COMMUNITY HEALTH NEEDS

2025 ASSESSMENT

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ABOUT THE
REPORT

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the Reading Hospital service area.

In this process, we directly engaged community members and key stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, we can better allocate resources towards efforts to improve community health and wellness.

From February through December 2024, Reading Hospital conducted the data collection and analysis phase of its CHNA process using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. This planning framework is one of the most widely used for CHNAs. It focuses on community engagement, partnership development, and seeking channels to engage people who have often not been part of the decision-making process.

Primary data for the CHNA was collected through four channels:
- Community surveys
- Key informant interviews
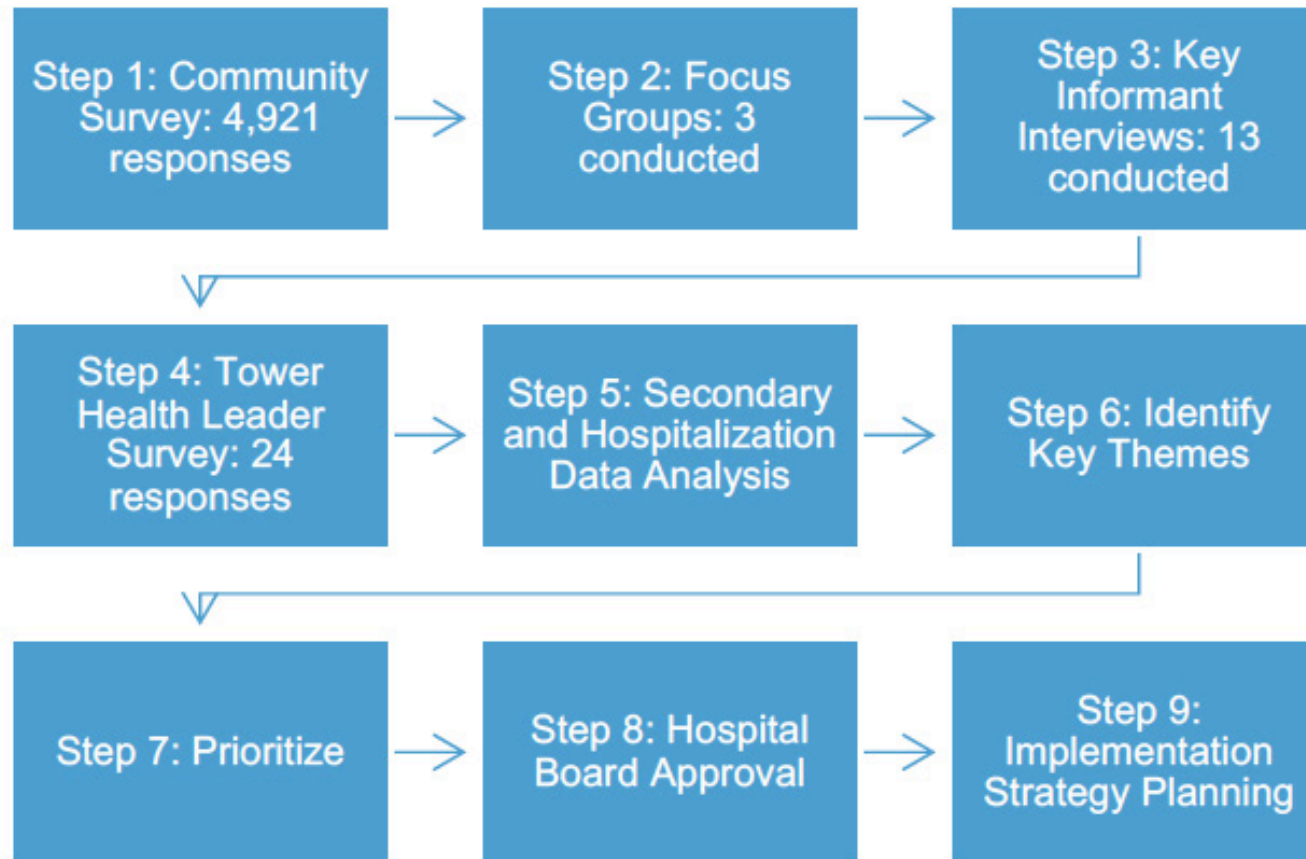- Online leadership survey
- Focus groups

Secondary data for the CHNA were aggregated on Metopio's data platform and included: hospital utilization data and secondary sources including, but not limited to, the American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS) Survey, Centers for Disease Control and Prevention PLACES, and the Decennial Census.

Community Engagement Infographic

Community engagement cycle showing: BUSINESS, EDUCATION, FAITH-BASED COMMUNITY, HEALTH CARE, LAW ENFORCEMENT, INSURER, NONPROFIT, PHILANTHROPY, TRANSPORTATION, COUNTY/STATE GOVERNMENT, VULNERABLE POPULATION

Figure 1: Community Health Needs Assessment Timeline

Step 1: Community Survey: 4,921 responses → Step 2: Focus Groups: 3 conducted → Step 3: Key Informant Interviews: 13 conducted

Step 4: Tower Health Leader Survey: 24 responses → Step 5: Secondary and Hospitalization Data Analysis → Step 6: Identify Key Themes

Step 7: Prioritize → Step 8: Hospital Board Approval → Step 9: Implementation Strategy Planning

COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment also serves to satisfy requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act (ACA) of 2010. The following table cross-references related sections to provide understanding into which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990, Schedule H, t.

Section	Description	Page(s)
Part V Section B Line 3a	*A definition of the community served by the hospital facility*	20
Part V Section B Line 3b	*Demographics of the community*	13-19
Part V Section B Line 3c	*Existing healthcare facilities and resources within the community that are available to respond to the community's health needs*	79-80
Part V Section B Line 3d	*How the data was obtained*	3-5
Part V Section B Line 3e	*The significant health needs of the community addressed by the hospital facility*	25-77
Part V Section B Line 3f	*Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	25-77
Part V Section B Line 3g	*The process for identifying and prioritizing community health needs and services to meet community health needs*	78
Part V Section B Line 3h	*The process for consulting with persons representing the community's interests*	24
Part V Section B Line 3i	*The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	7-10

EVALUATION OF IMPACT:
2022 IMPLEMENTATION STRATEGY

HEALTH PRIORITY: EQUITABLE ACCESS TO HEALTH CARE
Goal: Increase access to equitable care by community members, particularly those considered disparate and vulnerable populations.

Strategy	Action Items & Metrics
Street Medicine	• Provided community-based primary and specialty care and medical case management to vulnerable patients • Provided patients with remote access to Street Medicine health professionals via a telemedicine kiosk • Launched Addiction Medicine, Neurology, OB/GYN, Pediatric, Physical Therapy, Podiatry, Psychology, and Pulmonology specialty clinics
Mobile Mammography Coach	• Launched Mobile Mammography Program in September 2022 • Coordinated community-based outreach and screening events
Pathways Programs	• Increased enrollment in High School Internship Program through expansion efforts • Began planning and development of additional Pathways Programs to reach students in grades K-8
Remote Patient Monitoring (RPM)	• Increased enrollment in heart failure remote patient monitoring program
Community Paramedicine Program	• Provided in-home assessment and education to patients enrolled in RPM heart failure program
Ride Health	• Utilized Ride Health platform to coordinate free transportation to and from medical appointments for eligible patients • Conducted internal education campaign to increase awareness and utilization

Strategy	Action Items & Metrics
Community Connection Program (CCP)	• Screened patients for social determinants of health (SDOH) • Offered Community Health Worker (CHW) services to patients with positive SDOH screenings • Generated closed-loop referrals to help patients address SDOH needs • Applied CCP as an intervention for addressing health disparities • CHWs obtained and maintained certifications through training and continuing education
Access Center/ MyTowerHealth	• Migrated a number of decentralized practices to centralized scheduling model • Deployed Schedulers in Emergency Department to facilitate follow-up appointment scheduling prior to discharge • Implemented Proactive Scheduling Initiative for patients with active CT lung screening and mammography orders and no future dated appointment • Promoted MyTowerHealth portal to encourage patients to manage individual health

HEALTH PRIORITY: BEHAVIORAL HEALTH
Goal: Improve access to support for behavioral health services.

Strategy	Action Items & Metrics
Opioid Use Disorder (OUC) Center of Excellence	• Screened patients for OUD and appropriate level of care provided via the American Society of Addiction Medicine (ASAM) placement model • Provided care coordination ensuring patients receive the support they need to navigate the healthcare system more efficiently
Soft Landing Program	• Screened patients for substance use disorder (SUD) and appropriate level of care provided via the ASAM placement model • Completed Government Performance and Results Act (GPRA) on program participants
Mental Health First Aid Training (MHFA)	• 4 Reading Hospital staff trained to lead MHFA trainings • Conducted MHFA Trainings for Hospital employees and community members
Tower Employee Wellness Initiatives	• Conducted Schwartz Rounds providing a multidisciplinary forum for employees to discuss social and emotional issues that arise in caring for patients • Implemented Marvin Telemedicine Program providing digital behavioral health services for hospital staff • Launched Well-Being Index to assess provider burnout and develop resources to mitigate stressors

HEALTH PRIORITY: HEALTH EDUCATION AND PREVENTION

Goal: Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items & Metrics
Berks Trail Challenge (BTC)	• Conducted annual Berks Trail Challenge to encourage exploration of local parks and trails and promote physical activity.
Green Commute Initiatives	• Relaunched Bike Share Program • Relaunched Bike to Work Week Ride
Disease and Preventive Screenings	• Conducted Free blood pressure, breast and cervical cancer, and prostate cancer screening events
Tower Employee Wellness initiatives	• Conducted Know Your Numbers Campaign (BMI, BP, lipids, A1C) through Virgin Health app • Engaged employees with PCP • Encouraged engagement with Virgin Health platform for wellness-based education and activities
Community OutReach & Engagement (CORE) Programs	• Provided health and wellness education to community through health fairs, Speakers Bureau events, etc. • Relaunched Employee Volunteering Program • Provided sponsorship dollars to eligible community-based organizations with objectives that align with CHNA and community benefit
Violence Prevention Initiatives	• Conducted Stop the Bleed Trainings • Established hospital-based Violence Intervention Program (HVIP) • Created Workplace Violence Policy • Established team to analyze workplace violence incidents

HEALTH PRIORITY: HEALTH EQUITY

Goal: Integrate health equity into care delivery, strategy, and operations at Reading Hospital.

Strategy	Action Items & Metrics
Health Equity Council	• Established Health Equity Council • Completed Health Equity Assessment and reviewed Transformation Action Plan • Created Health Equity Action and Evaluation Plans to identify and address disparities through actionable strategies • Developed Health Equity data report to communicate plan and progress
REaL Data Program	• Conducted educational campaign on the importance of collecting REL data with both staff and patient
Expand Language Access	• Expanded language and interpretation services to be offered through Epic in virtual visits • Dual role bilingual staff trained to assist as Medical Interpreters • Enhanced Advanced Access Center phone prompts to include Spanish options
Broadband Access Initiatives	• Participated in county-wide broadband success coalition and assist with development and implementation of group activities

ABOUT
READING HOSPITAL

Reading Hospital is the flagship, Magnet Recognized, acute care hospital of Tower Health. Located in West Reading, Pennsylvania, Reading Hospital is a 697-bed hospital that is home to many top-tier specialty care centers. Reading Hospital has been recognized for its quality outcomes and clinical expertise across service lines. In 2024, Reading Hospital was recognized by Newsweek as one of the World's Best Hospitals. Healthgrades® has recognized Reading Hospital as one of America's 50 Best Hospitals for 2024. This is the third year in a row (2022-2024) Reading Hospital has been in the top one percent of hospitals nationwide for overall clinical performance. It is also listed as one of America's 100 Best Hospitals for eight consecutive years.

MISSION STATEMENT
Reading Hospital is an organization that serves our patients and engages with our communities to provide health and healing to all of those in need. We are committed to clinical excellence and innovation; education; equitable access to care; creating a sense of belonging; and improving the health and wellness in the communities we serve.

VISION STATEMENT
Proactively Advance Healthier Communities

LETTER TO THE
COMMUNITY

Reading Hospital is committed to meeting the health needs of our region and growing with our communities to provide access to high quality care, close to home. To achieve this goal, we must understand the community's evolving unmet health needs. To that end, Reading Hospital — in collaboration with our local community partners — completed the 2025 Community Health Needs Assessment (CHNA), which identifies the region's health priorities and our collective path forward.

As a healthcare leader, Reading Hospital is passionate about advancing health and wellness in all the communities we serve. Our work extends far beyond the walls of our hospital, outpatient locations and health system. Together with our community partners, we focused on the health needs in our communities and are implementing life-changing programs and services.

I would like to sincerely thank the nearly 5000 patients, community members and stakeholders who generously offered their time and valuable insights during this comprehensive CHNA process.

The most important aspect of the CHNA process is community partnership and engagement. Resident feedback pertaining to the health status of the community is integral to planning and executing interventions, programs and activities. Each of our community partners brings significant and unique expertise. We look forward to our continued work together to ensure that vulnerable individuals receive the care and services they need. We are much stronger together than we would be individually and the community benefits from our collaboration.

I am very grateful for your continued feedback, involvement and support. Together, we are Advancing Health and Transforming Lives across our region.

Sincerely,

Chuck

Charles F. Barbera, MD
President & CEO, Reading Hospital
Executive Vice President, Tower Health

COMMUNITY AT A GLANCE

Figure 2: Population by Sex

TOTAL POPULATION OF
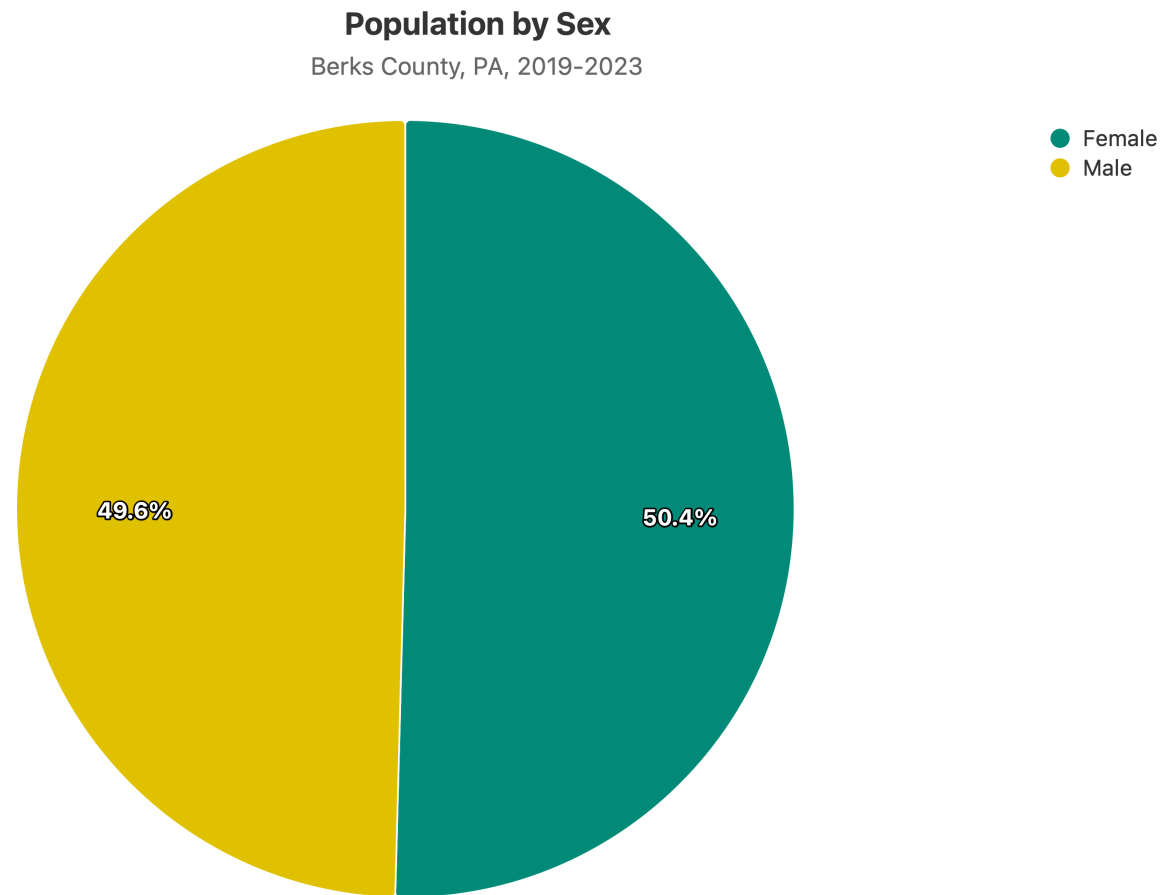BERKS COUNTY:
**429,989 (4.2% increase
from 2010-2020)**

Population by Sex
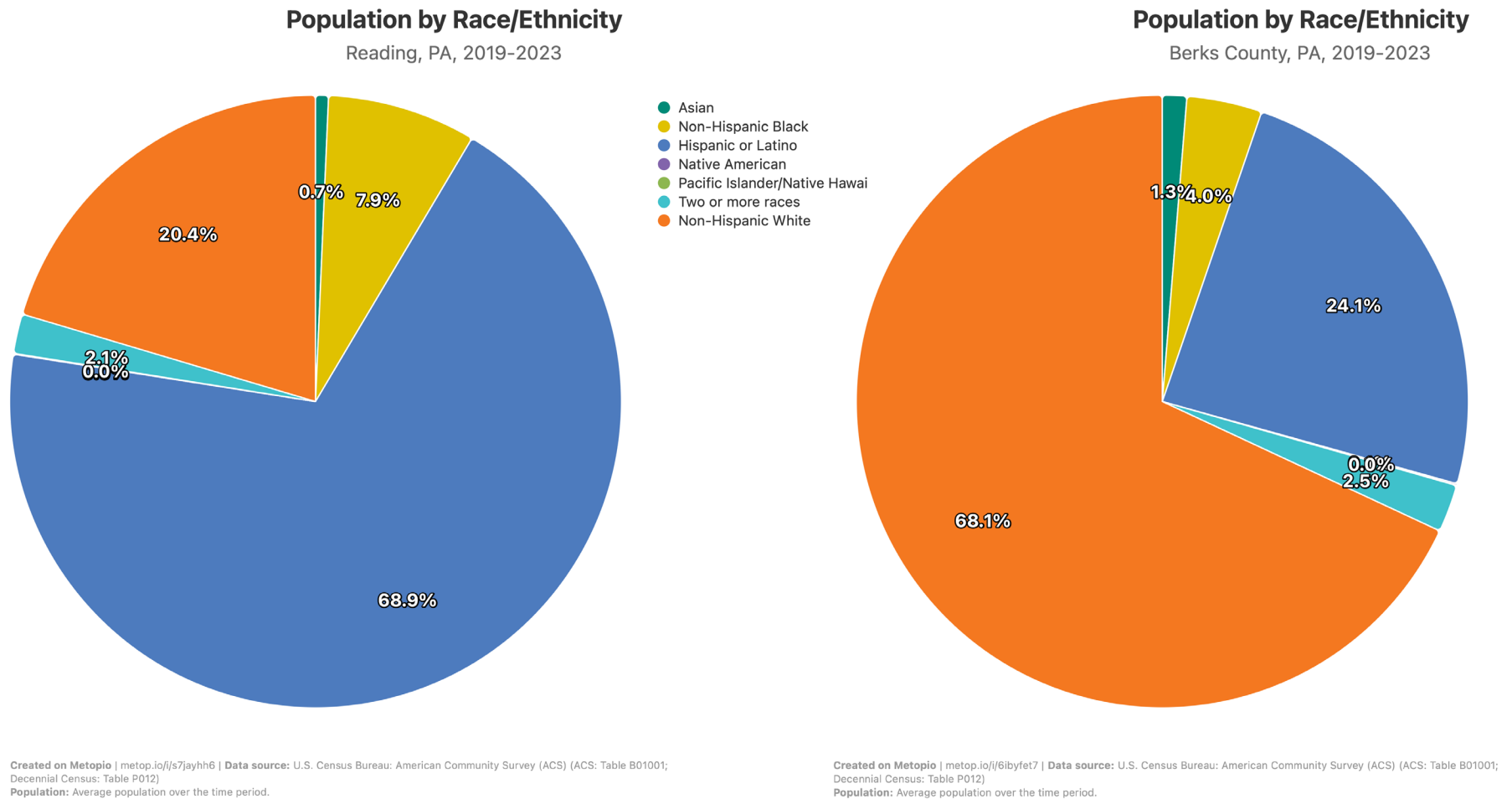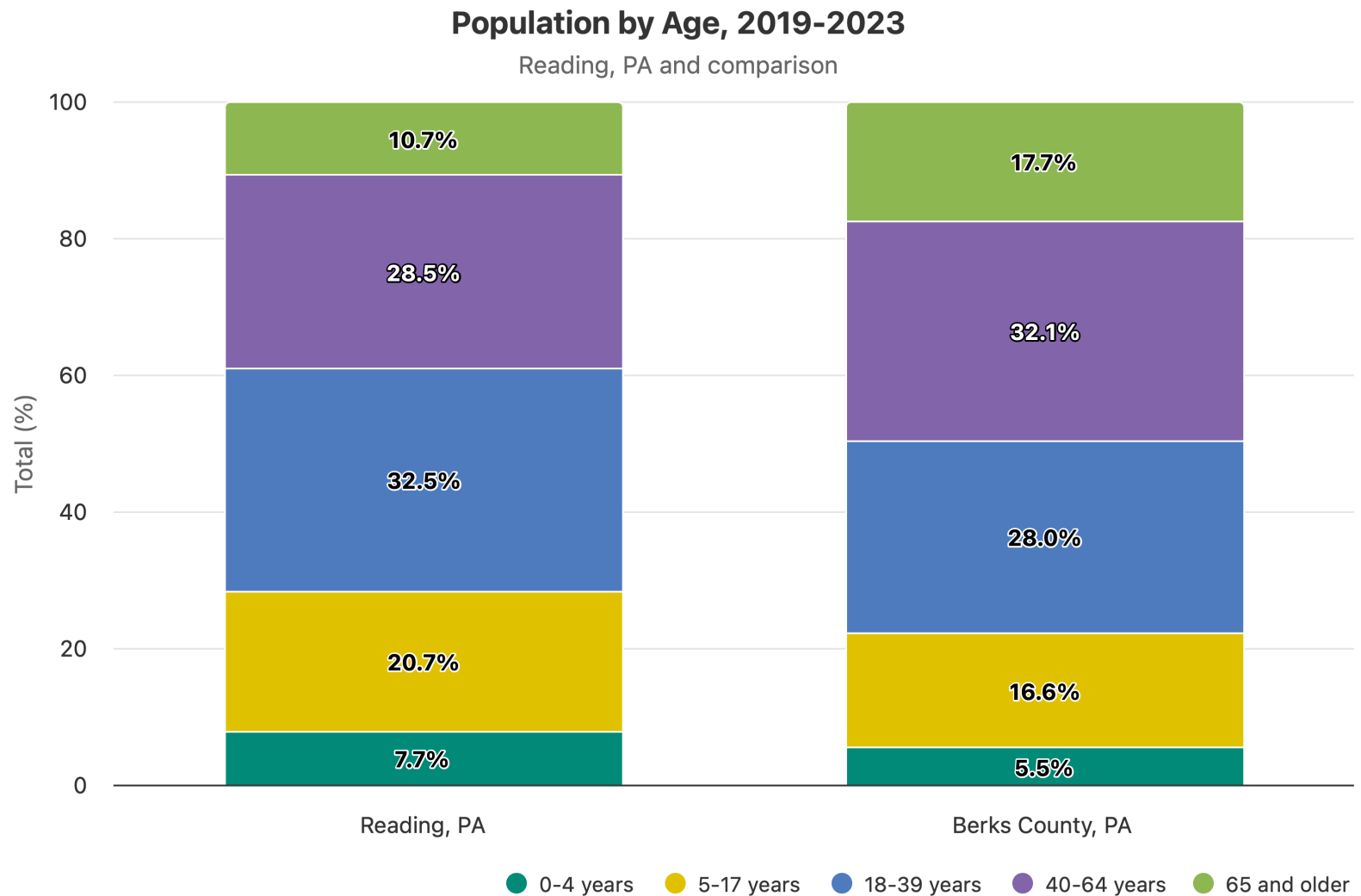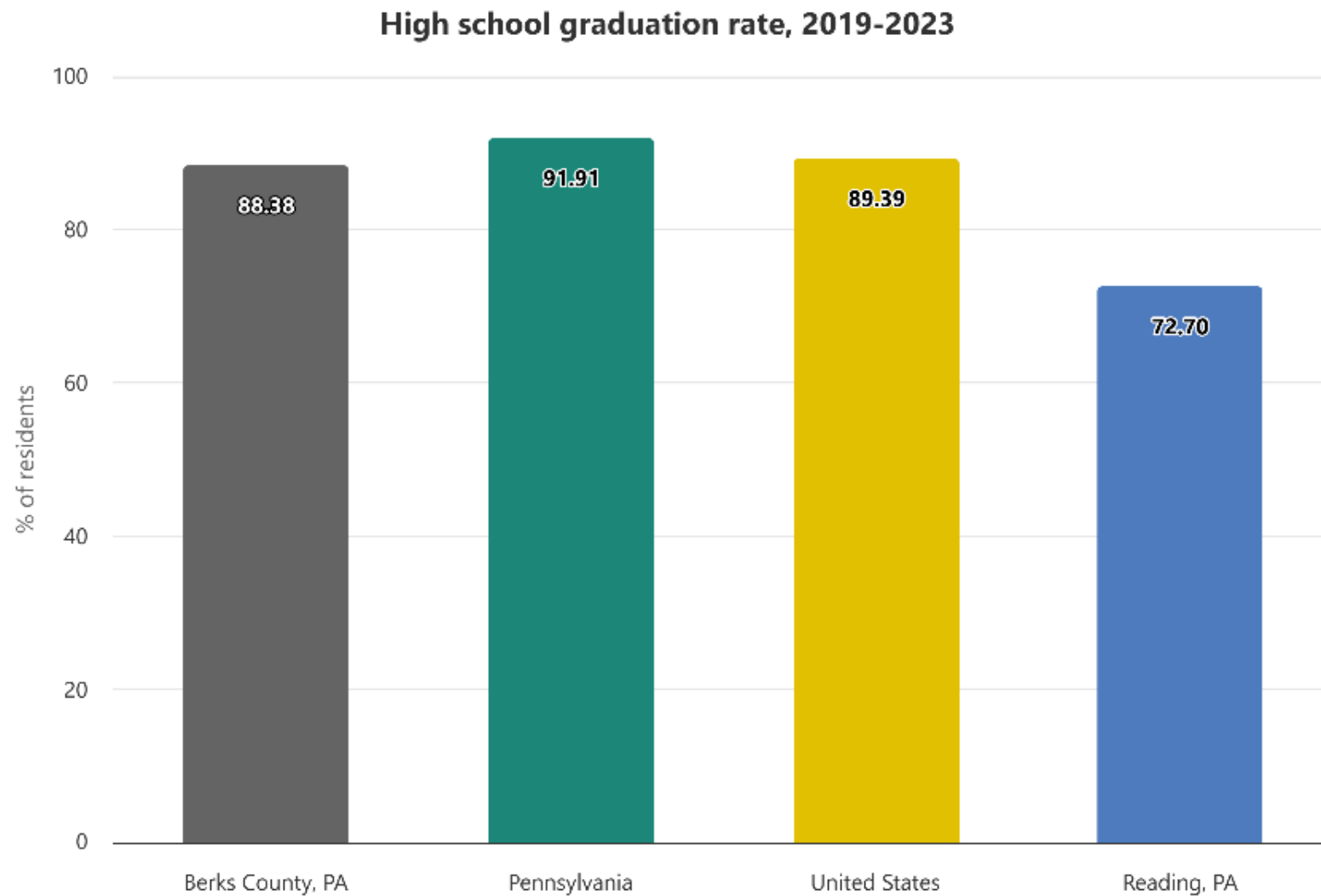Berks County, PA, 2019–2023

● Female
● Male

49.6% 50.4%

Figure 3: Population by Race/Ethnicity

Population by Race/Ethnicity
Reading, PA, 2019-2023

Legend:
- Asian
- Non-Hispanic Black
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawai
- Two or more races
- Non-Hispanic White

0.7% 7.9%
20.4%
2.1%
0.0%
68.9%

Population by Race/Ethnicity
Berks County, PA, 2019-2023

1.3% 4.0%
24.1%
0.0%
2.5%
68.1%

Population by Age, 2019-2023

Reading, PA and comparison

	Reading, PA	Berks County, PA
65 and older	10.7%	17.7%
40-64 years	28.5%	32.1%
18-39 years	32.5%	28.0%
5-17 years	20.7%	16.6%
0-4 years	7.7%	5.5%

Legend: ● 0-4 years ● 5-17 years ● 18-39 years ● 40-64 years ● 65 and older

Figure 5: High school graduation rate

High school graduation rate, 2019-2023

Berks County, PA: 88.38
Pennsylvania: 91.91
United States: 89.39
Reading, PA: 72.70

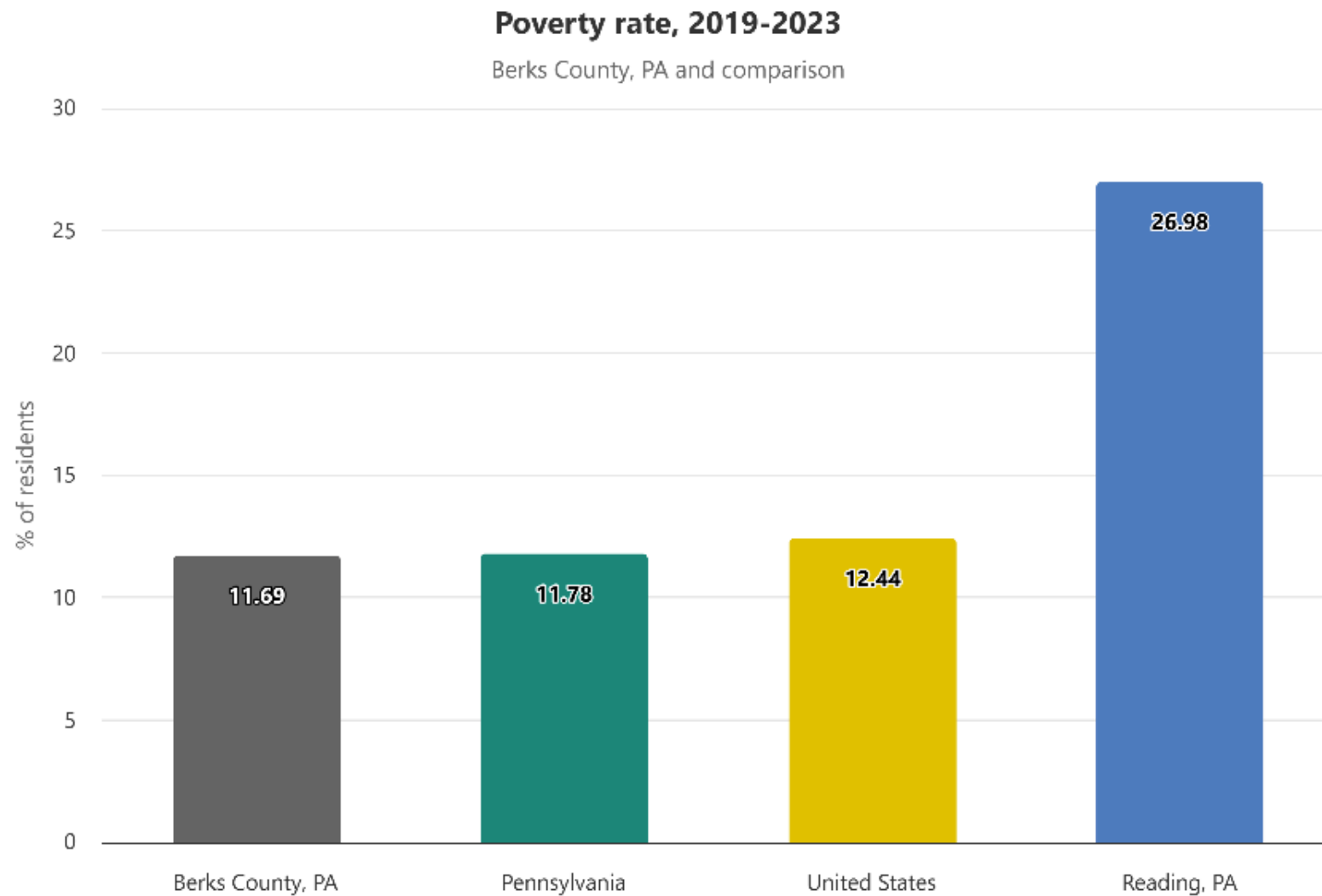% of residents

Created on Metopio | metop.io/i/56zqvidm | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education
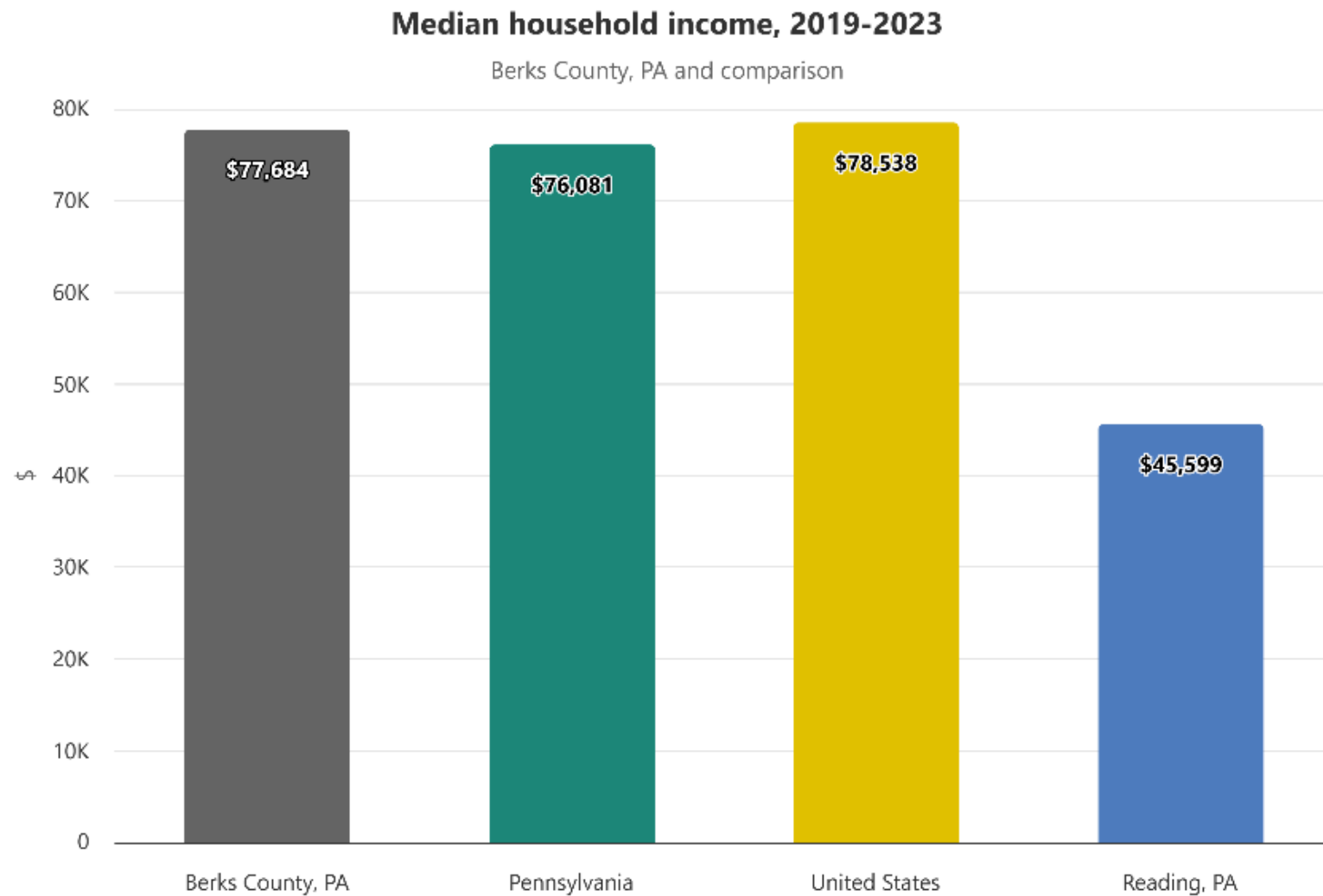
Figure 6: Poverty rate

Poverty rate, 2019-2023

Berks County, PA and comparison

Created on **Metopio** | metop.io/i/fxjpovg4 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, Medicaid, and CHIP coverage. In 2023, the federal poverty guidelines for a family or household of 4 living in one of the 48 contiguous states or the District of Columbia was $27,750.

Figure 7: Median household income

Median household income, 2019-2023

Berks County, PA and comparison

- Berks County, PA: $77,684
- Pennsylvania: $76,081
- United States: $78,538
- Reading, PA: $45,599

Created on Metopio | metop.io/i/2dbx9ra4 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Figure 8: Quick Stats

QUICK STATS

	Reading,PA	Berks County	Pennsylvania
Married (% women, 15-50)	26.8%	41.7%	41.8%
Disability (% of individuals)	18.7%	14.0%	14.2%
Limited English Proficiency (% of households)	18.5%	5.2%	2.6%

Source: American Census Bureau, 2019-2023

ASSESSMENT GEOGRAPHY

For this assessment, the community is defined as the geography included in the map shown in **Figure 9**. The community encompasses the entire geography of Berks County. When looking at hospitalization data, the Reading Hospital Primary Service Area is used, which includes the zip codes outlined in green.
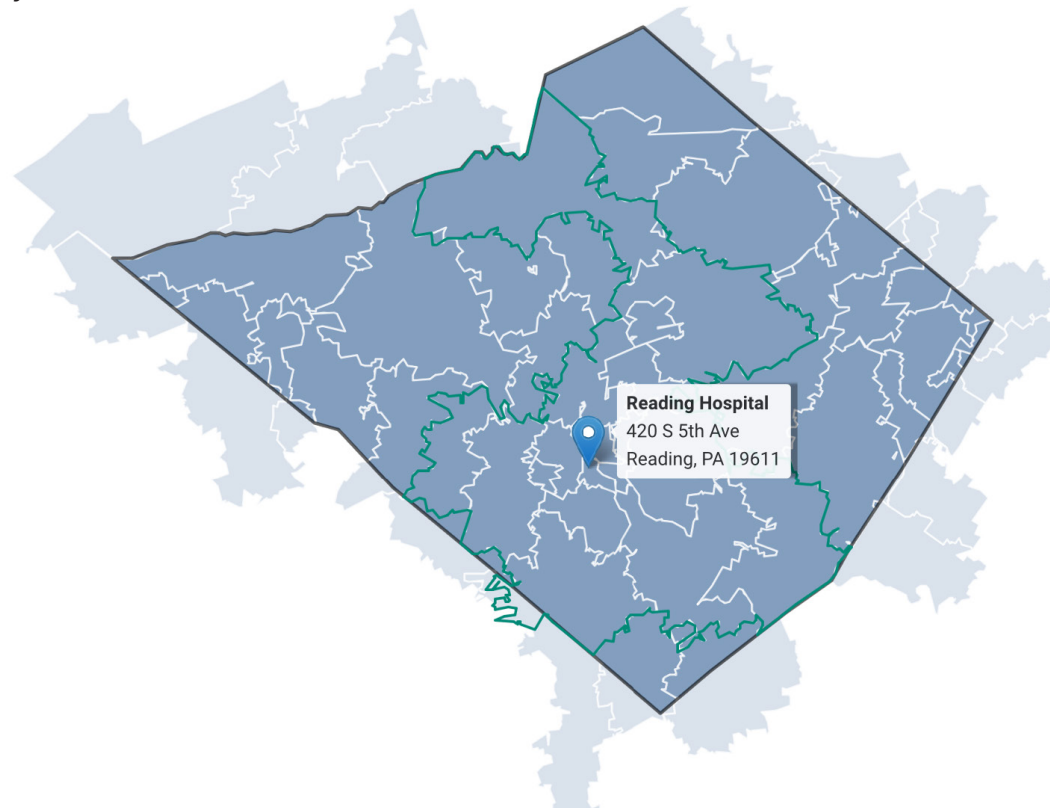
Figure 9: Berks County

Reading Hospital
420 S 5th Ave
Reading, PA 19611

Figure 10: Reading Hospital Primary Service Area Zip Codes

ZIP	NAME	ZIP	NAME
19508	Birdsboro	19602	Reading South
19510	Blandon	19603	Reading
19518	Douglassville	19604	Reading East
19519	Earlville	19605	Laureldale
19522	Fleetwood	19606	Exeter
19526	Hamburg	19607	Shillington
19540	Mohnton	19608	Sinking Spring
19554	Shartlesville	19609	West Lawn
19560	Temple	19610	Wyomissing
19564	Virginville	19611	West Reading
19565	Wernersville	19612	Reading
19601	Reading Center City		

OVERALL HEALTH

Overall health encompasses an overarching evaluation of the population's physical and mental well-being, such as life expectancy, self-reported health, and overall quality of life indicators. This encompasses a broad spectrum of community health challenges, including healthcare access, mental health services, social determinants of health, and disparities in healthcare delivery.

Figure 11 illustrates community members in the City of Reading are nearly twice as likely to self-report their health as fair or poor compared to county, state, and national rates.

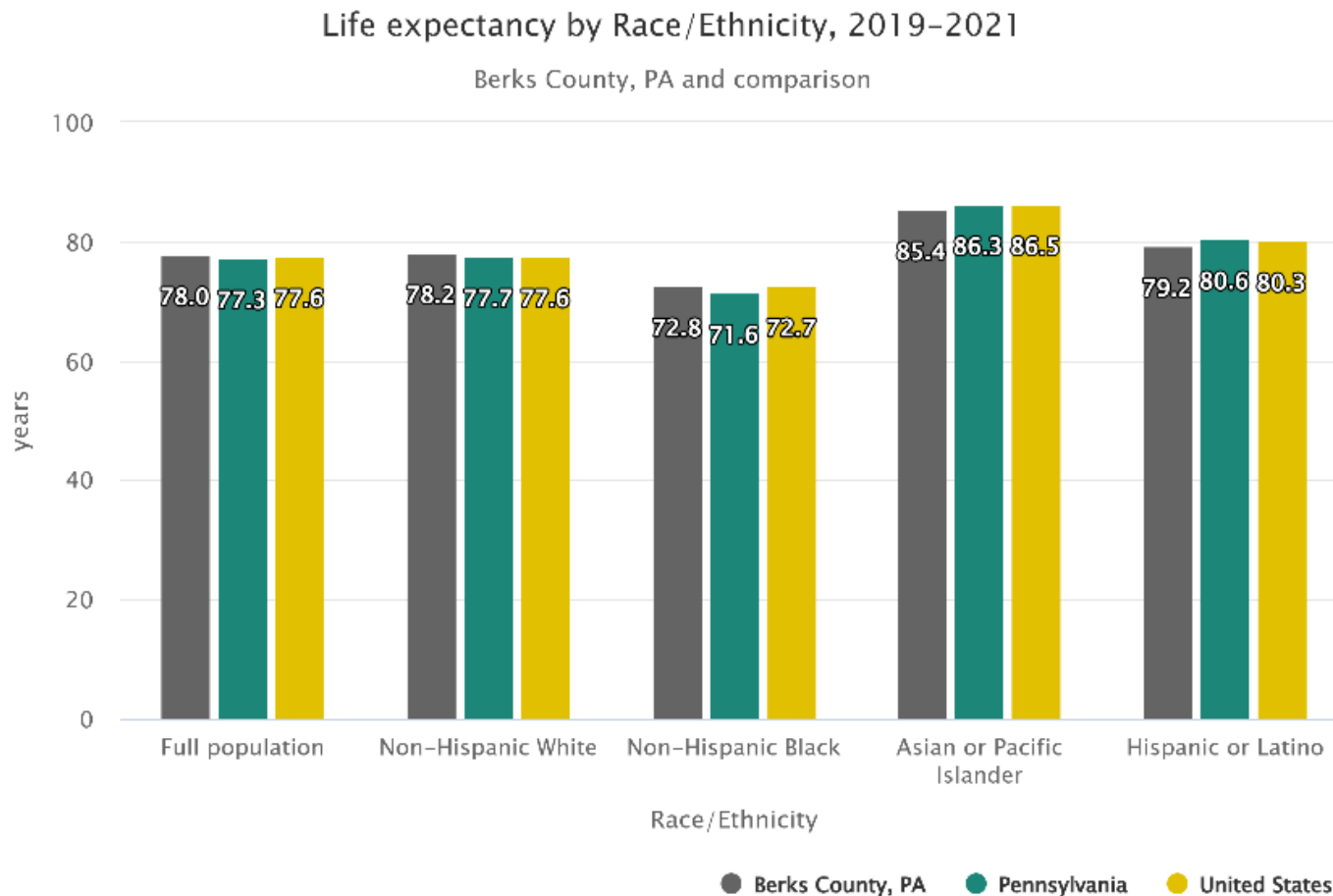*Figure 11: Fair or poor self-reported health*

Fair or poor self-reported health, 2022
Berks County, PA and comparison

- Berks County, PA: 18.10
- Reading, PA: 32.60
- Pennsylvania: 17.65
- United States: 17.87

% of adults
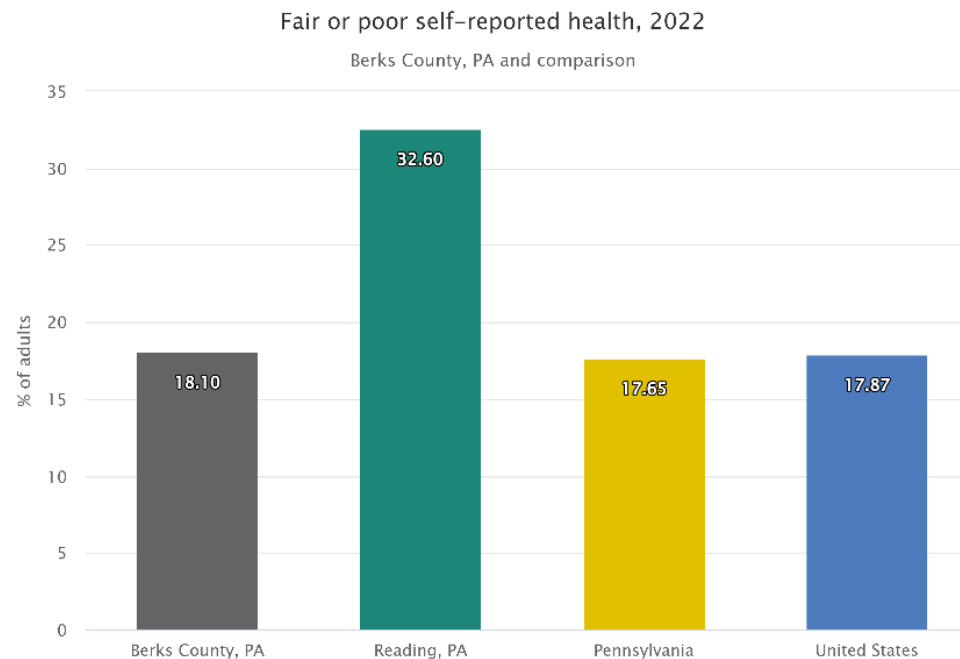
Created on Metopio | metop.io/i/ssmnnf1i | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), Centers for Disease Control and Prevention (CDC): PLACES (2019 data), The University of Wisconsin Population Institute (2020 County Health Rankings **Fair or poor self-reported health:** Percent of resident adults aged 18 and older with self reported fair or poor health status.

Life expectancy is a crucial indicator of the overall health and well-being of a community. According to the chart below, Berks County has a slightly higher life expectancy at 78.0 years compared to the state average of 77.3 years and the national average of 77.6 years.

Life expectancy varies across different race/ethnicity groups, as seen in the data for Berks County, Pennsylvania, and the United States in **Figure 12**. The chart reveals significant disparities in life expectancy based on race and ethnicity.

Figure 12: Life expectancy by Race/Ethnicity

Life expectancy by Race/Ethnicity, 2019–2021
Berks County, PA and comparison

Race/Ethnicity	Berks County, PA	Pennsylvania	United States
Full population	78.0	77.3	77.6
Non–Hispanic White	78.2	77.7	77.6
Non–Hispanic Black	72.8	71.6	72.7
Asian or Pacific Islander	85.4	86.3	86.5
Hispanic or Latino	79.2	80.6	80.3

● Berks County, PA   ● Pennsylvania   ● United States

Created on Metopio | metop.io/i/e5xqvdhk | **Data sources:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small–Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI), Centers for Disease Control and Prevention (CDC): **Life expectancy:** Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

COMMUNITY VOICE

Qualitative data for the CHNA was collected through three channels:

- Key informant interviews
- Online hospital leadership survey
- Focus groups (topics included health care literacy, health care access barriers, and violence)

Transcripts from all key informant interviews and focus groups for this health assessment report, primary and secondary data were gathered and analyzed for the following top health themes and issues. A closer look at the data for each of these themes will be provided in the report.

- Health Equity
- Access to Care
- Health Behaviors
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

HEALTH EQUITY

Access to equitable care and health equity were strongly emphasized throughout all steps of data collection and are connected to all key health themes listed in this report. As a result, in the following themes, you will see data broken out by race, ethnicity, gender, age, and zip code when relevant.

When assessing diverse and disparate populations, many social factors and barriers to health care access and services (e.g., lack of transportation, inadequate language and interpretation services, lack of insurance coverage, and cultural bias and discrimination) were uncovered. These barriers have a very dramatic impact on community members' ability to access quality health care and achieve a higher quality of life.

Understanding and addressing the needs of diverse and disparate populations is a significant challenge for health care organizations. As a critical aspect of improving health equity and decreasing health disparities, there is a continued effort to enhance the provision of culturally competent and linguistically appropriate care to a very diverse service area as defined by racial and ethnic communities with various cultural beliefs and perceptions, health practices, and behaviors as well as a distrust of the health care delivery system.

Figure 13: Health Equity Pyramid
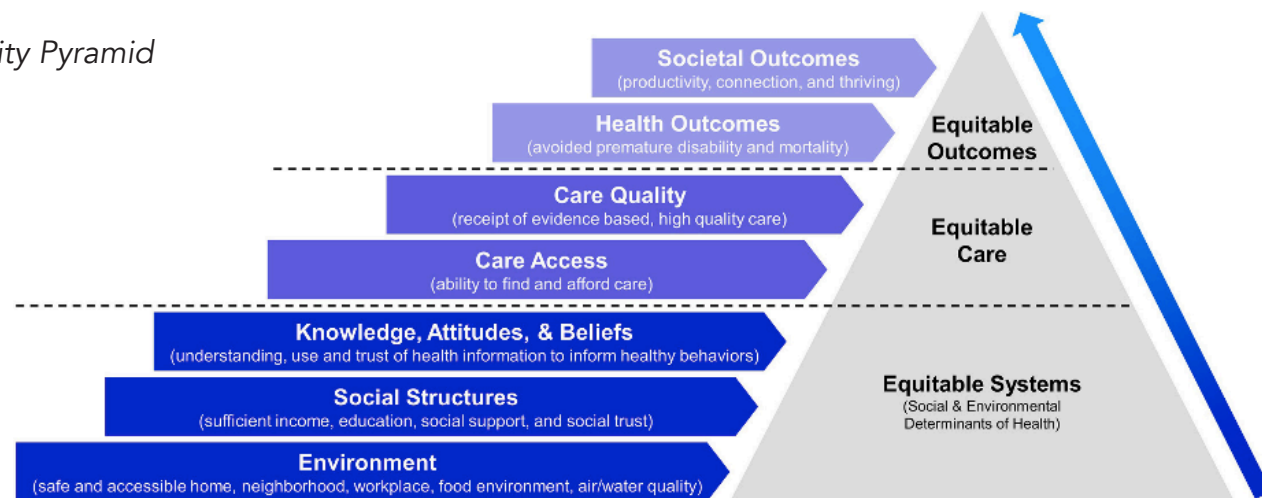
Source: Prentice et al, Advancing health equity in the aftermath of COVID-19: Confronting intensifying racial disparities

25

As shown in the image below, about one in five black adults and one in ten Hispanic, Asian, and American Indian or Alaska Native (AIAN) adults reported unfair treatment by a health care provider due to race or ethnicity.

Figure 14: Unfair Treatment by a Health Care Provider Due to Race or Ethnicity

Percent who say that a doctor or other health care provider treated them unfairly or with disrespect in the past three years because...					
	Hispanic	Black	Asian	AIAN	White
...their race or ethnic background	11%	18%	10%	12%	3%
...some other factor, such as their gender, health insurance status, or ability to pay for care	14%	18%	11%	26%	13%
...were treated unfairly or with disrespect for any reason	17%	24%	15%	29%	14%

Source: KFF Survey on Racism, Discrimination, and Health (June 6-August 14, 2023)

ACCESS TO **CARE**

Healthcare access barriers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members.

During healthcare access and health literacy focus groups, community members expressed concerns regarding the limited availability of healthcare services, cost-prohibitive healthcare, and difficulties in navigating the complex healthcare system.

Transportation emerged as a significant barrier, especially for older adults and individuals with disabilities, impacting their ability to access medical appointments and essential resources. Focus groups and key informant interviews showed the need for expanded hours, more bilingual staff, interpreters, and culturally competent care.

AVAILABILITY

REALIZED ACCESS

ACCESSIBILITY

ACCESS TO HEALTH CARE

AFFORDABILITY

ACCOMMODATION

ACCEPTABILITY

Source: Access to Care LA, 2020

Routine checkups are essential for maintaining good health, early detection of diseases, and management of health issues. **Figure 15** shows Berks County, PA has a higher rate of routine checkup visits at 77.2%, compared to the state average of 76.72% and the national average of 74.04%.

Figure 15: Visited doctor for routine checkup

Visited doctor for routine checkup

Berks County, PA and comparison
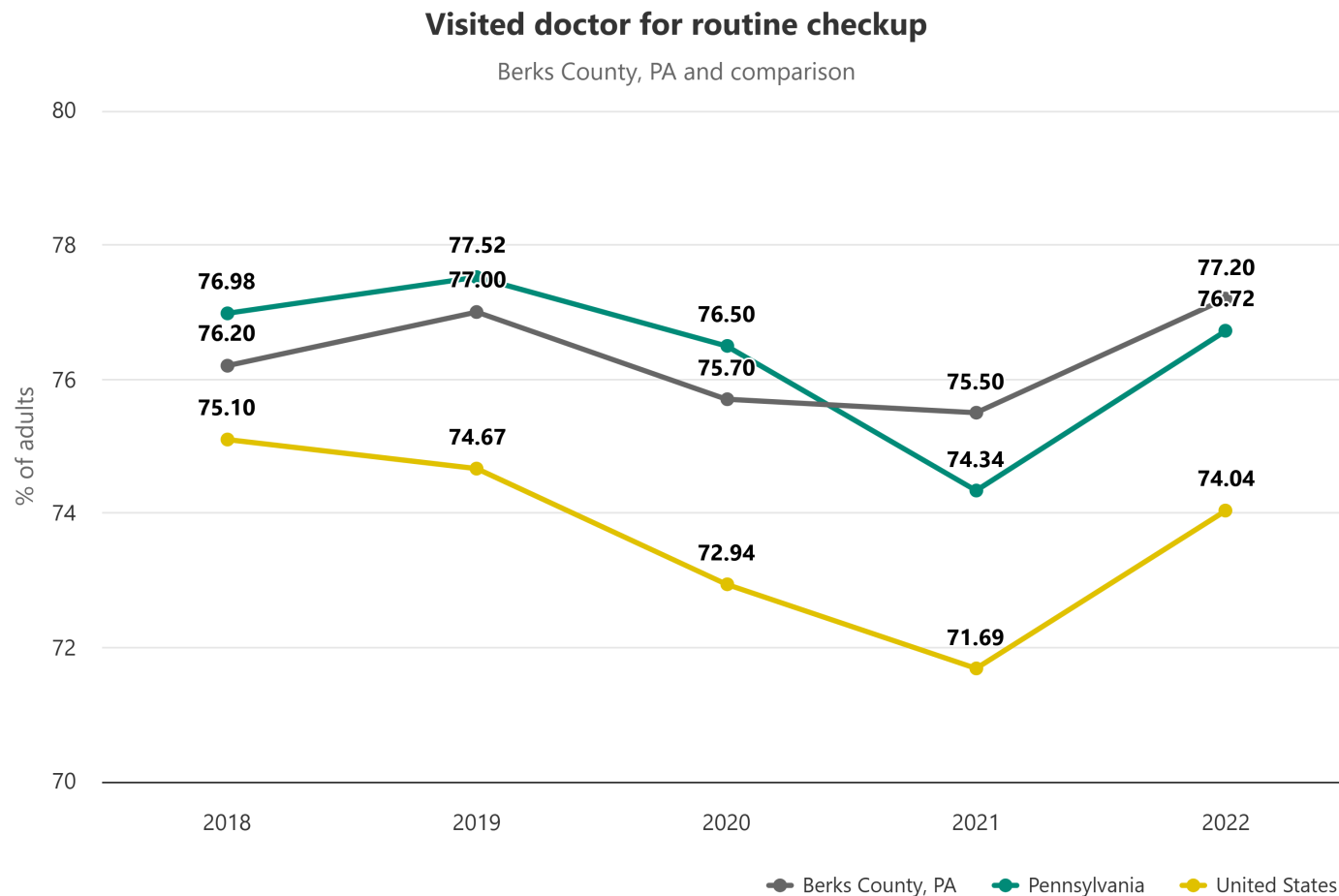
Created on Metopio | metop.io/i/6tri3rz3 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Visited doctor for routine checkup: Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Figure 16 shows Community Survey respondents who missed a medical appointment in the last year, and who have a primary care provider. Respondents who identify as Hispanic or Latino were less likely to report having a primary care provider, while respondents who identified as Non-Hispanic Black and Hispanic or Latino were more likely to report having missed or delayed a medical appointment in the past year.

Figures 15 and 16 highlight that, while routine checkup rates are positive overall, there may be a racial disparity.

Figure 16: Access to Care – Survey Respondents
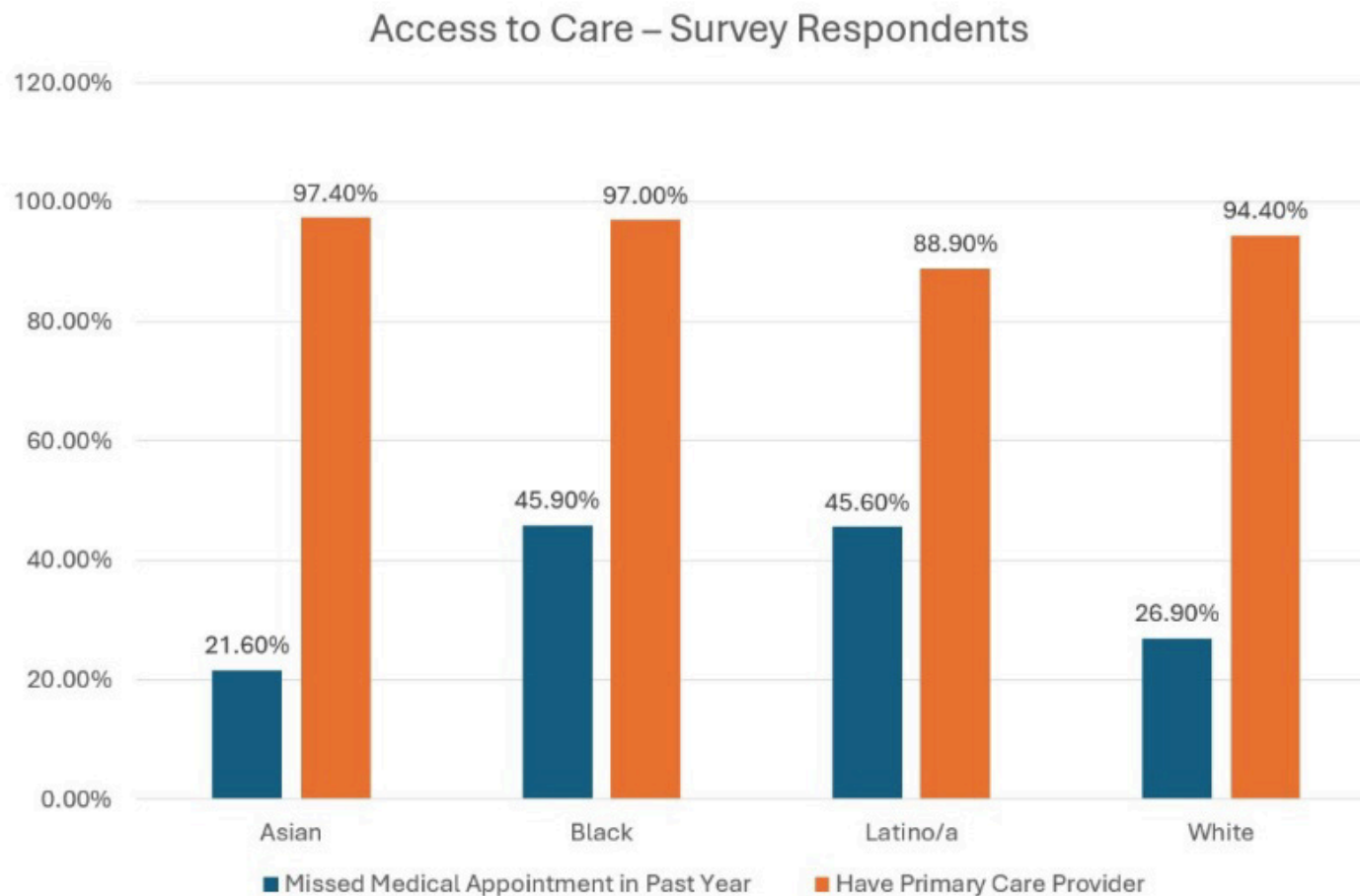
Source: Tower Health Community Survey, 2024

The uninsured rate in Berks County, PA is 6.67%, which is lower than the national average of 8.55%. However, Reading, PA has consistently recorded a higher uninsured rate with most recent data at 12.26%, indicating a disparity within the county. Uninsured rates over time are shown in **Figure 17** below.

Figure 17: Uninsured rate

Uninsured rate

Berks County, PA and comparison
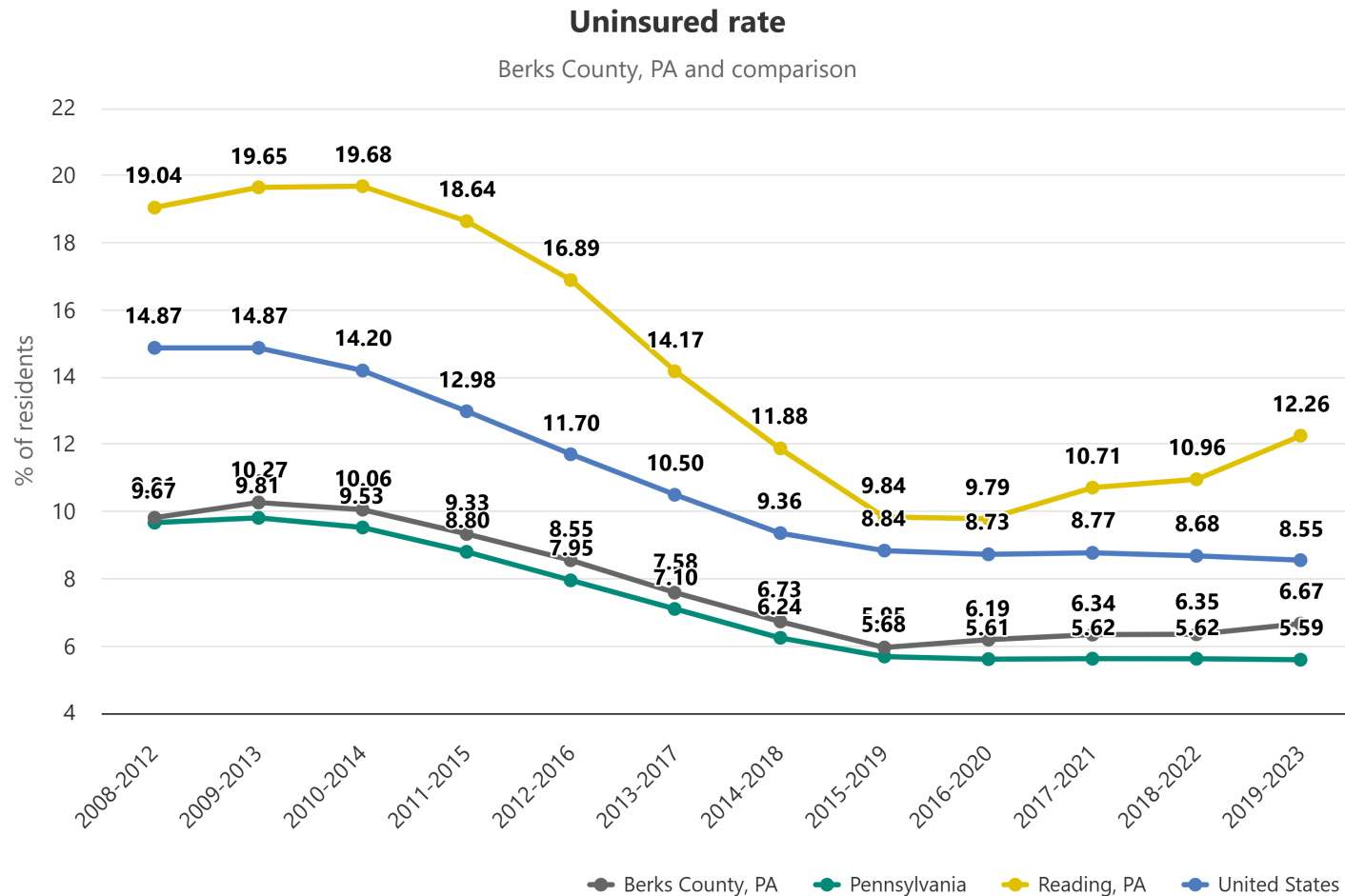
Created on Metopio | metop.io/i/iencrnrz | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

HEALTH
BEHAVIORS

Health behaviors are actions and habits that individuals engage in that either promote or compromise their physical, mental, and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, tobacco cessation, preventive screenings, and vaccines.

During focus groups and key informant interviews, community members and leaders noted unmet needs in the following areas:

"Education is key. Providing individuals with the knowledge and tools they need to manage their health empowers them to take control of their lives."

-Health Literacy Focus Group
 Participant

Resources for those struggling with addiction, trauma, or mental health conditions

Support groups

Access to healthy foods

Nutrition and health education

Access to preventive services

Cholesterol screening rates in Berks County, PA are slightly lower at 83.3% compared to the state and national averages. However, Reading, PA has a notably lower screening rate at 76.1%, highlighting opportunities to improve cholesterol screening rates in Reading to ensure the overall well-being of the community.

Figure 18: Cholesterol screening

Cholesterol screening, 2021

Berks County, PA and comparison
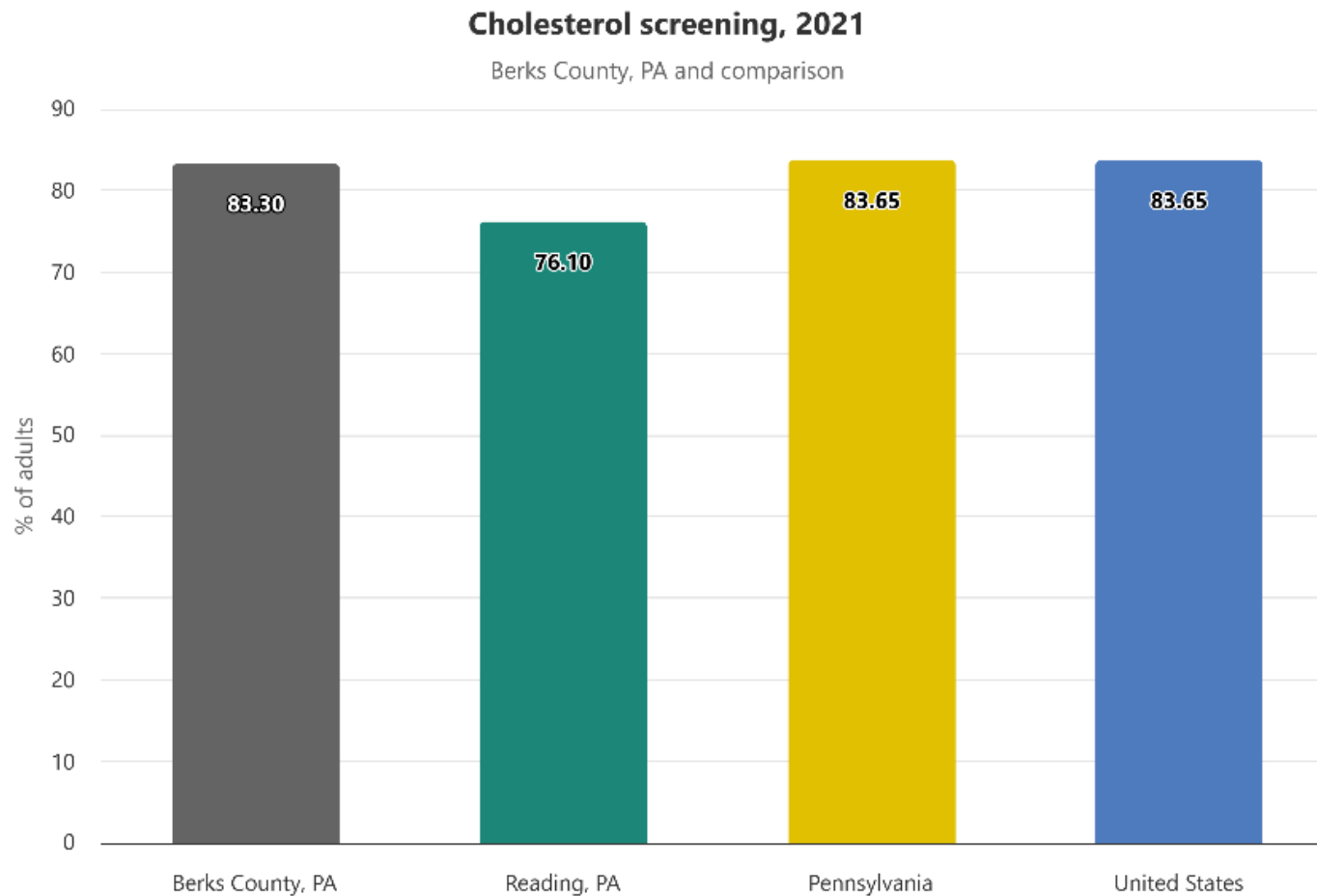
Created on Metopio | metop.io/i/wpqoqe6x | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Cholesterol screening: Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.

Cigarette smoking rates vary across different locations, as evident from the chart. Reading, PA has the highest smoking rate at 20.6%, exceeding both the county and state averages of 15.1% and 16.46% respectively.

Figure 19: Cigarette smoking rate

Cigarette smoking rate, 2022

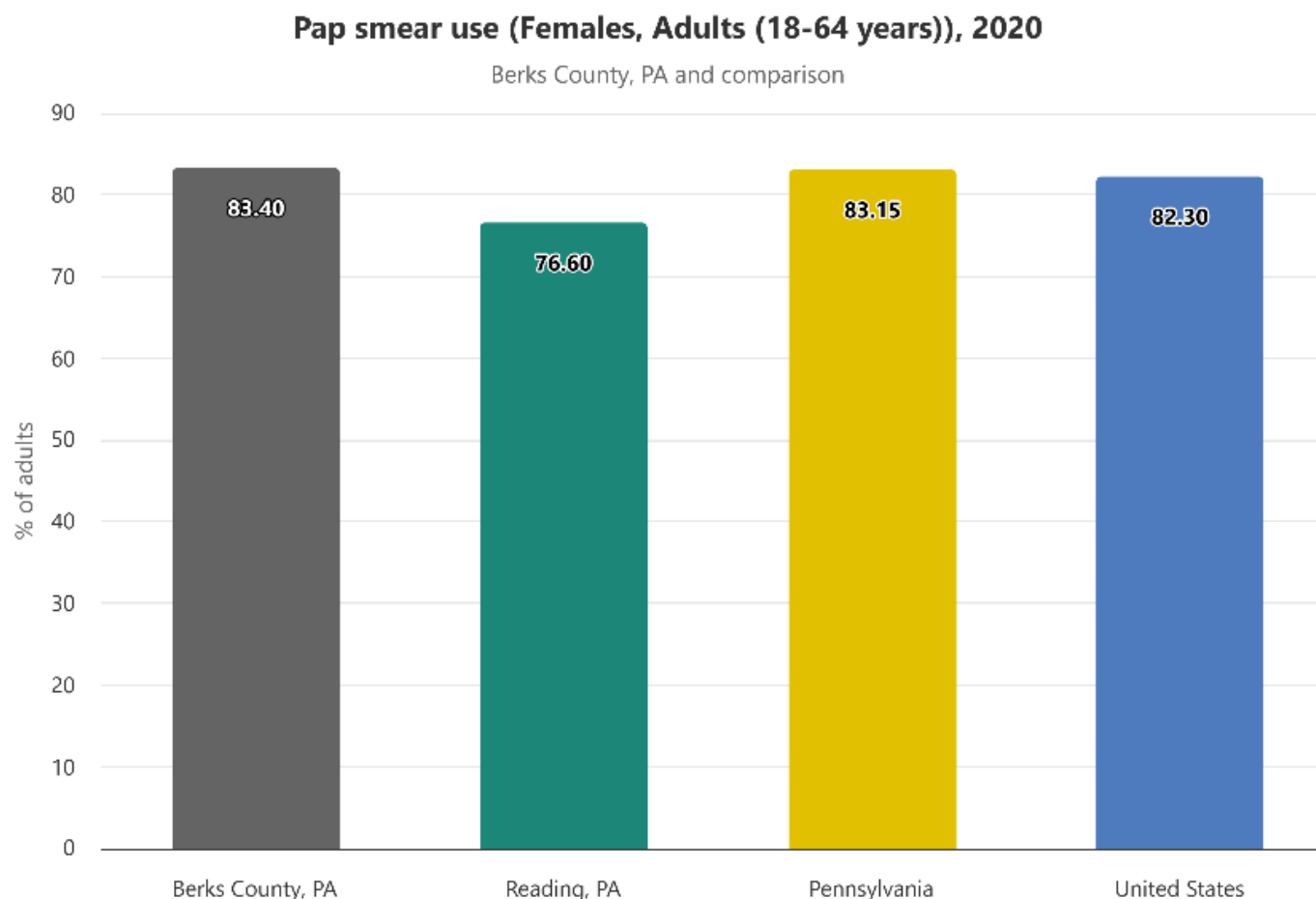Berks County, PA and comparison
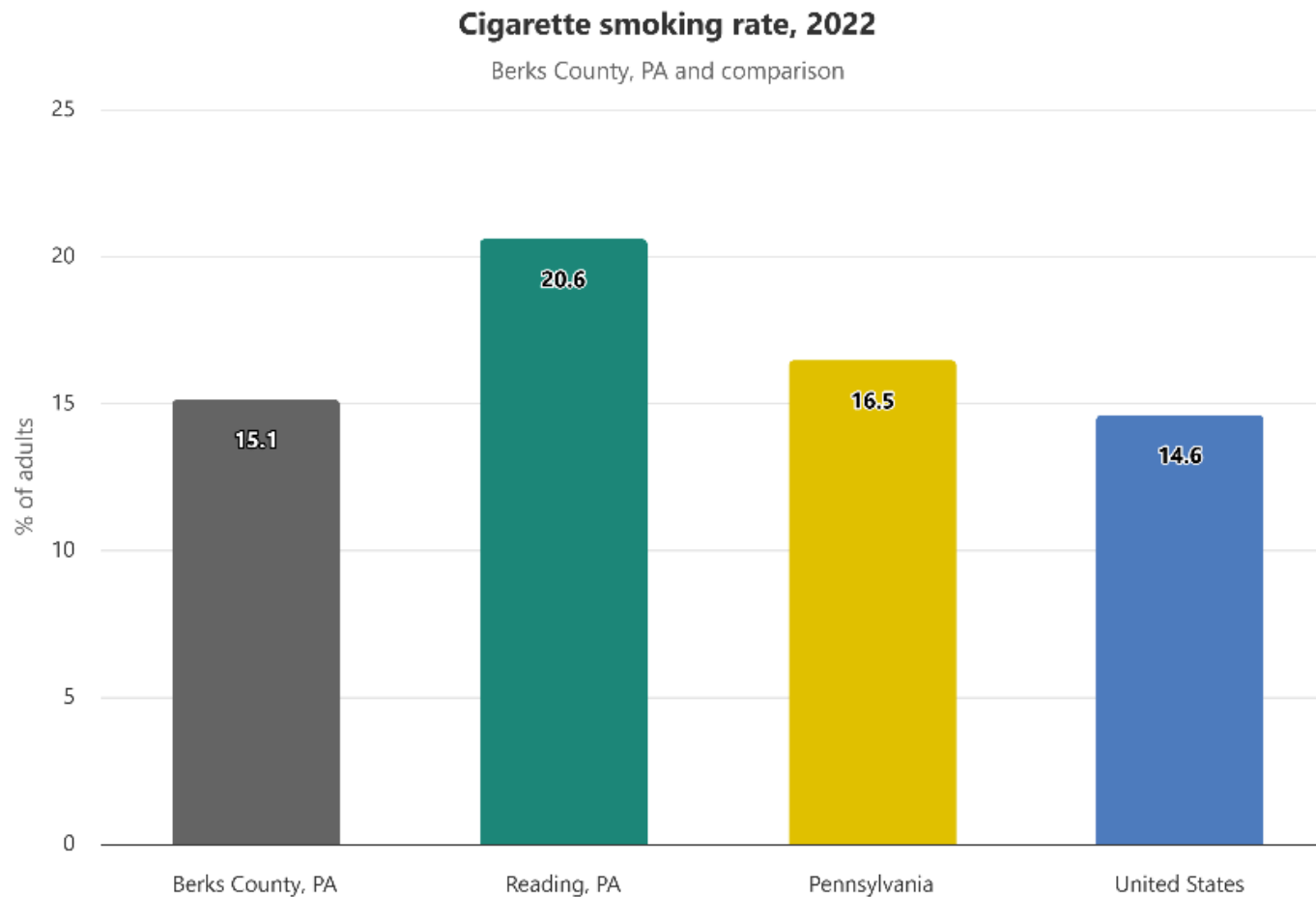
Created on Metopio | metop.io/i/k8nbfkmw | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012),
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Colorectal cancer screening rates vary across different regions, as evident from the chart. In Berks County, PA, the screening rate stands at 57.5%, slightly lower than the state average of 61.46% and the national average of 58.85%. Specifically, in Reading, PA, the rate is even lower at 53.4%. These numbers indicate a need for interventions and awareness campaigns to improve screening rates in these areas, ultimately reducing the burden of colorectal cancer in the community.

Figure 20: Colorectal cancer screening

Colorectal cancer screening, 2022

Berks County, PA and comparison
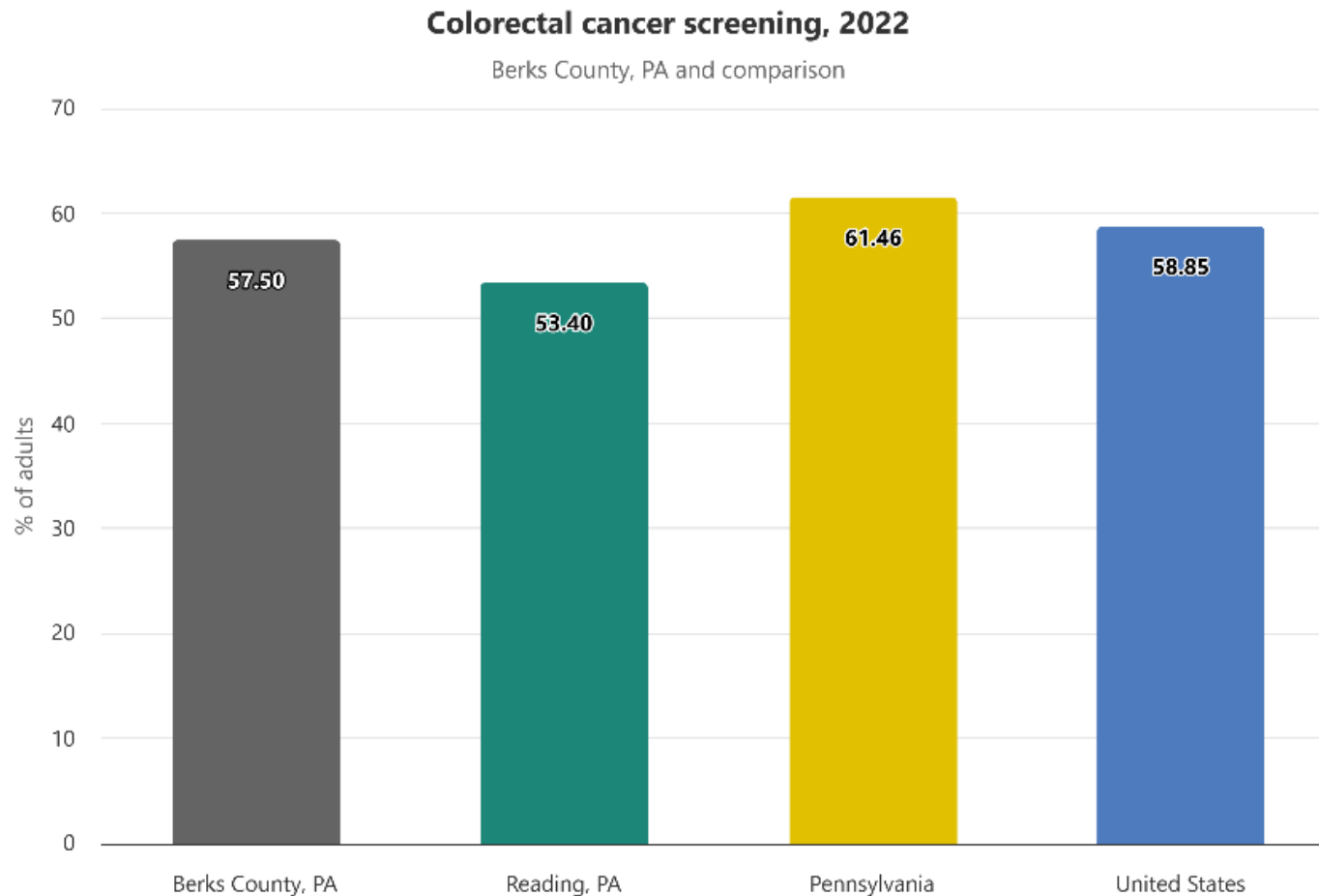
Created on Metopio | metop.io/i/gifb7ius | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Pap smear use in Berks County, PA, and Pennsylvania mirrors the national average closely, reflecting a strong adherence to preventive healthcare practices across these areas. In contrast, Reading, PA, shows a noticeable lag in Pap smear utilization at 76.6%. Data in Figures 13 and 14 indicate potential gaps in healthcare access or awareness, particularly among women who live in the City of Reading. Addressing disparities in Pap smear and mammography usage is crucial for improving women's health outcomes and ensuring equitable healthcare access across different regions.

Figure 21: Pap smear use

Pap smear use (Females, Adults (18-64 years)), 2020

Berks County, PA and comparison

	Berks County, PA	Reading, PA	Pennsylvania	United States
% of adults	83.40	76.60	83.15	82.30

Created on Metopio | metop.io/i/6adrc4tk | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Pap smear use: Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Mammography usage varies slightly but significantly across different regions, reflecting localized healthcare engagement and public health policy effectiveness. While mammography usage in Berks County, PA, is higher than state and national rates, the City of Reading has a significantly lower utilization rate.
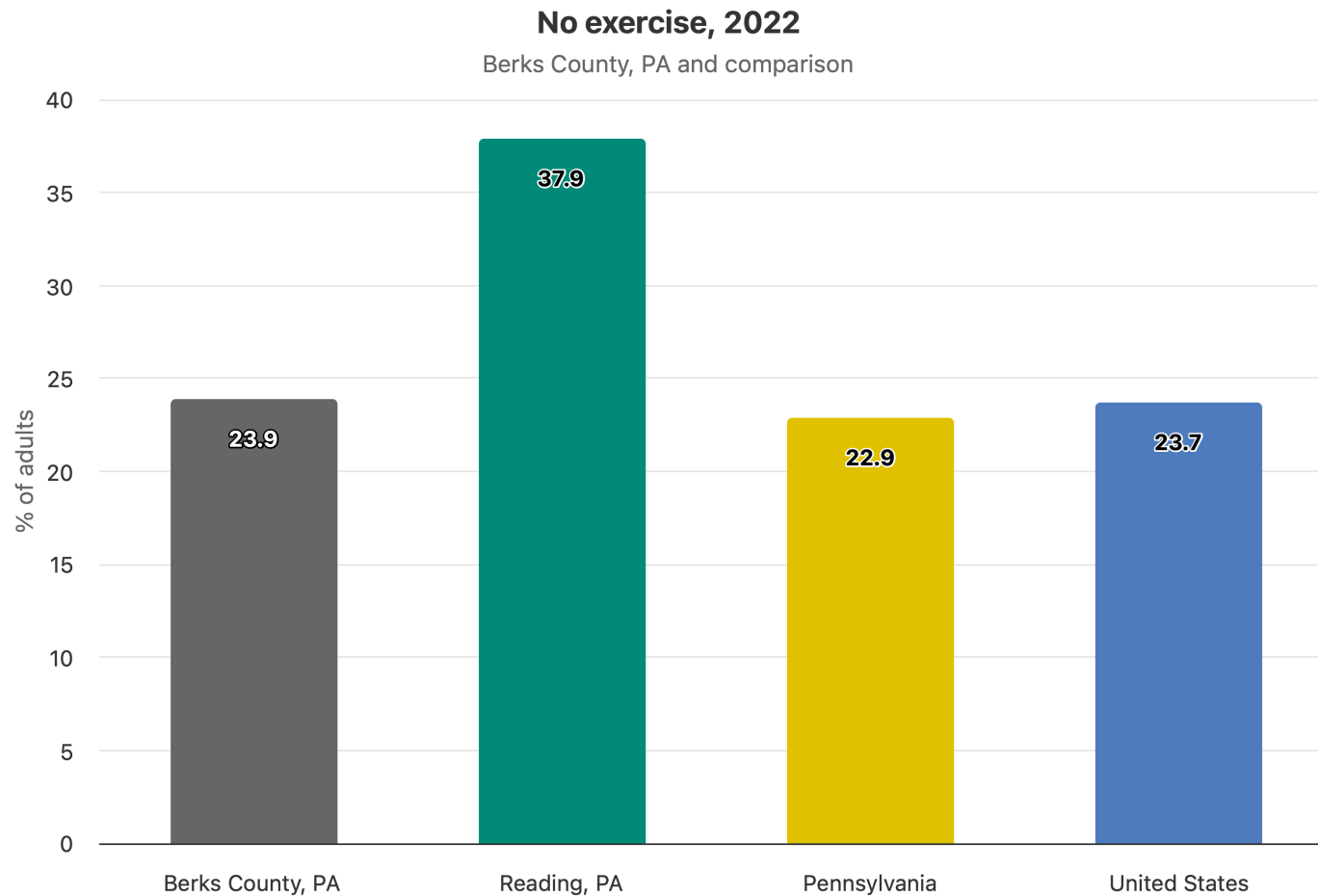
Figure 22: Mammography use

Mammography use (Female), 2022
Berks County, PA and comparison
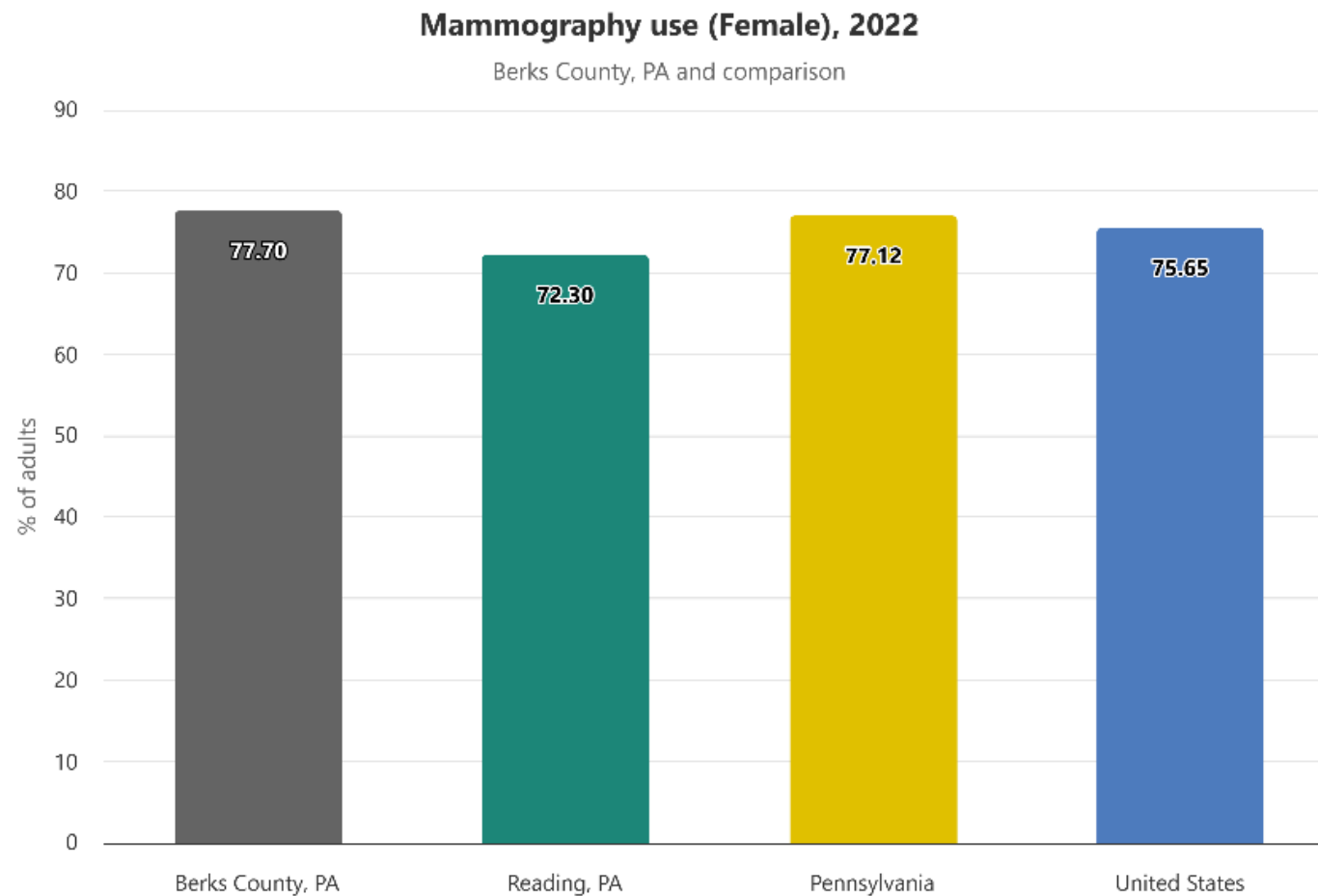
Created on Metopio | metop.io/i/1nf8m6x3 | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

A staggering 37.9% of the population in the City of Reading reported they have not participated in physical activity or exercise in the past month. Physical inactivity can significantly increase the risk of developing chronic diseases such as cardiovascular disease, high blood pressure, Type II diabetes, and obesity.

Figure 23: No exercise

No exercise, 2022

Berks County, PA and comparison

% of adults

Berks County, PA	Reading, PA	Pennsylvania	United States
23.9	37.9	22.9	23.7

BEHAVIORAL HEALTH

Behavioral Health includes the prevalence of mental health disorders, access to mental health services, addressing issues like depression, anxiety, and other psychological disorders, as well as substance use disorders such as addiction to drugs and alcohol.

Community members and leaders expressed the following unmet needs in the community:

- Outreach programs
- Addiction medicine
- Mental health resources, especially for children and adolescents
- Additional mental health providers
- Increased access to gender-affirming care
- Increased support for individuals experiencing homelessness

The table below shows the counts of Behavioral Health hospital admissions for Reading Hospital by topic. The most common Behavioral Health hospitalizations were related to opioids and substance use:

Figure 24: Count of hospital admissions

Health Condition	Number of Hospital Admissions, 2021-2023
Mental Health	1,197
Opioid-Related	2,546
Substance Use	1,434
Suicide and Self-Injury	284
Alcohol Use	876

Source: Tower Health Hospitalization Data, 2021-2023

Figure 25 shows from 2021-2023, the majority of suicide and self-injury hospitalizations came from females at 68.5%, compared to males at 31.5%. However, **Figure 26**, shows the overall suicide mortality rate for Berks County, which is higher among males.
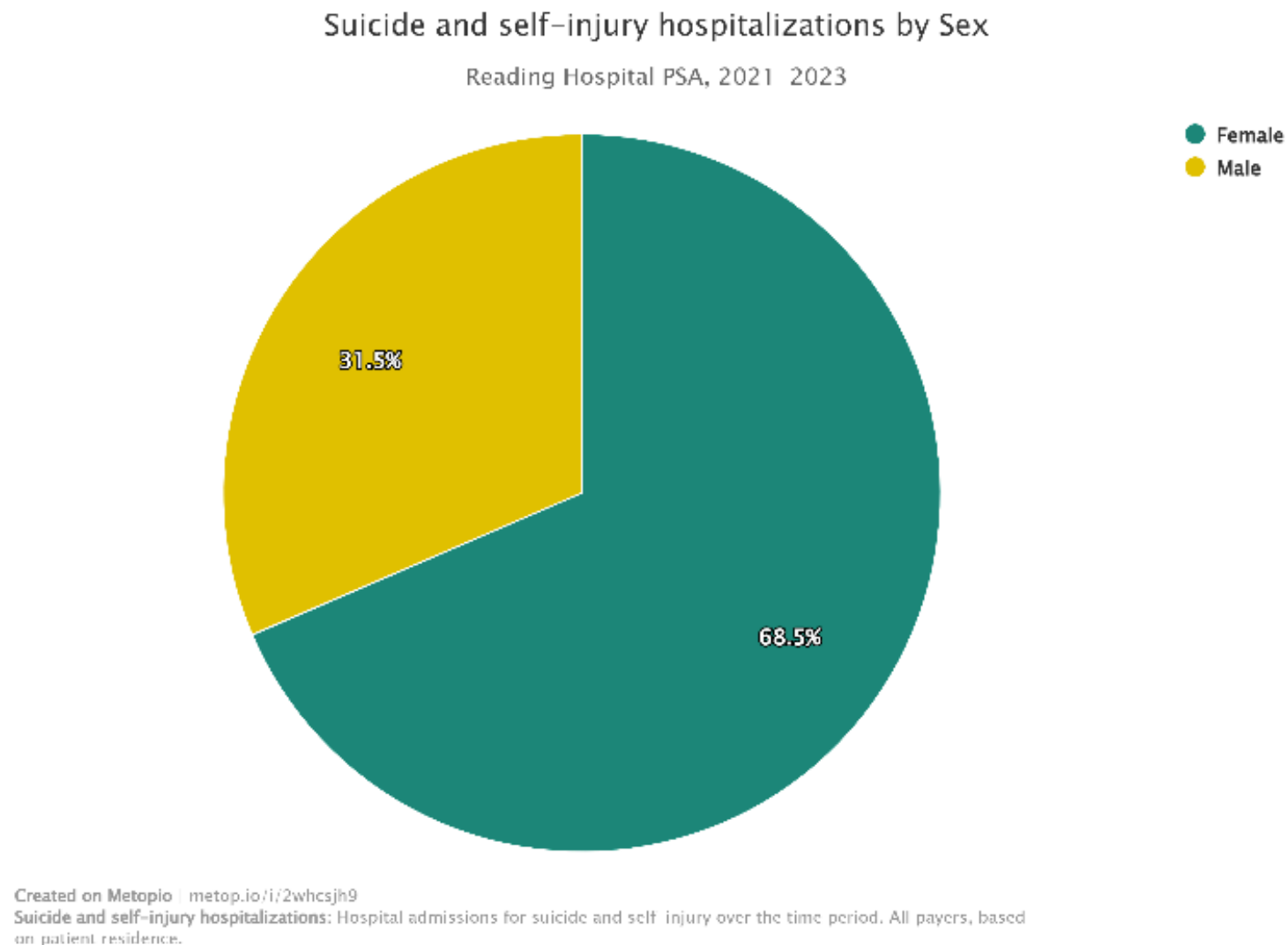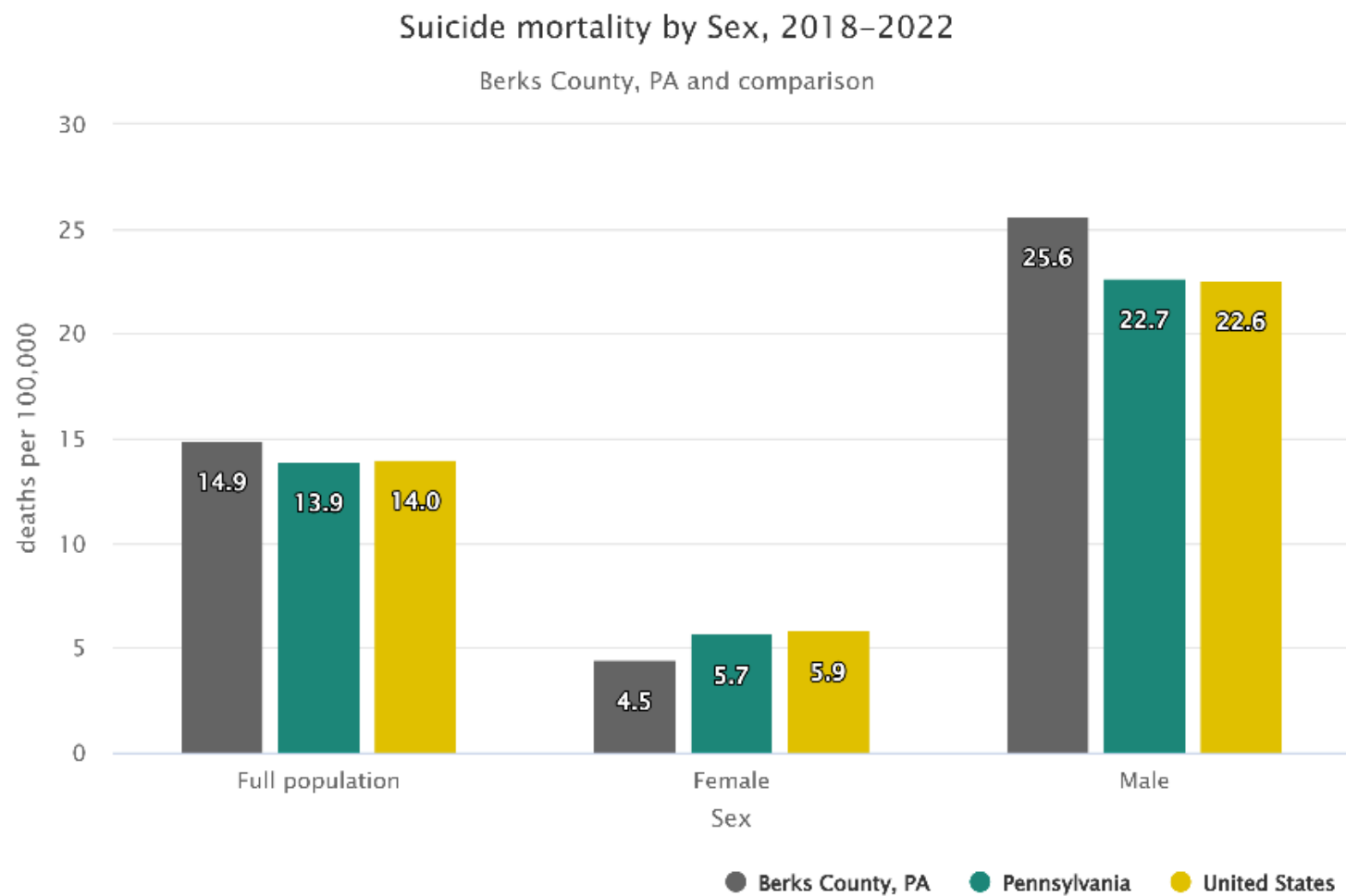
Figure 25: Suicide and self-injury hospitalizations

Suicide and self-injury hospitalizations by Sex

Reading Hospital PSA, 2021 2023

- Female
- Male

31.5%

68.5%

Created on Metopio | metop.io/i/2whcsjh9
Suicide and self-injury hospitalizations: Hospital admissions for suicide and self injury over the time period. All payers, based on patient residence.

Figure 26: Suicide mortality by sex

Suicide mortality by Sex, 2018–2022

Berks County, PA and comparison

Full population: Berks County, PA 14.9; Pennsylvania 13.9; United States 14.0

Female: Berks County, PA 4.5; Pennsylvania 5.7; United States 5.9

Male: Berks County, PA 25.6; Pennsylvania 22.7; United States 22.6

Legend: ● Berks County, PA ● Pennsylvania ● United States

y-axis: deaths per 100,000 — x-axis: Sex
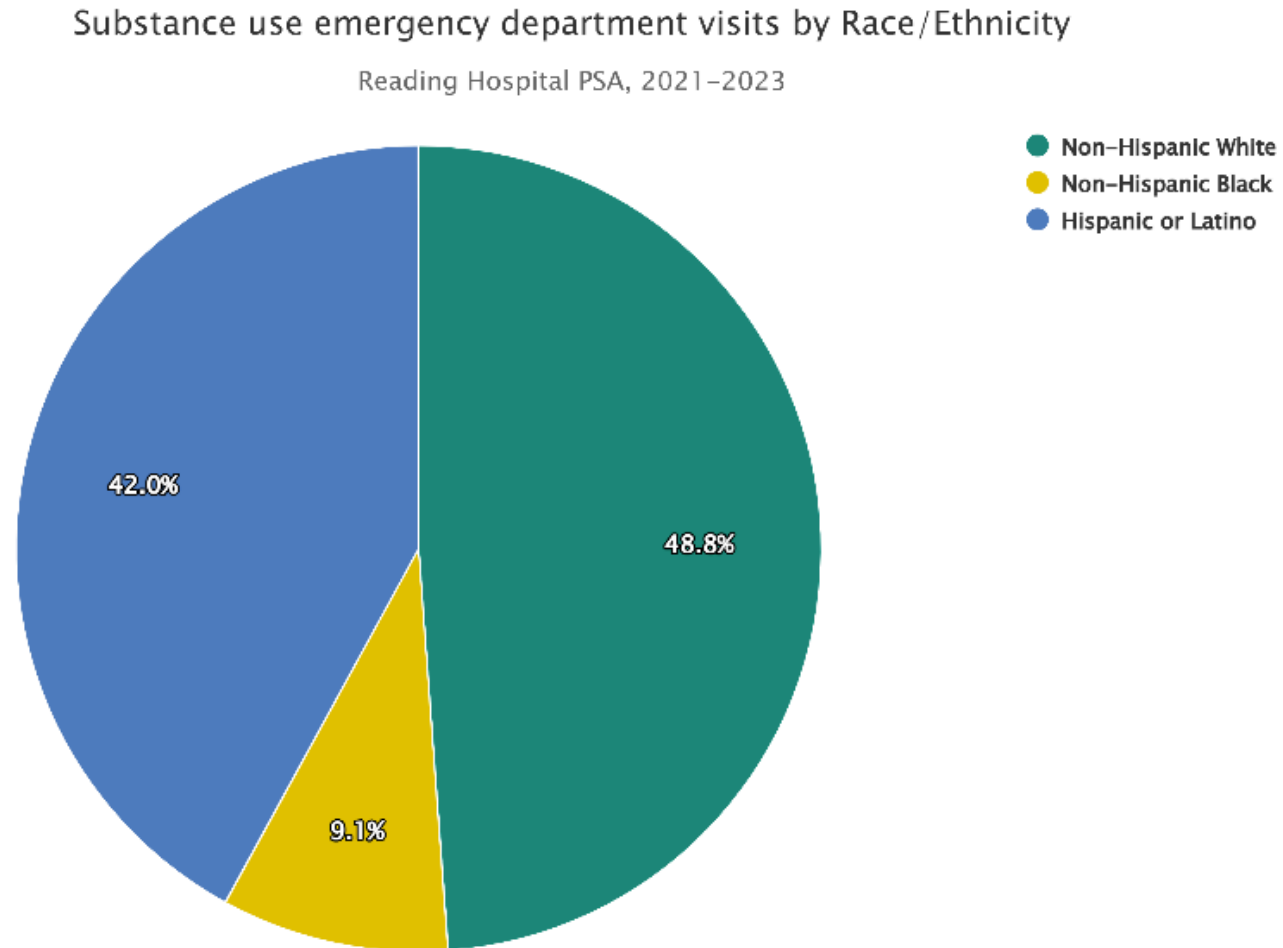
Created on Metopio | metop.io/i/ajrnwgkbo | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS–M) (Via http://healthindicators.gov)
Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60–X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Figure 27 shows from 2021-2023, nearly half of Reading Hospital Emergency Department visits related to substance use were among the Non-Hispanic White populations, followed closely by the Hispanic or Latino population.

*Figure 27: Substance Use Emergency Department Visits*

Substance use emergency department visits by Race/Ethnicity
Reading Hospital PSA, 2021–2023

Legend:
- Non–Hispanic White
- Non–Hispanic Black
- Hispanic or Latino

Pie chart values:
- 48.8% (Non–Hispanic White)
- 42.0% (Hispanic or Latino)
- 9.1% (Non–Hispanic Black)

Created on Metopio | metop.io/i/e4zm7q78
Substance use emergency department visits: Emergency department visits for substance use over the time period. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. All payers, based on patient residence.

Figure 28 Drug overdose mortality rates vary significantly across different racial and ethnic groups, as evident from the chart. In Berks County, PA, the overdose mortality rate for the full population is 29.36, with Non-Hispanic Black individuals experiencing the highest rate at 44.66, followed by Hispanic or Latino individuals at 48.51, and Non-Hispanic White individuals at 26.38. This indicates a disproportionate impact of drug overdoses on Non-Hispanic Black and Hispanic or Latino communities in the county.
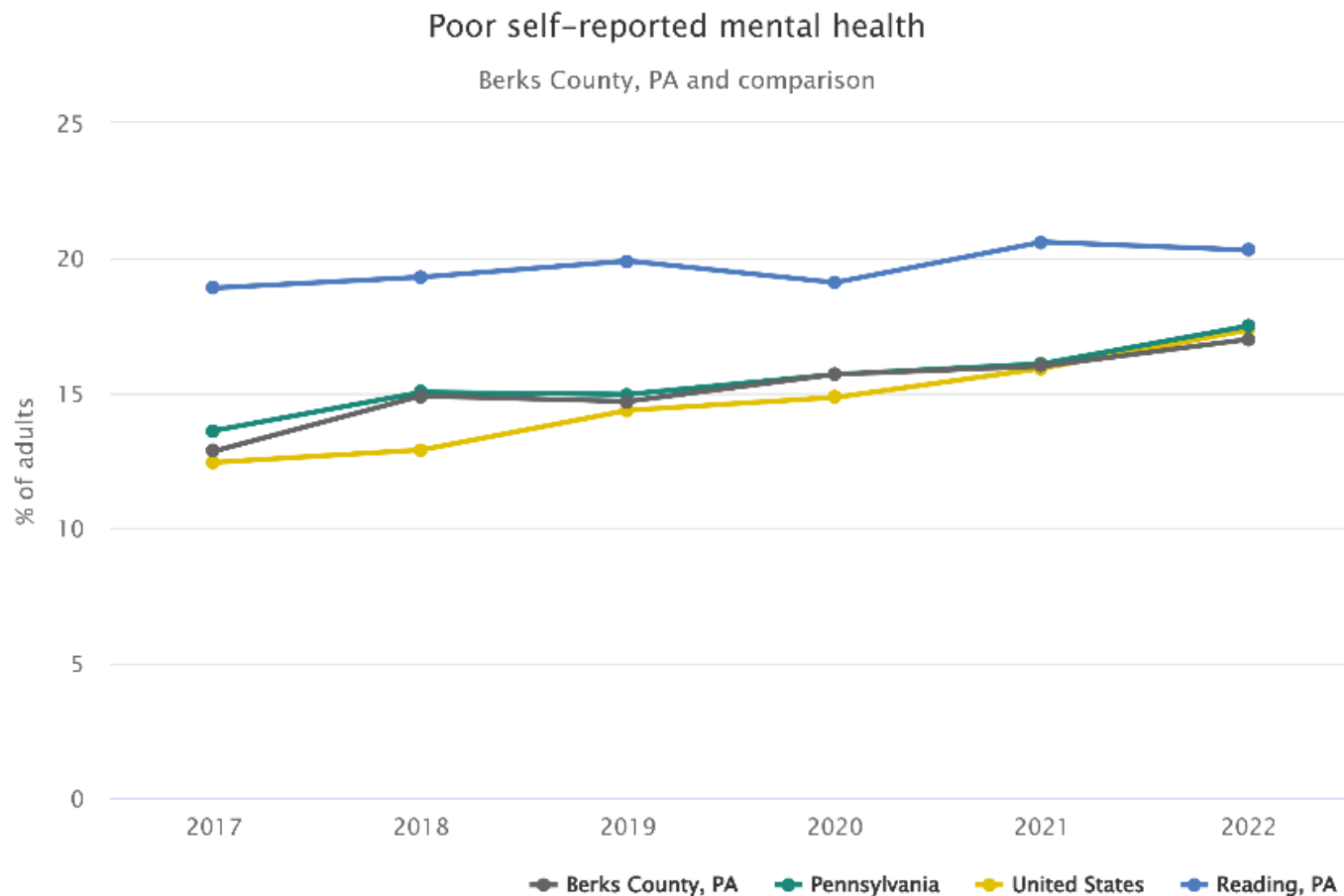
Figure 28: Drug Overdose Mortality

Drug overdose mortality by Race/Ethnicity, 2018–2022
Berks County, PA and comparison
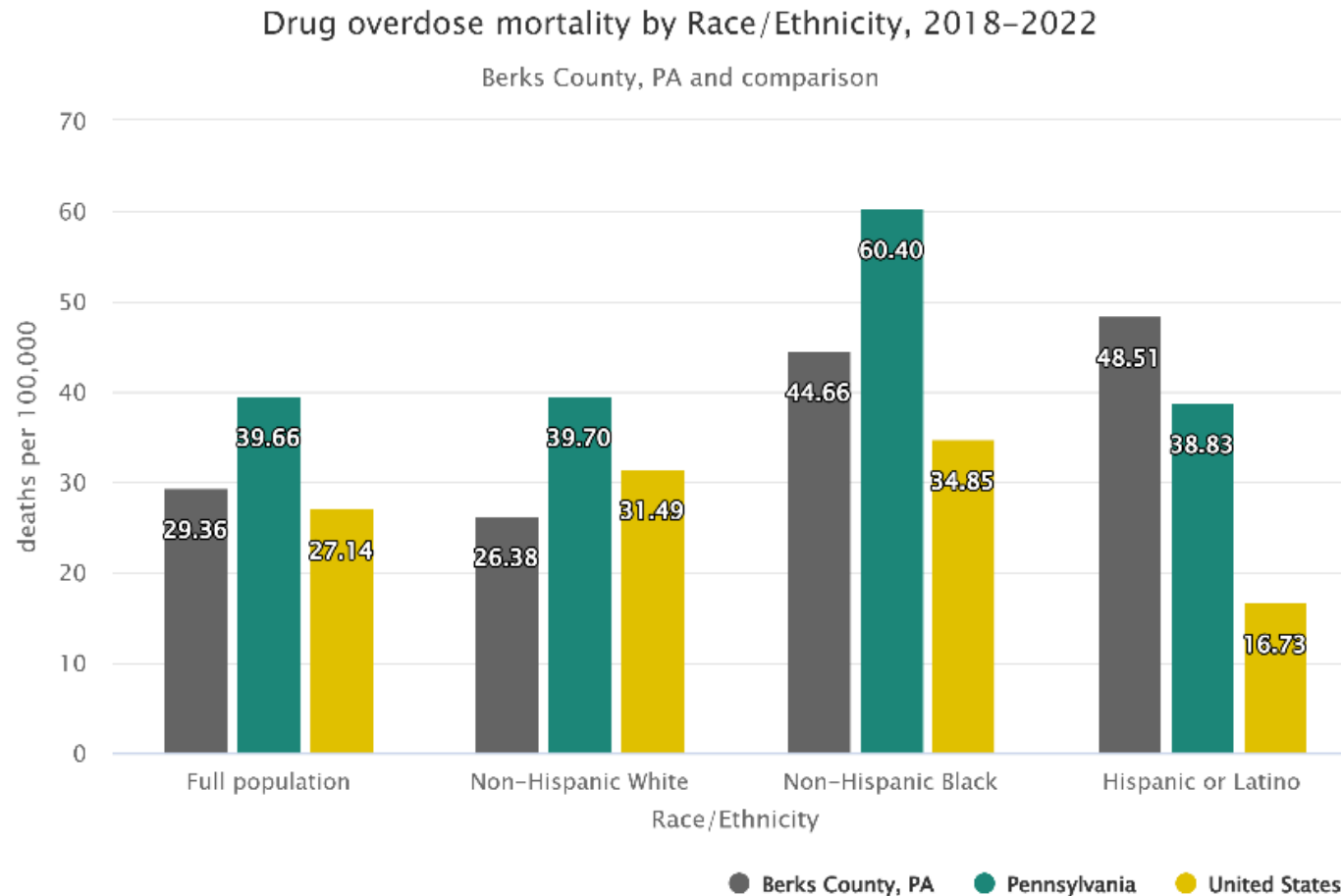
Created on Metoplo | metop.io/i/ajmwgkbo | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS–M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age adjusted.

Adults self-reporting poor mental health may experience a lower overall quality of life than those who self-report their mental health as excellent, very good, or good. Poor self-reported mental health is a significant concern, particularly in the City of Reading, which stands out with a higher rate of 20.3%. The impact of this data highlights the necessity for mental health interventions in Reading to support the community's well-being.

Figure 29: Poor self-reported mental health

Poor self–reported mental health
Berks County, PA and comparison

Legend: Berks County, PA · Pennsylvania · United States · Reading, PA

Created on Metopio | metop.io/i/gyjo7gxx | Data source: Centers for Disease Control and Prevention (CDC): PLACES
Poor self–reported mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

CHRONIC DISEASE

Indicators of chronic disease, such as diabetes, heart disease, asthma, obesity, or other conditions, tend to comprise the greatest burden on health in a community and can significantly affect lifespan and quality of life. Data highlights the prevalence of chronic conditions and the challenges faced in accessing adequate healthcare services, especially for vulnerable populations.

Community members noted populations that are disproportionately impacted by chronic disease, and contributing factors, including:

- Children and adolescents
- Non-English speakers
- Undocumented individuals
- Indigenous communities
- Individuals with low health literacy

The table below shows the counts of chronic disease hospitalizations for Reading Hospital by condition. The most common conditions for chronic disease-related hospitalizations were heart failure and preventable chronic disease:

Figure 30: Count of Hospital Admissions

Health Condition	Number of Hospital Admissions, 2021-2023
Asthma	750
Stroke	2,331
COPD	1,419
Heart Failure	4,146
Hypertension	540
Diabetes	2,016
Heart Attack	990
Preventable Chronic Disease	9,338

Source: Tower Health Hospitalization Data, 2021-2023

Hospital admissions for preventable chronic conditions over the time period. Potentially preventable hospitalizations caused by ambulatory care sensitive chronic conditions (those best treated in an outpatient setting). This is a Prevention Quality Indicator (PQI #92), a metric for tracking potentially avoidable hospitalizations. All payers, based on patient residence.

Figure 31 shows reported chronic conditions by survey respondents. Respondents who identified as White were more likely to report high cholesterol, arthritis, heart disease and skin cancer. Respondents who identify as Black were more likely to report diabetes and kidney disease. Respondents who identify as Latino/a were more likely to report depressive disorder. Respondents who identify as Asian were more likely to report asthma and breast cancer.

Figure 31: Reported Chronic Disease by Race/Ethnicity in Reading Hospital Primary Service Area (PSA)
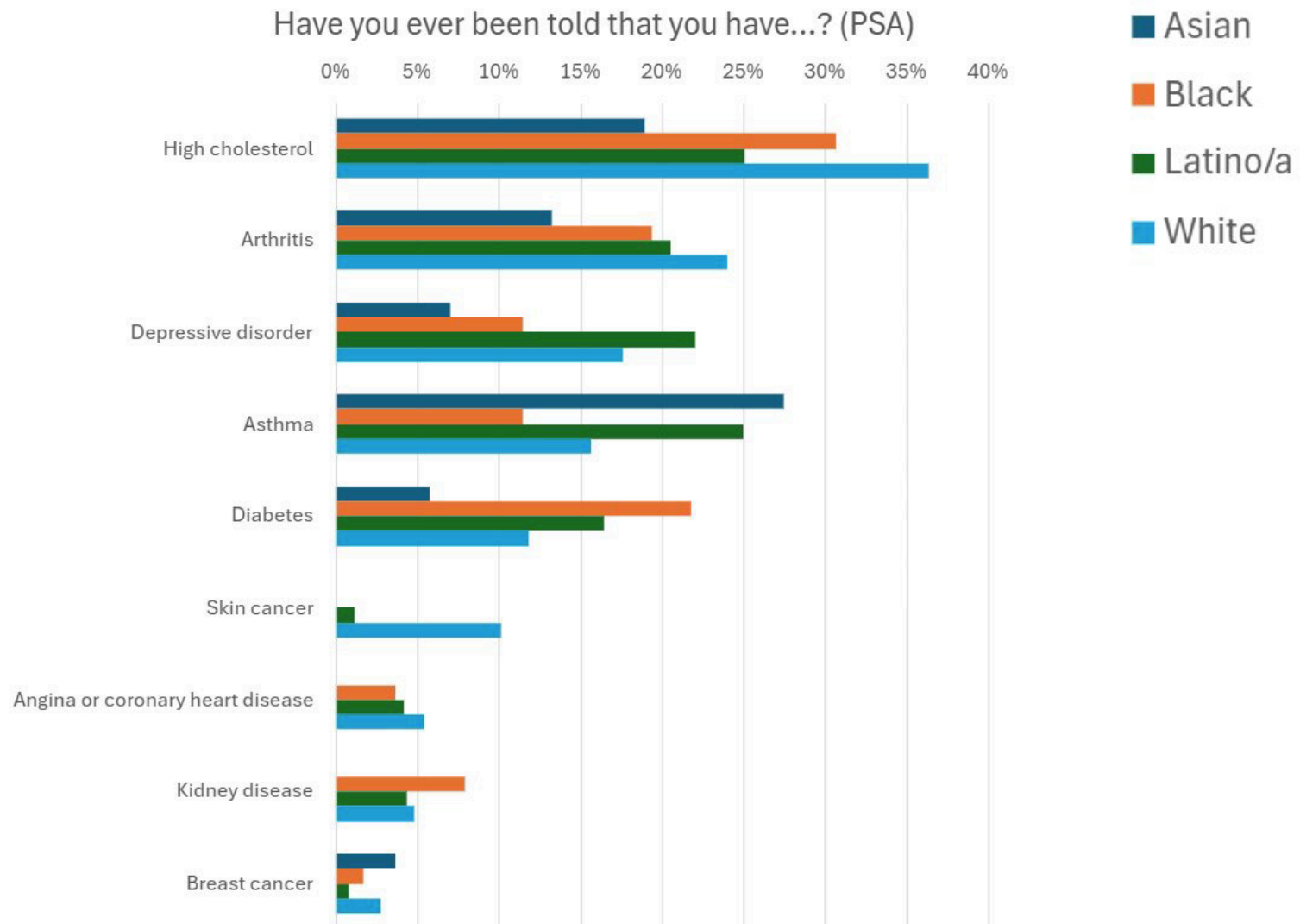
Source: Tower Health Hospitalization Data, 2021-2023

Chronic kidney disease (CKD) prevalence varies notably across different locations, impacting community health in distinct ways. In Berks County, PA, the CKD rate is 2.8%, slightly lower than the national average of 2.85% but higher than the overall Pennsylvania rate of 2.72%. Notably, Reading and Wyomissing, PA, both report a CKD rate of 3.5%, significantly higher than both the state and national averages. This elevated rate in specific locales highlights the need for healthcare strategies and resources to manage and pr*event the progression of chronic kidney disease, ensuring that affected populations receive appropriate care and support.*

Figure 32: Chronic kidney disease
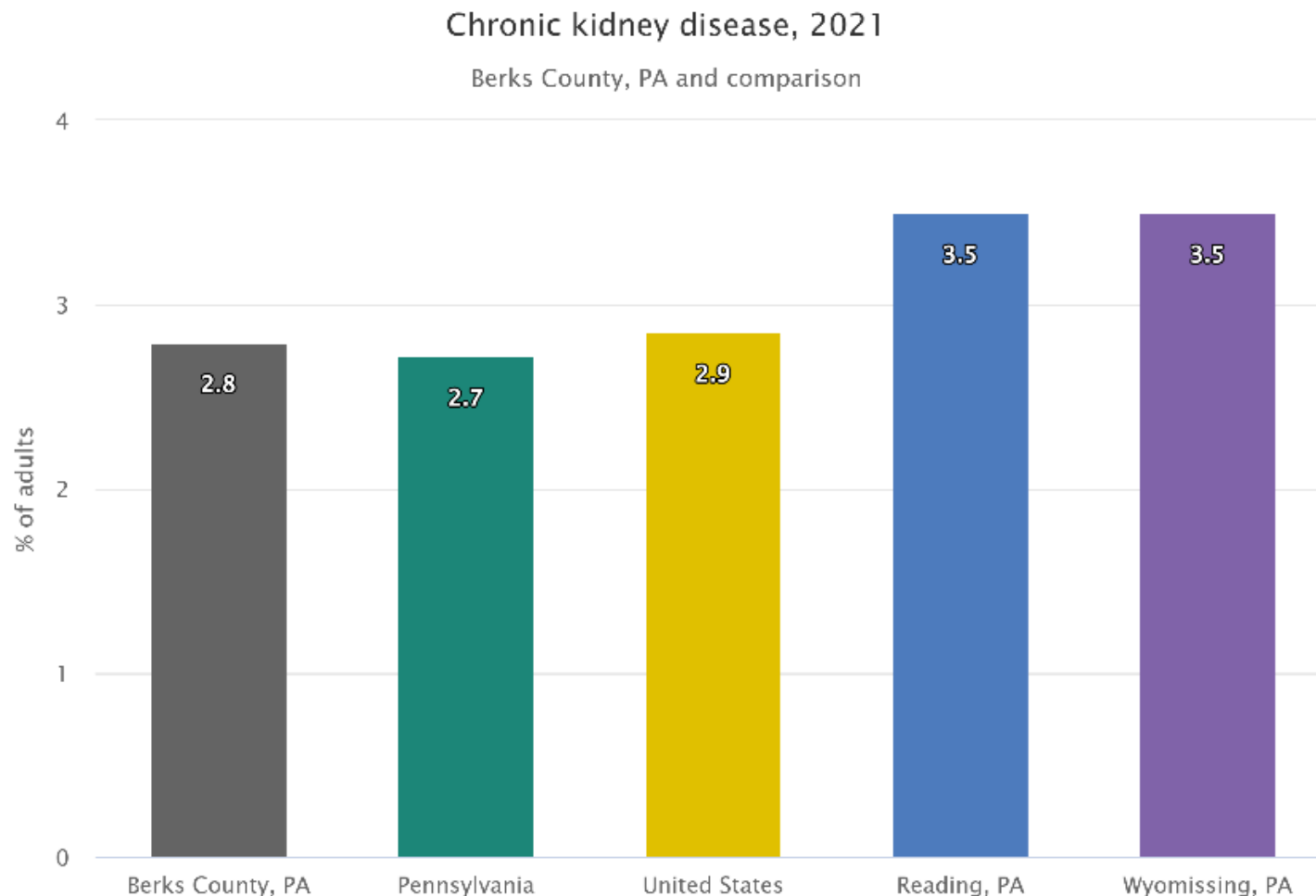
Chronic kidney disease, 2021
Berks County, PA and comparison

Obesity rates in Berks County, Pennsylvania have shown an upward trend over the last two decades, slightly higher than both state and national averages. Given these trends, the impact on public health in Berks County is substantial, increasing the prevalence of related diseases and healthcare costs, thus underscoring the urgency for effective community-based health policies, initiatives, and educational programs to curb this growing epidemic.

Figure 33: Obesity

Obesity
Berks County, PA and comparison

Legend: Berks County, PA — Pennsylvania — United States
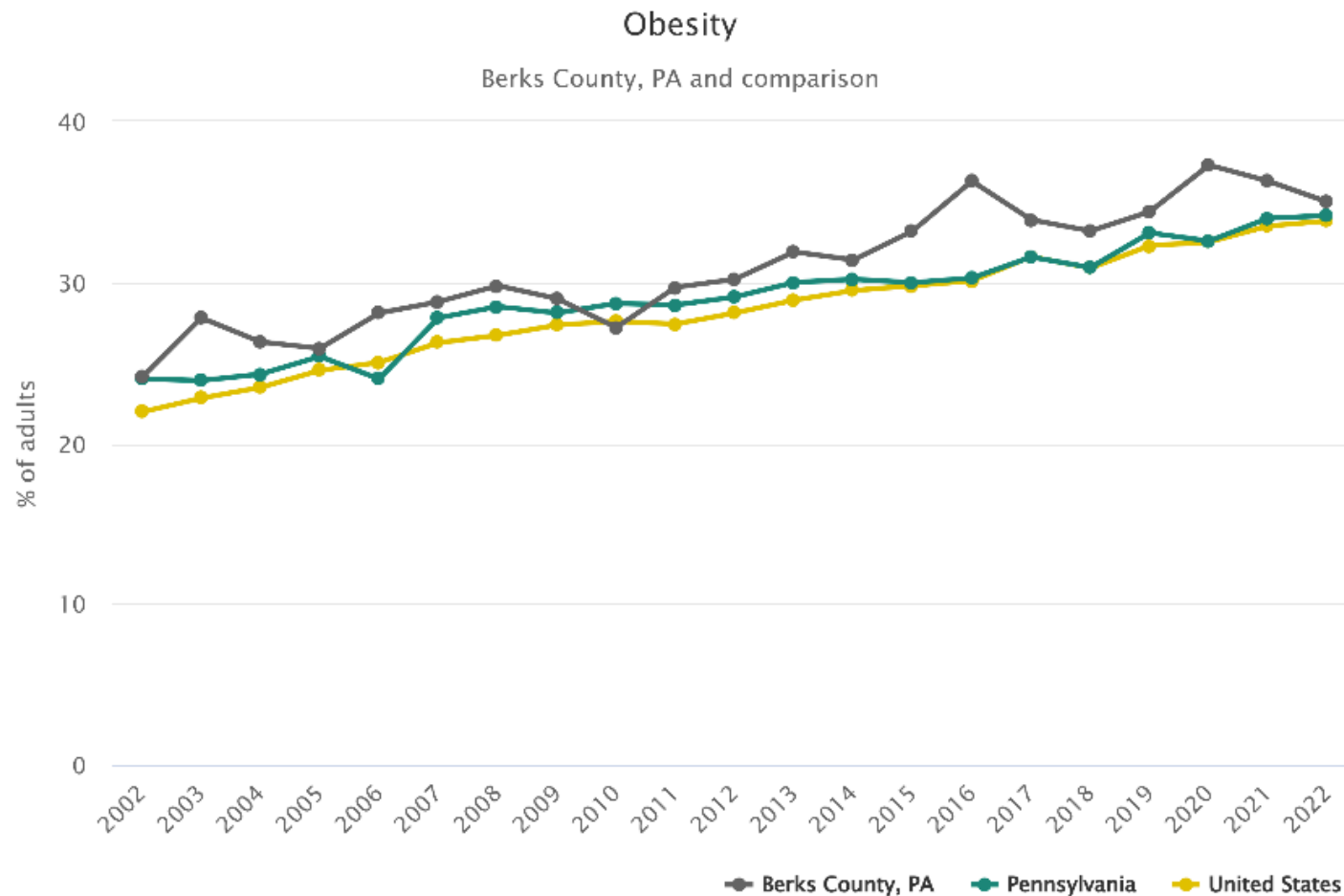
Created on Metopio | metop.io/i/jgya4mvc | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub–county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m²) calculated from self reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Chronic obstructive pulmonary disease (COPD) has a significant impact on the community, as reflected in Figure 26. The chart indicates that Reading, PA and Wyomissing, PA have the highest prevalence of COPD at 8.5% and 6.60% respectively. This suggests that COPD is particularly prevalent in Reading, PA, compared to other areas.

Figure 34: Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD), 2022

Berks County, PA and comparison
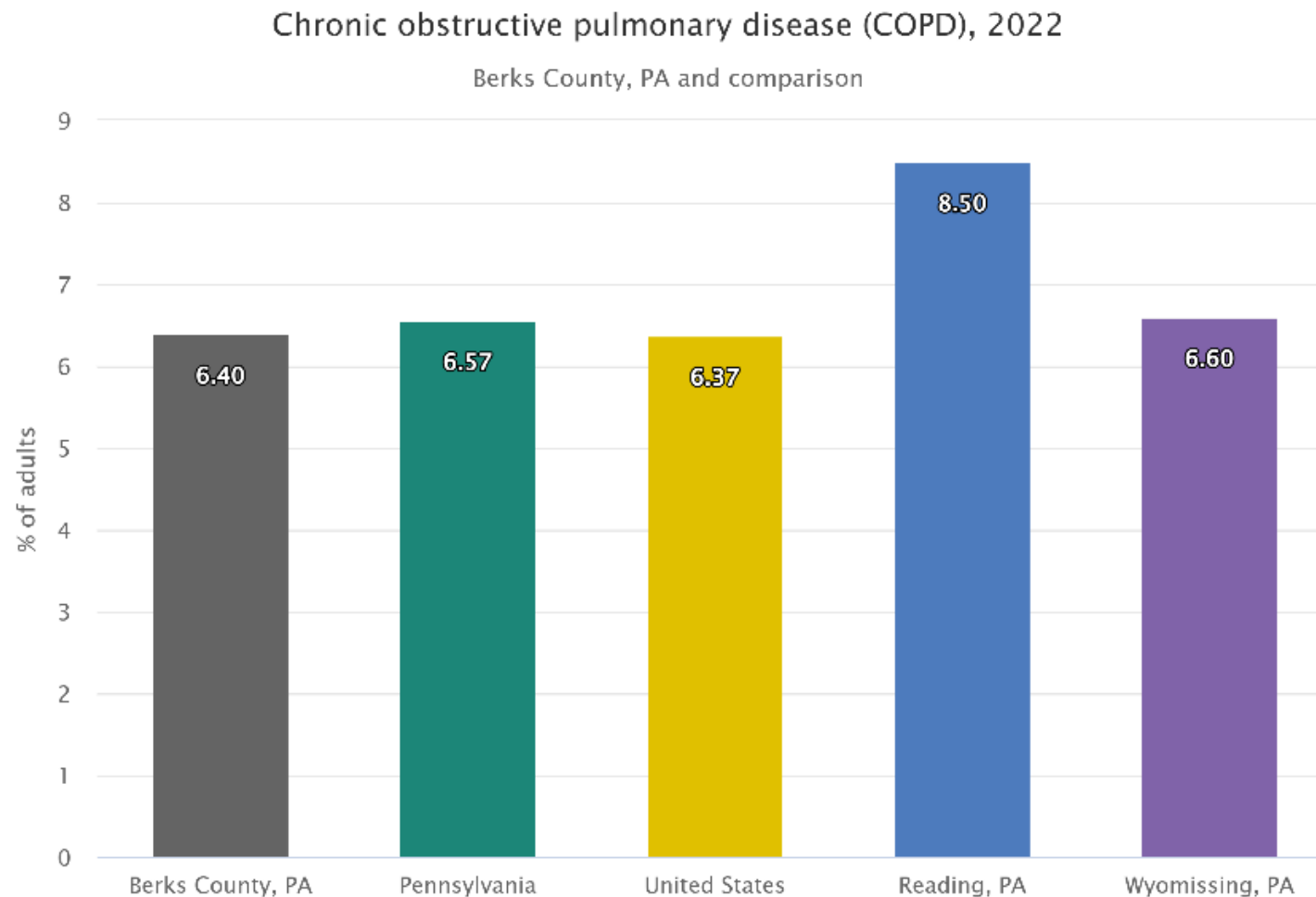
Created on Metopio | metop.in/i/835rccq9w | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Asthma rates vary across different locations, with Reading, PA having the highest rate at 11.6%, followed by Berks County, PA at 10.4%, Pennsylvania at 10.69%, and the United States at 10.35%. The data highlights the localized impact of asthma within Pennsylvania, with Reading showing a notably higher prevalence compared to the state and national averages.
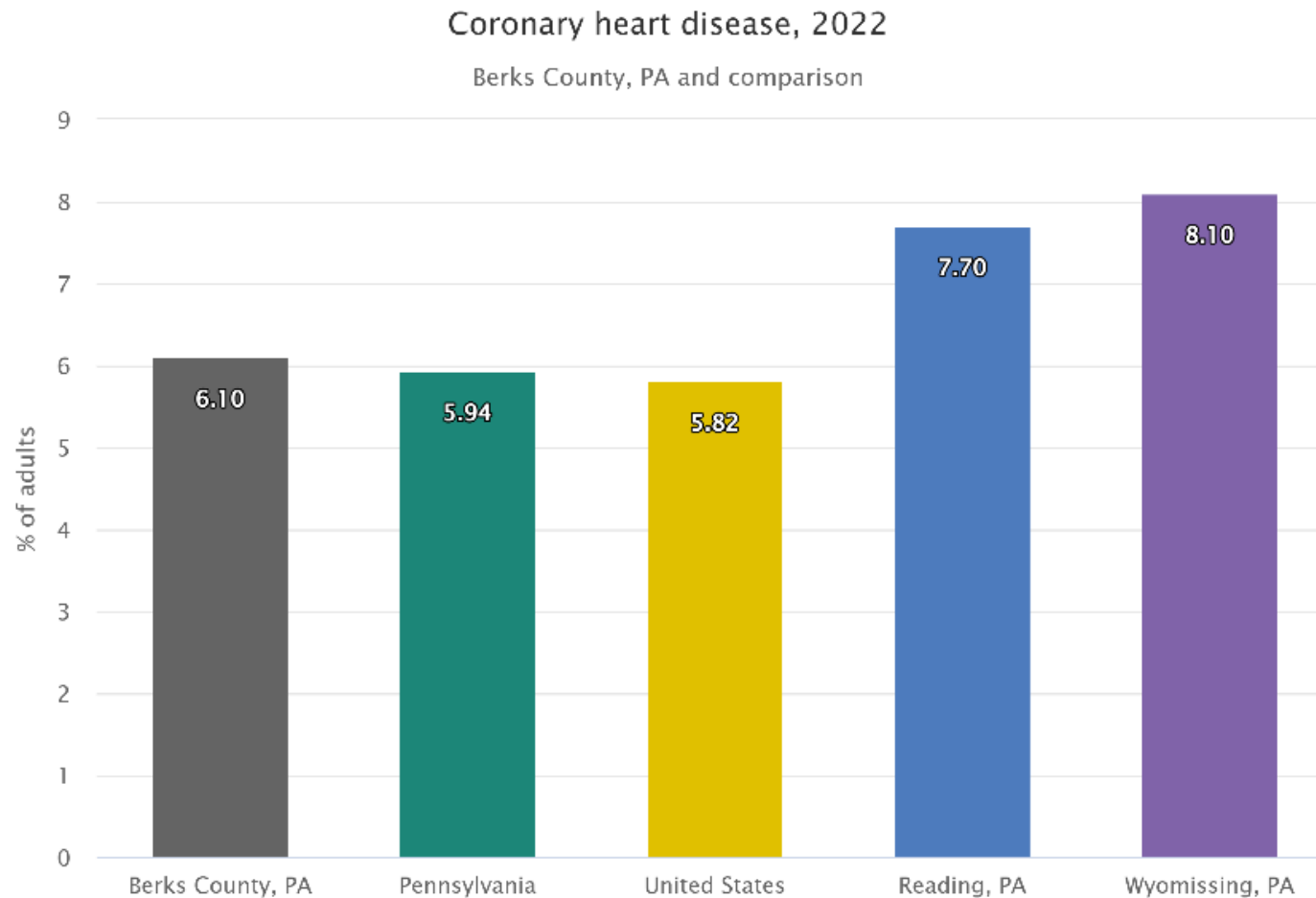
Figure 35: Current asthma

Current asthma, 2022

Berks County, PA and comparison
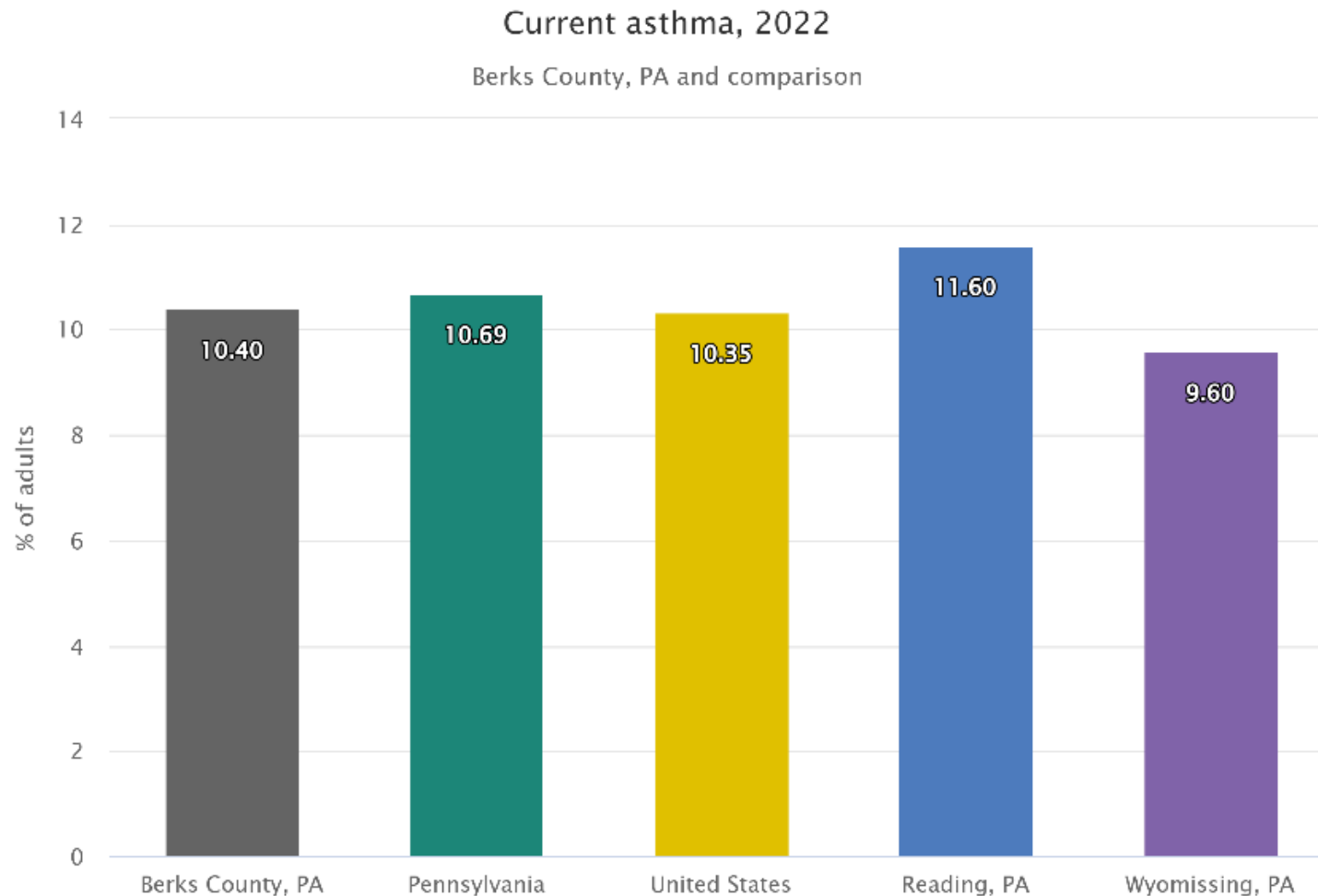
Created on Metopio | metop.io/i/ntc9gto4 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Figure 36 In Berks County, PA, the rate of coronary heart disease is 6.1%, slightly higher than the state and national rates. However, rates in Reading, PA and Wyomissing, PA are notably higher. As shown in **Figure 37**, the majority of heart failure hospitalizations from 2021-2023 were among the Non-Hispanic White population.
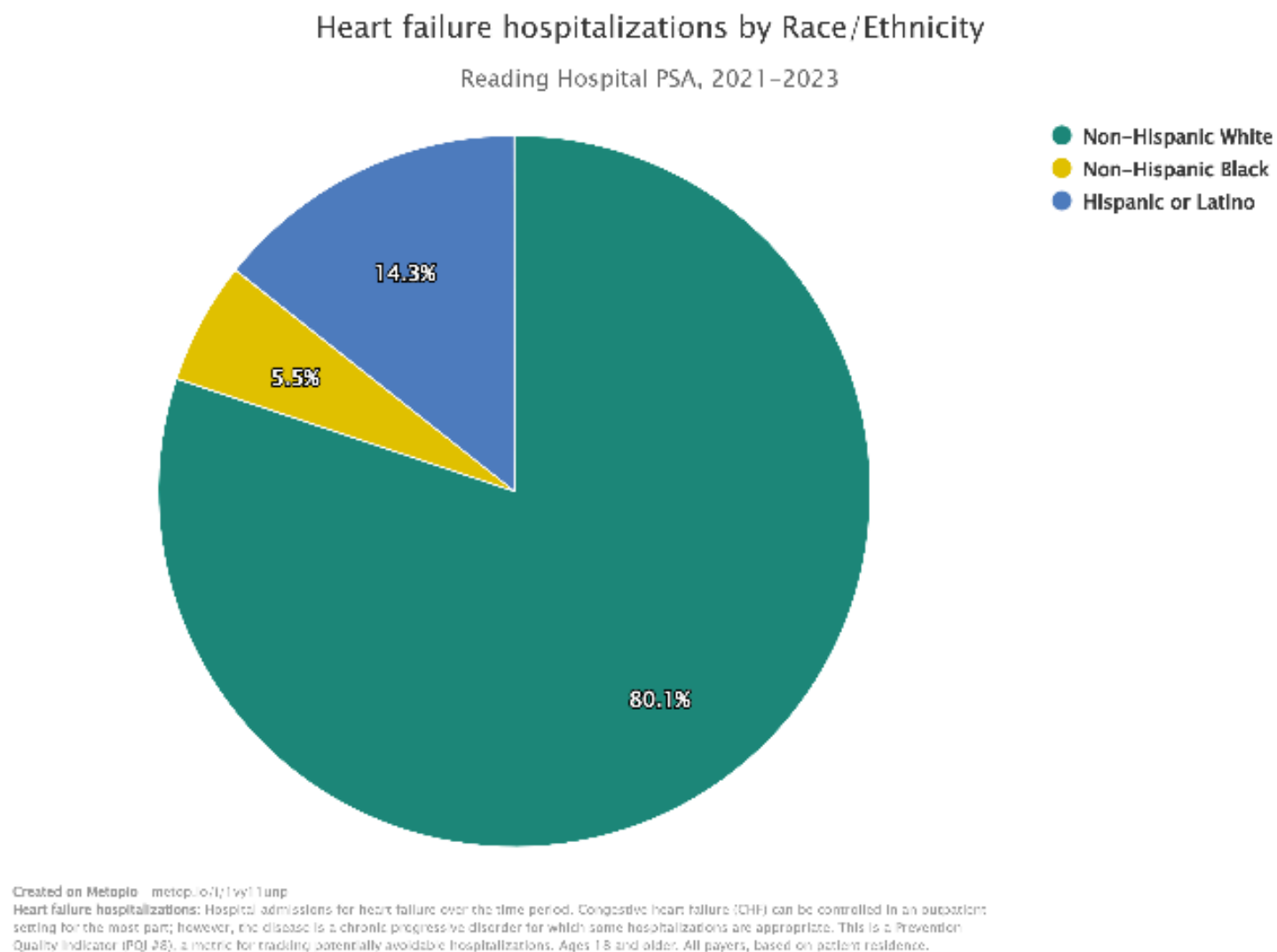
Figure 36: Coronary heart disease

Coronary heart disease, 2022

Berks County, PA and comparison

Location	% of adults
Berks County, PA	6.10
Pennsylvania	5.94
United States	5.82
Reading, PA	7.70
Wyomissing, PA	8.10

Created on Metopio | metop.io/i/tepgiwfm | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub–county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
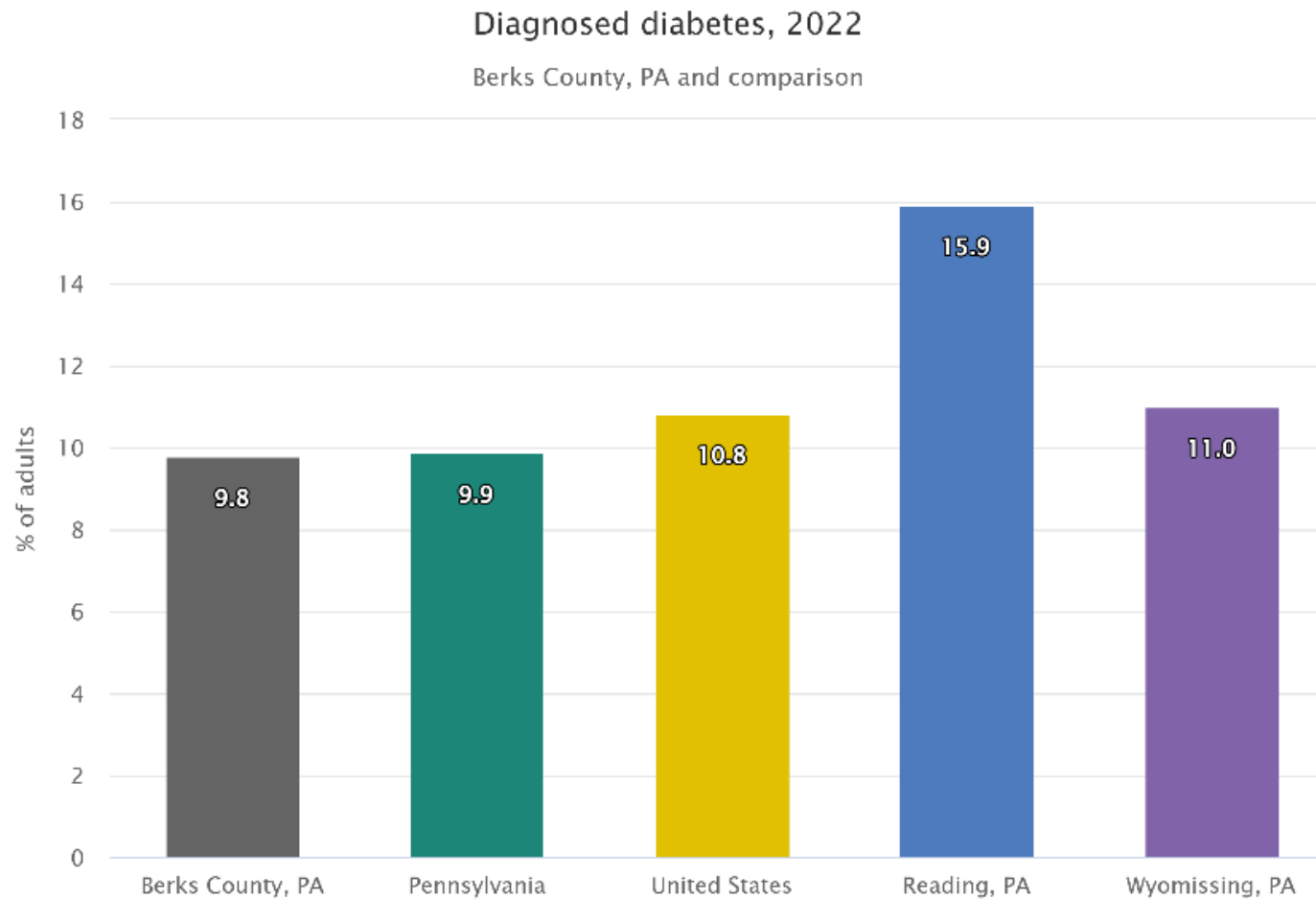Coronary heart disease: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have angina or coronary heart disease. Data for counties and states are age adjusted. Data for zips, tracts and smaller layers are raw.

Figure 37: Heart Failure Hospitalizations

Heart failure hospitalizations by Race/Ethnicity

Reading Hospital PSA, 2021–2023

- ● Non-Hispanic White
- ● Non-Hispanic Black
- ● Hispanic or Latino

14.3%

5.5%

80.1%

Created on Metopio   metopio/i;1vy11unp
Heart failure hospitalizations: Hospital admissions for heart failure over the time period. Congestive heart failure (CHF) can be controlled in an outpatient setting for the most part; however, the disease is a chronic progressive disorder for which some hospitalizations are appropriate. This is a Prevention Quality Indicator (PQI 08), a metric for tracking potentially avoidable hospitalizations. Ages 18 and older. All payers, based on patient residence.

Diagnosed diabetes rates vary across different regions, as evident from the chart. Reading, PA stands out with the highest rate of diagnosed diabetes at 15.9%, significantly exceeding the county, state, and national averages.

Figure 38: Diagnosed diabetes

Diagnosed diabetes, 2022
Berks County, PA and comparison

Created on Metopio | metop.io/i/5ukyof5b | **Data sources**: Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data)
Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age adjusted. Data for zips, tracts and smaller layers are raw.

The data on diagnosed stroke rates reveals that residents of Reading, PA are more likely to be diagnosed with stroke than other areas of the community. This suggests that there may be specific localized factors contributing to the higher prevalence. It is important to investigate the potential root causes in order to implement interventions and support for the community.

Figure 39: Diagnosed stroke

Diagnosed stroke, 2022
Berks County, PA and comparison
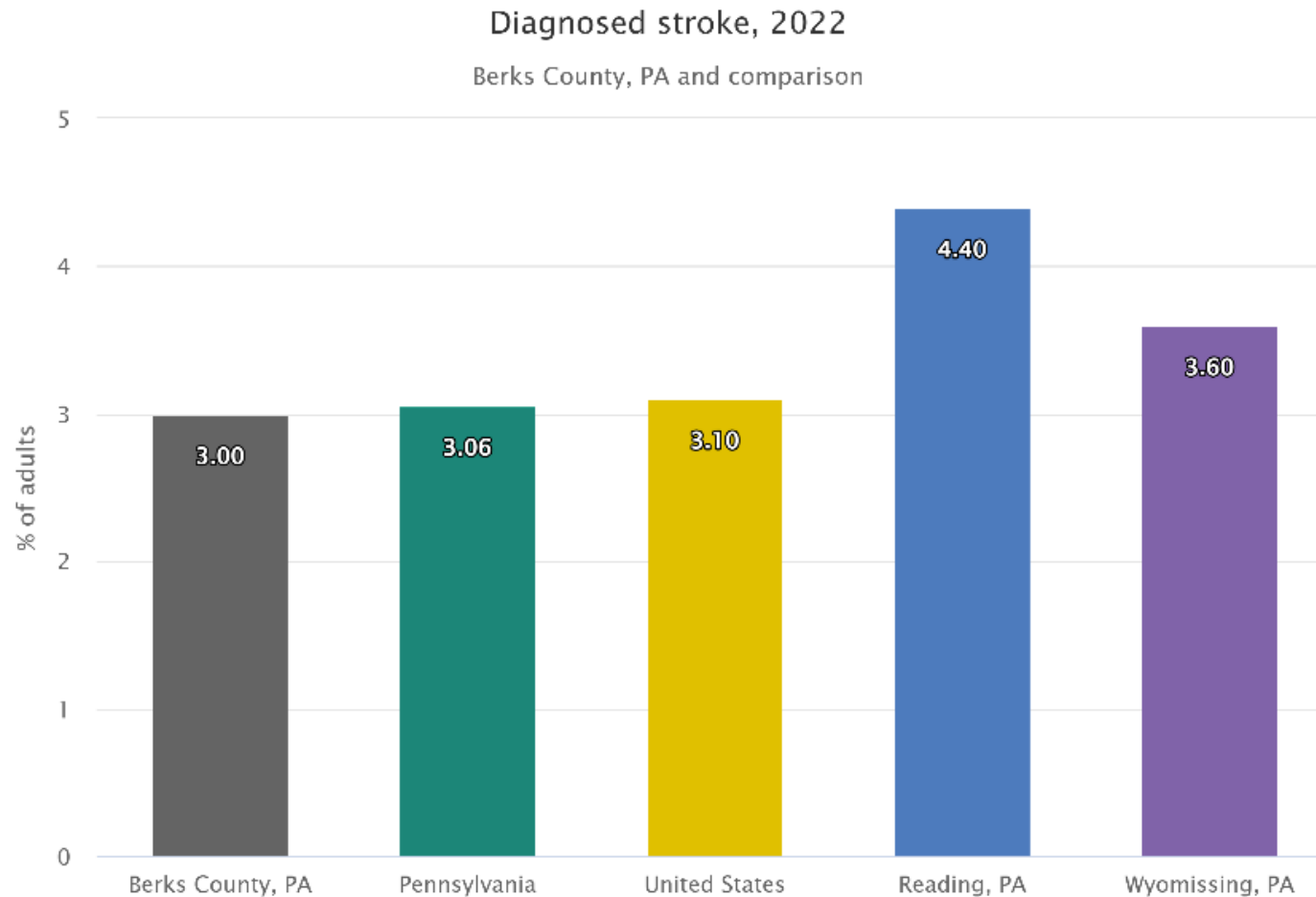
Created on Metopio | metop.io/i/tdj5s37w | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Diagnosed stroke: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Cancer has had a significant impact on the community. Specifically, Wyomissing, PA stands out with 11.50% of the population having experienced cancer. These figures highlight the pressing need for support and resources to address the impact of cancer within these localities.

Figure 40: Have ever had cancer

Have ever had cancer, 2022

Berks County, PA and comparison
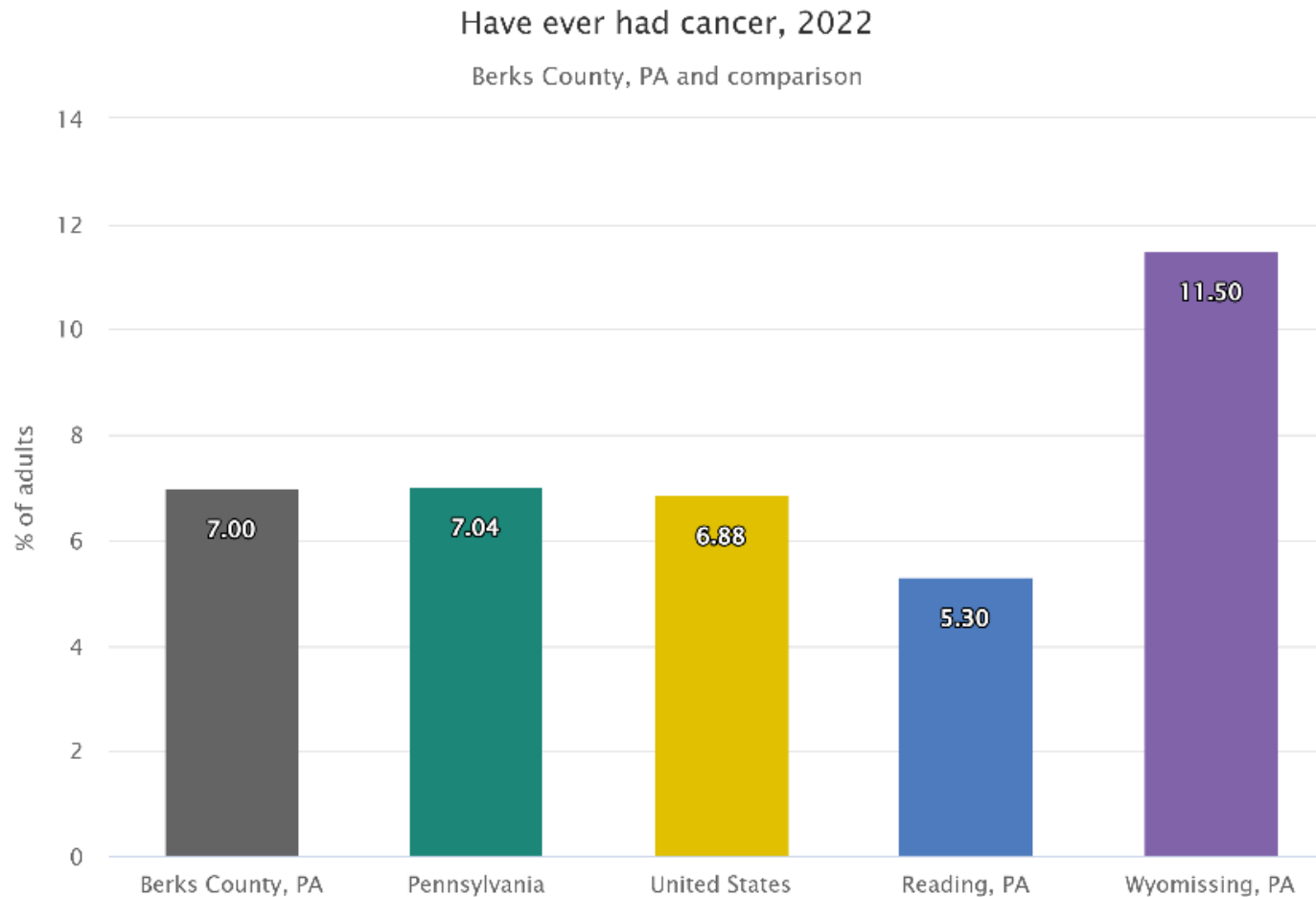
Created on Metopio | metop.io/i/Ivv6httt | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub–county data (zip codes, tracts))
Have ever had cancer: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age adjusted. Data for zips, tracts and smaller layers are raw.

High blood pressure is a significant health concern for areas in Berks County, PA. Data for the cities of Reading, PA and Wyomissing, PA indicate a greater incidence of high blood pressure, highlighting the need for health interventions in those communities to address the prevalence of high blood pressure and its impact on the local population.

Figure 41: High blood pressure
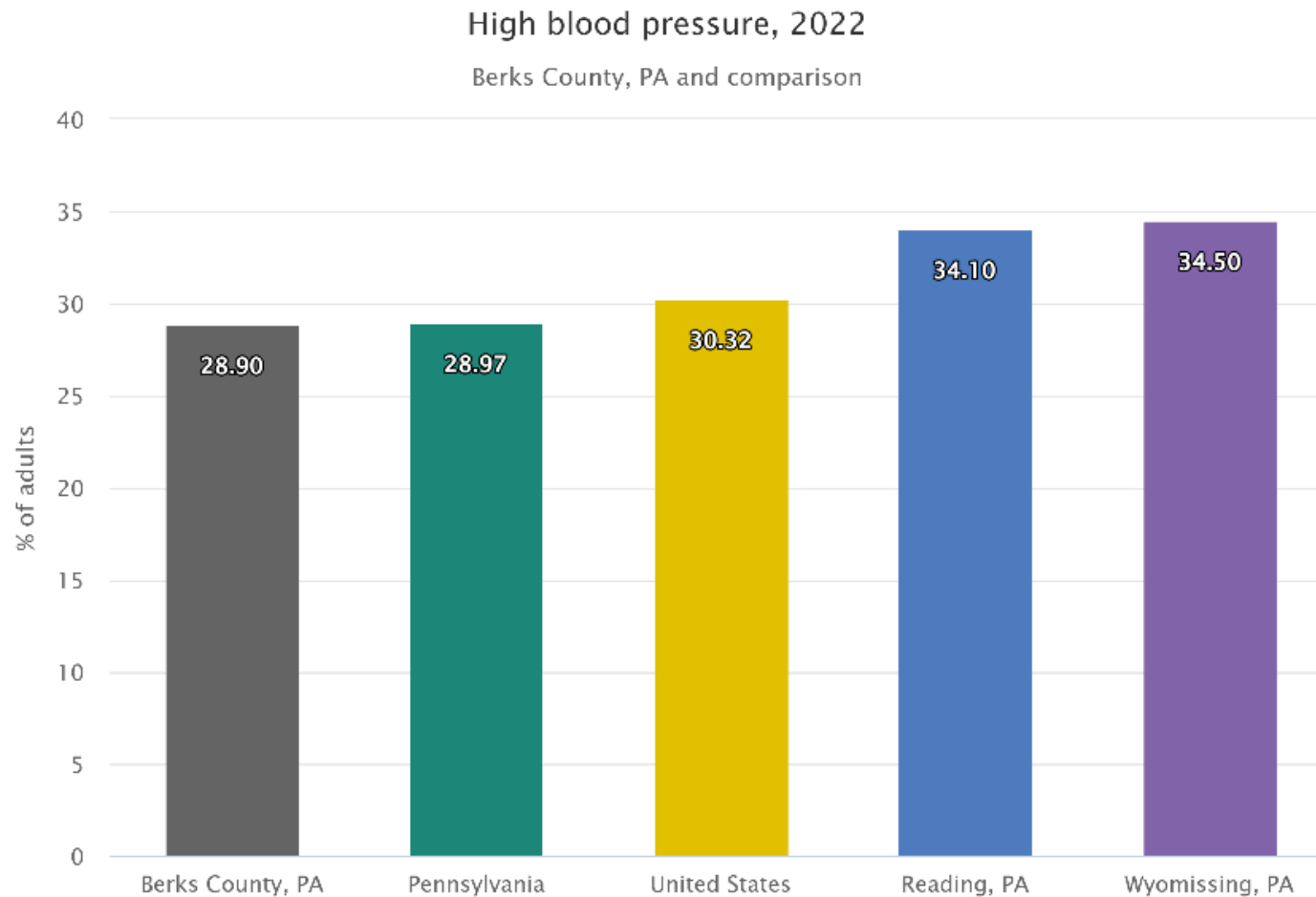
High blood pressure, 2022
Berks County, PA and comparison

Created on Metopio | metop.in/i/9w45qhaq | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

SOCIAL DETERMINANTS
OF HEALTH

As defined by the Centers for Disease Control and Prevention (CDC), Social Determinants of Health are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. This also includes the broader forces and systems that shape everyday life conditions.

Figure 42: The Centers for Disease Control and Prevention (CDC) Five Social Determinants of Health

Source: U.S. Centers for Disease Control and Prevention (CDC), 2024

The map below shows the Social Vulnerability Index (SVI) in Berks County, by zip code. The Social Vulnerability Index (SVI) ranks places on 15 social factors, including unemployment, minority status, and disability, and combines the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability). ZIP codes in the City of Reading exhibit notably high vulnerability, with SVI percentiles upwards of 90.

Figure 43: Social Vulnerability Index
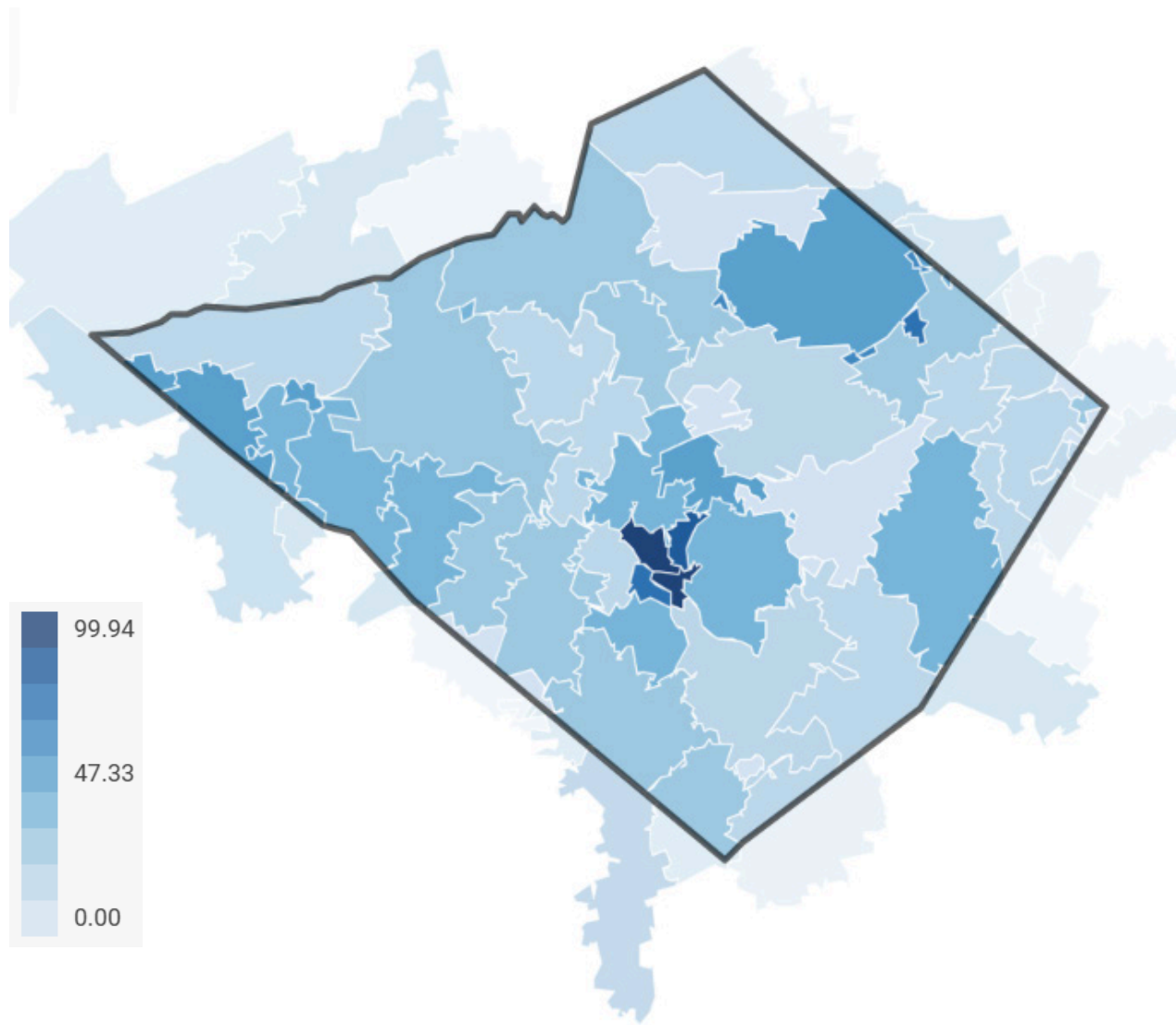
Source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry, 2022

FOOD
ACCESS

Food insecurity is a pressing issue that affects communities in various ways. National, state, and county data on food insecurity reveals significant disparities by race/ethnicity. Non-Hispanic Black and Hispanic or Latino populations experience notably higher levels of food insecurity compared to the Non-Hispanic White population, highlighting the disproportionate impact of food insecurity on these populations. This underscores the need for interventions and support to address the specific challenges faced by these marginalized groups in accessing an adequate and consistent food supply.

*Figure 44: Food insecurity by Race/Ethnicity*
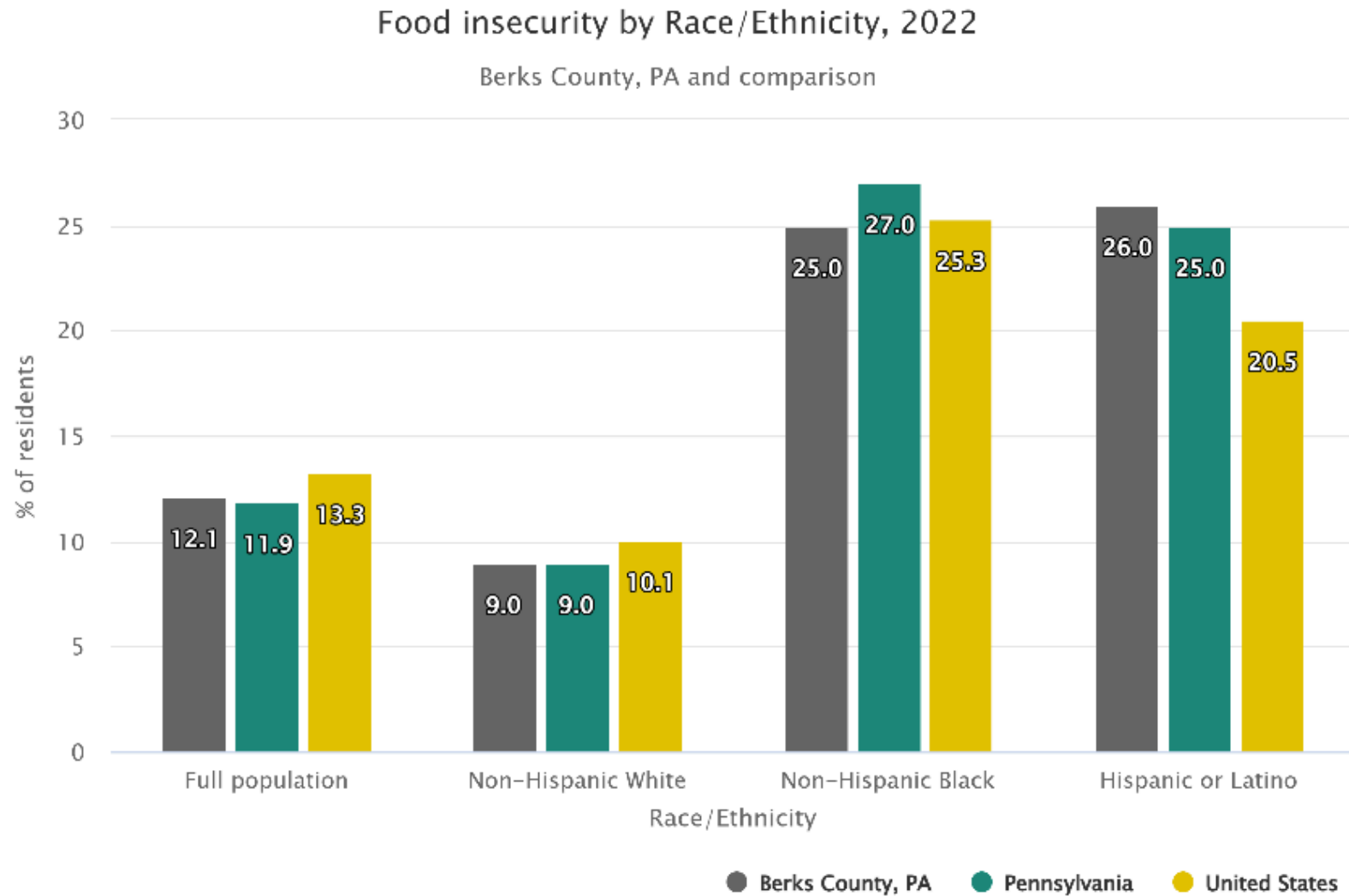
Food insecurity by Race/Ethnicity, 2022

Berks County, PA and comparison

Food stamp utilization reveals significant disparities when comparing Reading, PA to broader state and national levels. In Reading, a staggering 38.5% of the population relies on SNAP benefits, which is significantly higher than Pennsylvania's overall rate of 14% and the United States average of 11.8%. This high dependency indicates pressing socioeconomic challenges within Reading, highlighting the critical impact of food assistance programs on alleviating hunger and supporting vulnerable communities in the area. Addressing these disparities is essential for fostering equitable food security and improving quality of life across different demographics.

Figure 45: Food stamps (SNAP)

Food stamps (SNAP), 2019-2023

Berks County, PA and comparison
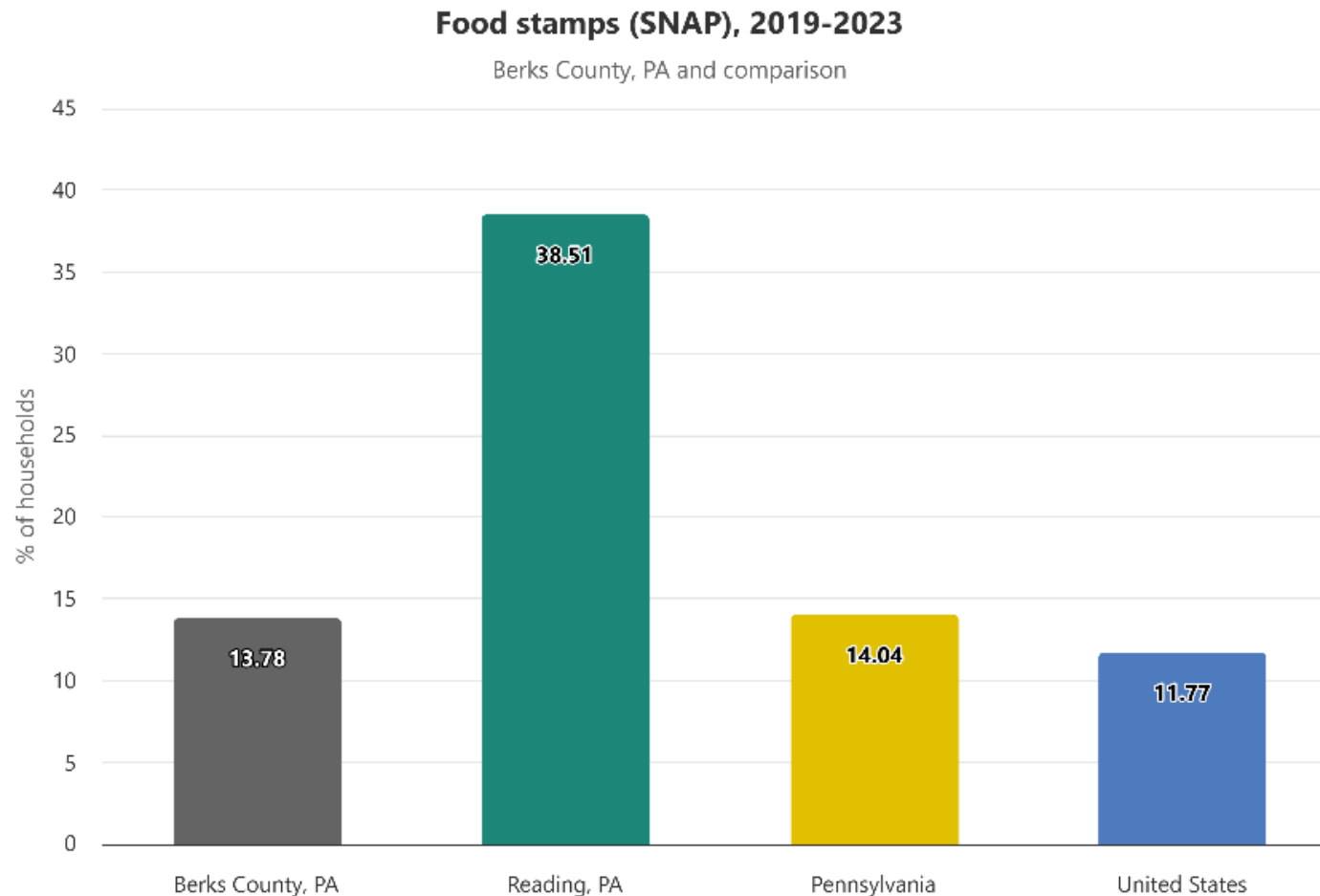
Created on Metopio | metop.io/i/cutpcb3q | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)
Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

TRANSPORTATION

Lack of access to a vehicle is a significant issue affecting households, with rates varying across the nation, state, and county. The data reveals that urban areas such as Reading, PA have a considerable percentage of households with no vehicles available, indicating potential transportation challenges for the community.

Figure 46: No vehicle available

No vehicle available, 2019-2023
Berks County, PA and comparison
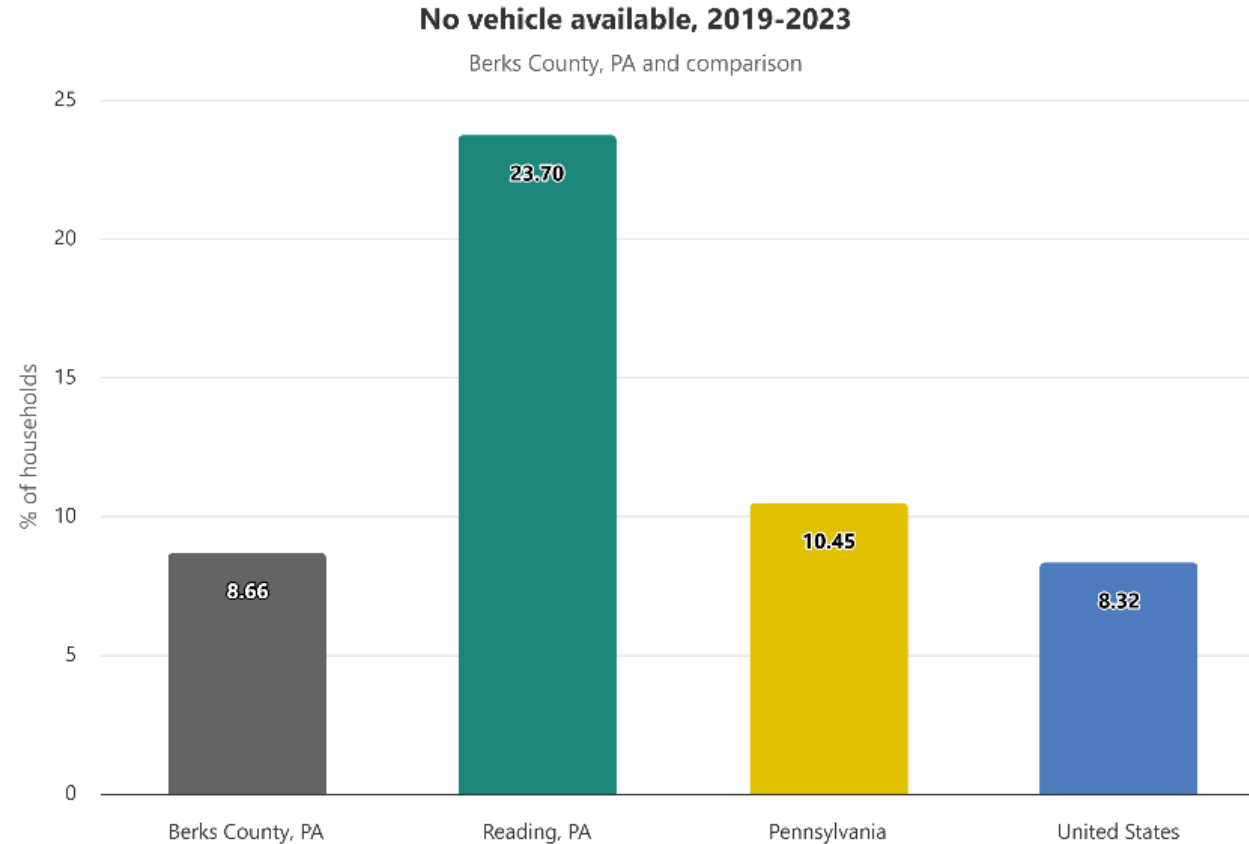
Created on Metopio | metop.io/i/trhb8ve3 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

No vehicle available: Percent of occupied households with no vehicles available.

EMPLOYMENT

The unemployment rate in Berks County and Pennsylvania closely mirrors the national average, with only slight variations. However, Reading, PA, stands out with a significantly higher rate at 12.12%, indicating a local economic challenge that might be affecting the community more severely than its surrounding areas or the broader state and nation. This disparity suggests a pressing need for economic interventions and support services in Reading to alleviate the impact on its residents and improve its economic standing. Addressing this localized spike in unemployment could benefit not only those directly affected but also enhance the overall economic health of the region.

Figure 47: Unemployment rate

Unemployment rate, 2019-2023
Berks County, PA and comparison
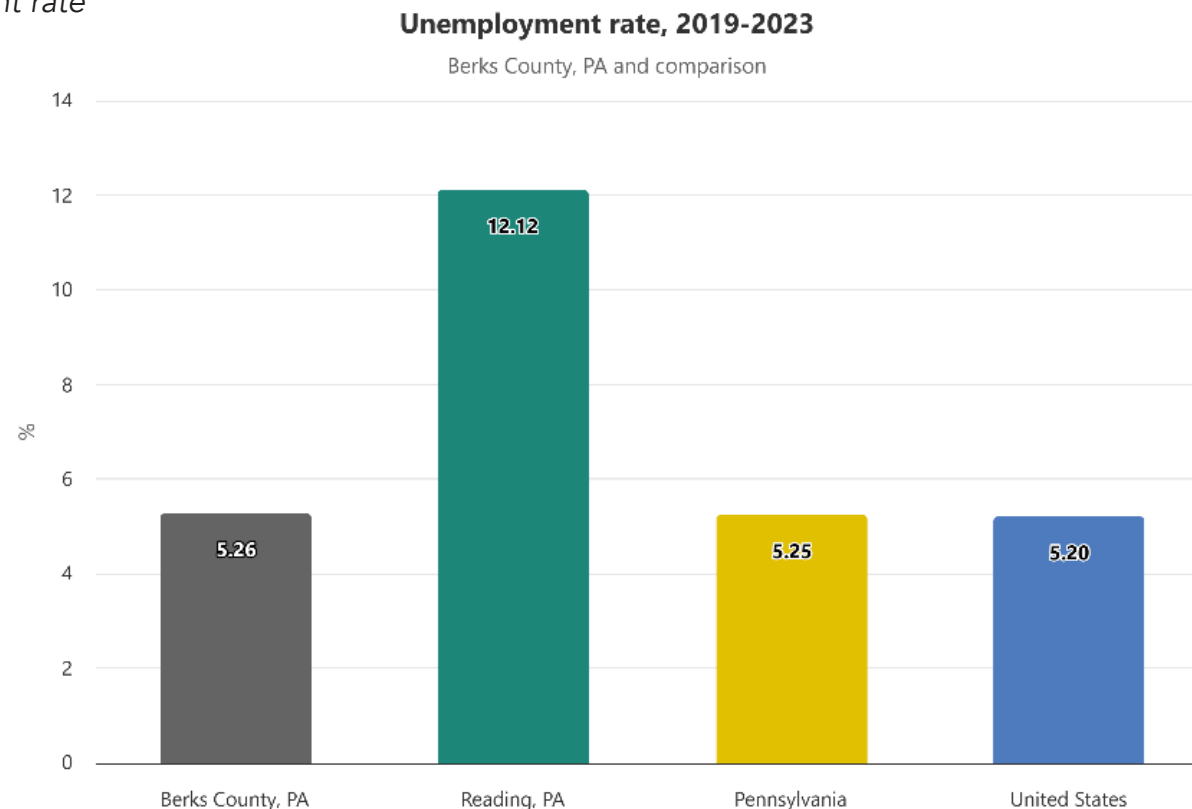
Created on **Metopio** | metop.io/i/m59bkho6 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.
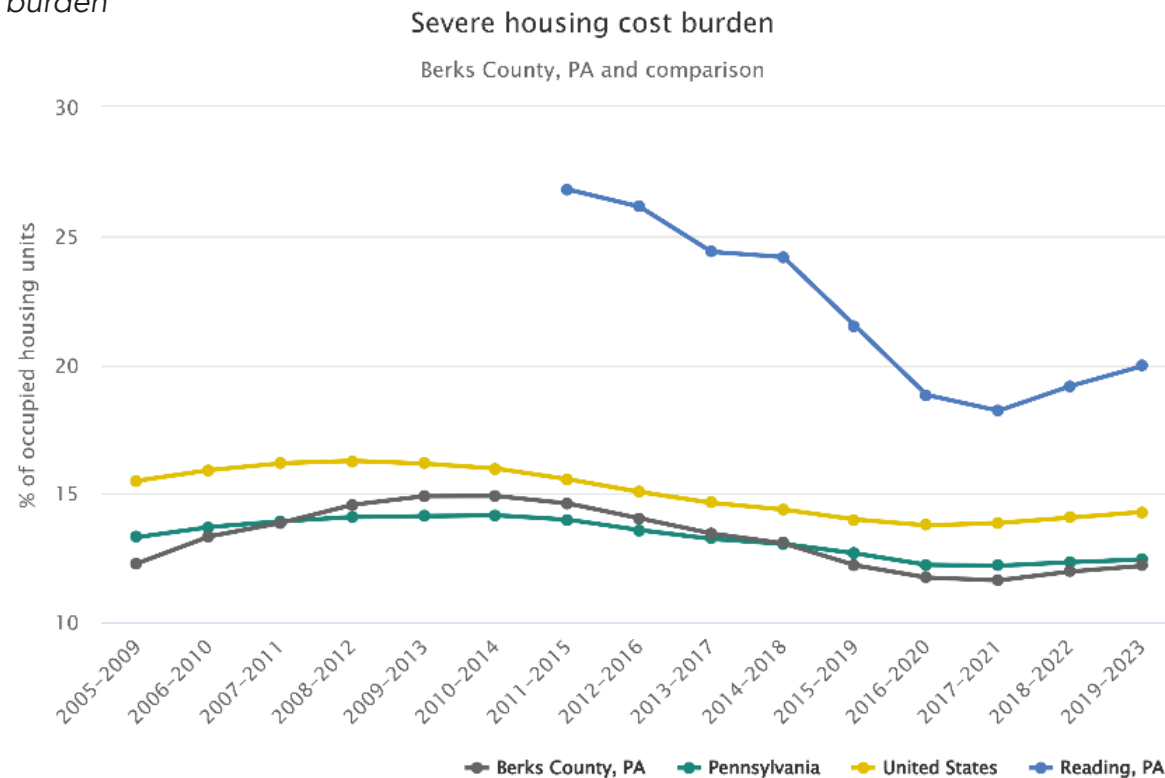
HOUSING

The severe housing cost burden presents a challenging landscape across various regions, with Reading, PA, showing notably higher rates in contrast to county, state, and national averages. While there has been a general decrease in the percentage of households facing severe housing cost burdens across the board, Reading remains disproportionately affected, peaking at 26.8% in 2011-2015, and still high at 19.94% in 2019-2023. This persistent disparity in Reading underscores the need for interventions to alleviate financial strains on its residents, ultimately enhancing the community's overall economic stability and quality of life.

Figure 48: Severe housing cost burden
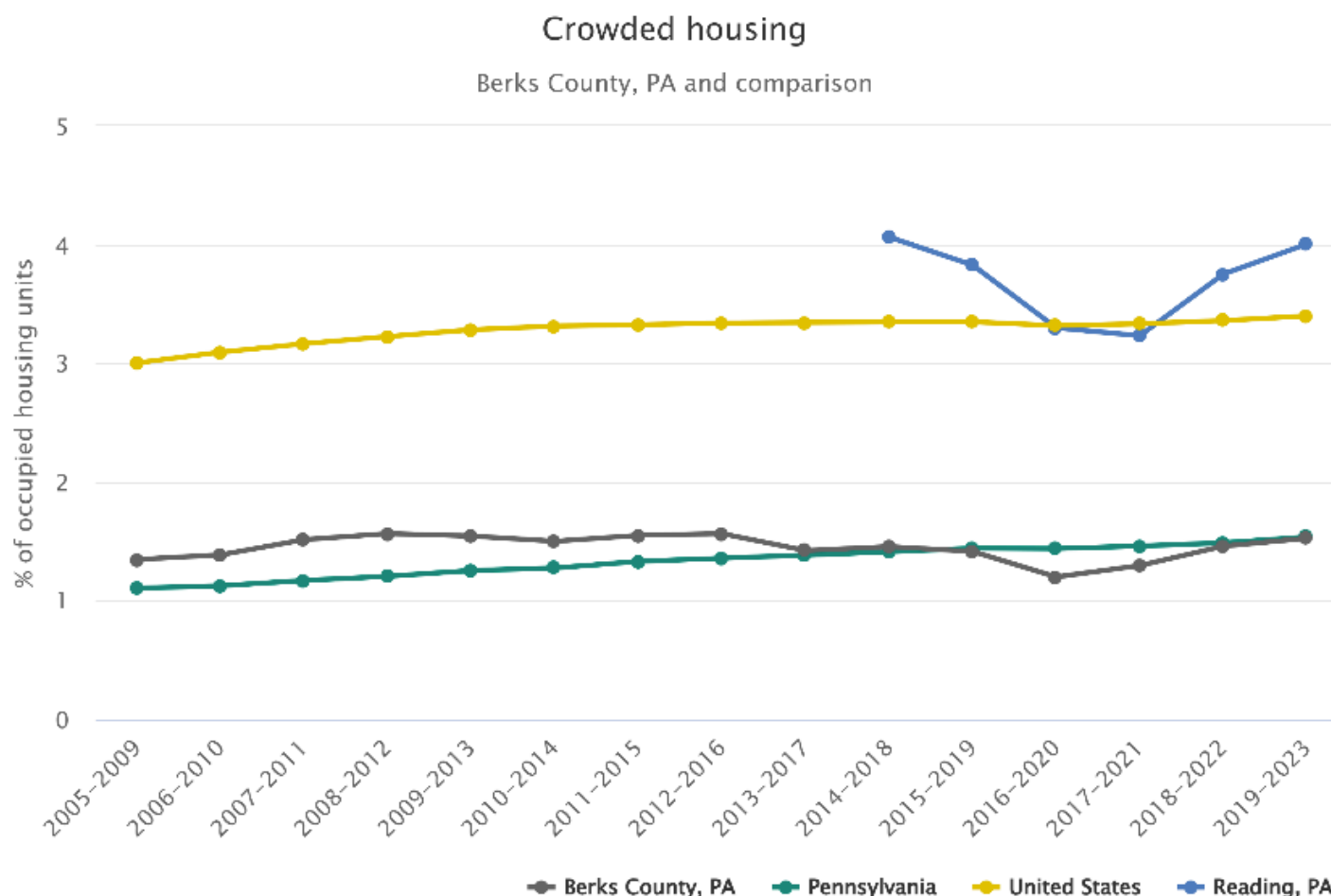
Severe Housing Cost Burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened.

Severe housing cost burden
Berks County, PA and comparison

Created on Metopio | metop.io/i/vq5ce7ou | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)
Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

The issue of crowded housing across different regions requires close monitoring to understand its impact on community well-being. Data from 2005 to 2023 shows a fluctuating yet concerning trend in crowded housing rates, particularly in Reading, PA, which consistently exhibits higher crowded housing rates compared to county, state, and national averages. This persistent issue in Reading may hinder community development and affect residents' quality of life due to associated health and social challenges. Addressing these disparities is crucial for improving living conditions and ensuring equitable growth within the community.

Figure 49: Crowded housing

Crowded housing
Berks County, PA and comparison

Legend: Berks County, PA — Pennsylvania — United States — Reading, PA

Created on Metopio | metop.io/i/b912extf | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25014)
Crowded housing: Percent of occupied housing units with more than one occupant per room (e.g. three occupants in a one bedroom apartment).

SAFETY

Challenges identified included violence among children and young adults, violence stemming from trauma, unmet needs, mental health conditions, and substance use. Participants recommended solutions including to provide jobs for individuals reentering the community, outreach to people struggling with addiction and mental health conditions especially youth, more safe adults in the community, increased collaboration and partnerships, increase collaboration with law enforcement, more funding for small nonprofits, and accountability for parents regarding weapons in their homes.

Figures 50 and 51 *(next page)* Firearm-related mortality varies across different racial and ethnic groups. Non-Hispanic Black individuals experience the highest firearm-related mortality rates across the county, state, and nation. This highlights a concerning disparity in the impact of firearm-related mortality on the Black community.

The Berks County firearm mortality rate for the full population stands at 10.7 per 100,000, which is lower than state and national averages. Within the 5-17 age group, Berks County's rate of 14.19 significantly exceeds both state and national figures, suggesting a pressing local issue affecting young individuals. This disparity underscores the need for interventions and community support programs to address and mitigate the impact of firearm-related incidents among youth in Berks County.

"Most violence starts in the home: neglect, parents fighting with each other, lack of communication, kids unsupervised due to work schedules, weapons in the household."
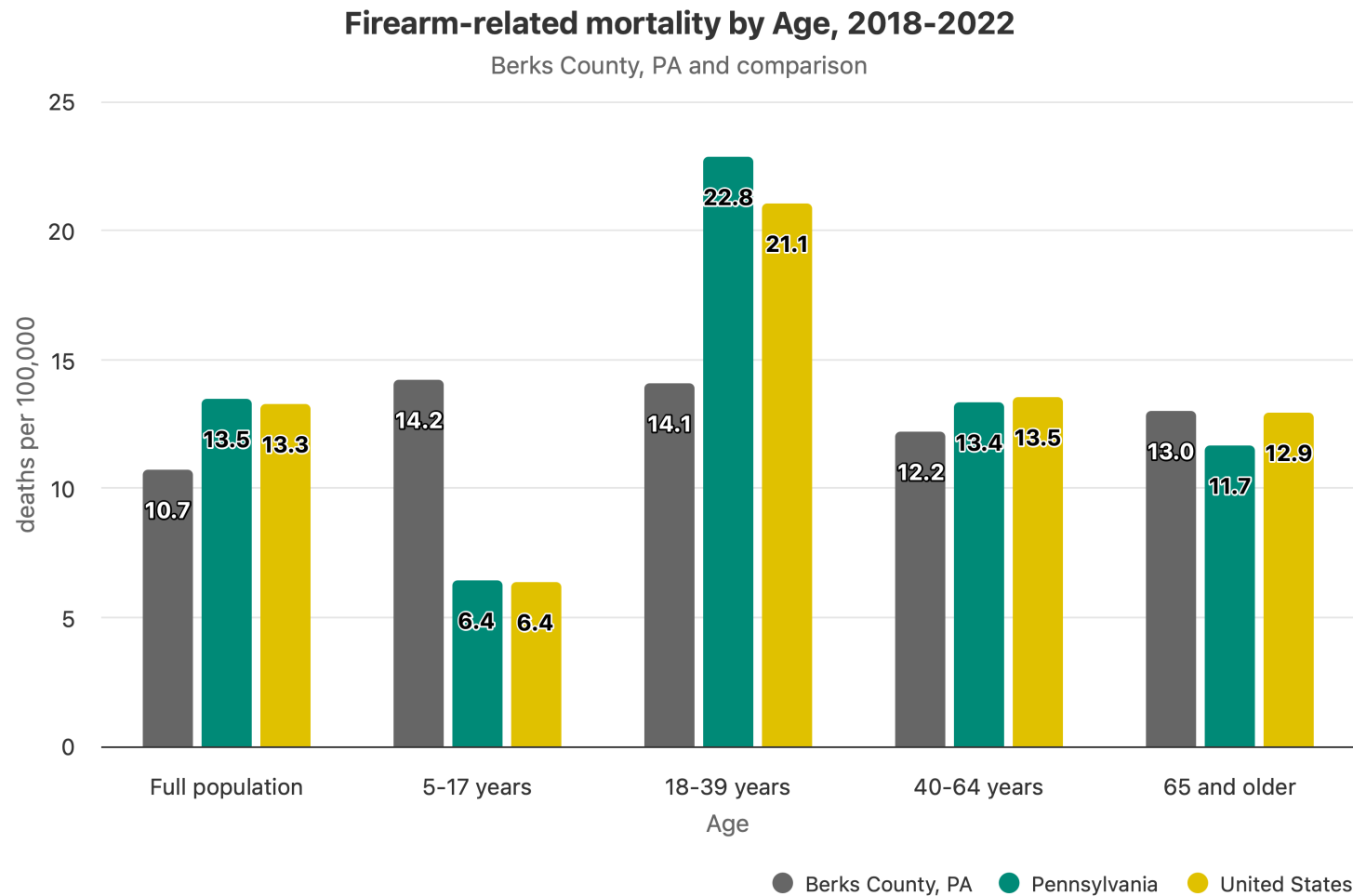
-Violence Focus Group Participant

Firearm-related mortality by Race/Ethnicity, 2018–2022
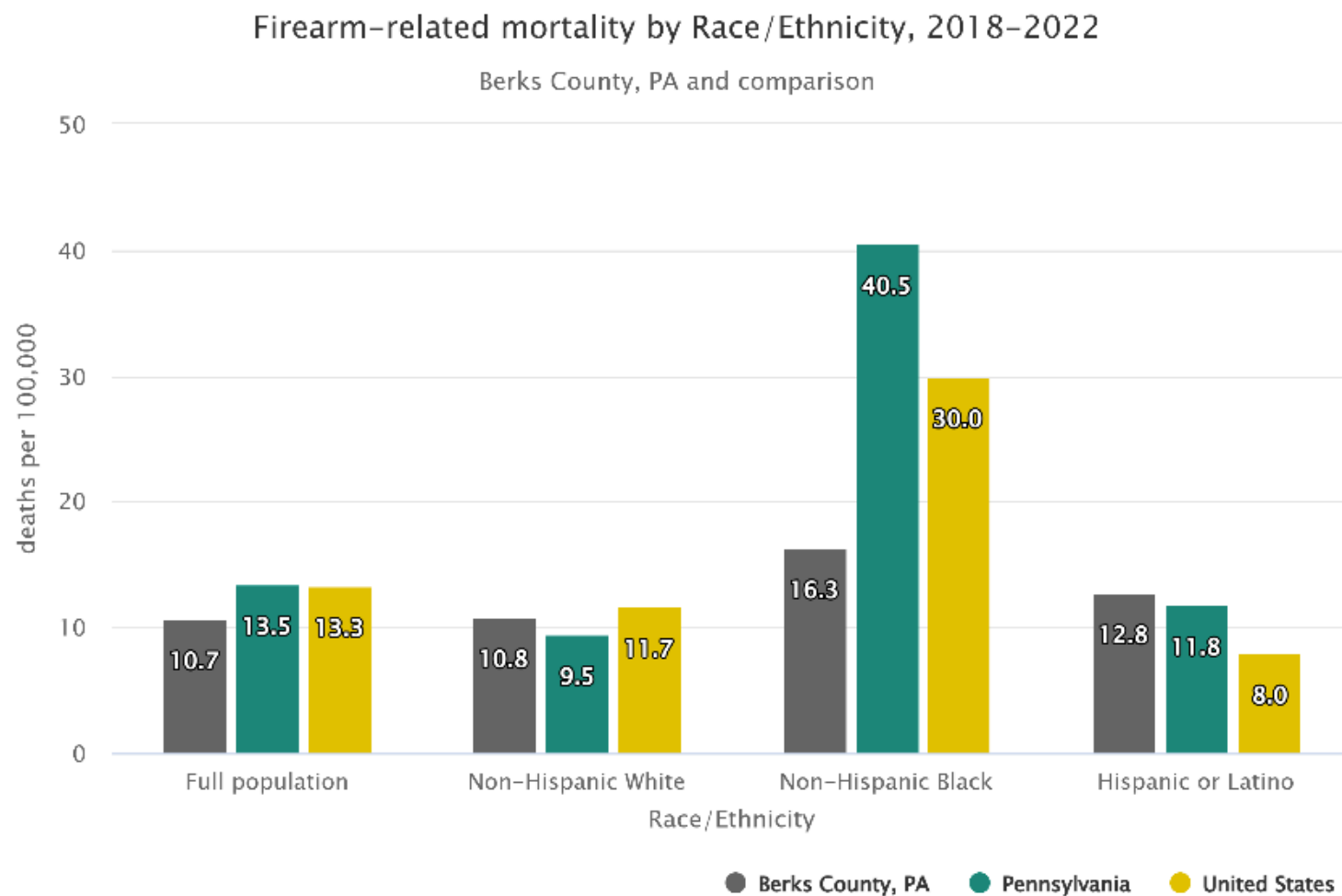
Berks County, PA and comparison

Firearm-related mortality by Age, 2018-2022
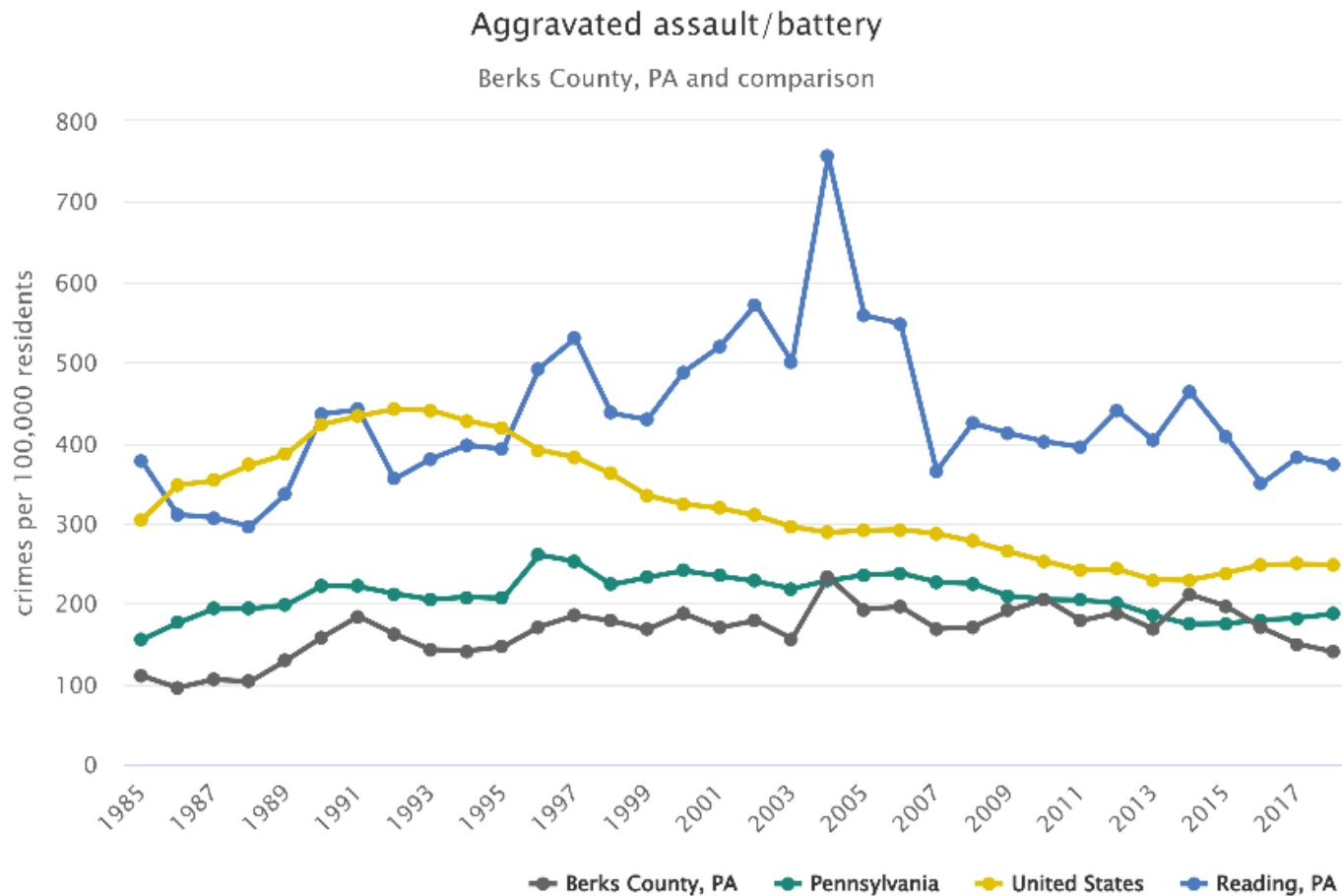
Berks County, PA and comparison

Created on Metopio | metop.io/i/pipos2fc | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System–Mortality (NVSS-M) (Via http://healthindicators.gov)
Firearm-related mortality: Deaths per 100,000 residents related to firearms (ICD-10 codes *U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0).

Figure 52 The data on aggravated assault/battery in Berks County, from 1985 to 2018 shows fluctuating trends in the number of incidents. It is important to note that the rate is significantly higher in Reading, indicating a persistent impact on the community. Despite declines in incidents locally, the data suggests a need for ongoing efforts to address and prevent aggravated assault/battery in the area.

Figure 52: Aggravated assault/battery

Aggravated assault/battery
Berks County, PA and comparison

Legend: Berks County, PA — Pennsylvania — United States — Reading, PA

Created on Metopio | metop.in/i/5vh9ahwg | Data source: Federal Bureau of Investigation: FBI Crime Data Explorer (County, state, and city level data)
Aggravated assault/battery: Aggravated assault and aggravated battery crimes (yearly rate). Per the Chicago definitions, aggravated assault is an unlawful attack by one person upon another, wherein the offender displays a weapon in a threatening manner. Aggravated battery is the physical attack itself, wherein the offender uses a weapon or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal

According to the Reading Hospital Trauma Registry, gunshot wounds requiring trauma interventions decreased by nearly 25% in Fiscal Year 2024 (July 1, 2023-June 30, 2024) compared to the two years prior. Other types of assault remained stable across the same period. From Fiscal Year 2022-2024, violent injuries were most common in the months of May, June, and October. The average age of victims was approximately 35. The number of gunshot wounds requiring trauma care decreased among individuals less than 18 years old.

Figure 53: Reading Hospital Trauma Registry

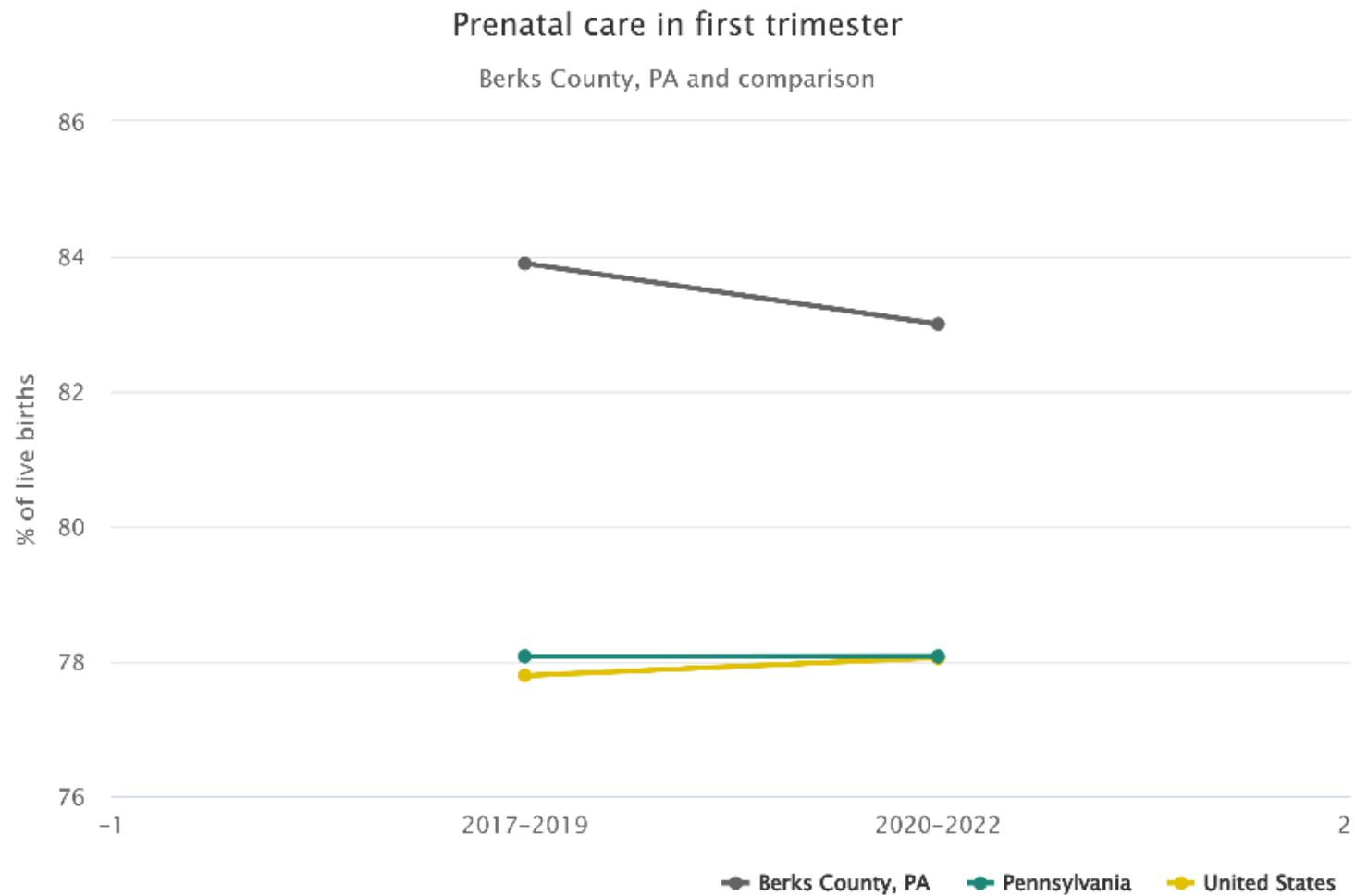| Fiscal Year	Gunshot Wound	Stabbing	Other Assault
2022	81	41	77
2023	86	36	69
2024	63	43	67
Grand Total	230	120	208

Source: Reading Hospital Trauma Registry, 2022-2024

PRIORITY POPULATION:
MATERNAL AND CHILD HEALTH

Berks County, PA, consistently outperforms both Pennsylvania and the United States in terms of early prenatal care engagement. From 2017 to 2019, 83.9% of expectant mothers in Berks County received early prenatal care, compared to 78.07% in Pennsylvania and 77.79% nationally. Although there was a slight decline to 83.0% in the 2020-2022 period, Berks County maintained its higher engagement rate. These sustained rates of early prenatal care in Berks County not only highlight the effectiveness of local healthcare outreach and education programs but also underscore the positive impact on maternal and infant health outcomes in the community. Maintaining and enhancing such programs is crucial for continuing to support the well-being of mothers and their babies.

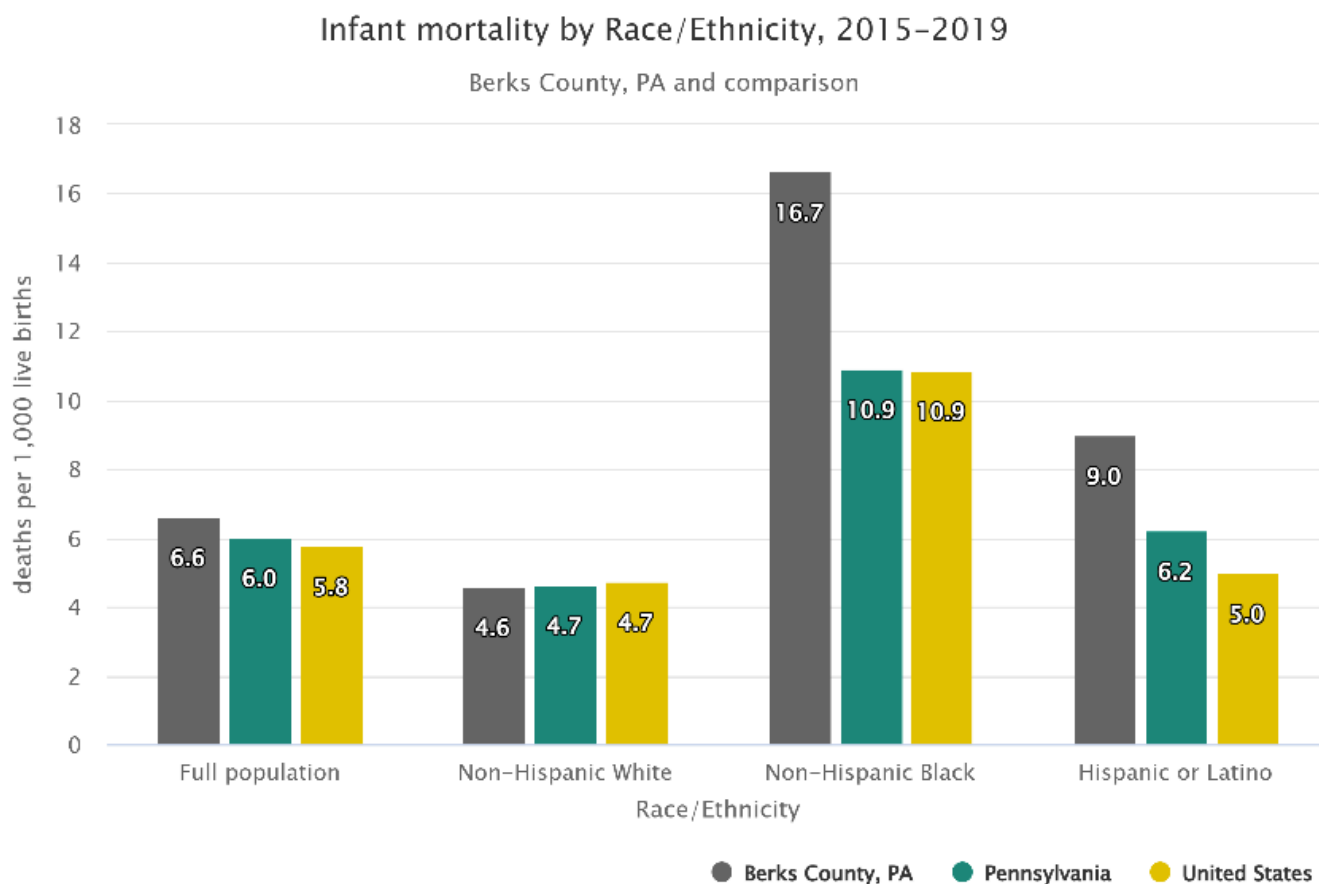*Figure 54: Early prenatal care*

Prenatal care in first trimester

Berks County, PA and comparison

Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

Infant mortality rates vary significantly across different racial and ethnic groups, as evident in **Figure 55**. This data indicates that the non-Hispanic Black community experiences a disproportionately higher infant mortality rate compared to other communities. Specifically, the non-Hispanic Black population is three times more likely to experience infant mortality than the non-Hispanic White population, while the Hispanic or Latino population is twice as likely to experience infant mortality compared to the non-Hispanic White population. These disparities underscore the urgent need for interventions and resources to address the impact of race and ethnicity on infant mortality within the community.

Figure 55: Infant mortality by Race/Ethnicity

Infant mortality by Race/Ethnicity, 2015–2019
Berks County, PA and comparison

Legend: ● Berks County, PA ● Pennsylvania ● United States

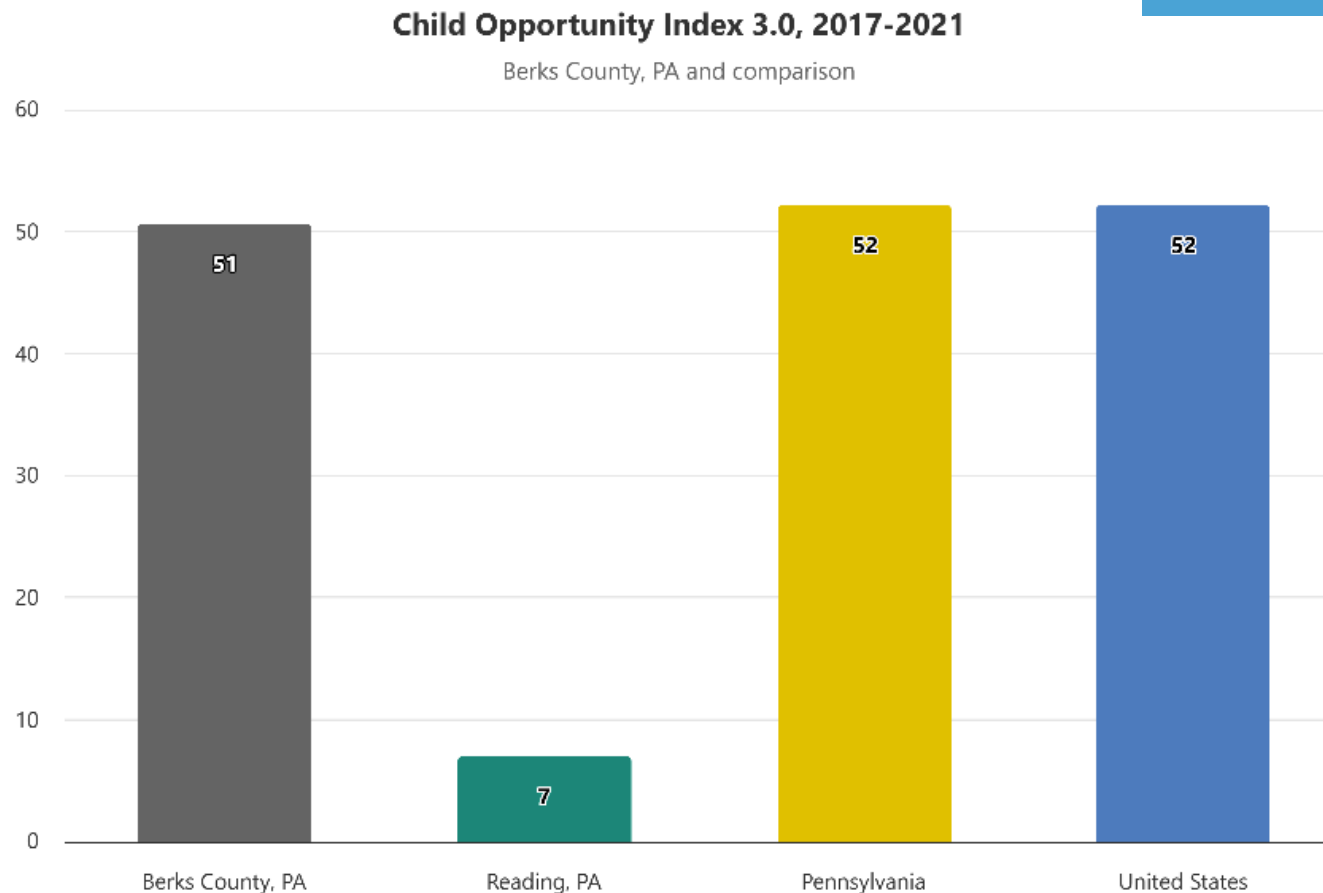Created on Metopio | metop.io/i/skam65fz | **Data sources:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System Natality (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin), Health Resources & Services Administration: Maternal and Child Health **Infant mortality:** Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

The Child Opportunity Index 3.0 reveals significant disparities in the level of opportunities for children in different areas. **Figure 56** shows Reading, PA lags far behind at 7.01, indicating a stark contrast in opportunities within the city compared to the rest of the county and across the state and nation. This suggests that there are specific challenges and barriers impacting the community in Reading, PA, which require focused attention and intervention to improve the opportunities available to children.

Figure 56: Child Opportunity Index

Child Opportunity Index 3.0, 2017-2021

Berks County, PA and comparison

Berks County, PA	51
Reading, PA	7
Pennsylvania	52
United States	52

Created on Metopio | metop.io/i/2dh4uar8 | **Data source:** diversitydatakids.org: Child Opportunity Index 3.0

Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).
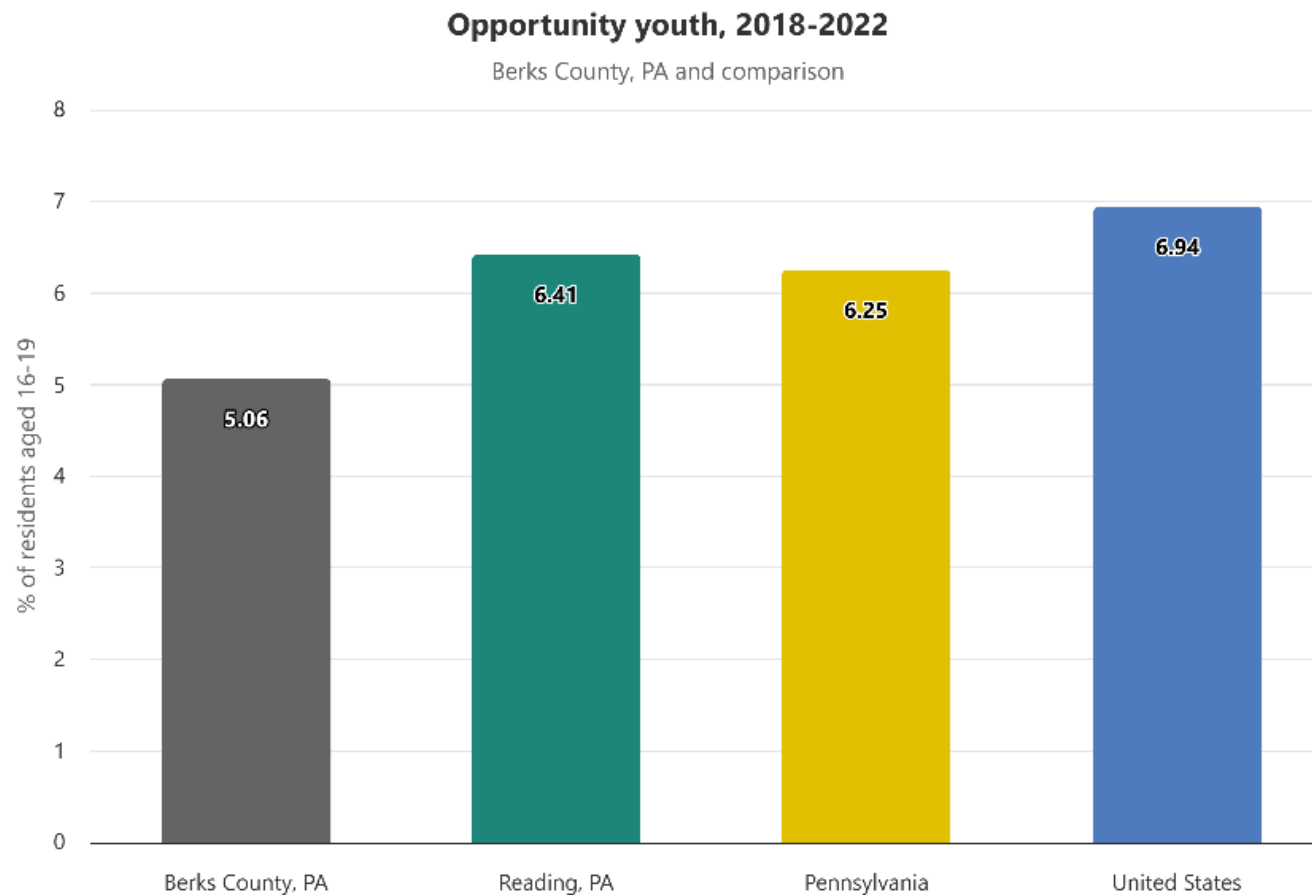
There is a lower percentage of opportunity youth in Berks County, PA, compared to the state and national averages. However, the City of Reading, PA, shows a slightly higher percentage at 6.41%, indicating a localized disparity within the county. This suggests a need for interventions to address the specific challenges faced by youth in Reading, PA.

Figure 57: Opportunity youth

Opportunity youth, 2018-2022
Berks County, PA and comparison

Location	% of residents aged 16-19
Berks County, PA	5.06
Reading, PA	6.41
Pennsylvania	6.25
United States	6.94

Created on Metopio | metop.io/i/tim4n4zj | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

Opportunity youth: Percent of residents aged 16-19 who are neither working nor enrolled in school.

Figure 58 shows vaccination rates among students in Berks County for DTaP (Diphtheria, Tetanus, and Acellular Pertussis), Hepatitis-B, MMR (Measles, Mumps, and Rubella), Polio, Tdap (Tetanus, Diphtheria, Pertussis), and Varicella are higher than the state average. Additionally, the vaccine exemption rate among students in Berks County is lower than the state average.

Figure 58: Vaccination rates

Topic	Berks County	Pennsylvania
Vaccine exemption *% of students, 2022*	3.7	4.8
DTaP vaccine *% of students, 2022*	96.2	95.6
Hepatitis-B vaccine *% of students, 2022*	96.03	95.91
MMR vaccine *% of students, 2022*	96.0	95.4
Polio Vaccine *% of students, 2022*	95.73	95.26
Tdap vaccine *% of students, 2022*	95.5	93.8
Varicella vaccine *% of students, 2022*	95.7	95.2

Source: Pennsylvania Department of Health, 2022

PRIORITIZATION AND RESOURCES IN THE DEFINED COMMUNITY

The top health issues identified following the 2025 CHNA include:

- Access to Equitable Care
- Behavioral Health
- Health Education and Prevention
- Health Equity

The top health issues prioritized by Reading Hospital incorporate all the top health needs identified by the CHNA process. As a result, there are no significant health needs that were not prioritized.

The CHNA report was adopted by the Governing Body on April 17th, 2025.

Questions or comments regarding the CHNA can be sent via email to communitywellness@towerhealth.org.

Reading Hospital, along with internal and external stakeholders, will begin to develop goals and strategies to address the top health issues. Existing resources in the defined community are listed by health issue on the next page:

Reading Hospital would like to acknowledge its many community partners. Together, we are Advancing Health and Transforming Lives across our region.

Existing Healthcare Facilities and Resources within the Community

Abilities in Motion

Adult and Teen Challenge Pyramid

Albright College

Altitūd

Alvernia University

Amazon

AmeriHealth Caritas

Area Agency on Aging

Barrio Alegria

Bayer Corporation

Berks BeWise

Berks Area Regional Transportation Authority (BARTA)

Berks Coalition to End Homelessness

Berks Community Health Center (BCHC)

Berks Community Action Program (BCAP)

Berks Counseling Center

Berks County Children & Youth

Berks County Parks and Recreation Department

Berks County Probation Office

Berks County School Districts

Berks Encore

Berks Latino Workforce Development Corporation

Berks Nature

Berks Technical Institute

Berks Teens

Blue Mountain Eagle Climbing Club

Body Zone Sports and Wellness Complex

Boscov's East

Breast Cancer Support Services

Bring the Change

Cabela's

Centro Hispano

City Light

City of Reading Human Relations Commission

City of Reading Health Equity Team

City of Reading Lead Hazard Control Program

Co-County Wellness Services

Community Health & Dental Care (CHDC), Pottstown

Community Justice Project

Commuter Services of Pennsylvania

Council on Chemical Abuse (COCA)

Daniel Boone Homestead

Diamond Credit Union

Downtown Wellness Berks

Early Learning Resource Center

Eisenhower Apartments

Family Services of Montgomery County

FaithCare at Life Church

Friedens Church Shartlesville

Friends, Inc.

Glenside & Hensler Homes

Habitat for Humanity

Helping Harvest

Herbein + Company, Inc.

The Highlands

Highmark Whole Care "La Conexion" Initiative

The Honorable Johanny Cepeda-Freytiz, PA House of Representatives, 129th District

Hope Rescue Mission

Janney Montgomery Scott

JB's Bike Shop

Junior League of Reading

Keller Williams Realty

Kennedy Towers

LGBTQ Center of Greater Reading

LightHouse Women & Children's Center

Literacy Council of Reading-Berks

Longacre's Modern Dairy

Lords & Ladies Salon and Medical Spa

L.W. Ott Funeral Home

Mary's Shelter

Maternal and Family Health Services

Mayo Clinic

M&T Bank

Muhlenberg Community Library

My Gut Instinct, Inc.

National Alliance on Mental Illness (NAMI)

National Association for the Advancement of Colored People (NAACP) Reading Branch

National Council for Mental Wellbeing

National Hispanic Medical Association

Natural Lands

Neighborhood Housing Services of Berks

New Journey Community Outreach

Northeast Community Springboard Coalition

Oakbrook & Sylvania Homes

Olivet Boys & Girls Club

Pathstone Corporation

Penn State University Berks Campus

Penn Street Market

Penske Racing Shocks

PentaHealth Colonial Family Practice

Phoebe Berks

Pottstown YMCA

Project Peace

Reading Area Community College

Reading Fightin Phils

Reading Hospital Foundation

Reading Pride Celebration

Reading Public Library Northeast Branch

Reading Rebels

Reading Royals

Recovery Coaching Services

Ride Health

ROG Orthodontics

Romanian Community Center

Safe Berks

Saint-Gobain

The Salvation Army of Reading

Santander Bank

The Schwartz Center for Compassionate Healthcare

SeniorLIFE of Reading

Sinking Spring Township

Sisters Network, Inc.

SteelTown Village

Tandem Mobility

Travelers Insurance Wyomissing

WellSky®

Women2Women

YMCA of Reading-Berks County

YWCA Tri-County Area

APPENDIX 1:
COMMUNITY SURVEY

An online survey was conducted from February to May of 2024, with 4,921 respondents from Berks County. Survey responses were weighted by race/ethnicity, age, and gender to reflect the underlying community. Responses were not weighted by income and education. Weighted responses by race/ethnicity, age and gender are shown below.

Race/Ethnicity	
White	64.3%
Latino/a	23.2%
Black	4.3%
Unknown	3.8%
Two or more	2.4%
Asian	1.7%
Something Else	0.3%

Gender Identity	
Female/Woman	50.0%
Male/Man	46.4%
Prefer not to answer	1.7%
(blank)	0.9%
Non-binary	0.6%
Transgender	0.1%
Gender fluid	0.1%
Something else	0.1%

Age	
18-39	33.6%
40-64	42.5%
65+	21.1%

APPENDIX 2:
SOURCES

In addition to the Tower Health Community Survey, described in **Appendix 1**, secondary and hospital utilization data was accessed through Metopio via a contract with Tower Health. The following data sources were accessed through the portal:
- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention WONDER
- Centers for Medicare and Medicaid Services, National Provider Identifier
- Feeding America
- FBI Crime Data Explorer
- Health Resources and Services Administration
- National Cancer Institute
- National Vital Statistics System-Mortality
- PLACES
- Tower Health utilization data
- United Way ALICE Data

Data is presented for the most recent years available for any given source. Due to variations in data collection timeframes across different sources, some datasets are not available for the same time spans.

Data availability ranges from census track to national geographies. The most relevant and localized data is reported.

ADVANCING HEALTH.
TRANSFORMING LIVES.

Reading Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.