

STUDY OF THE DELIVERY OF

Health and Public Health Services in Berks County

by Health Management Associates
Commissioned by the Berks
County Commissioners

RELEASED SPRING 2023



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We would like to acknowledge all who participated and contributed to this effort. Thank you very much for sharing your valuable insight and your time.

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Berks Counseling Center
Berks County Veterans Affairs
Berks County Department of Emergency Services Centro Hispano Daniel Torres Inc.
Co-County Wellness Services
Community Care Behavioral Health
County EMS Working Group
County Fire Working Group
County Law Enforcement Working Group Eastern PA EMS Council
Greater Reading Chamber Alliance
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In addition to the above-named organizations, we would like to express appreciation to each Berks County community member who participated in focus group conversations or individual interviews. Thank you!

¹ During the course of the study, there was a change in the composition of the Berks County Board of Commissioners. When this report was authorized, Commissioner Keven Barnhardt was on the Board. Commissioner Barnhardt resigned in January 2023. Commissioner Lucine E. Sihelnik was appointed by the Berks County Board of Judges as the new County Commissioner on February 14, 2023.

Executive Summary

The spread of COVID-19 created a public health crisis that this country has not experienced in the past century. This pandemic required local governments to act swiftly to limit the human cost of this public health threat. Three years later, many counties are considering how best to respond to changing community needs. Some counties are examining how they could leverage public health services and American Rescue Plan Act funding opportunities to develop infrastructure and systems with lasting impact on improving the lives of their residents.

The Berks County Commissioners requested that Health Management Associates, a research and consulting firm with public health, health care, and social service strategic planning expertise, conduct a study and receive guidance from a five-member core team of public health and health experts from County government, community-based organizations, and a private citizen with decades of leadership experience in the County.

This study assessed the health and public health services in Berks County to identify opportunities to ensure that all residents have resources and opportunities to pursue their highest level of health. Recognizing that a community's health is largely determined by conditions outside of

health care settings, this study examined how the County coordinates and aligns cross-sector action tied to public health that engages county residents, businesses, schools, community organizations, and government sectors. The study goal was to ensure Berks County has community-informed information to assess how health care and public health services support its residents in improving health outcomes and health equity.

In this way, the study aims to recommend steps the County can take to lead in public health emergencies as well as prevent avoidable health conditions and reduce health disparities.

We used a phased approach to assess public health service needs in Berks County. In phase one, we reviewed State and County health statistics

to establish a baseline understanding of existing public health needs. We also geo-mapped data, reviewed recent Community Health Needs Assessments that two County Hospitals completed and compared the Berks County health profile to adjacent and similar counties. In phase two, we dug deeper into this landscape, convening focus groups with a total of 81 community members participating from across the county. These focus groups included individuals who interact with the health system in various ways, including service recipients, providers, and administrators. We also conducted key informant interviews with community leaders and healthcare stakeholders. The information on the approach other Pennsylvania counties use to meet public health needs also informed the study recommendations in phase three.

This study assessed the health and public health services in Berks County to identify opportunities to ensure that all residents have resources and opportunities to pursue their highest level of health.

Berks County public health stakeholders resoundingly urged that the county consider an approach to public health that would provide resources to:

- Coordinate public health services already being implemented in the county (community-based organizations, hospitals, health plans, County, and City agencies), and support collective impact to target county resources to synergize existing efforts and needs not being addressed elsewhere.
- Provide one clear, trusted voice about public health threats, response, and concerns to guide County residents, businesses, schools, and private and public organizations in public health emergencies.
- Increase access to public health data to the public and key public health partners.
- Clarify roles and responsibilities for each public and private partner, and reduce duplication of County, City, and State efforts.
- Improve the health of county populations that exhibit the greatest disparities by supporting upstream factors that affect health like access to nutrition, housing, healthcare, and benefits, and ensure that prevention and wellness information and resources are accessible in English and Spanish.

Based on our analysis, we recommend that Berks County take the following actions:

1. Create a Berks County Health Director position to lead public health collective action and coordination and serve as a trusted communicator about public health information.
2. Establish a Public Health Advisory Panel to provide clinical and public health guidance for the County and the Health Director.
3. Support the establishment of a “Healthy Berks” Coalition to serve as a coordinating body for public health efforts in the county.
4. Create a Berks County health analyst position to improve Berks County specific public health data completeness and accuracy.

These recommendations will permit the county to have a **broad range of options** in enhancing its ability to meet public health needs in the future. By creating a Public Health Director position, Public Health Advisory Panel, a Healthy Berks Coalition, and a Health Data Analyst position, the county will be able to improve coordination of existing services and communicate with partners and the public as one authoritative voice about public health threats, emergencies, and risks. Simultaneously, these steps will provide a **glide path to establish a public health department** should the County decide to do so in the future.





What is Public Health?

Public health is what we do as a society to ensure the conditions in which everyone can be healthy. Public health is distinct from health care or social service delivery. For example, state and local public health departments monitor disease outbreaks, ranging from foodborne illnesses like E. Coli to communicable diseases like COVID-19 or measles, to identify the source of the outbreak, disseminate accurate information to the community, and prevent further spread. However, these departments do not typically provide medical treatment services for communicable diseases. Public health is often considered “invisible” because

its focus is on preventing harmful outbreaks, disasters, injuries, and chronic illnesses from occurring. As evidenced by the COVID-19 pandemic, however, lack of a core public health infrastructure can mean that, when a public health emergency or disaster strikes, the response can be severely hampered without public health leadership to effectively communicate information, orchestrate efforts, and coordinate partners, leaving communities woefully unprepared to quickly respond and implement surge capacity operations.

Approach to Understanding Public Health Needs and Opportunities in Berks County

This study of the delivery of health and public health services in Berks County was conducted June 2022 to March 2023. It assessed County health and public health services from the perspective of a cross section of community members and health stakeholders. This study considered Berks County public health needs and services more than two years after the start of the COVID-19 pandemic, an experience that shaped the views of stakeholders at all levels. Every step of the study was guided by a core team of public health and health experts from County government, community-based organizations, and a private citizen with decades of leadership experience in the County.

We began our study by reviewing two prior community health needs assessments (CHNAs) conducted in Berks County. Our study differed from a CHNA in that it looked at gaps, opportunities and strengths related to the provision of public health services. A CHNA is a systemic

process to identify community needs and barriers, whereas this study was more focused on community priorities and solutions related to the coordination and delivery of public health services in Berks County.

We framed this study of the health and public health services in Berks County based on the National Standards for Public Health Essential Services. The 10 Essential Public Health Services fall into three domains, Assessment, Policy Development, and Assurance. Based on Berks County's needs identified in data and the recent CHNAs, we narrowed our focus to six of the 10 Public Health Essential Services:

- Assess and monitor population health;
 - Investigate, diagnose, and address health hazards and root causes;
 - Communicate effectively to inform and educate;
 - Strengthen, support, and mobilize communities and partnerships;
 - Create champion and implement policies, plans, and laws; and
 - Enable equitable access.
- Our data analysis, document review, focus groups and interviews examined the current state of these six Essential Public Health Services in Berks County. **Figure 1** outlines the 10 Essential Public Health Services and the six (in bold) chosen to guide our study.

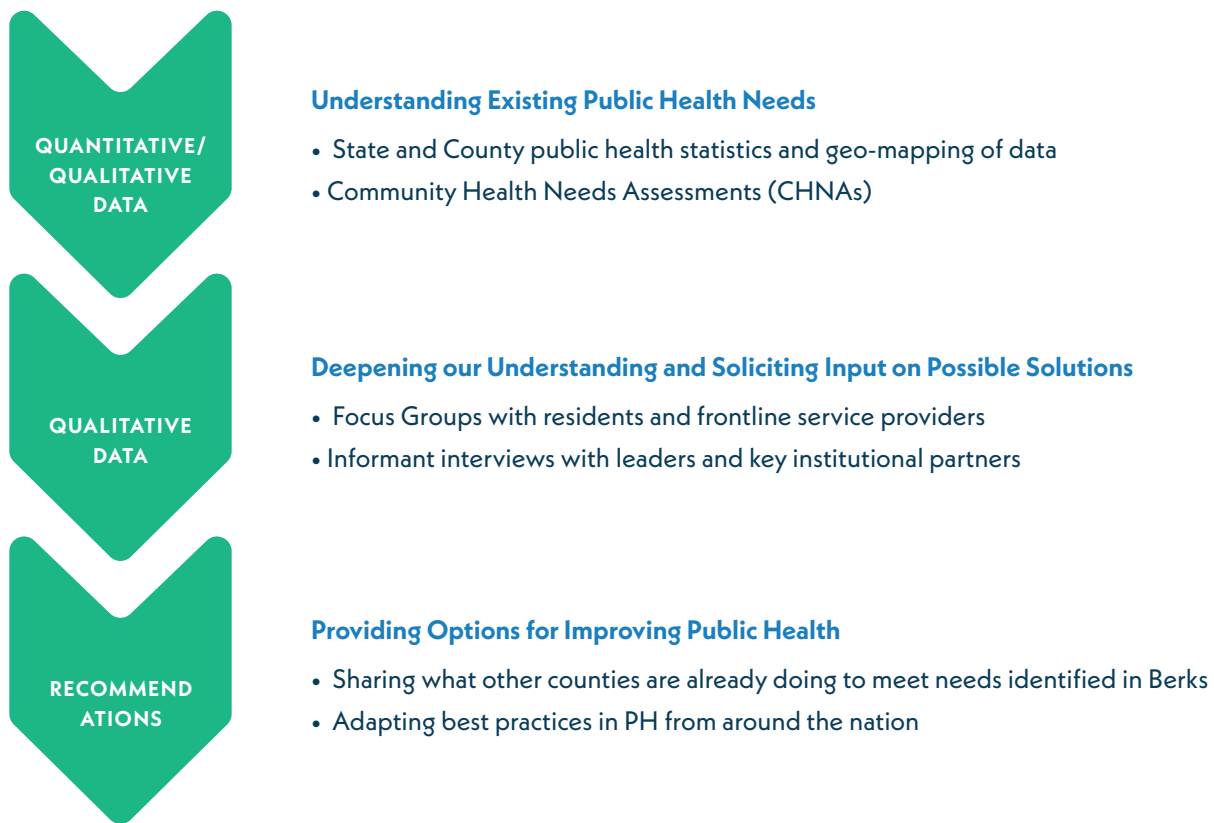
FIGURE 1. ESSENTIAL PUBLIC HEALTH SERVICES



We implemented a three-phased approach to assessing public health service needs in Berks County. In phase one, we reviewed State and County health statistics to deepen our understanding of existing public health needs and we solicited input on possible solutions. We also analyzed State and County health statistics, geo-mapped data, and reviewed recent CHNAs. We compared Berks County's health profile to adjacent and similar counties (Chester, Lancaster, Lehigh, Montgomery, and York). In phase two, we dug deeper into this landscape, talking with community members from various county locations

in focus groups. A total of 81 focus group participants were involved, drawn from residents, frontline healthcare workers, and health program staff. We also conducted 10 key informant interviews with community leaders and key stakeholders. Our conversations, which took place in both English and Spanish, provided the basis for our findings. Information on the approach that other counties use to meet needs like those in Berks County also informed the study recommendations in phase three. **Figure 2** illustrates our process.

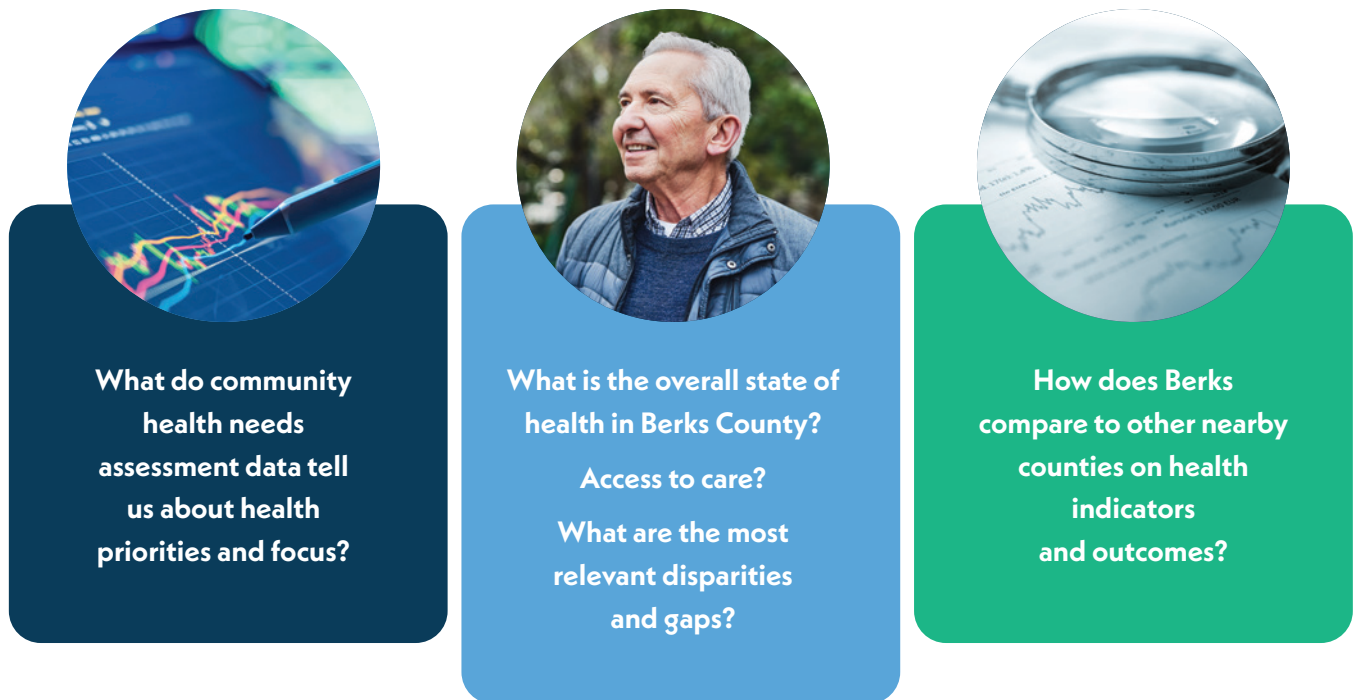
FIGURE 2. PROCESS



We Started by Reviewing Recent Community Health Needs Assessments and Other Relevant Data and Information to Create a Berks County Health Profile

In the early stages of this project, HMA reviewed federal, state, and local data sources, as well existing reports, and documents to determine what Berks County health and social services organizations had already uncovered regarding the public health needs of individuals and families in the county. We framed our analysis around the following questions:

FIGURE 3. ANALYTIC QUESTIONS



In answering these questions, HMA reviewed a host of existing State and County data including:

- Census and demographic data, including racial/ethnic composition, age distribution, socioeconomic, and special populations;
- Social and economic factors including income, poverty levels, education, unemployment, and homelessness in the four counties;
- Health outcomes across counties including, leading causes of death, health rankings, health factors and behaviors, and health conditions;
- Access to primary and preventive care, insurance coverage;
- Recent CHNAs conducted by Tower-Reading and Penn State-St. Joseph's Hospitals;
- National and state data dashboards including County Health Rankings,² CDC Places Data,³ Reading City Health Dashboard,⁴ Healthy People,⁵ Data USA,⁶ World Population Review,⁷ Future Ready PA,⁸ and United States Census Bureau⁹;
- Pennsylvania Department of Health and Department of Human Services data, including county health profiles and health disparities heat map; and
- United Way 211 Counts data on social services needs and service utilization.

Below we present key findings tied to the environmental scan questions above. Data sources and documents were examined systematically.

WHAT WE LEARNED FROM PRIOR NEEDS ASSESSMENTS

HMA reviewed two recent Community Health Needs Assessments (CHNAs) covering Berks County prepared by Tower Health and Penn State Health. The Internal Revenue Service requires not-for-profit hospitals and health plans to conduct a community health needs assessment at least once every three years. For reference, both CHNAs are included in **Appendix A** and **Appendix B**, respectively.

The key health priorities identified in the two CHNAs were quite similar:

1. Improve access to equitable care, particularly for marginalized populations;
2. Provide behavioral/mental healthcare to both adults and youth;
3. Focus on health education and health literacy, especially resources and information tied to wellness and disease prevention; and
4. Address health disparities and increase the focus on health equity including SDOH.

Both CHNAs identified low rates of preventive care across all residents and disparities in preventive care among racial and ethnic minorities. For example, 18 percent of Latino residents and 17 percent of African American residents completed a colonoscopy compared to 35 percent of White residents and 30 percent of Asian residents. Further, the CHNAs recognized racial and ethnic disparities among seniors enrolled in Medicare. Compared

² County Health Rankings and Roadmap, 2022, <https://www.countyhealthrankings.org/>

³ Centers for Disease Control and Prevention: Places, 2022, <https://www.cdc.gov/places/index.html>

⁴ City Health Dashboard, Reading PA Overview, 2022 <https://www.cityhealthdashboard.com/pa/reading/city-overview>

⁵ Healthy People 2023, 2022, <https://health.gov/healthypeople>

⁶ DataUSA, Reading PA Profile, 2020 information, <https://datausa.io/profile/geo/reading-pa/>

⁷ World Population Review, Reading PA Population, 2022, <https://worldpopulationreview.com/us-cities/reading-pa-population>

⁸ Future Ready PA Index, 2022, <https://futurereadypa.org/>

⁹ US Census Data, <https://data.census.gov/>

to White Medicare enrollees, rates of several chronic health conditions were high among non-White seniors. Rates of diabetes were 7 percent higher among Hispanic, Black, and Asian people. In addition, both reports highlighted the health and social needs of the Hispanic and Latino populations including one third of Latinos living under the Federal Poverty Level and experiencing food insecurity. Across race and ethnicity, Latinos in Berks County have the highest rate of being uninsured (11%) and the highest rates of emergency room visits, indicative of a lack of access to primary care. These findings indicate the need for increased attention to preventive care to address the disparities in health outcomes in Berks County.

The CHNAs also detail behavioral health needs including a lack of mental health and substance use disorder (SUD) services, a shortage of providers, insufficient inpatient beds and post-acute care resources, insufficient skilled-nursing facilities that admit people with serious mental illness, and a general lack of public awareness surrounding the existing behavioral health services.

Both CHNAs focused on the need for closing key health disparities, and linked these disparities to upstream, social factors outside of health care provision, including lack of awareness of available resources and services, food, and housing insecurity, lack of public transportation,

and cultural and linguistic barriers. These assessments also noted a need for more focus on healthy literacy and preventive health, as well as the need for greater attention to behavioral health as a part of the promotion of community health and wellness.

WHAT WE LEARNED ABOUT THE SOCIOECONOMIC CONTEXT FOR HEALTH IN BERKS COUNTY

Drawing on data from the 2020 U.S. Census, Berks is similar to both Pennsylvania as a whole and the U.S. on many population metrics and demographic indicators (see **Table 1** below). Key ways in which Berks is different compared to statewide averages include:

- **Racial/Ethnic Composition:** Berks has a higher percentage of Hispanic/Latino residents, and lower percentages of Asian, Black/African American, and White residents.
- **Language Diversity:** Berks has higher percentage of households who speak a language other than English in their homes.
- **Educational Attainment:** Berks has lower percentages who have earned both a High School diploma and a 4-year college degree by age 26.

TABLE 1. POPULATION STATISTICS, 2020

INDICATOR	BERKS COUNTY	PENNSYLVANIA	UNITED STATES
Asian	2%	4%	6%
Black/African America	8%	12%	14%
Hispanic/Latino	24%	8%	19%
Multi-Racial	3%	2%	3%
Other	1%	1%	2%
White, Non-Hispanic	69%	75%	59%
Median Household income	\$69,272	\$67,587	\$69,021
Percent in Poverty	13%	12%	12%
Percent with Disability (less than 65 years)	10%	10%	9%
Percent Under 18 years	22%	21%	22%
Percent Above 65 years	18%	19%	17%
High School Completion	88%	91%	89%
College Degree	26%	33%	34%
Language other than English Spoken at Home	19%	12%	22%

WHAT WE LEARNED ABOUT HEALTH AND HEALTH ACCESS IN BERKS COUNTY

Using data from the National Center for Health Statistics,¹⁰ **Table 2** shows the leading cause of deaths in Berks County in comparison to both state and national averages. Causes of death are listed in rank order, apart from COVID-19

which represents a cumulative rate from 2020-2023. Across most indicators, Berks has lower rates of death compared to statewide averages. The two exceptions are Stroke and COVID-19 (indicated in red below). Berks has lower rates on four leading causes of death compared to national averages, and five that are higher (Heart Disease, Cancer, Stroke, Kidney Disease, and COVID).

TABLE 2. LEADING CAUSES OF DEATH (RATE PER 100,000), 2017

INDICATOR	BERKS COUNTY	PENNSYLVANIA	UNITED STATES
Heart Disease	172.2	176.0	165.0
Cancer	156.9	161.0	152.5
Accidents	48.9	70.2	49.4
Stroke	46.5	36.5	37.6
Chronic Lower Respiratory Disease	33.9	37.1	40.9
Diabetes	19.3	21.0	21.5
Alzheimer's	16.7	21.7	31.0
Kidney Disease	14.6	15.9	13.0
COVID (all time since 2020)¹¹	412.9	387.6	327.3

Using data from the 2022 County Health Profiles,¹² **Table 3** displays quality of life indicators. Berks ranks lower on self-reported health and number of poor physical health days (indicated in red).

Berks is similar to state and national averages on self-reported poor mental health and low birthweight.

TABLE 3. QUALITY OF LIFE, 2020

INDICATOR	BERKS COUNTY	PENNSYLVANIA	UNITED STATES
Poor or Fair Health	20%	18%	17%
Poor Physical Health Days	4.2	3.9	3.9
Poor Mental Health Days	4.6	4.6	4.5
Low Birthweight	8%	8%	8%

¹⁰ Center for Disease Control and Prevention, National Center for Health Statistics, 2017 <https://www.cdc.gov/nchs/pressroom/states/pennsylvania/pennsylvania.htm>

¹¹ U.S. COVID-19 cases and deaths by state, <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map>

¹² County Health Rankings and Roadmap, Berks County, 2022, <https://www.countyhealthrankings.org/explore-health-rankings/pennsylvania/berks?year=2022>

Table 4 shows various health factors and behaviors in Berks County. Compared with state and national data, Berks has slightly higher rates of adult smoking, physical inactivity, and obesity (indicated in red below). Berks also has higher rates of teen births and sexually transmitted infections. Other indicators were similar to state and national rates, or better in the case of access to healthy food.

TABLE 4. HEALTH FACTORS AND BEHAVIORS, 2020

INDICATOR	BERKS COUNTY	PENNSYLVANIA	UNITED STATES
Adult smokers	19%	18%	16%
Adult obesity	34%	33%	32%
Food environment index (10=best access to healthy food)	8.7	8.4	7.8
Physical inactivity	28%	25%	26%
Access to exercise opportunities	79%	78%	80%
Excessive drinking	19%	20%	20%
Sexually transmitted infections (rate per 100,000)	535.9	481.9	551.0
Teen births (rate per 100,00)	20	15	19

As shown in **Table 5**, Berks has lower access to primary care doctors, dentists, and mental health compared to state and national ratios (indicated in red below). Berks also has higher numbers of preventable hospital stays, and lower rates for mammography screenings than the state average. Berks does best on the percentage of residents with health insurance and propensity for flu vaccinations.

TABLE 5. HEALTHCARE/CLINICAL CARE ACCESS, 2020

INDICATOR	BERKS COUNTY	PENNSYLVANIA	UNITED STATES
Percent Uninsured	8%	7%	11%
Primary Care Physicians (ratio)	1,590:1	1,220:1	1,310:1
Dentists	1,770:1	1,410:1	1,310:1¹³
Mental Health Providers	640:1	420:1	350:1
Preventable Hospital Stays	4,221	3,966	3,767
Mammography Screening	45%	47%	43%
Flu Vaccinations	55%	54%	48%

¹³ County Health Rankings and Roadmap, 2022, <https://www.countyhealthrankings.org/> This website allows comparison of Berks to three other counties at a time.

SUMMARIZING BERKS IN RELATION TO OTHER NEARBY COUNTIES

We examined key health data in Berks County in comparison with five nearby counties (Chester, Lancaster,

Lehigh, Montgomery, and York). We ranked each county on selected indicators of health on scale of one to six (1=best rank/outcomes; 6=lowest rank or worst outcomes). **Table 6** below summarizes how Berks compared with other nearby counties.

TABLE 6. SUMMARY OF HEALTH, MORTALITY, AND ACCESS (PER CAPITA) RANKINGS, COUNTY COMPARISON

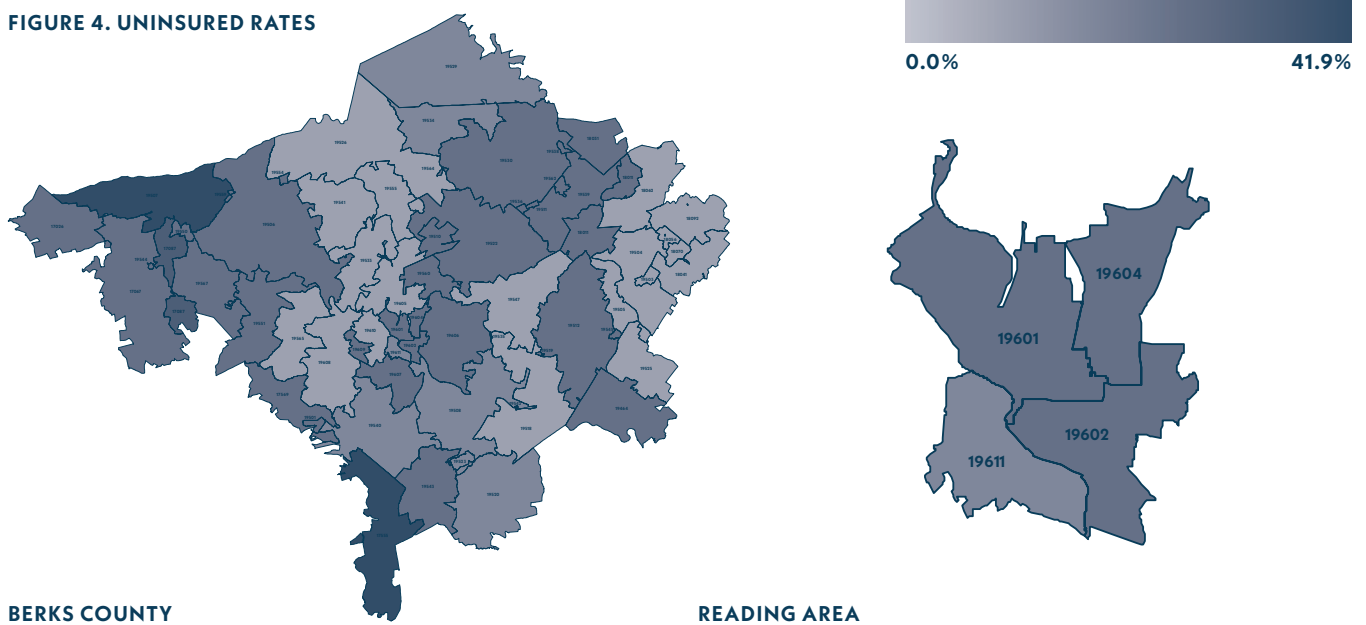
DOMAIN	LOWEST OUTCOMES (BERKS 5 OR 6)	MIDDLE PERFORMING (BERKS 3 OR 4)	BEST OUTCOMES (BERKS 1 OR 2)
Leading Causes of Death	Heart disease (6) COVID death (6) Stroke (6) Chronic lower respiratory (6) Cancer (5) Kidney disease (5)	Accidents (4) Diabetes (4)	Alzheimer's (1)
Health Rankings	Poor or fair health (6) Poor physical health days (6) Premature death (5) Low birthweight (5)	Poor mental health days (4)	
Health Factors and Behaviors	Physical inactivity (6) Teen births (6) Adult smokers (5) Adult obesity (5) Sexually transmitted infection (5)	Food environment index (4) Excessive drinking (4) Access to exercise ops (3)	
Healthcare/Clinical Care Access	Primary Care Physician (6) Dentist (5) Mental Health Provider (5) Preventable Hospital Stays (6) Mammography Screening (5) Flu Vaccination (6)	% Uninsured (4)	

GEO MAPPING HEALTH FACTORS AND INDICATORS

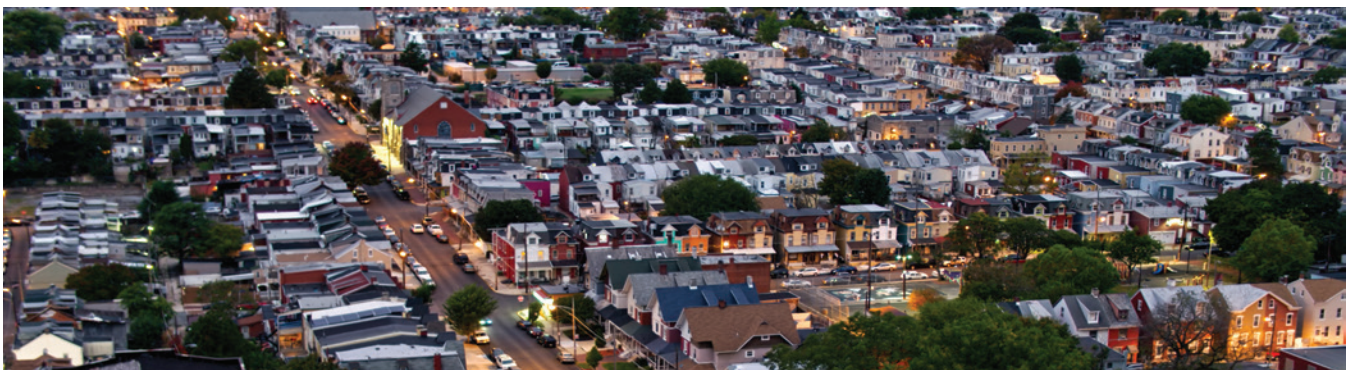
To examine the distribution of key health data and health-related factors within Berks County, we mapped Berks County's population at the zip code level across the following factors: uninsured rates, prevalence of cancer, obesity, chronic heart disease, diabetes, high cholesterol, smoking, asthma, and depression.

Using a federal mapping tool¹⁴, we prepared geographic "heat maps" to illustrate the prevalence of a given condition or factor, drawing attention to the City of Reading in relation to the other portions of the County. Four zip codes (19601, 19602, 19604, and 19614) within the City of Reading have the highest Community Needs Index (CNI) scores.¹⁵

FIGURE 4. UNINSURED RATES



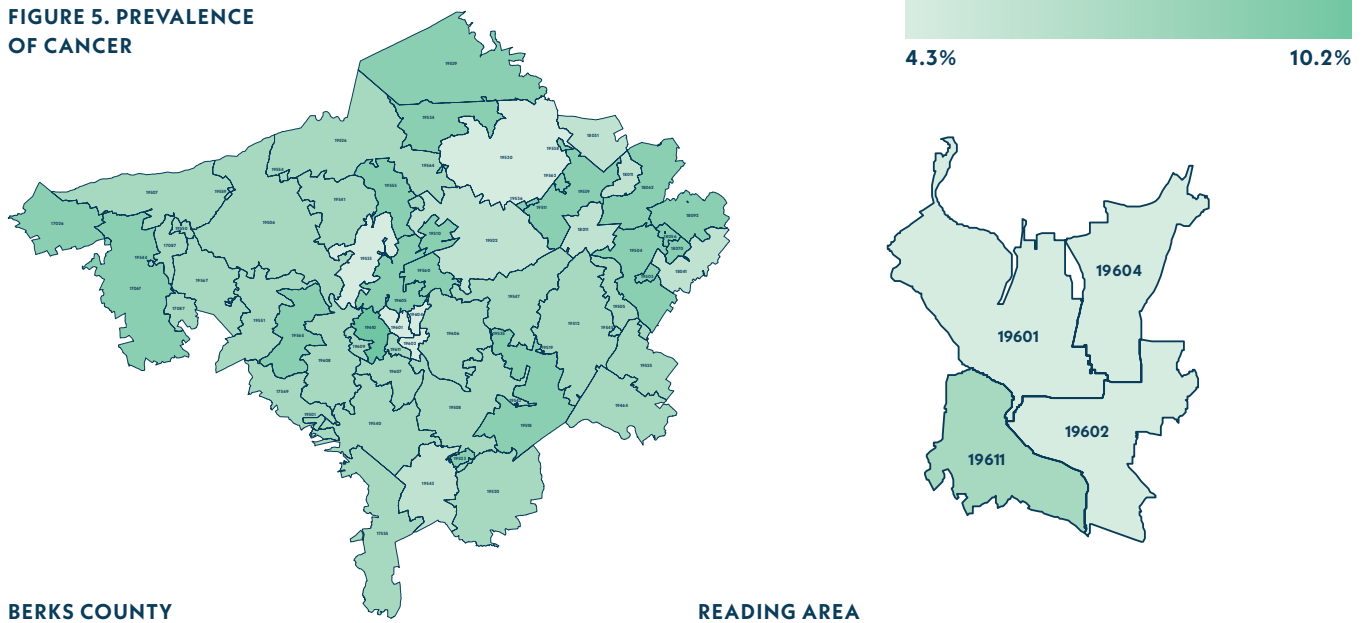
Reading and the surrounding areas fall in the middle on the scale of uninsurance rates across Berks County. The highest rate of uninsured residents falls in the 19507-zip code furthest in the west of Berks County.



¹⁴ Federal Berks County maps include zip codes that may fall largely outside of Berks County.

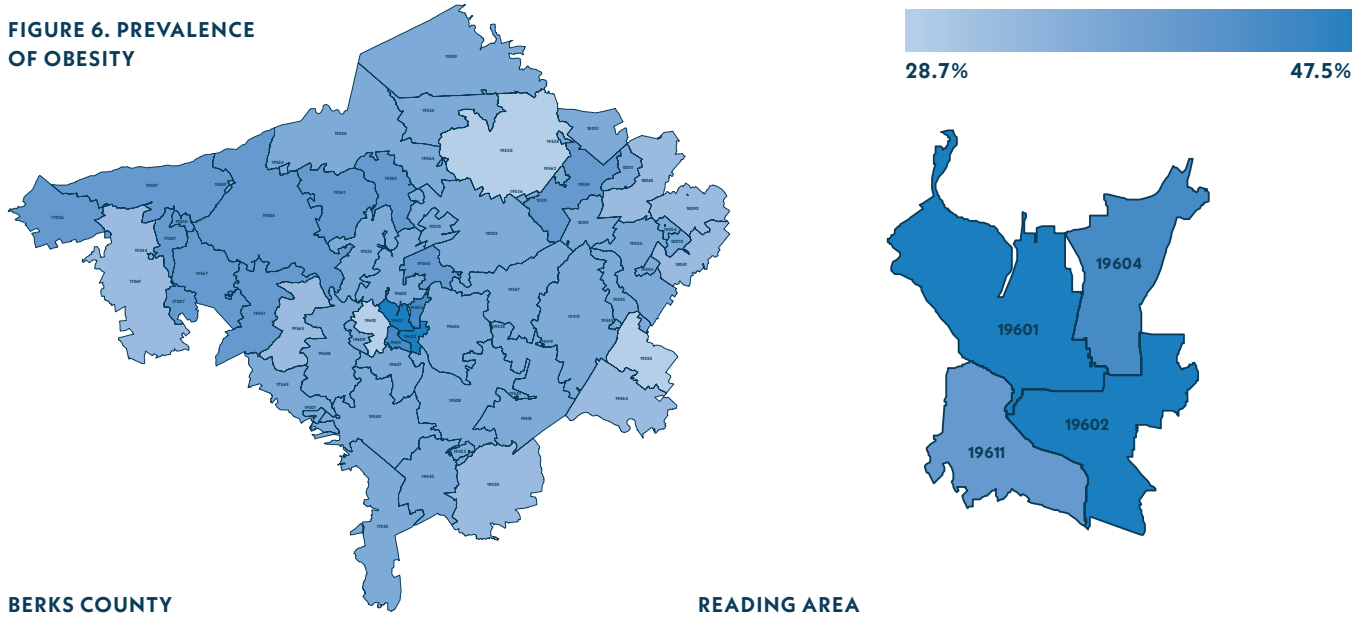
¹⁵ A CNI score of 5.0 indicates the highest socioeconomic need. All these zip codes have CNI scores of 4.6-4.8.

FIGURE 5. PREVALENCE OF CANCER



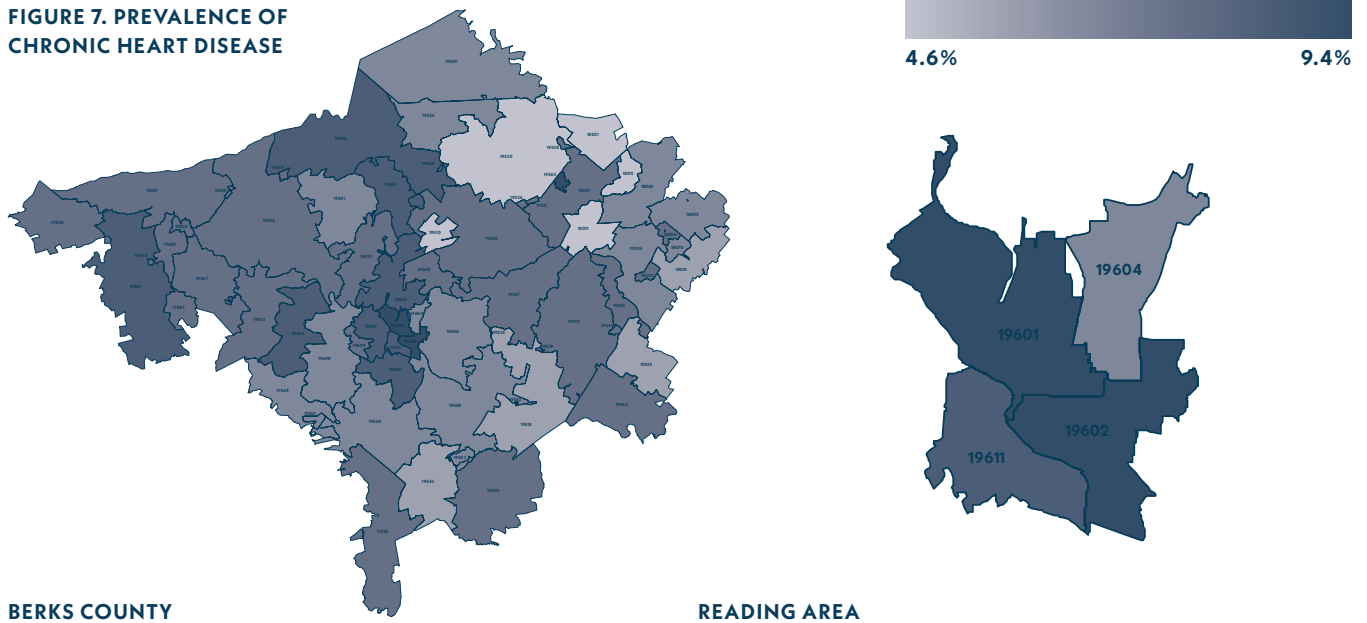
Reading and the surrounding areas have a lower prevalence of cancer compared to other areas of Berks County. The highest rates of cancer are spread across Berks County in different zip codes (19565, 19610, 19518, and 19562).

FIGURE 6. PREVALENCE OF OBESITY



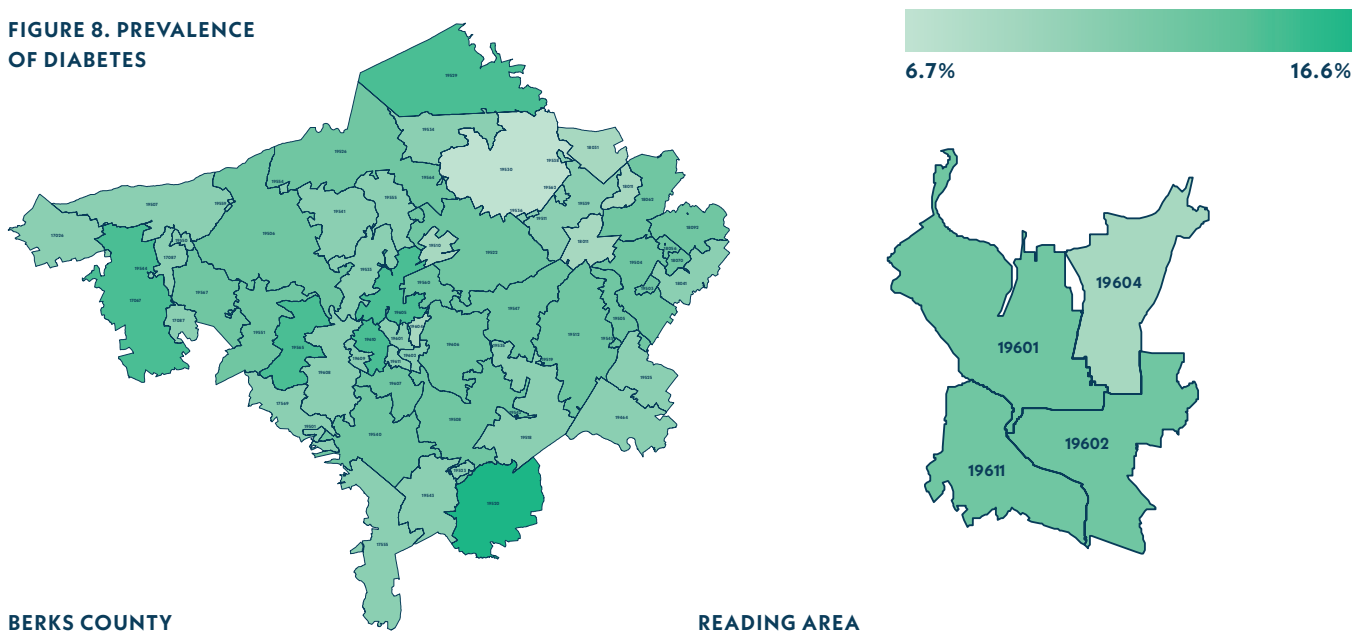
Reading and the surrounding areas have a high prevalence of obesity compared with other areas of Berks County. The lowest prevalence of obesity in Berks County lies across the eastern side of the county.

FIGURE 7. PREVALENCE OF CHRONIC HEART DISEASE



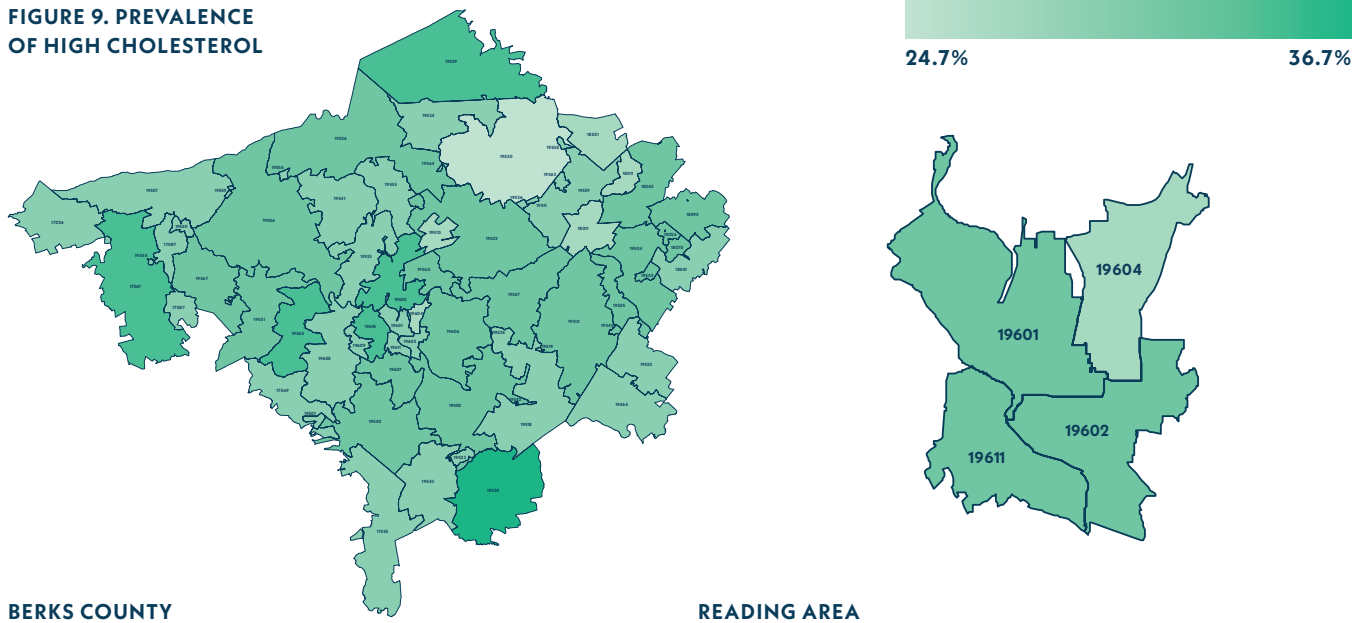
Reading and the surrounding areas fall in the mid-to-high range for chronic heart disease prevalence compared with the rest of Berks County. Across Berks County are more zip codes with a mid-high range of chronic heart disease prevalence. Notably the zip code 19562 in the northeast has high rates of chronic heart disease.

FIGURE 8. PREVALENCE OF DIABETES



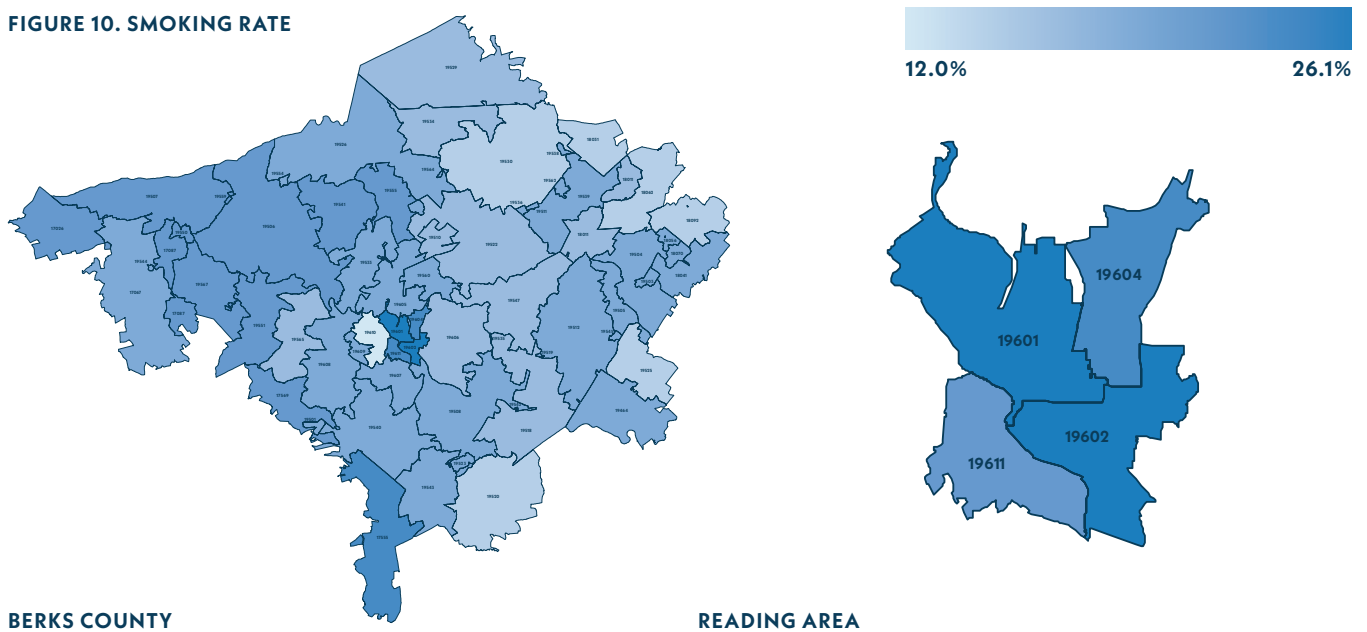
Reading and the surrounding areas experience high rates of diabetes compared with the rest of Berks County. The lowest rates of diabetes fall in the zip code 19530 in the northeast area of Berks County.

FIGURE 9. PREVALENCE OF HIGH CHOLESTEROL



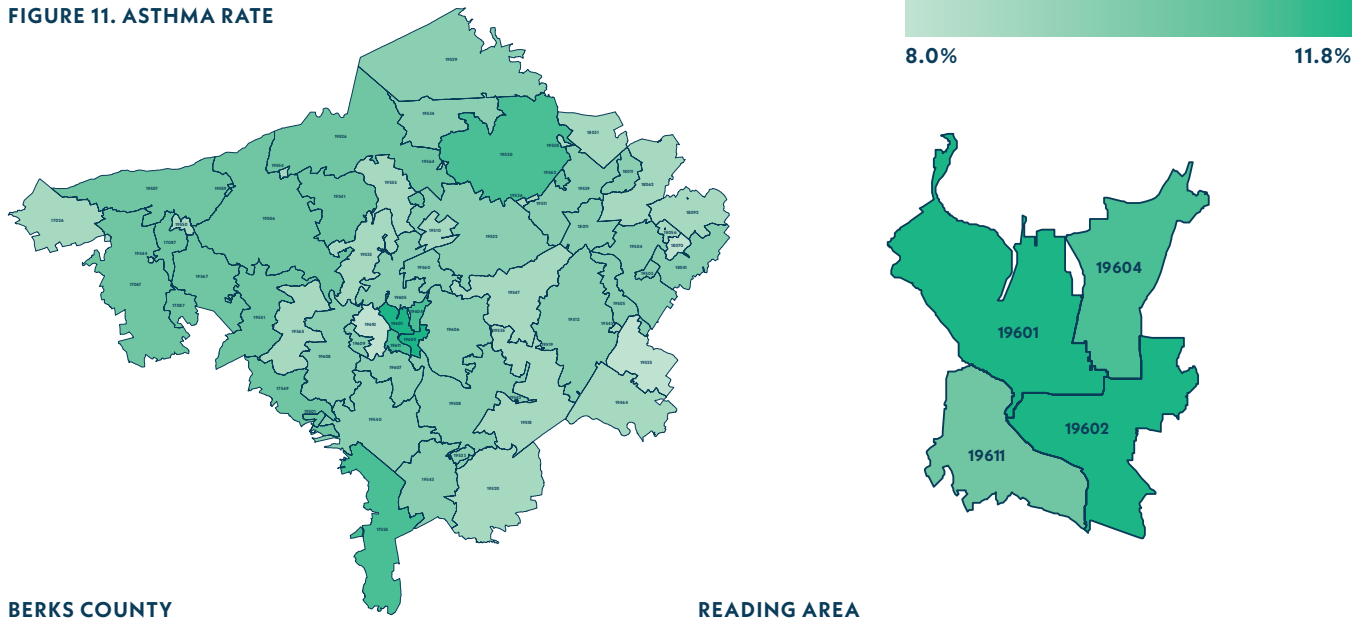
Reading and the surrounding areas experience low to medium rates of high cholesterol prevalence compared with the rest of Berks County. Most Berks County residents experience notably high rates of high cholesterol apart from one zip code in the northeast region (19530).

FIGURE 10. SMOKING RATE



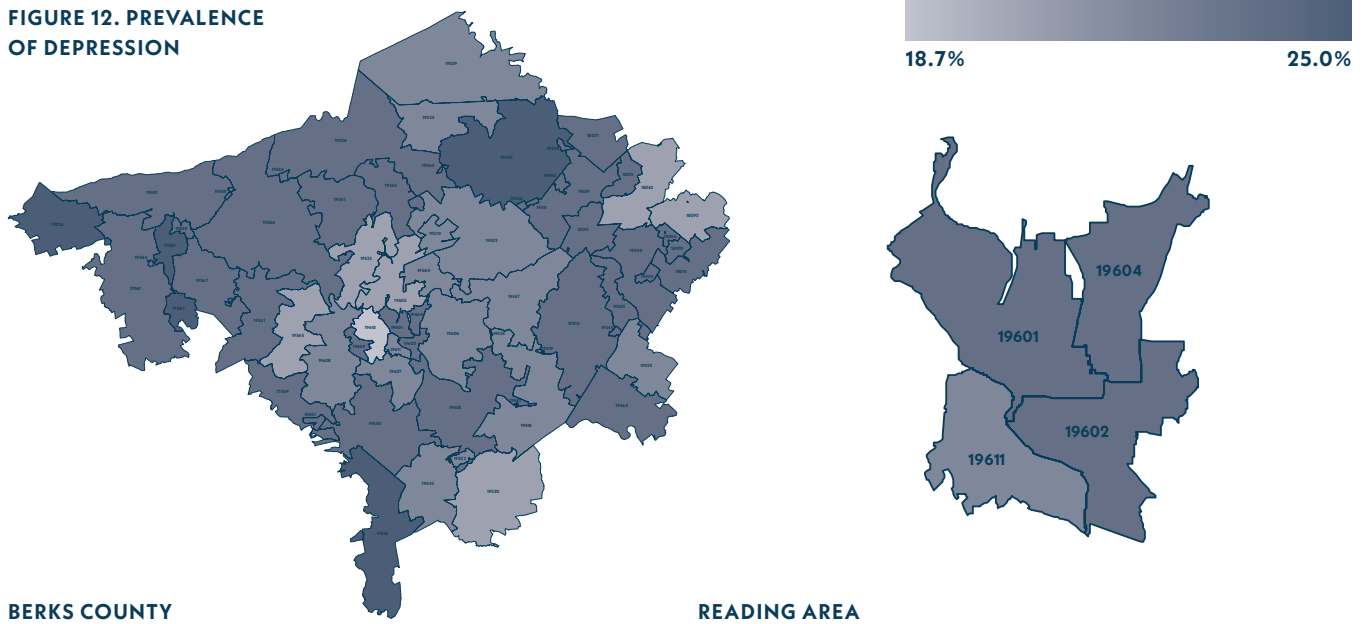
Reading and the surrounding areas have high rates of smoking compared with the rest of Berks County. These zip codes have some of the highest smoking rates in the county. Across Berks County smoking rates are similar with lower rates in the east and mid-range across the south and west sides of Berks County.

FIGURE 11. ASTHMA RATE



Reading and the surrounding areas have high rates of asthma compared to most other parts of Berks County. Medium rates of asthma are found across most of Berks County with the highest rates in zip code 19530.

FIGURE 12. PREVALENCE OF DEPRESSION



Reading and the surrounding areas experience mid-range prevalence of depression among adults compared with the remainder of Berks County. High rates of depression in Berks County fall in the northeast region of the county (19530). The remaining areas of Berks County experience mid to low rates of depression.

SUMMARY

Existing county-level health data show clear areas of need in Berks County. In comparison with state and national averages, as well as in relation to a subset of nearby Pennsylvania counties, Berks would appear to have a persistent pattern of poorer health behaviors and outcomes for most indicators when controlling for population. Compared to state and national data, Berks does best in terms of access to healthy food and lower rates of most of the leading causes of death. We also examined intra-county data by zip code. Looking at eight key health conditions, we detected no discernable pattern to suggest that health outcomes were worse or better in the City of Reading compared with other portions of the County. For three of eight conditions (smoking, asthma, and obesity), Reading has higher prevalence rates. However, Reading has lower prevalence of cancer, and is in the low- to mid-range for two other risk factors – high cholesterol and uninsurance. **In sum, public health is a countywide issue.**



We Deepened Our Understanding of Public Health Gaps and Racial, Ethnic and Geographic Health Disparities in Berks County through Focus Groups and Interviews



OVERVIEW AND METHODS

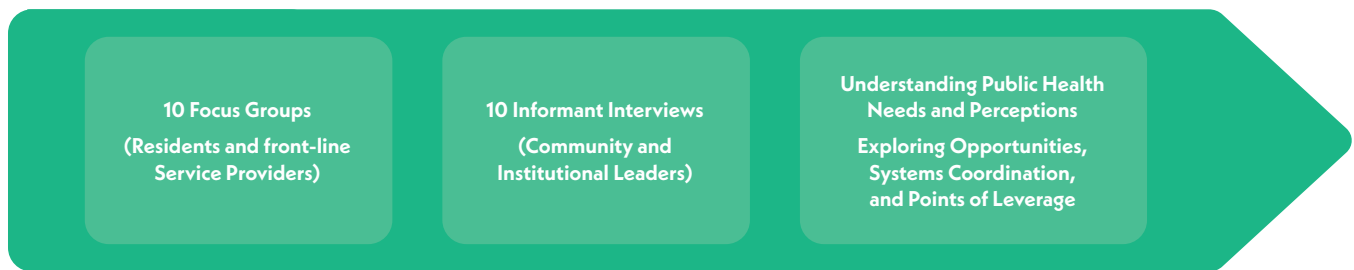
To better understand and contextualize data from extant sources, HMA conducted focus groups and interviews with Berks County stakeholders. The focus groups prioritized hearing input from Berks County residents as well as staff involved in the delivery of frontline services relevant to public health including:

- Older adults from rural communities
- Disabled adults and those who provide services to persons with disabilities
- Spanish-speaking adults from urban communities
- Representatives from local businesses and employers
- Individuals in transitional or emergency housing
- Volunteers involved in food delivery
- Community health center staff
- Emergency response staff
- Nurses and other school-based health staff
- Community-based organization (CBO) staff

As shown above, the focus groups included a variety of perspectives to represent a continuum of public health issue areas and constituencies. In this way, the focus groups aimed to solicit input about key issues and concerns from those directly impacted by public health decisions.

Appendix E includes a detailed description of focus group methods.

FIGURE 13. FOCUS GROUP METHODS



For the informant interviews, HMA focused on soliciting input from community and institutional leaders in Berks County. In particular, the informant interviews centered on gathering perspectives on the existing public health-related programs and systems coordination, as well as preferences for the redesign of the public health ecosystem in Berks County. We allocated time during interviews to discuss future opportunities and points of leverage tied to enhance collaboration in public health. Key Berks County organizations and institutions represented in the interviews included:

- City and county government
- Community-based organizations (CBOs) and foundations
- Hospitals, managed care organizations, and other healthcare providers
- Public School Districts

Appendix F contains a detailed description of informant interview methods.

For both focus groups and interviews, our key questions and areas of inquiry centered on the six Core Public Health Services shown in **Figure 14** below. Input and feedback on public health in Berks County was filtered through the lens of how to enhance, develop, or leverage an existing system of public health to: a) respond to the public health needs of the people in Berks County, and b) address the core public health services and functions. A summary of key findings by each of these core functions and service areas follows.

FIGURE 14. KEY QUESTIONS BY CORE PUBLIC HEALTH SERVICE AREA

<p>Assess and Monitor Population Health</p> <p>What kinds of public health data and information need to be available and shared widely?</p>	<p>Communicate to Inform & Educate</p> <p>How do differences in health literacy impact health access and outcomes?</p>	<p>Mobilize Communities & Partnerships</p> <p>Which partnerships offer the best opportunities for encouraging community health and wellness?</p>
<p>Address Health Hazards & Root Causes</p> <p>How might we address the root causes of chronic disease and poor health?</p>	<p>Champion and Implement Policies & Plans</p> <p>What can County organizations do to encourage health and wellness?</p>	<p>Enable Equitable Access</p> <p>What are the key barriers to more equitable access to healthcare that must be addressed and overcome?</p>

KEY FINDINGS BY CORE PUBLIC HEALTH SERVICE AREA



Across focus groups and interviews, one key theme was the need for Public Health to become more involved in upstream factors that impact health and wellness. Often termed the social determinants of health (SDOH), these are the factors that describe the interactivity of the

conditions in which people are born, live, learn, work, play, and age that affect a wide range of health and quality-of-life outcomes and risks. Each SDOH often intersects with the others to produce individual, family, and community effects (see **Figure 15**).

FIGURE 15. SOCIAL DETERMINANTS OF HEALTH



Interview respondents often mentioned the need for public health to pay closer more attention to basic needs (food, shelter, and safety) of Berks County residents. As such, they envisioned a public health system more attuned to issues of poverty, unemployment, affordable housing, food, and nutrition, etc., as considerable barriers to health and wellness.

“It is not always the issue of getting access to healthcare; they have health insurance. It is other things. It is the social determinants of health that are keeping them from actually having positive health outcomes.”

–Service Provider

Respondents cited a role for public health in **building awareness and acceptance of the role these upstream factors play as drivers of health disparities**. Similarly, they envisioned a role for public health in focusing health literacy and outreach on overcoming barriers to healthcare access especially transportation, costs, lack of insurance,

and undocumented status. Overall, they noted the need for public health to filter social issues (e.g., housing, transportation, education, etc.) though a health lens to highlight interdependence and need for preventive care.

A second clear theme centered on the need for more **focus on prevention and preventive health**. For example, respondents urged public health to focus education and social marketing on prevention of common chronic illnesses and diseases (e.g., asthma, diabetes, etc.). Similarly, participants expressed a clear consensus on the need to **promote awareness around healthy nutrition/dietary choices**, emphasizing the role of food and diet as health prevention strategies.

Lastly, respondents noted the need for better access to primary care providers. Indeed, they wanted the benefits of primary care to be messaged and reinforced continually, including the need for proactive care (e.g., routine wellness checks) and increased awareness of Medicare options and access.

“Prioritize making access easier and equitable for preventive care.”

–Service Provider



ENABLE EQUITABLE ACCESS

WHAT ARE THE KEY BARRIERS TO MORE EQUITABLE ACCESS TO HEALTHCARE THAT MUST BE ADDRESSED AND OVERCOME?

During the focus groups, participants frequently point to issues related to improving equitable access to health and related services. **Language barriers often** were cited, with respondents noting the need for both more consistent and more accurate translations of public health messaging. Indeed, the participants expressed a clear consensus on the need for **more health literacy and promotion in Spanish** as the most commonly spoken language other than English in Berks County households.

In a related aspect of health equity, respondents noted a need for public health to **provide culturally relevant and responsive care**. Multiple respondents noted the need for increasing cultural competence among both public and private service providers, including staff with bilingual and bicultural skills in engaging Spanish speaking residents.

“Promotoras that speak my language, are bilingual and have the patience to work with a person, answer questions, etc.” – Resident

“People need access to education and information in their language in the hospital.” – Resident

“People are avoiding accessing the health care system because they are undocumented.” – Resident

Equity concerns also surfaced in relation to special populations, who participants said were getting insufficient attention. In particular, respondents noted that few health options were available to **uninsured and undocumented individuals**. Another group mentioned explicitly was the **population with disabilities**. Respondents felt that public health could do more to promote understanding of the needs of people with disabilities among clinicians and other providers. In addition, many respondents noted a need for more attention to the needs of **rural communities** that both lack healthcare access and are often reluctant to embrace public health messages about chronic disease and preventative care.

Another clear theme related to equitable access center on the need for **expanded access to mental health services**. Respondents noted a role for Public Health in promoting awareness of mental health services, reducing the stigma associated with mental illness, and continuing to push for **more integrated care** that links physical and mental health. In fact, respondents advocated a role for public health in helping advance coordination via one-stop delivery of health and human services, including mental healthcare. It is important to note that Berks County has made significant progress in integrated care, including establishing dedicated sites that support integrated care, as well as practice requirements for service providers.

To improve equitable access, focus group respondents and interviewees also offered a variety of suggestions centered on **greater flexibility and personalization** of health service delivery. Chief among these recommendations was expanding both **telehealth and mobile health** options. Other input included a desire for more patient navigation services, as well as a general need for more personalized attention and responsiveness of the healthcare and public health systems.



COMMUNICATE TO INFORM
AND EDUCATE

HOW DO DIFFERENCES IN HEALTH
LITERACY IMPACT HEALTH ACCESS
AND OUTCOMES?

The role of public health in communication and education, often captured by the term health literacy, was a major topic of discussion in the focus groups and interviews. Respondents agreed on the **need for public health to tailor and segment communication**. Put another way, communication and outreach must become more tailored to meet the specific needs of different audiences and special populations.

Akin to the findings on equitable access, respondents noted the need for public health to **adapt communication and outreach to become much more culturally sensitive and linguistically responsive**. Respondents noted that consistent translation into Spanish is lacking and needs to be prioritized and Spanish language materials need to be disseminated more effectively. Moreover, respondents noted that public health should **disseminate information through trusted, local sources** such as community-based peer educators or health promoters (promotoras) who are most likely to have both cultural competence and the trust of communities.

Focus group and interview participants advocated for **centering Health Literacy campaigns on the prevention of pervasive chronic illness and disease** (e.g., asthma, diabetes, etc.). Similarly, respondents noted the need to invest in messaging that highlights the linkages between health habits and health outcomes (e.g., link between sugary diet and diabetes or between obesity and heart disease), while also **raising the profile of preventive health services** and prevention education. Some respondents also noted the need to elevate issues not traditionally associated with public health (e.g., traffic safety and gun violence) as prevalent and preventable health crises in the county.

“We have to be culturally aware of who we are talking to...we need to adjust to the different audiences for the same goal. The messaging has to be aware of the audience.” –Service Provider

“Many Spanish-speaking patients leave their medical appointments just as confused as they walked in due to culturally unfit information being presented.” –Service Provider

“We can do more with schools, social services, radio, tv, to push messages. People are dying early for lack of education about self-management. More communication and education to patients about self-management and quality of life is needed.” –Resident

“We are lacking information and resource and we don’t always have access to the computer.” “People don’t have the ability to navigate the internet and the tech to get the information they need.” – Resident

“It goes back to having one voice and making sure we are all spreading the same information.” –Service Provider

Another common theme was the need for public health **to make information and communication easier to understand and absorb**. Respondents suggested that future public health messaging employ infographics and other user-friendly formats. They also suggested that dissemination in multiple formats and media.

Most people consulted suggested a need for a **more centralized system to develop messaging** on health and then disseminate information through trusted local organizations. Interviewees described the current state of health messaging as “siloed” and “fragmented” as well as “conflicting” and “lacking in timeliness.” In sum, the consensus was that the county needs clearer messaging and a centralized source of timely data-driven and culturally competent public health information. In this way, respondents anticipated that public health could **better engage communities, build trust, and articulate a clear role for public health** to advance community health and wellness.

MOBILIZE COMMUNITIES AND PARTNERSHIPS

WHICH PARTNERSHIPS OFFER THE BEST OPPORTUNITIES FOR ENCOURAGING COMMUNITY HEALTH AND WELLNESS?



A key theme of focus groups and interviews was the need for public health **to prioritize partnerships with organizations already working with underserved populations**. Respondents envision public health leading a coalition of agencies and organizations with a proven record of community engagement and support. In this respect, participants urged public health to leverage existing partnerships and support established collaborative structures.

At the same time, respondents want to **expand and strengthen additional partnerships** in Berks County. Chiefly, we heard a common call for **more coordination**

and partnership with schools. Education was seen as a key lever for improving health; collaborating with schools to address the health of children and youth will enable public health to reach parents and families. In addition, many respondents noted opportunities to deepen existing partnerships that seek to **integrate physical and behavioral health** to address the needs of the whole person.

Respondents suggested identification of a **backbone organization, or the development of an independent public health entity**, charged with coordination across organizations involved in reducing the healthcare disparities evident in county-level data. They indicated that this body should function as a neutral party that consistently **convenes and coordinates CBOs, hospitals, county agencies, etc., to address the interrelated factors affecting public health and coordinate countywide efforts.**

Nearly all participants stressed the importance of inclusive representation (e.g., City, County, CBOs, healthcare, etc.) in any new public health entity. They also agreed on the need for this body to support partnerships capable of working collaboratively to disseminate timely, quality data and public health information.

“I think each one of us understands where the disparities are, but the organizations are all working separately and not getting where we need to go.” –Service Provider

“An umbrella that can support every organization that is here today—” –Service Provider

“If you had one single point of contact who was the authority and coordinator for health issues, health forums, health education. That is a role and would be a great service that would be afforded to Berks County.” –Service Provider



ASSESS AND MONITOR
POPULATION HEALTH



WHAT KINDS OF PUBLIC HEALTH
DATA AND INFORMATION NEED TO BE
AVAILABLE AND SHARED WIDELY?

The central theme and desire of focus group and interview respondents was the need for public health to **better use existing data to highlight health equity gaps** and the role of SDOH in shaping health outcomes. They would like a greater focus on data-based treatment for chronic conditions (e.g., obesity and diet-related illness, asthma, hypertension), as well as data on SDOH that serve as barriers to access (e.g., access to healthy food, transportation, technology, etc.).

Another finding focused on the need for improving data accessibility. Respondents would like **more transparency and access to county-level data that can be analyzed** by zip code, race/ethnicity, primary language, etc. Armed with such data, they said that public health would be better positioned to transform health data into actionable priorities focused on reducing key health disparities.

Some respondents also noted that public health could play a beneficial role in building on and organizing conversations linked to existing data (e.g., CHNAs) to **promote greater public understanding of the context in which healthcare providers make their decisions**. In addition, nearly all participants agreed that a new public health entity would be better able to ensure data integrity and efficiency by functioning as a single point of contact and communication.

“In order to understand public health, we need data that feeds a big picture. We don’t have this in this county. It’s very fragmented... we need data that is consistent and consolidated on our entire population.” –Service Provider

CHAMPION AND
IMPLEMENT POLICIES
AND LAWS

WHAT CAN COUNTY ORGANIZATIONS
DO TO ENCOURAGE HEALTH AND
WELLNESS?

Focus group respondents and interviewees advanced multiple suggestions for how Public Health might play a greater role in either championing or implementing laws and policies that improve community health and wellness.

Many individuals with whom we consulted wanted public health to break down the silos and unhealthy competition within the existing system of health and human services in Berks County. They saw a role for public health in **leveraging relevant pilot projects and innovations** toward systems changes, such as:

- Investing in outreach and health literacy, especially community health workers and promotoras
- Improving access to county-level health data via State lobbying and influence
- Brokering payer-provider partnerships to address cost of healthcare
- Promoting the enforcement of existing laws relevant to public health (e.g., providing incentives to landlords who accept housing vouchers, bringing buildings up to habitable status, etc.)

In addition, multiple respondents envisioned a role for public health in **increasing access to mental health services**. They felt public health could further the integration of primary care and mental/behavioral health and lobby for commercial insurers to cover mental health services. Participants also called for increasing access to school-based mental health services, even though Student Assistance Programs (SAPs) that identify students with BH needs are available in every Berks County middle and high school. In short, respondent input reflects the need to increase awareness of what services already exist and target additional areas for expansion or scaling.

Lastly, participants expressed an overarching desire for public health to **advocate for funding that would augment staffing and resources** to better meet the needs of Berks County residents. For example, respondents identified increased funding for primary healthcare clinics, including school-based clinics, to extend hours of availability and provide greater access to community-based primary and preventive care.

We Examined How Other Counties in Pennsylvania Ensure the Health of the Public

Within Pennsylvania there are a variety of options available for addressing public health needs at the local level. Counties can, of course, rely upon the State for these services. They can develop their own county or municipal health departments to lead public health locally. Lastly, they can establish collaborative structures that pool efforts and resources to address some public health functions. All these models exist within the state.

Seven counties and four municipalities representing more than 45 percent of the state population have their own health departments.¹⁶ The counties with health departments are Allegheny, Bucks, Chester, Delaware, Erie, Montgomery, and Philadelphia. In addition, Allentown, Bethlehem, Wilkes-Barre, and York, have municipal health departments.

In the absence of a public health department, several counties in Central Pennsylvania have adopted alternative models to promote public health through partnerships involving key health and social services providers, funders, academic institutions, and local officials. These models focus on improving access to healthcare, effectively sharing health information and resources, and maximizing resources and fiscal investments.

Below are some examples of public health collaboratives in place in York, Lebanon, and Adams counties. Though each model varies in structure and vision, these groups tend to work together to assess and prioritize the needs of county residents through shared data and assessments, identify public health priorities, partner to address priorities and maximize resources, implement mutually agreed upon strategies, increase visibility of issues, and foster communication among key stakeholders.



TABLE 6: PUBLIC HEALTH COLLABORATIVES

HEALTHY YORK COUNTY COALITION: FOUNDED IN 1994

Membership: Approximately 45 organizations have representation on the Leadership Council.

<p>Steering Committee</p> <ul style="list-style-type: none"> • Family First Health • York Traditions Bank • Two Retired Physicians • York County Human Services Department • York City Health Bureau (official public health entity under the Pennsylvania Department of Health) • York County Community Foundation • WellSpan Health Management Associates UPMC Pinnacle • Central PA Transportation Authority • United Way of York County <p>Funders</p> <ul style="list-style-type: none"> • York County Community Foundation • United Way of York County • WellSpan Health • AARP • City of York – Bureau of Health (official public health entity under the PA DOH) • Glatfelter Insurance Group • Hospice and Community Care • OSS Health • UPMC Pinnacle • Visiting Nurse Association- Hanover & Spring Grove • York Area Housing Group • York County Economic Alliance • York County Literacy Council 	<p>Task Forces & Committees</p> <ul style="list-style-type: none"> • Access & Empowerment: Identifies needs, conducts research, and seeks solutions to address issues related to healthcare access, health insurance, and related challenges. • Advocacy & Public Policy: Identifies community health opportunities; educates lawmakers, community leaders, and others; and engages stakeholders to take action and advocate for progress. • Alliance for Low Income Personal Care Home (ALPHA): A major initiative of the coalition ALPHA is a public-private partnership with a cross-section of housing, health and human services stakeholders created to identify and implement sustainable solutions for the ALPHA homes. • Community Engagement: Assists with communications, event planning, and strategic relationship building. • Prevention & Wellness: Oversees the York County Walks initiative, which is working to promote walking and improve walkability of communities. • Your Life: Conducts educational sessions to help residents understand advanced care options, encourage family conversations, and the sharing of advance directives. Coalition volunteers are available to assist residents with advance directive documents. <p>Website</p> <p>http://www.healthyork.org</p>
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¹⁶ US Census Data, QuickFacts Table PA, 2022, <https://www.census.gov/quickfacts/fact/table/PA/PST045222>

COMMUNITY HEALTH COUNCIL OF LEBANON COUNTY: FOUNDED IN 1994

Membership: The Council is a not-for-profit organization and consists of more than 25 committees, task forces, and events involving more than 400 community volunteers.

Current Committees and Taskforces

- Age Wave
- Communities That Care
- Healthy Lifestyles
- Lebanon County Coalition to End Homelessness
- Mentora Mother
- TeenPregnancyPrevention & Support Network
- Tobacco Prevention and Cessation
- Suicide Prevention Task Force

Partners

- Lebanon County Council of Human Services Agencies
- REACH Project
- Stronger Together Heroin Task Force

Website

<http://communityhealthcouncil.com/about-us/>

Board of Directors – Representatives from:

- Penn State College of Medicine
- Area Agency on Aging
- Lebanon Family Health Services (Board President)
- UPMC (1st VP)
- Lebanon County Drug and Alcohol
- Lancaster General/Penn Medicine
- Family First Health
- WellSpan Philhaven
- Youth Advocate Program (2nd VP)
- Chamber of Commerce
- WellSpan Health
- Lebanon County MH/ID/EI
- Child & Adolescent Service System Prog. (Secretary)
- Lebanon County Children and Youth
- VA Medical Center
- Union Community Care
- Domestic Violence Intervention
- Health system physician
- Lebanon Family Health Services (Treasurer)
- Luthercare for Kids
- YMCA
- Better Together Lebanon (ex-officio)
- Lebanon County Commissioner (ex-officio)
- Lebanon County District Attorney's Office (ex-officio)
- Superintendent of Record (ex-officio) • Community Volunteer

HEALTHY ADAMS COUNTY: FOUNDED IN 1996

Membership: Approximately 300 members serve on a variety of committees and taskforces.

Sponsors

- Wellspan Health. Houses the Executive Director and Administrative Assistant
- Franklin & Marshall's College, Center for Opinion Research. Complete health assessments.

Leadership

- Adams County Office for Aging, Inc.
- Community Representative
- Gettysburg Area Recreation Authority
- United Way of Adams County
- YWCA Gettysburg & Adams County
- Adams County Housing Authority
- PA Interfaith Community Programs
- Adams Economic Alliance
- Communications Specialist
- Well Span System Communications
- SCCAP, Inc. (Community Action Agency)
- Gettysburg College Center for Public Service
- TrueNorth Wellness Services

Task Forces & Initiatives

These committees address the priority health and human service needs, and many were formed as a direct result of needs identified through CHNAs:

- Adams County Women's Cancer Coalition
- Adams County Food Policy Council
- Behavioral Health Task Force & Suicide Prevention Sub-Committee
- Children's Health & Nutrition Task Force
- Domestic Violence Task Force
- End of Life Committee
- Health Literacy Task Force
- Latino Services Task Force
- Physical Fitness Task Force
- Community Wellness Connections (CWC)

As the examples demonstrate, these county public health collaboratives share several key features:

- They are inclusive and typically involve multiple organizations and stakeholders in a broadly conceived conception of public health and wellness.
- They are anchored by a smaller set of key partner organizations that take a leadership role, often through a steering committee.
- They use smaller issue-oriented committees and taskforces to organize their initiatives and provide opportunities for members to get involved in different public health issues. These committees and taskforces include key issue areas, represent targeted populations, and often focus on health equity and/or the SDOH.
- They use public and private sponsors and funders to support their efforts aimed at advancing community health and wellness.
- They have a public presence and website to communicate and inform residents and other constituents.



We Developed Guiding Principles and Goals for a Berks County Public Health Model

Berks County public health stakeholders recommended the following principles and goals in developing an approach to public health in Berks County. Future efforts should focus on:

- Coordinating public health services already being implemented in the county (CBOs, hospitals, County, and City agencies) and supporting collective action so that county resources are targeted at needs not addressed elsewhere so county funds can have the greatest impact.
- Providing one clear, trusted voice about public health threats, response, and concerns to guide county residents, businesses, schools, and private and public organizations in public health emergencies.
- Increasing access to public health data to the public and key public health partners.
- Identifying clear roles and responsibilities for each public and private partner and reducing duplication of county, city, and state efforts. For example, the County will not assume roles where the State has jurisdiction but will establish a mechanism to collaborate with the State to ensure that public health analytics, emergency response and communications roles meet the needs of county residents, and public and private sector organizations.
- Improving the health of county populations that exhibit the greatest disparities by supporting upstream factors that affect health, such as access to nutrition, housing, healthcare, and benefits, and ensuring that prevention and wellness information and resources are accessible both in English and in Spanish.

Recommendations

At the outset, the HMA team was neutral in terms of whether a health department would be the best approach for Berks County to meet public health needs, as seven other Pennsylvania counties have done, or whether another model would be most responsive. As described above, we solicited input from a range of public health stakeholders. Although we did not speak with everyone working to meet the health needs of Berks County residents, we heard from leaders, demographically diverse community members, service providers, businesses, and faith-based and cultural groups. We learned that those individuals and groups closest to healthcare delivery strongly favored establishing a health department. Others were concerned about the costs of adhering to outdated state requirements for public health departments, including the necessity to provide clinical services and conduct certain health and safety inspections not currently required in the county (See **Appendix G**).

Based on this feedback, we recommend four steps to improve coordination of existing services, analyze health at the census tract and/or zip code level, and communicate to partners and the public in one authoritative voice about public health threats, emergencies, and risks. These steps will prepare the county to have a strong response to any future public health threats and will benefit Berks County communities in the short term and over time. They will also create a glide path for establishing a Berks County Health Department should that be desired in the future.

1. Create a Berks County Health Director position to lead public health collective action and coordination and serve as a trusted communicator about public health information. This position requires a visionary leader and excellent communicator with proven expertise in public health and healthcare. For two examples of public health director positions see **Appendix H**.

- Option 1: This position will be an employee of the County of Berks and will be accountable to the County Commissioners.
- Option 2: This position will be housed in a trusted non-governmental public health- focused organization, which will be accountable to the County Commissioners.

2. Create a Public Health Advisory Panel

We recommend that the County commissioners create a Public Health Advisory Panel to advise the Health Director and guide public health assessment, policy, and assurance activities. Panel members should collectively bring strong expertise in medicine, public health, behavioral health, and the factors that shape health. Establishing a Public Health Advisory Panel now, will help prepare Berks County to meet State requirement of a Board of Health should the County decided to establish County Health Department in the future. (State requirements regarding the Board of Health make-up and obligations under an established County Health Department are detailed in **Appendix G**).

3. Support the establishment of a “Healthy Berks” Coalition¹⁷ to serve as a coordinating body for public health efforts in the county. The Public Health Director will coordinate or cofacilitate the coalition’s activities. This coalition also may include leadership from the following entities:

- Federally qualified health center and community health centers
- Tower-Reading and Penn State St. Joseph’s hospitals
- United Way and community-based organizations, including the Hispanic Center and Berks County Community Foundation

¹⁷ Other counties in Pennsylvania coordinate public health efforts through a coalition structure.

- Faith-based groups that providing health and social services
- Co-County Wellness Services and other County public health organizations
- County mental health, disabilities, emergency response, data, and environmental health organizations
- Public, parochial, and private school systems

4. Create a Berks County health analyst position to improve Berks County-specific public health data completeness and accuracy, who will report to the Health Director. This position will provide critical support for the Public Health Director—identifying data gaps, providing census tract-level monitoring of the health of Berks County residents, and supporting a strong response to pandemics or other public health emergencies. This position could be a County employee or subcontractor.

Establishing public health leadership positions, a Public Health Advisory Panel, and a “Healthy Berks Coalition” will address needs identified in this assessment. Immediate benefits will include improved coordination of existing services, better understanding of public health needs and threats through improved hyper local analytics, and a mechanism to communicate with partners and the public in one authoritative voice about public health threats, emergencies, and risks. **These steps also will create a glide path to establish a Berks County Health Department, which is an 18–24-month process.** At this time, a County Health Department is subject to a number of Pennsylvania laws and regulations (clinical services, certain inspections) that were not identified as needs. This situation could change if Pennsylvania modernizes its regulations to conform with national Public Health 3.0¹⁸ standards.

At present, Pennsylvania requires a Board of Health and Public Health Director to establish a Health Department. It also requires County matching funds to draw down state funds for the Health Department. County investments in these positions would be a significant step toward providing this funding match. Dedicated public health positions also will enable the County to engage the state in discussions about public health regulation modernization

to focus less on requirements that were common decades ago and more on the nimble local public health leadership states and counties are evolving into today that focus on assessing the public’s health, developing policies, partnerships, and communications that address health needs and responding to public health emergencies, such as COVID-19.

These steps also will create a glide path to establish a Berks County Health Department, which is an 18–24-month process.



¹⁸ Centers for Disease Control and Prevention, Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century, 2017, https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Summary

In summary, we recommend that Berks County:

- 1. Create a Berks County Health Director** position to lead public health collective action and coordination and serve as a trusted communicator about public health information.
- 2. Establish a Public Health Advisory Panel** and appoint members who can advise on public health assessment, assurance and policy activities.
- 3. Support the establishment of a “Healthy Berks” Coalition** to serve as a coordinating body for public health efforts in the county.
- 4. Create a Berks County Health Data Analyst** position to improve Berks County-specific public health data completeness and accuracy.

These recommendations will permit the county to have a **broad range of options** in enhancing its ability to meet public health needs in the future. With a Public Health Director, Public Health Advisory Panel, Healthy Berks Coalition, and Health Data Analyst in place, the county will be able to improve coordination of existing services,

analyze health at the census tract and/or zip code level, and communicate to partners and the public in one authoritative voice about public health threats, emergencies, and risks. **Simultaneously, these steps will provide a glide path for the option of establishing a public health department should that be desired in the future.**

Simultaneously, these steps will provide a glide path for the option of establishing a public health department should that be desired in the future.

