/households with more than 8 persons, add \$4,160 for each additional person.	

Source: Poverty guidelines are published by the U.S. Department of Health and Human Services. ([Click here to return to text](#))

Table C6: Households with Supplemental Benefits in the Past 12 Months

	U.S.	Pennsylvania	Berks County
Households below poverty level	14.5%	13.0%	13.0%
Households with supplemental security income	6,366,987	296,694	9,655
Mean supplemental security income	\$9,399	\$9,648	\$9,302
Households with cash public assistance income	3,114,615	168,621	4,621
Mean cash public assistance income	\$3,150	\$2,602	\$2,443
Number of households with food stamp benefits	15,496,341	644,930	22,923
Share of households with food stamp benefits	13.2%	13.0%	15.0%
Share of households receiving food stamp benefits that are below the poverty level	51.3%	50.9%	55.3%
Share of households receiving food stamp benefits with one or more people 60 years and older	29.0%	31.2%	26.6%
Share of households receiving food stamp benefits with children under 18 years	52.9%	47.0%	57.2%

A slightly higher share of Berks households receive food stamp benefits than in comparison areas. The majority of these households include children, and are below the poverty level. ([Click here to return to text](#))

Table C7: Food Insecurity

	U.S.	Pennsylvania	Berks County
Food Insecurity Rate (2013)	15.8%	14.2%	11.3%
Child Food Insecurity Rate (2013)	21.4%	20.4%	20.4%

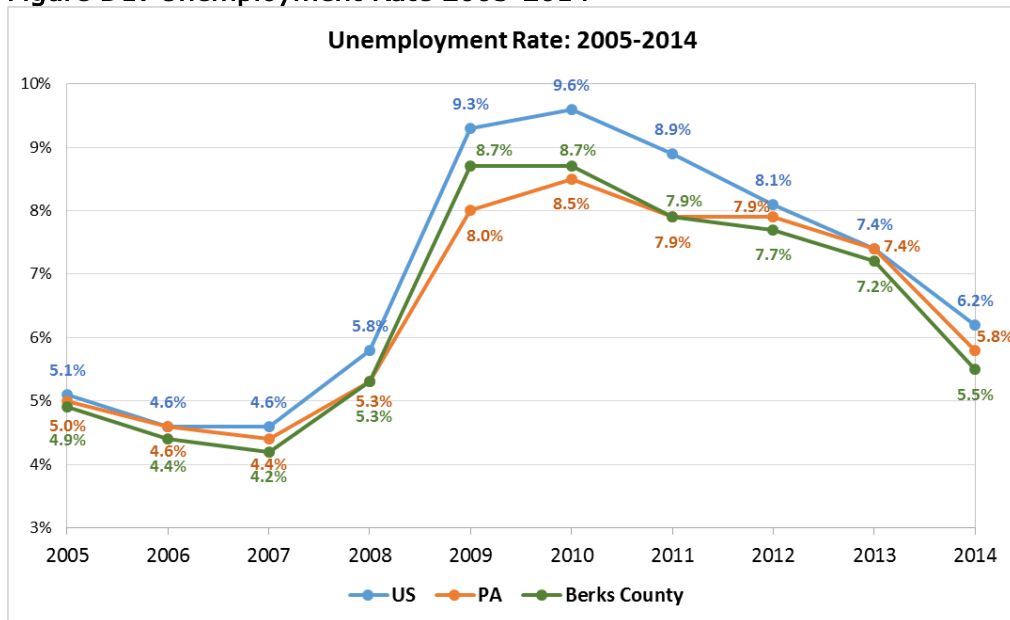
Although Berks County has a much lower overall food insecurity rate compared the state and nation, its child food insecurity rate is similar to state and national values. ([Click here to return to text](#))

Source: These data are extracted from the "Map The Meal Gap" study performed by the Feeding America organization.

Table D1: Employment Status of the Population 16 years and older

	U.S.	Pennsylvania	Berks County
Population in labor force	160,532,722	6,507,479	217,005
% of population in labor force	63.3%	62.5%	65.6%
Civilian labor force	62.9%	62.5%	65.6%
Armed forces	0.4%	0.0%	0.0%
% of population not in labor force	36.7%	37.5%	34.4%
Unemployment Rate (Bureau of Labor Statistics, 2014 Annual)	6.2%	5.8%	5.5%

Figure D1: Unemployment Rate 2005-2014



Berks County has a higher labor force participation rate and a lower unemployment rate when compared to the state and nation. Unemployment in Berks County rose above the state level during the recession (during 2009 and 2010), but has again dropped below the state value (after 2012). [\(Click here to return to text\)](#) Data Source: Unemployment data for Table D1 and Figure 1 is provided by the Bureau of Labor Statistics

Table D2: Means of Transportation to Work

	U.S.	Pennsylvania	Berks County
Drove alone	76.5%	76.4%	80.3%
Carpooled	9.2%	8.5%	10.7%
Public transportation	5.2%	5.7%	1.5%
Walked	2.7%	3.9%	3.5%
Other means	1.9%	1.4%	1.0%
Worked at home	4.5%	4.1%	3.0%
Mean travel time to work (minutes)	26.0	26.4	24.1

Residents of Berks County are more likely to drive alone or carpool than are persons in the state and nation as a whole. Berks County residents have a shorter average commute than other areas. [\(Click here to return to text\)](#)

Table D3: Employment by Occupation

	U.S.	Pennsylvania	Berks County
Management, business, and financial occupations	14.8%	14.1%	12.6%
Computer, engineering, and science occupations	5.5%	5.2%	3.5%
Community and social service occupations	1.7%	2.0%	1.6%
Legal occupations	1.1%	1.0%	0.6%
Education, training, and library occupations	6.0%	5.9%	5.5%
Arts, design, entertainment, sports, and media occupations	1.9%	1.6%	1.4%
Healthcare practitioners and technical occupations	5.8%	7.0%	6.2%
Healthcare support occupations	2.4%	2.7%	2.3%
Protective service occupations	2.2%	2.0%	1.3%
Food preparation and serving related occupations	5.9%	5.9%	6.2%
Building and grounds cleaning and maintenance occupations	4.0%	3.6%	4.1%
Personal care and service occupations	3.7%	3.6%	3.2%
Sales and office occupations	23.7%	23.6%	22.8%
Farming, fishing, and forestry occupations	0.7%	0.5%	1.2%
Construction and extraction occupations	5.0%	4.7%	4.5%
Installation, maintenance, and repair occupations	3.1%	3.3%	3.8%
Production occupations	6.0%	6.2%	10.6%
Transportation occupations	3.6%	3.8%	4.1%
Material moving occupations	2.7%	3.3%	4.7%

Occupation refers to the job duties of a worker, as opposed to the type of good or service that is produced by the firm that employs the worker. For example, a person employed as an administrative assistant at a construction firm would be classified in the “sales and office occupations” category. When compared to workers in the state and nation, persons employed in Berks County are more concentrated in “blue-collar” occupations such as production and transportation. There are lower concentrations of workers in the typically highest wage business and technology occupations. ([Click here to return to text](#))

Table D4: Employment by Class of Worker

	U.S.	Pennsylvania	Berks County
Private wage and salary	80.0%	84.4%	85.8%
Government	13.9%	10.3%	8.8%
Self-employed	6.0%	5.2%	5.2%
Unpaid family workers	0.2%	0.1%	0.1%

A higher percentage of those employed in Berks County work in the private sector compared to Pennsylvania and the U.S., while a smaller share are self-employed or work in the public sector. ([Click here to return to text](#))

Table D5: Employment by Industry Sector

	U.S.	Pennsylvania	Berks County
Agriculture, forestry, fishing and hunting, and mining	2.0%	1.5%	2.1%
Construction	6.3%	5.9%	5.4%
Manufacturing	10.3%	11.8%	19.6%
Wholesale trade	2.7%	2.8%	2.6%
Retail trade	11.5%	11.7%	11.3%
Transportation and warehousing, and utilities	5.0%	5.1%	5.4%
Information	2.2%	1.7%	1.0%
Finance and insurance, and real estate and rental	6.5%	6.5%	4.8%
Professional, scientific, and management, and administrative and waste management services	11.1%	9.9%	8.7%
Educational services, and health care and social assistance	23.0%	25.8%	22.6%
Arts, entertainment, and recreation, and accommodation and food services	9.8%	8.6%	9.3%
Other services, except public administration	4.9%	4.7%	4.6%
Public administration	4.7%	4.0%	2.6%

Industry refers to the type of good or service that is produced by the firm employing the worker, and not the worker’s job duties. For example, a person employed as an administrative assistant at a construction firm would be classified in the construction industry. Compared to the state and nation, a significantly higher share of Berks County workers are in the manufacturing and transportation industries. ([Click here to return to text](#))

Table E1: Educational Attainment of the 25+ Population

	U.S.	Pennsylvania	Berks County
High school graduate or less	40.8%	47.0%	54.0%
Some college, no degree	21.0%	16.2%	16.3%
Associate's degree	8.2%	7.9%	6.5%
Bachelor's degree	18.7%	17.5%	15.4%
Graduate or professional degree	11.4%	11.4%	7.8%
Percent bachelor's degree or higher	30.1%	29.0%	23.1%

Berks County adults have lower levels of educational attainment compared to Pennsylvania and the U.S. as a whole. In Berks, 23% of persons age 25 and up have a bachelor’s degree, compared to 29% at the state level and 30% nationally. ([Click here to return to text](#))

Table E2: School Enrollment

	U.S.	Pennsylvania	Berks County
Total School Enrollees			
Nursery school, preschool	4,884,849	173,372	5,437
Kindergarten	4,201,566	141,954	3,823
Elementary school (grades 1-8)	32,974,291	1,213,148	43,523
High school (grades 9-12)	17,008,157	630,451	22,926
College, undergraduate	18,933,179	688,329	22,070
Graduate or professional school	4,061,672	163,991	3,248
Share of Persons Enrolled in School by Age			
3 and 4 years	47.1%	45.2%	43.4%
5 to 9 years	95.8%	94.4%	92.1%
10 to 14 years	98.4%	98.4%	99.4%
15 to 17 years	96.8%	96.3%	98.4%
18 and 19 years	75.4%	77.5%	66.7%
20 to 24 years	41.2%	41.9%	41.1%
25 to 34 years	12.6%	10.7%	9.3%
35 years and over	2.6%	2.0%	2.0%
Share Enrolled in College by Gender			
Share of men ages 18-24 enrolled in college	38.2%	40.7%	36.1%
Share of women ages 18-24 enrolled in college	46.3%	48.0%	46.1%

Smaller percentages of pre-school aged children are enrolled in school in Berks compared to the state and nation. Additionally, and in line with the educational attainment data in table E1 above, smaller percentages of Berks County adults are enrolled in school. The college enrollment disparity between Berks and other areas is more pronounced for men. ([Click here to return to text](#))

II. Health Statistics

F. County Health Rankings

	U.S. Overall	Pennsylvania	Berks County
Health Outcomes Rankings (2015)			
Health Outcomes Rank			20
Length of Life			18
Premature death (Years of potential life lost before age 75 per 100,000 population (age-adjusted))	6811	6926	6297
Quality of Life Rank			22
Poor or fair health	12	14	12
Poor physical health in past 30 days (Average number of days)	3.7	3.5	3.3
Poor mental health in past 30 days (Average number of days)	3.5	3.6	3.5
Low birthweight	8.1	8.3	7.7
Health Factors and Behaviors Rankings (2015)			
Health Factors Rank			25
Health Behaviors Rank			25
Adult smoking	18	20	18
Adult obesity (BMI GE 30)	28	29	30
Food environment index	7.6	7.7	8.2
Physical inactivity (Adults aged 20 years+)	30	24	25
Access to exercise opportunities	77	85	89
Excessive drinking	15	17	16
Alcohol-impaired driving deaths	32	34	39
New chlamydia cases per 100,000	458	431	404
Teen birth rate per 1,000 (aged 15-19)	31	28	35

	U.S. Overall	Pennsylvania	Berks County
Clinical Care Rankings (2015)			
Clinical Care Rank			20
Uninsured (Population <65 years)	18.0	11.7	13.1
Primary care physician density	1,355:1	1249:1	1543:1
Dentist density	1,663:1	1600:1	1969:1
Mental health provider density	753:1	623:1	913:1
Preventable hospital stays per 1,000 Medicare enrollees	65	63	56
Diabetic monitoring among Medicare enrollees age 65-75	84	86	89
Mammography screening among female Medicare enrollees age 67-69	63	63	64
Social & Economic Factors Rankings (2015)			
Social & Economic Factors Rank			49
High school graduation	80	85	84
Some college	63	62	54
Unemployment	8	7	7
Children in poverty	23	19	21
Income inequality		4.7	4.3
Children in single-parent households	21	33	35
Social associations	33.0	12.3	12.4
Violent crime	387	357	323
Injury deaths	59	66	63
Physical Environment Rankings (2015)			
Physical Environment Rank			34
Air pollution - particulate matter	11.1	12.9	12.1
Drinking water violations	8	8	8
Severe housing problems	19	15	15
Driving alone to work	76	77	80
Long commute - driving alone	34	34	30

Berks County performs in the bottom 30 percent of Pennsylvania counties on social and economic factors, and in the bottom 50 percent of counties on physical environment. The county ranks in the top 70 percent of counties on length of life, health outcomes, and clinical care. The rank is based on 67 counties in Pennsylvania. A ranking of "1" is the healthiest county in the state. ([Click here to return to text](#))

Source: 2015 Robert Wood Johnson County Health Rankings Data

Table G1. Health Insurance Coverage

	U.S.	Pennsylvania	Berks County
Health Insurance Coverage			
Population with health insurance coverage	277,220,199	11,518,238	368,427
% of population with coverage	88.3%	91.5%	90.2%
% with private health insurance	66.4%	73.2%	69.4%
% with public coverage	33.2%	32.8%	34.3%
% of population without health insurance	11.7%	8.5%	9.8%
Percent Uninsured by Race and Ethnicity			
Asian	10.6%	11.3%	15.1%
Black	13.6%	12.6%	16.7%
Latino	23.5%	19.6%	17.9%
White Non-Latino	8.1%	6.9%	7.2%

In general, Pennsylvania and Berks County have higher levels of health insurance coverage than the U.S. as a whole. The health insurance coverage rate in Berks County (90.2%) is slightly lower than the state rate (91.5%). Health insurance coverage varies by race and ethnicity. Whites have the highest coverage rates in all areas. Asians and Blacks in Berks County have a higher percent uninsured when compared to the county average, as well as when compared against

persons in their racial groups statewide or nationally. In contrast, Latinos have the highest percent uninsured of the groups shown above, Latinos in Berks County are less likely to be uninsured than Latinos in the state and nation as a whole. ([Click here to return to text](#))

Source: Table S2701 Census; http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_S2701&prodType=table

Table H1. Mortality, All Ages per Age-Adjusted 100,000

	U.S. (2013)			Pennsylvania (2012)			Berks County (2012)*		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Number of Deaths	2,596,993	1,306,034	1,290,959	125,432	60,880	64,545	3,658	1,820	1,838
Death Rate	821.5	839.1	804.4	749.4	895.2	634.4	703.5	839.7	593.5

The death rates in Pennsylvania and in Berks County are lower than the national average in total and among females, while males in both PA and Berks County have a higher death rate than the national average. ([Click here to return to text](#))

Sources: http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf; https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp

Note: *Significantly lower death rate for total, males, and females in Berks County than in Pennsylvania (Epi QMS data); Number of deaths and death rates for the United States, 2013: Rates per 100,000 population in specified group. Populations used for computing death rates are postcensal estimates based on the 2010 census estimated as of July 1, 2013; see Technical Notes.

Table H2. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000

	U.S. (2013)	Pennsylvania (2012)	Berks County (2012)
Diseases of heart	169.8	175.2	164.0
Malignant neoplasms (cancer)	163.2	173.8	153.6*
Chronic lower respiratory diseases (CLRD)	42.1	38.4	39.4
Cerebrovascular diseases (stroke)	36.2	36.8	47.5**
Unintentional injuries	28.4	no data	no data
Alzheimer's disease	23.5	18.7	15.0*
Diabetes mellitus	21.2	22	23.1
Influenza and pneumonia	15.9	13.3	11.6
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	13.2	15.7	13.9
Intentional self-harm (suicide)	12.6	12.1	13.3

In the U.S., the leading causes of death are diseases of the heart, malignant neoplasms, and CLRD. In Pennsylvania, the leading causes of death are diseases of the heart, malignant neoplasms, and chronic lower respiratory disease (CLRD). In Berks County, the leading causes of death are diseases of the heart, malignant neoplasms, and cerebrovascular diseases (stroke). Berks County has a significantly lower rate of death due to malignant neoplasms than the state's overall rate and a significantly higher rate of death due to cerebrovascular diseases than the state's overall rate. ([Click here to return to text](#))

Sources: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp; http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

Note: *Significantly lower value compared to the state's corresponding rate or ratio; **Significantly higher value compared to the state's corresponding rate or ratio

Table I1. Live Birth Rate per 1,000 by Age of the Mother (Data year 2012)

	U.S. (2011)	Pennsylvania	Berks County
Age 15-17	15.4	11.9	19.8
Age 18-19	54.1	38.1	43.5
Age 20-24	85.3	70.3	82.3
Age 25-29	107.2	101.3	116.4
Age 30-34	96.5	100.4	98.7
Age 35-39	47.2	46.6	41.6
Age 40-44	10.3	9	11
Teen birth rate per 1,000 (aged 15-19)	36.6	33.7	45.7

The rate of teen births (Berks County=45.7; U.S.=36.6) is higher in Berks County than in both Pennsylvania and the nation. ([Click here to return to text](#))

Note: Birth rate is the number of live births per 1,000 persons in the population

Sources: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp; U.S. data from https://www26.state.nj.us/doh-shad/indicator/view_numbers

Table I2. Births by Selected Characteristics (2012)

	U.S.	Pennsylvania	Berks County
Births to unmarried women	40.7%	41.9%	45.5%
Mothers who Smoked during pregnancy	no data	14.8%	12.3%
Mothers who breastfeed	no data	73.1%	73.0%

The rate of births to unmarried women (Berks County=46%; U.S.=41%) is higher in Berks County than in both Pennsylvania and the nation. Rates of low birthweight virtually the same in Berks County, PA, and the U.S. ([Click here to return to text](#))

Sources: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp; U.S. data from https://www26.state.nj.us/doh-shad/indicator/view_numbers

Table I3. Low Birth Weight and Preterm Births (2012)

	U.S.	Pennsylvania	Berks County
Low birthweight (<2,500 grams)	8.0%	8.1%	8.1%
Very Low birthweight (<1,500 grams)	1.4%	no data	no data
Preterm births	11.5%	no data	no data

Rates of low birthweight are similar in Berks County, PA, and the U.S. ([Click here to return to text](#))

Table I4. Prenatal Care Onset (2012)

	Pennsylvania	Berks County
Percentage With Prenatal Care in the 1st Trimester	72.4%	75.8%
White Only	77.5%	80.1%
Black Only	57.2%	62.6%

The percentage of mothers with prenatal care in the first trimester is better in Berks County than in Pennsylvania. ([Click here to return to text](#))

Table I5. Infant Mortality Rate per 1,000 Live Births (2012)

	U.S. (2013)	Pennsylvania	Berks County
Infant Mortality Rate, Deaths per 1,000 Live Births	6.0	7.0	6.4
Neonatal	4.0	5.0	4.5
Post-neonatal	1.9	2.0	no data

The infant mortality rate in PA and in Berks County is higher than the national average (Berks=6.4; PA=7.0; U.S.=6.0). ([Click here to return to text](#))

Table J1. Sexually Transmitted Illness Incidence per 100,000 (2013)

	U.S.	Pennsylvania	Berks County
Gonorrhea Incidence Rate	106.1	108.6	56.1
Primary and Secondary Syphilis Incidence Rate	no data	3.7	no data
Chlamydia	446.6	407.5	348.2

Rates of Gonorrhea (56.1) and Chlamydia (348.2) are considerably lower in Berks County than in the state and U.S. (106.1; 446.6). ([Click here to return to text](#))

Source: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp; <http://www.cdc.gov/nchs/data/hus/14.pdf#038>

Table K1. Mental Health Statistics (2012)

	U.S. (2013)	Pennsylvania	Berks County
Deaths due to Suicide per Age-Adjusted 100,000	12.6	12.1	13.5
Ever Told They Have a Depressive Disorder Including Depression, Major Depression, Minor Depression or Dysthymia (2012-2014)	no data	19%	20%*
Mental Health Not Good 1 or More Days in the Past Month (2012-2014)	no data	36%	37%*

The suicide rate in Berks County (13.5) is slightly higher than the national average (12.6) and the state average (12.1). Rates of depressive disorders and poor mental health days are consistent between PA and Berks County. ([Click here to return to text](#))

Source: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp

Note: *Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined

Table L1. Cancer Incidence by Site, per Age-adjusted 100,000 (2012)

	U.S. (2011)	Pennsylvania	Berks County
Breast Cancer Incidence in Females	122.7	128.2	129.4
Rectum and Rectosigmoid Cancer Incidence	43.3	12.5	13.8
Lung and Bronchus Cancer Incidence	64.9	63.9	66.6
Pancreas Cancer Incidence	12.1	13.1	12.4
Cervical Cancer Incidence	7.8	7.7	6.3
Melanoma of the Skin Incidence	no data	21.2	21.5
Cancer Incidence - All Sites	459.8	476.1	454.7

The rate of breast cancer incidence is slightly higher in Pennsylvania (128.2) and Berks County (129.4) than the national average (122.7). Rates of rectum and rectosigmoid cancer are significantly lower in PA (12.5) and in Berks County (13.8) than the national average (43.3). Rates of pancreas, cervical, and lung and bronchus cancer are consistent between the national average, PA, and Berks County. Rates of melanoma of the skin are virtually identical in Berks County and in PA. Overall cancer incidence is slightly higher in PA than in Berks County and the national average. ([Click here to return to text](#))

Source: Epi QMS "Cancer Incidence" and "Deaths" databases; <https://apps.health.pa.gov/EpiQMS/asp/ChooseDataset.asp>

Table L2. Annual Cancer Mortality Rate by Site, per Age-Adjusted 100,000 (2012)

	U.S. (2013)	Pennsylvania	Berks County
Breast Cancer	11.5	12.5	11
Colorectal Cancer	14.6	15.8	15.8
Bronchus and Lung Cancer	43.4	46.5	41.8
Cervical Cancer	14.2	1.9	no data
Prostate Cancer	19.2	19.1	17.9
Cancer (all types)	163.2	173.8	153.6

Mortality rates of breast and colorectal cancers are consistent between Berks County, PA, and the U.S. Mortality rates of bronchus and lung and prostate cancer are slightly lower in Berks County than in PA and the U.S. Overall cancer mortality rates are lowest in Berks County, and rates in PA are higher than the national average. ([Click here to return to text](#))

Source: Epi QMS "Cancer Incidence" and "Deaths" databases; <https://apps.health.pa.gov/EpiQMS/asp/ChooseDataset.asp>

Table M1. Asthma Burden (2012-2014)

	U.S.	Pennsylvania	Berks County
Doctor-Diagnosed Asthma (Ever)	no data	14%	15%*
Number of adults diagnosed with asthma (ever)	31,697,608	no data	no data
Percent of adults who currently have asthma	13%	10%	11%*
Asthma Mortality Death Rate (per million)**	10.7	10.5	no data

The rate of adults who were ever diagnosed with asthma is slightly higher in Berks County than in Pennsylvania. The percent of adults who currently have asthma is lower in Berks County and in PA than the national average. The asthma mortality rate is virtually identical in PA and in the U.S. ([Click here to return to text](#)) Note: *Data from regional BRFSS for Berks County is reported as data from Berks and Schuylkill Counties combined

Source: https://apps.health.pa.gov/EpiQMS/asp/SelectParams_Tbl.asp; **Source: http://www.cdc.gov/asthma/most_recent_data_states.htm

Figure 2. Berks County Social Determinants Mapping

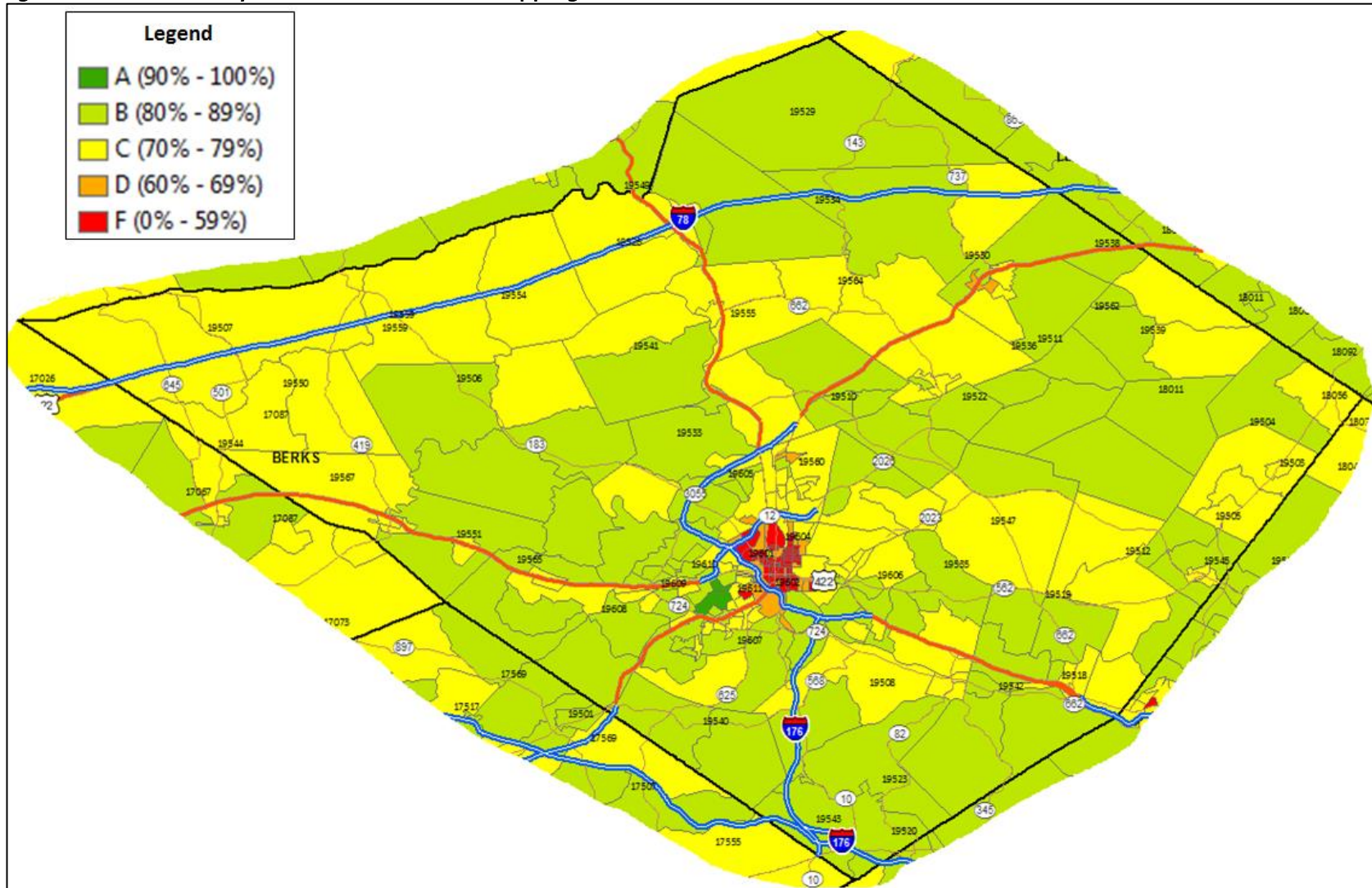


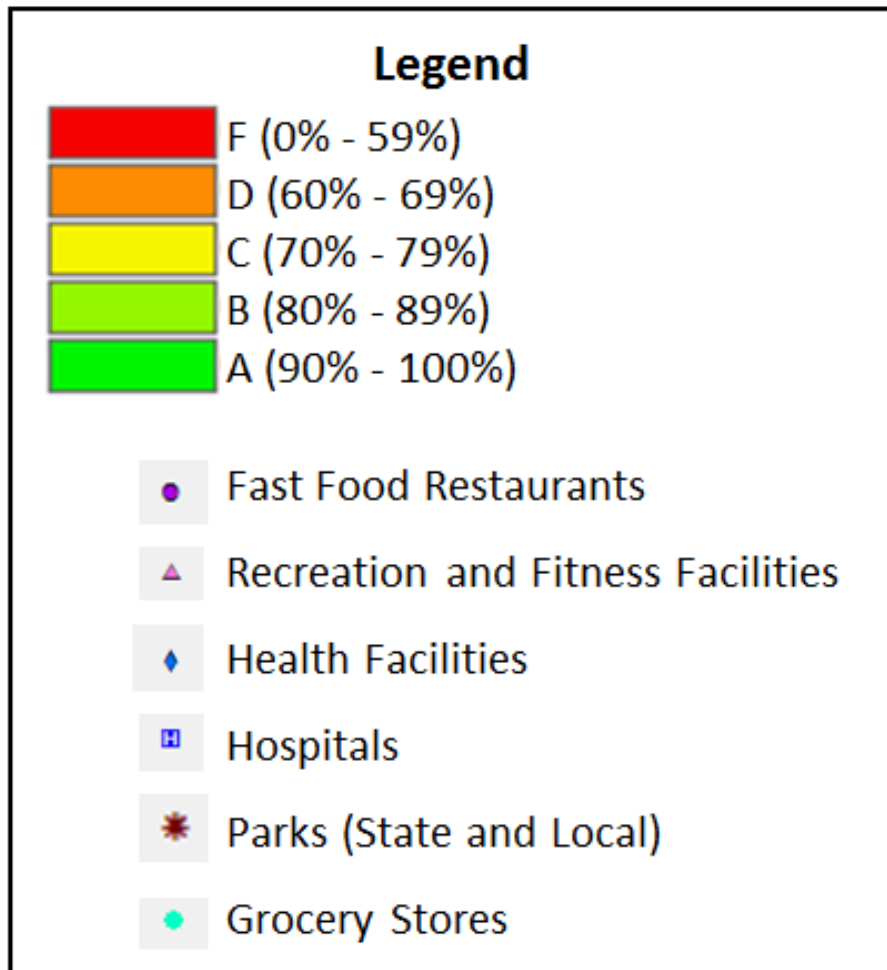
Figure 2. Social Determinants Analysis of Health for Berks County. This figure displays the social determinants scores for each census tract in Berks County. Higher scores indicate that a census tract has stronger social characteristics. Berks has two block groups that score an A. Berks has 18 block groups that rate a D and 46 that rate an F. Calculations by the Center for Opinion Research based on American Community Survey data. ([Click here to return to text](#))

Social Determinants Mapping

Health disparity analysis identifies those demographic characteristics that are more often associated with poor health behaviors and conditions. Because these demographic disparities are often geographically concentrated, public health researchers have begun to focus on the characteristics of place and geography through social determinants analysis as a way to more effectively target public health interventions. Social determinants analysis attempts to geographically describe the physical environments where people live and work that can contribute to health outcomes and risks.ⁱ Social determinants research highlighting the importance of poverty, residential segregation, stigma and discrimination, incarceration, and educational attainment on health outcomes provides a deeper understanding of the complex social and structural determinants

of health and pinpoints additional opportunities for enhancing prevention and control efforts.ⁱⁱ

Social determinants analysis was conducted for each block group in Berks County. The scoring for the social determinants mapping is based on five factors: poverty, educational attainment, occupied housing units, employment, and race and ethnicity. Higher scores indicate that a block group has stronger social characteristics. Berks has 2 block groups that score an A (1%), 92 block groups that score a B (35%), 107 block groups that score a C (40%), 18 block groups that score a D (7%), and 46 block groups that score an F (17% of the 265 block groups in the county). This map shows that many areas within the county have social and economic characteristics that increase the risk of poor health.



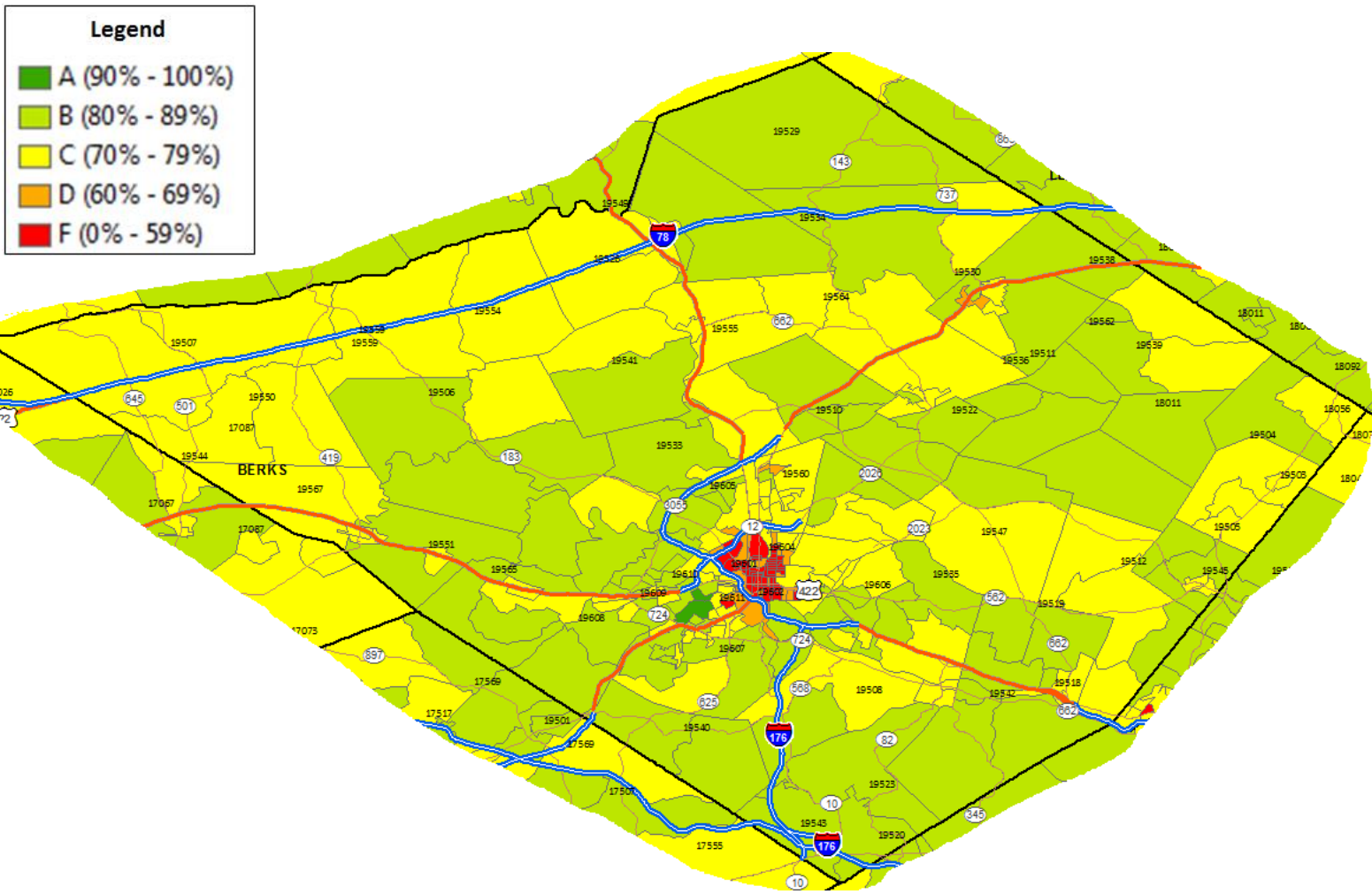


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Fast Food Restaurants

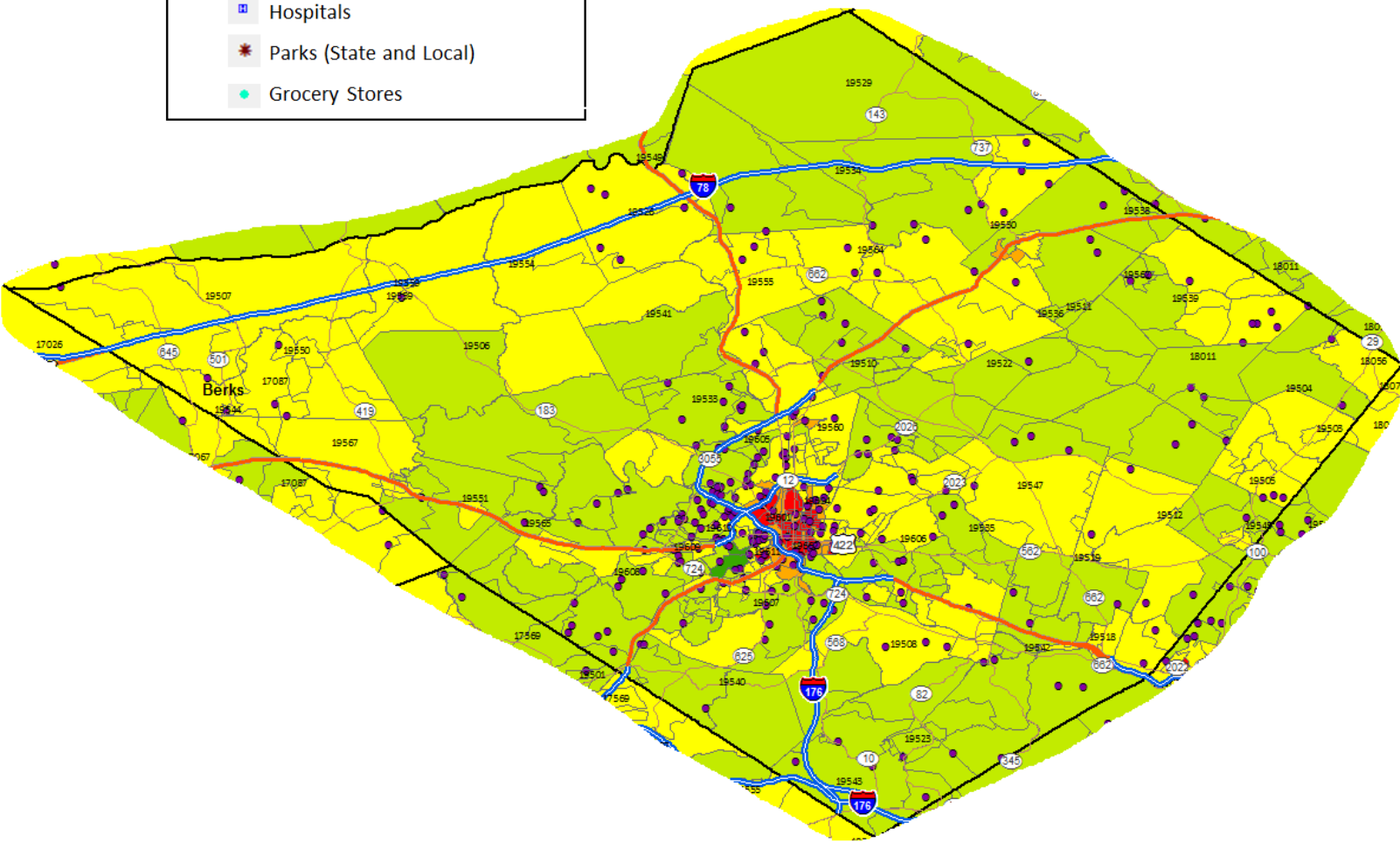
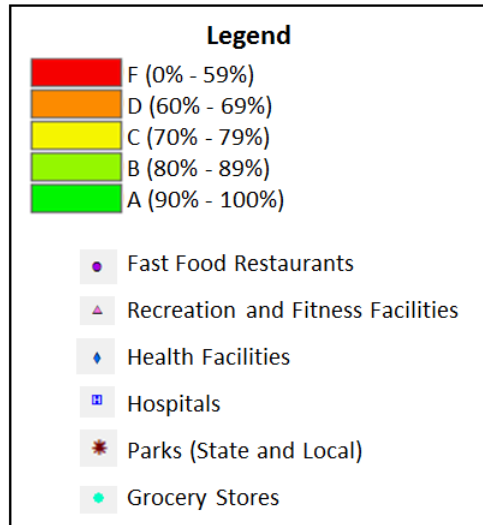


Figure 2. Fast food restaurants in Berks County, PA.

Recreation and Fitness Facilities

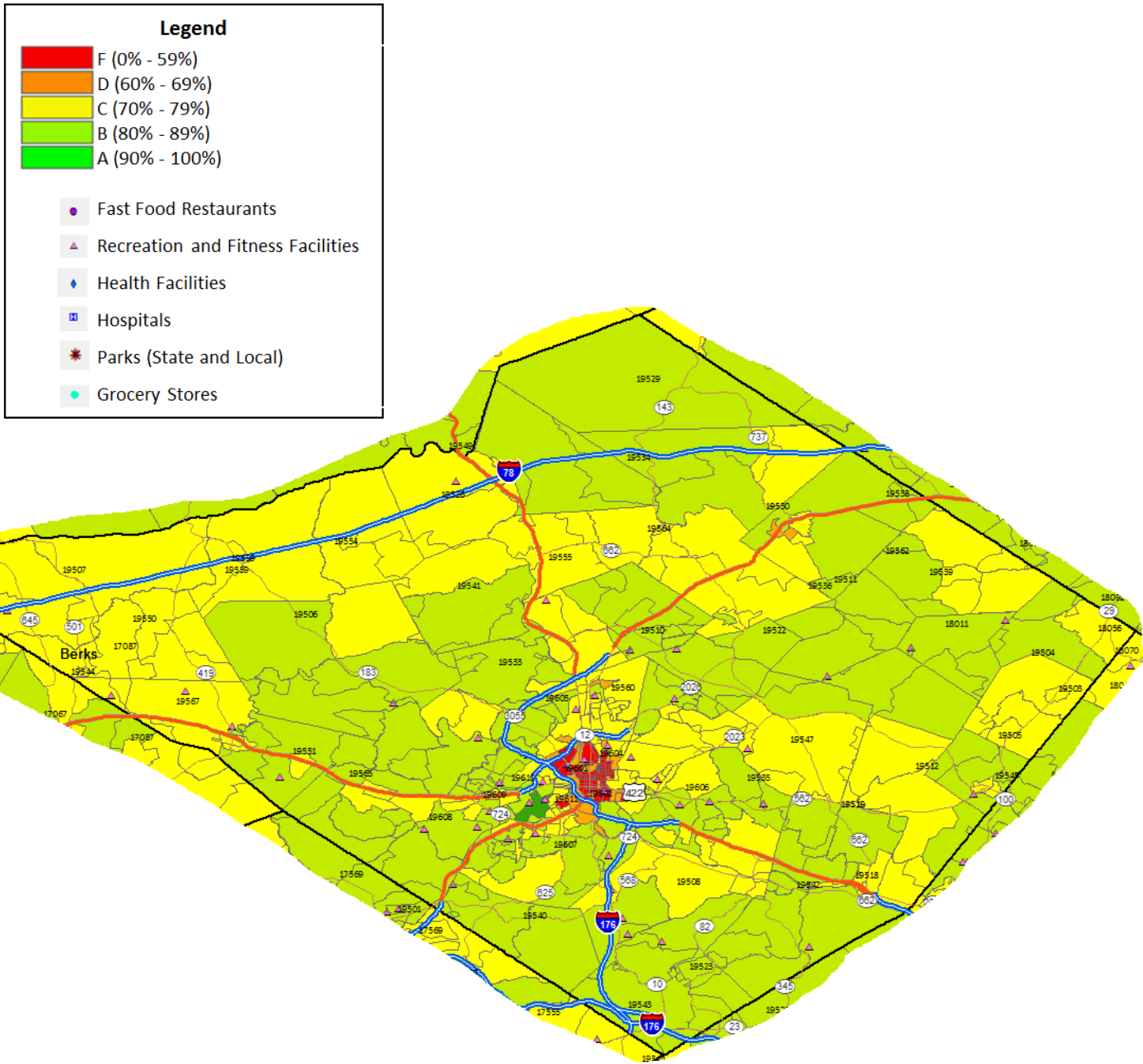


Figure 3. Recreation and Fitness Facilities in Berks County, PA.

Health Facilities

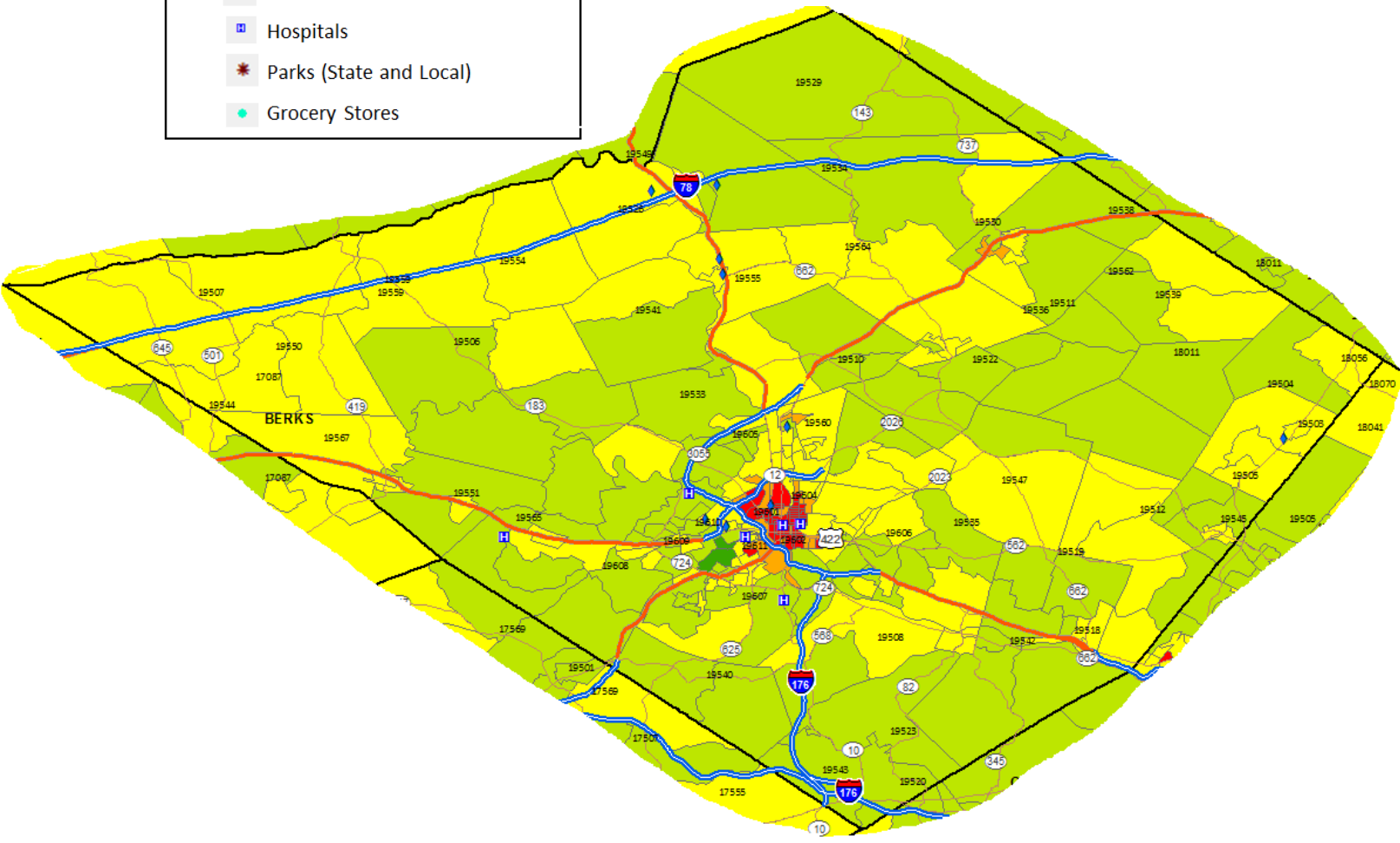
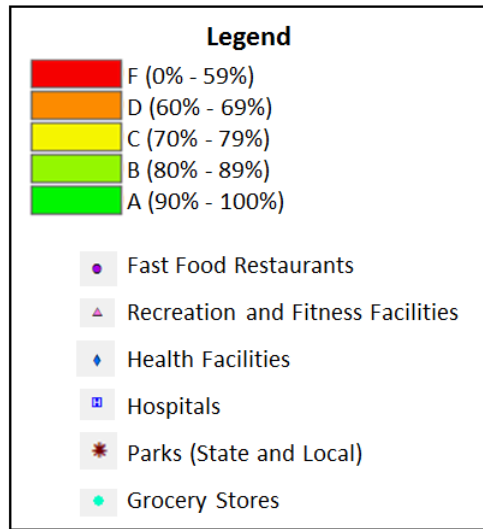


Figure 4. Health Facilities in Berks County, PA.

Grocery Stores

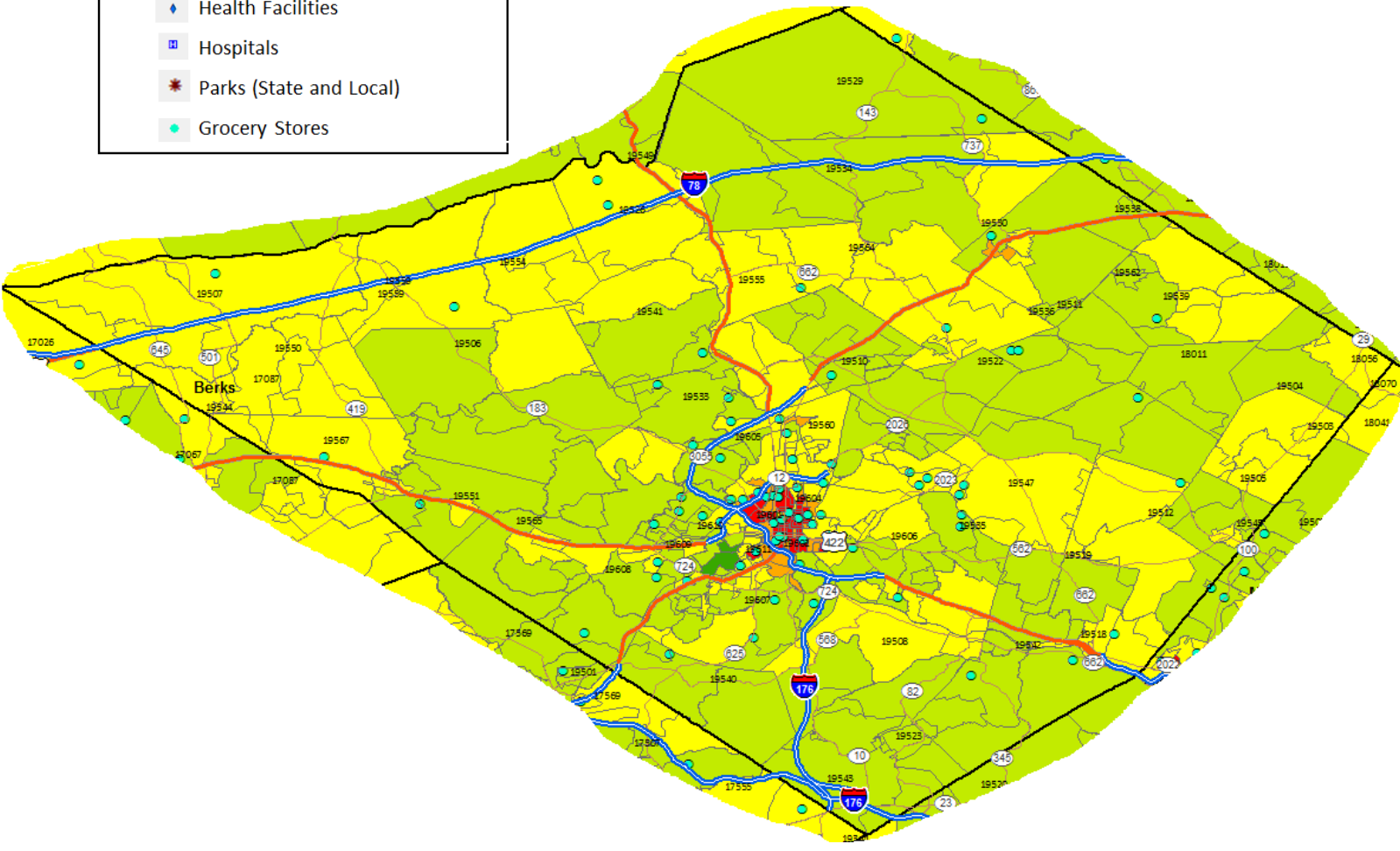
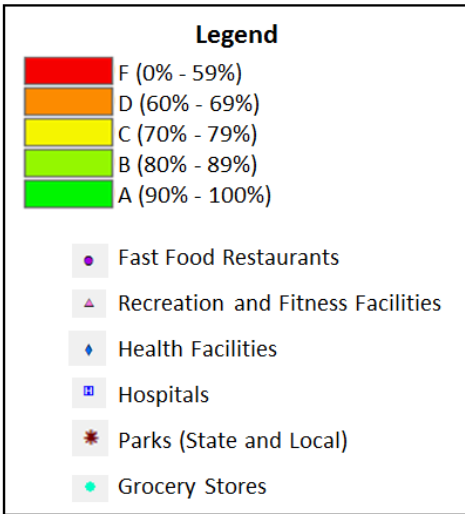


Figure 5. Grocery Stores in Berks County, PA.

State, Local, and Nature Parks

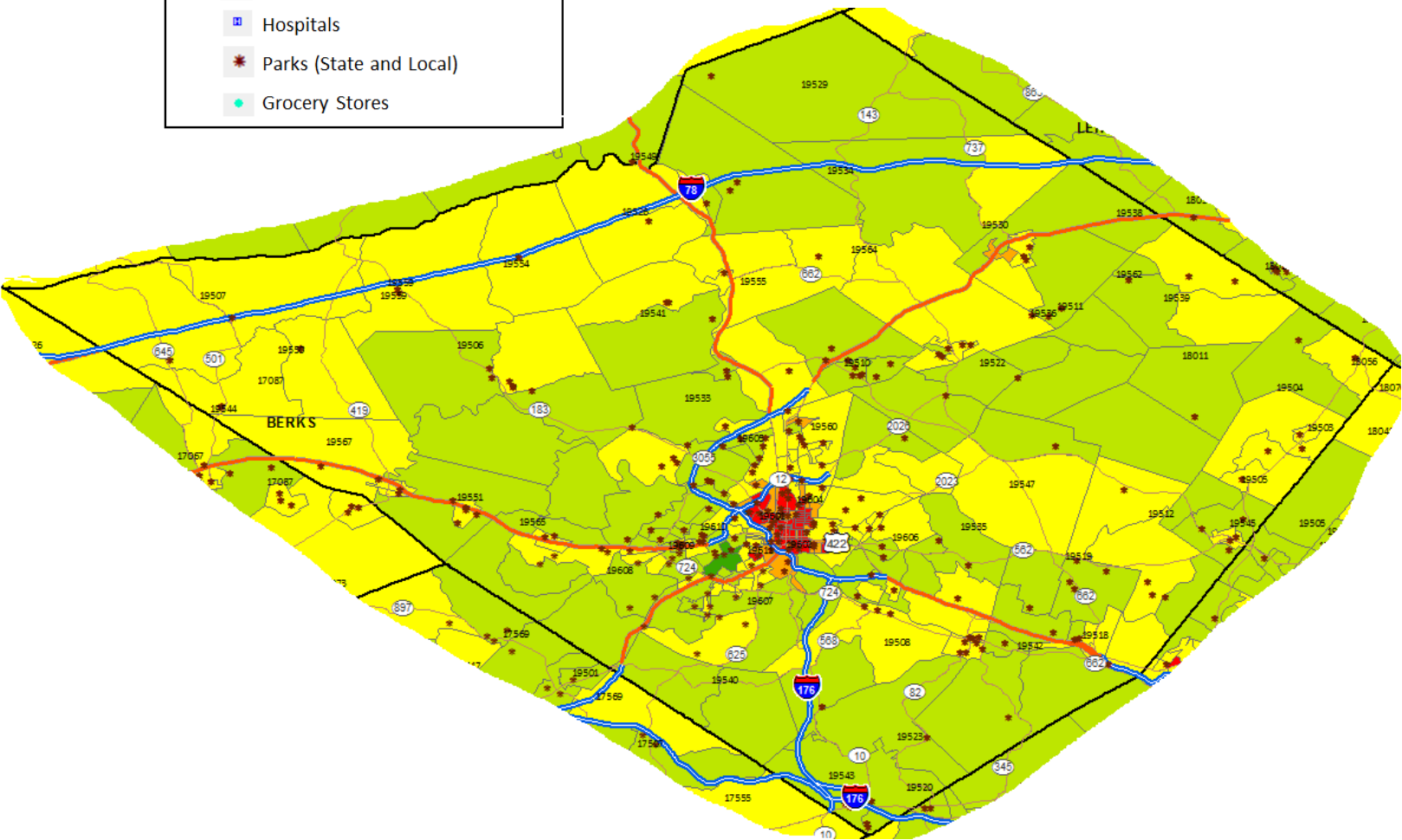
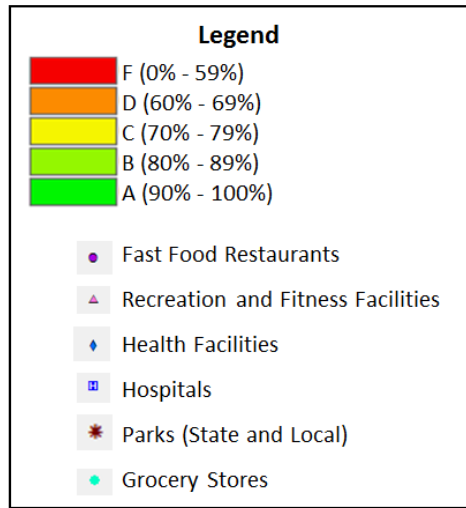


Figure 6. State, Local and Nature Parks in Berks County, PA.

ⁱ <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

ⁱⁱ Dean, H., Williams, K., Fenton, K. (2013). From Theory to Action: Applying Social Determinants of Health to Public Health Practice. Public Health Reports, Supplement 3 (128): 1 – 4.