

# Community Health Needs Assessment

2015

KEY INFORMANT REPORT



BERKS COUNTY  
COMMUNITY FOUNDATION



PENN STATE HEALTH  
St. Joseph



READING HEALTH  
SYSTEM

Advancing Health. Transforming Lives.



United Way of Berks County

SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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## KEY INFORMANT INTERVIEWS

### Background

Key informants were interviewed to gather a combination of quantitative ratings and qualitative feedback through open-ended questions. Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

A total of 89 key informants completed the survey between September and October 2015. It is important to note that the results reflect the perceptions of some community leaders, but may not represent all community representatives.

### Key Informant Study Findings

#### Demographics

Respondents were asked to provide their community affiliation. The largest percentage of informants were affiliated with Non-Profit/Social Services/Aging Services (29.9%), followed by Health Care/Public Health Organization (23.0%). "Other" affiliations identified by informants included private foundations and health care volunteers. The following figure provides a graphical depiction of participants' community affiliations.

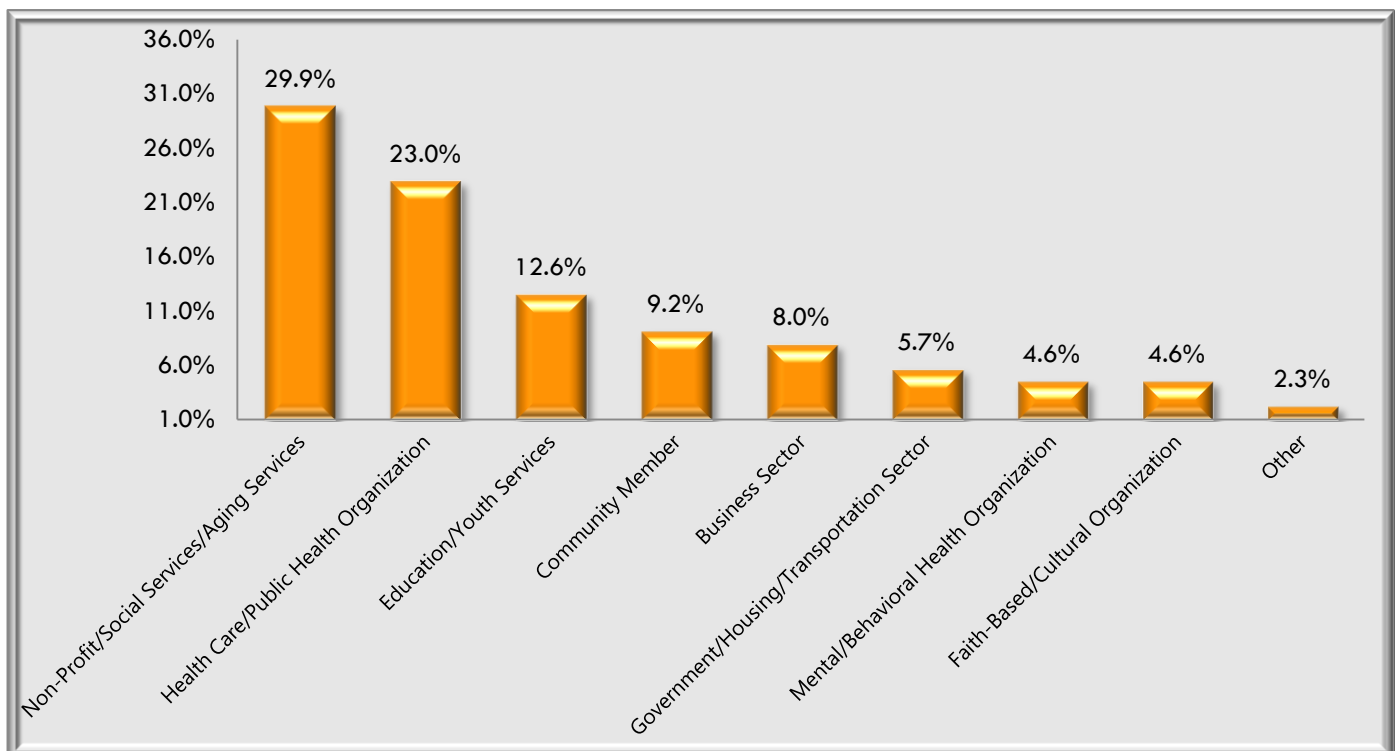


Figure 1. Community Affiliation

### Key Health Issues

Key informants were asked to rank the 5 most pressing health-related issues from a list of 13 focus areas identified in the survey. The issues of Substance Abuse/Alcohol Abuse, Overweight/Obesity, and Mental Health/Suicide were ranked as the top 3 health issues. Diabetes and Access to Care/Uninsured were also ranked among the top health issues within the area.

“Other” responses that key informants candidly mentioned as key health issues in their communities included adolescent mental health care, domestic violence, poor nutrition, language barriers, teen birth rate, preventable chronic illnesses, cost of healthcare for middle income, and rural healthcare disparities.

The pie chart below depicts the total percentage of respondents who ranked the 5 most common health issues as a concern in their community.

“What are the top health issues you see in your community?”

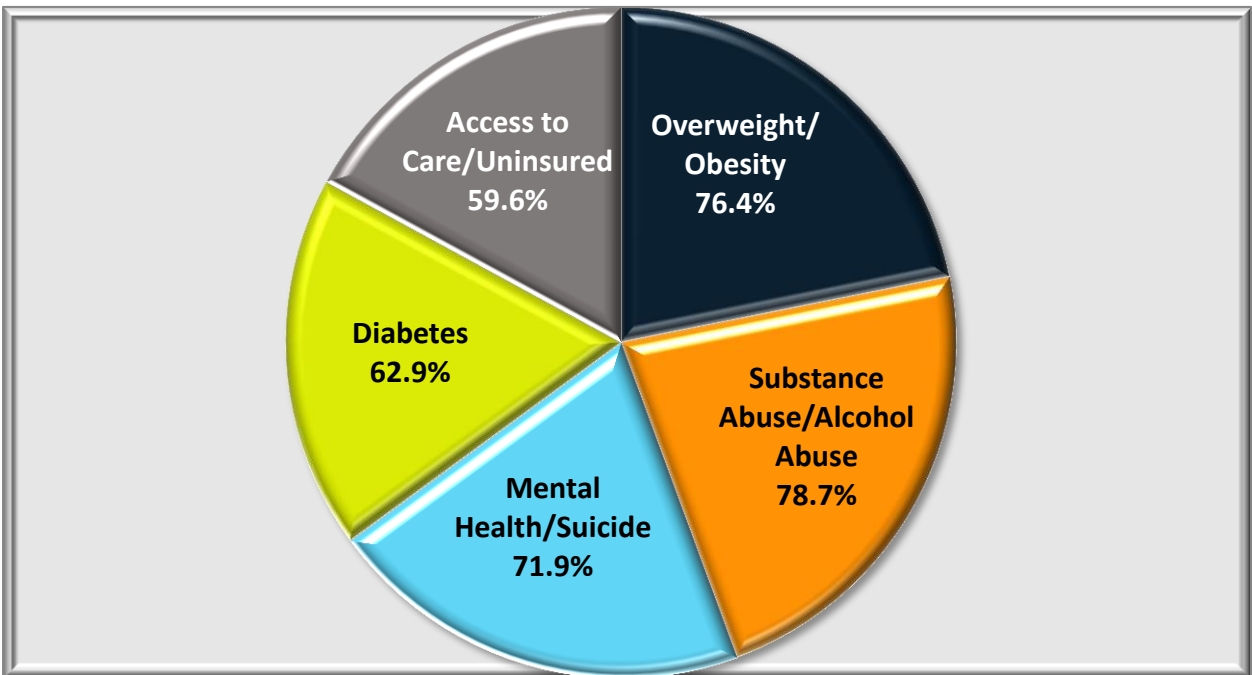


Figure 2. Ranking of Key Health Issues

Respondents were also asked of those health issues mentioned, which one issue is the most significant. The following table depicts the results, including a summary of the number of times an issue was mentioned, and the percentage of respondents that rated the issue as being the most significant in the community. Key Health Issues are ranked based on the frequency of participants who selected the particular issue.

Table 1: Ranking of the Most Pressing Key Health Issues

Rank	Key Health Issue	Count	Percent Of Respondents Who Selected The Issue	Percent Of Respondents Who Selected The Issue As The Most Significant
1	Substance Abuse/Alcohol Abuse	70	78.7%	16.9%
2	Overweight/Obesity	68	76.4%	21.3%
3	Mental Health/Suicide	64	71.9%	18.0%
4	Diabetes	56	62.9%	10.1%
5	Access to Care/Uninsured	53	59.6%	18.0%
6	Dental Health	28	31.5%	4.5%
7	Heart Disease	22	24.7%	1.1%
8	Cancer	21	23.6%	3.4%
9	Maternal/Infant Health	15	16.9%	1.1%
10	Tobacco	14	15.7%	0.0%
11	Other (specify):	13	14.6%	3.4%
12	Sexually Transmitted Diseases	13	14.6%	2.2%
13	Stroke	8	9.0%	0.0%

Additionally, respondents were asked to share information regarding these issues and their reasons for ranking them this way. Verbatim summaries of responses are listed below.

**Additional Information Regarding Key Health Issues Facing the Community:**

- “You can identify many health issue but if people do not perceive they have access to help nothing will change.”
- “While children's oral health can be an issue, the biggest need is among adults. These seems especially true for those living in poverty, but can also be a problem for older adults of all races and ethnicity.”
- “This is most significant because the only organization trying to address this critical need is the Hispanic Center. Since piloting a program to meet the need of medical interpreters for specialty doctors we have not been able to handle the demand. The other heath issues are being addressed on many fronts.”
- “There are few psychiatrists in the county, especially for children. Many individuals in our community are at risk or have mental health needs that far outweigh the resources in the community. Waiting periods to meet with mental health providers are long ad may be insufficient for those with acute problems.”
- “The paper tells us by citing people committing crimes under the influence of drugs/alcohol. Accidents caused by being under the influence of a chemical, OD's, violence is triggered by one or both parties under the influence, etc.”
- “STD's and sexual health are impacting the teenage population of Reading in a very negative way.”

- "The use of non-prescription mind-altering drugs and prescription controlled substances has risen steadily each year, as well as have its social consequences. There has been growth of a subculture of dishonesty when presenting to health care providers, in order to obtain drugs that can be sold, diverted and/or abused. This subculture contributes to further violence, disinterest in education, and the cycle of poverty. This is the #1 problem in our community. As substance abuse treatment is often unsuccessful, the focus needs to be on prevention, especially educating school-aged children about drugs and their consequences."
- "The selection of mental health in question 2 is not intended to reflect issues of serious and pervasive mental illness or suicidal acts or ideation - rather, the general mental 'unwellness' that comes from the daily struggles related to poverty, which the result in the inability to manage healthy behaviors and illness."
- "The issues relating to the violence that most of our clients are exposed to leads to mental health/substance abuse/ heart issues/obesity/diabetes and others. The environmental factors have more of an effect on health outcomes than genetics and the quality of care."
- "The issues are intertwined. Ie. Substance abuse - mental health also access to care - maternal/infant health - sometimes exacerbated by substance abuse... Most significant for whom? Hospitals? Maybe diabetes with its wide scope and related medical problem. For individuals it's whatever they are personally facing."
- "The increase in heroin use and overdoses makes the headlines, and rightly so, but the growing use of synthetic marijuana, a very dangerous drug, as well as a cultural change viewing marijuana as harmless (due to states legalizing medical marijuana and/or outright legalization of marijuana) are significant issues as well. More youth and young adults are impacted by these drugs than ever before."
- "Ranked Mental Health as highest issue because relative to its significance, there is least attention and resources focused on it. Since there are few clinical procedures involved, dealing with mental health is not "profitable"."
- "Overweight/obesity was ranked as the most significant since many other physical and mental health issues may stem from this diagnosis. Mental health was a close second for the very same reason. Mental illness also may lead to other illness or lack of ability to manage chronic diseases that are already present. There is a high probability that there is a fairly significant amount of undiagnosed/underdiagnosed mental health issues in our community."
- "Overweight / Obesity is a nationwide concern. As a resident of Berks County and an employee in the Health field I see a need for education on prevention and better health and lifestyle to hopefully improve the obesity in both children and adults."
- "Obesity leads to many of the other health issues."
- "Obesity is the "start" of so many other health issues."
- "Mental health issues span the entire population and continues to go undiagnosed."
- "Language, relocation to new city."
- "I believe these are the health issues least addressed by the individuals and therefore become bigger problems."
- "High poverty rate leads to unhealthy behaviors the potentiates the disease."
- "It is the precursor to many chronic health conditions, both metabolic and orthopedic."

- "Obesity is a prevalent problem in Berks County. It is linked to several access issues: access to care, access to food. It is linked to a number of health outcomes--diabetes, stroke, heart disease. It can be a symptom of other issues--muscular-skeletal issues. And it also speaks to opportunities for exercise. Maternal and Child health are significant for several reasons. First, teen pregnancy is clearly linked to low birth weight, access to care, and access to food. The rates in Berks County, particularly in some areas and among some populations are significantly higher than those in other areas. Low birth weight is linked to the lack of pre-natal and enotal care, lack of immunizations and achievement in school. Incidence of diabetes is high in the county."
- "It is unclear to me whether the Affordable Care Act has impacted our eligible population. Now that PA is participating fully in the program, insurance coverage should improve."
- "I would rank Cardiovascular disease including stroke, heart disease related to Diabetes and tobacco use as a very high priority but the question did not allow this response."
- "I work with many people from the Caribbean. Most over the age of 65 seem to have diabetes."
- "I work with children, many of whom are undiagnosed or have parents who are undiagnosed or untreated. The impact of untreated or poorly treated mental health on the family is staggering because it impacts their ability to function within the family, school and community. It becomes a downward spiral and its harder and harder for them to catch up."
- "I believe beyond the affordability of healthcare for those who are of the working class and not able to take advantage of credits will push more people into access to care issues. I also think Mental Health services/care are not available to those who need it. Some because doctors are just too full and their aren't enough and others who may not have the means. These people are capable, good citizens who can't work full-time jobs because they can't afford their medicines without assistance even working or ho need a better income than disability to survive and then go off the medicines due to affordability. It is a vicious do-loop."
- "I am not directly involved with any of these populations. My rankings are based on impression."
- "I am directly involved with a student population, ages 12-19; no matter how much information we present to them I still feel they are not getting the message on chemical abuse."
- "Heroin has been a growing concern."
- "From our perspective in mental health, not addressing mental health has significant role in negative outcomes for all the other areas mentioned."
- "Diabetics that are unable to be compliant either through limited funds to purchase medications or strips for testing to poor understanding of the long term results of non compliance = more \$ spent on emergent care instead of prevention."
- "Berks County needs a Change of Behavior - Eating and Exercise. Everyone including public officials, businesses, etc. should get involved."
- "Because of the huge socioeconomic impact on the Berks county community."
- "Based on data in Reading School District and public health records."
- "As I am a CV MD, I see heart disease as an important health issue in our community and across the country as the # 1 killer. Obviously many of the others mentioned above impact CV health."
- "Access to care."

➤ "Access to care that is comprehensive and "user friendly" - if a patient's entry to care is through a medical condition then their assessment/evaluation should be of the whole person - physical and mental (inclusive of addictions) and lifestyle - all done at the same site. If the person enters care through the mental health system then a thorough assessment of their physical health as well as mental (inc. of addictions) should be done on that site. Treatment planning should be in a comprehensive all inclusive manner. Referrals to specialists should include a compulsory follow up with lines of communication opened. One all inclusive treatment plan; less paperwork and redundancy of same; and the patient should feel that their total health is being assessed to their benefit. Access should include assistance in navigating the system - warm hand offs; and all efforts to remove barriers to care."

**Health Care Access**

The second set of questions discussed the ability of local residents to access health care services, such as primary care providers, medical specialists, dentists, transportation, and Medicaid/ Medical Assistance providers. Key informants were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are summarized on Table 2.

Table 2. Ratings of Statements about Health Care Access

Factor	Mean Score	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.26	Neither Agree nor Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.72	Neither Agree nor Disagree
Residents are able to access a dentist when needed	2.64	Neither Agree nor Disagree
There is a sufficient number of providers accepting Medicaid/Medical Assistance in the area	2.40	Disagree
There is a sufficient number of bi-lingual providers in the area	2.10	Disagree
There is a sufficient number of mental/behavioral health providers in the area	2.26	Disagree
Transportation for medical appointments is available to area residents when needed	2.47	Disagree

As illustrated in Table 2, key informants indicated that residents have difficulty accessing vital health care services, including providers accepting Medicaid/Medical Assistance, mental/behavioral health providers and transportation for medical appointments. A sufficient number of bi-lingual providers in the area garnered the lowest mean score (2.10) when compared to the other factors.



The lowest scores by factor are:

- There is a sufficient number of bi-lingual providers in the area
- There is a sufficient number of mental/behavioral health providers in the area
- There is a sufficient number of providers accepting Medicaid/Medical Assistance in the area

### Barriers to Health Care Access

After rating health care access service issues facing the community, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it.

Table 3 shows a combined result of the number and percent of respondents who selected each barrier and the percent of respondents who selected it as the most significant barrier. Key Health Barriers are ranked based on the frequency of participants who selected the particular barrier.

Table 3: Ranking of Barriers to Health Care Access

Rank	Key Health Barrier	Count	Percent Of Respondents Who Selected The Issue	Percent Of Respondents Who Selected The Issue As The Most Significant
1	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	70	78.7%	29.2%
2	Inability to Navigate Health Care System	68	76.4%	30.3%
3	Lack of Health Insurance Coverage	62	69.7%	11.2%
4	Language/Cultural Barriers	60	67.4%	6.7%
5	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	47	52.8%	4.5%
6	Lack of Transportation	45	50.6%	1.1%
7	Availability of Providers/Appointments	42	47.2%	6.7%
8	Basic Needs Not Met (Food/Shelter)	33	37.1%	5.6%
9	Lack of Trust	22	24.7%	1.1%
10	Lack of Child Care	22	24.7%	0.0%
11	Other	6	6.7%	3.4%
12	None / No Barriers	0	0.0%	0.0%

Informants mentioned out of pocket expenses for co-pays and prescription medications as being the most significant barrier that keeps people in the community from accessing health care. Other barriers that were frequently mentioned included the inability to navigate the health care system, lack of health insurance coverage and language/cultural barriers. "Other" responses included ignorance, a knowledge deficit regarding health care needs, especially to those most in need of services, and unwillingness to receive care. Figure 3 shows key informants' ranking of the top four most significant barriers to health care access.

"What are the most significant barriers that keep people in the community from accessing health care?"

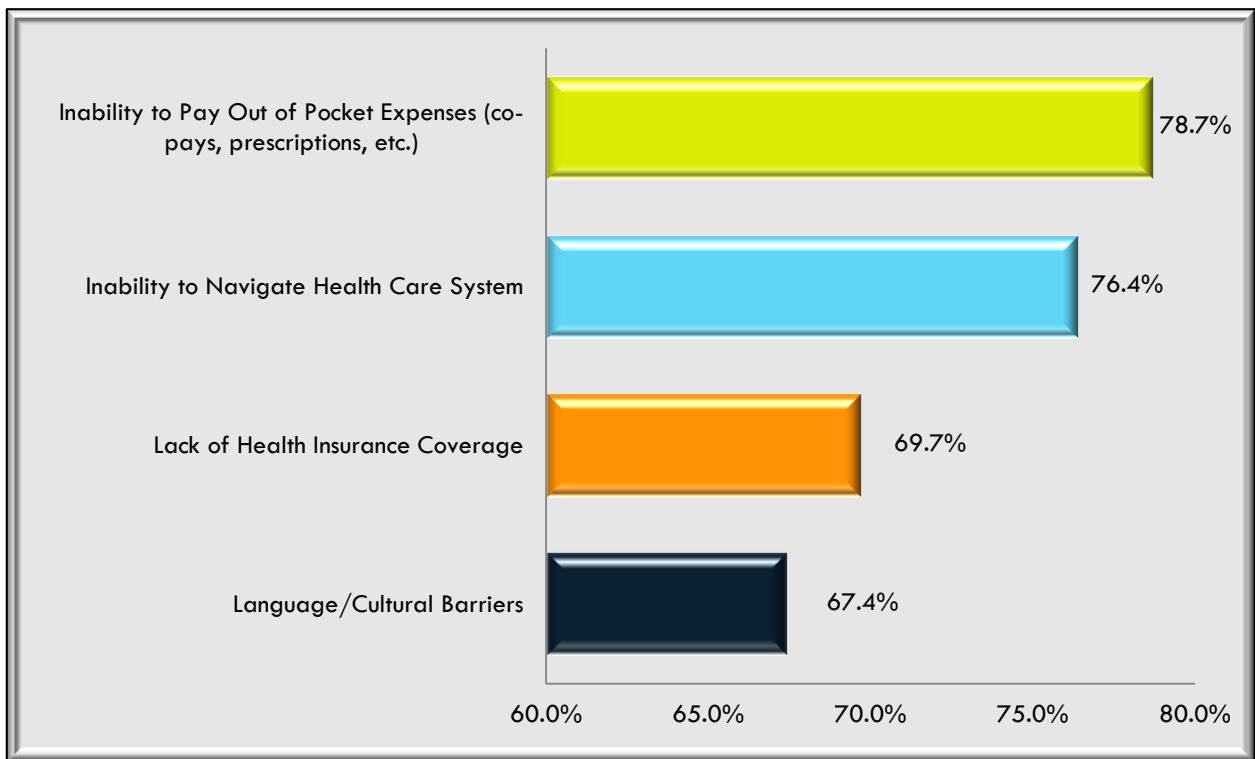


Figure 3. Key Informants Ranking of the Top Four Barriers to Health Care Access

Key informants also shared additional information regarding barriers to health care access. Their responses are summarized below.

**Additional Information Regarding Barriers to Health Care in the Community:**

- "Undocumented/illegal have very limited access to health care."
- "There are many undocumented residents in the community that don't have health insurance."
- "The availability of providers/appointments may not be as much of a barrier in certain parts of Berks County; in the city of Reading, there doesn't seem to be enough providers accepting Medical Assistance and self-pay patients."
- "Reading has tremendous diversity which can affect perceptions and beliefs related to health care as well as increase language barriers."
- "People often do not know where to start or have mental health or intellectual barriers that make it hard to follow through with navigating a complicated system."
- "My sense is that BCHC is neither available enough (hours) nor consumer friendly enough. If it were, there would be substantially more people using the facility. Note that addition of Oakbrook is a very good next step."
- "More insurance companies are raising copays, making many patients to choose what they can and can't afford."
- "Many, including uninsured, just don't understand the options available to them and how they can afford to pay."
- "Many patients are seen in the hospital ER, but never follow up due to the lack of insurance coverage."
- "I struggled with this because I believe that "inability to pay out of pocket expenses" and "Lack of transportation" are also significant barriers."
- "For many it is a choice of whether or not to take care of immediate issues such as basic needs or pay for medications that they feel they can "do without" or "stretch" to make last longer. This is a huge need among senior adults."
- "External forces upon our health system have led providers to practice defensively; patients frequently possess incomplete health information and conclude that they require specific services that they may or may not need; patient satisfaction surveys discourage providers from denying too many requests for unnecessary services. These forces lead to overutilization of testing, multiple specialty visits, treatment recommendations and follow up appointments that contribute tremendously to the complexity of our health system. This applies to all socioeconomic groups."
- "Even people with insurance and a medical provider can be unable to take time from work for appointments, especially if they have to wait a long time to be seen for their appointment. And those in low skilled jobs with lower income often are not paid for time away from work. If weekend or evening hours are unavailable for those with chronic disease who cannot be seen in "urgent care", people end up going without recommended care."
- "Emergency departments have become the default primary care provider for many individuals."
- "Discriminatory practices against Medical Assistance patients."
- "Culture - as related to the poverty."
- "Communication."

- “Clarification of above replies. Yes there are many transportation options from pain through volunteer... the distribution is not ideal. BARTA can take a very long time to return after an appointment thus the individual would be too tired and does not undertake the care visit at all. Residents in perceived 'bad sections' of inner-city have many less options/access... i.e. former weed & seed sections of NE, NW some taxi and volunteer services will not serve certain blocks. Some medical offices will not offer translation services, others have many month waiting periods especially for people with lesser insurance coverage. People with 'good' plans like Blue Cross are offered many options unmentioned to those with other insurances. Other issues such as cultural negative-stereo-types for getting i.e. mental health services limit their productive use.”
- “As noted in the first question virtually all of these factors are barriers to access. Health insurance coverage for primary care is becoming less of a problem, but access to providers and providers accepting public insurance continue to be problems. Dental insurance is a particular problem, both in terms of having access to coverage and the quality and adequacy of coverage. As we learned in setting up the Oakbrook Health clinic, transportation and taking time to seek out treatment at an appropriate location are a particular problem for low-income, single mother and non-English speaking households. The availability of providers who accept insurance, particularly public insurance (Medicaid in particular) is an issue in several ways. First just the sheer numbers are an issue, particularly in specialty fields. Secondly there are geographic disparities in availability of providers which exacerbates the ability to seek treatment. There appear to be some cultural and language barriers to care. A significant percentage of the low income population of the county have disabilities of some form which can affect their health, their access to care and their treatment options.”

**Underserved Populations**

Informants were asked whether they thought there are specific populations who are not being adequately served by local health services. As seen in Figure 4, the majority of respondents (77.1%) indicated that there are underserved populations in the community.

“Are there specific populations in this community that you think are not being adequately served by local health services?”

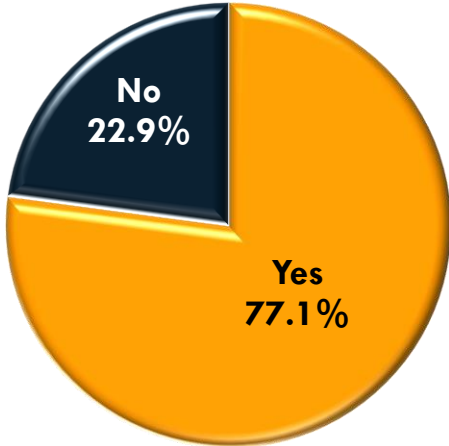


Figure 4. Key Informant Opinions Regarding Underserved Populations

Respondents were then asked to identify which populations they think are underserved. As depicted in Table 4, more than half (57.3%) of respondents felt that both Low-income/Poor and Uninsured/Underinsured individuals were underserved. In addition, a considerable number of respondents believe that Hispanic/Latinos and the Homeless are not being adequately served by local health services. Key informants also mentioned the following members of their community as being underserved: “the mentally ill, rural populations, transgender individuals, undocumented workers and the working poor.”

Table 4: Underserved Populations

	<b>Underserved Population</b>	<b>Number Of Respondents Selecting The Population</b>	<b>Percent Of Respondents Who Selected The Issue</b>
1	Low-income/Poor	51	57.3%
2	Uninsured/Underinsured	51	57.3%
3	Hispanic/Latino	36	40.4%
4	Homeless	34	38.2%
5	Immigrant/Refugee	29	32.6%
6	Seniors/Aging/Elderly	16	18.0%
7	Black/African American	15	16.9%
8	Disabled	12	13.5%
9	Young Adults	11	12.4%
10	Children/Youth	10	11.2%
11	Other	9	10.1%
12	None	0	0.0%

### Health Care for Uninsured/Underinsured

Key informants were asked to identify where Uninsured/Underinsured individuals go to access health care. The vast majority of respondents (84.3%) indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go when they are in need of medical care. Key informant opinions regarding this issue are summarized in Figure 5.

"In general, where do you think most uninsured and underinsured individuals living in the area go when they are in need of medical care?"

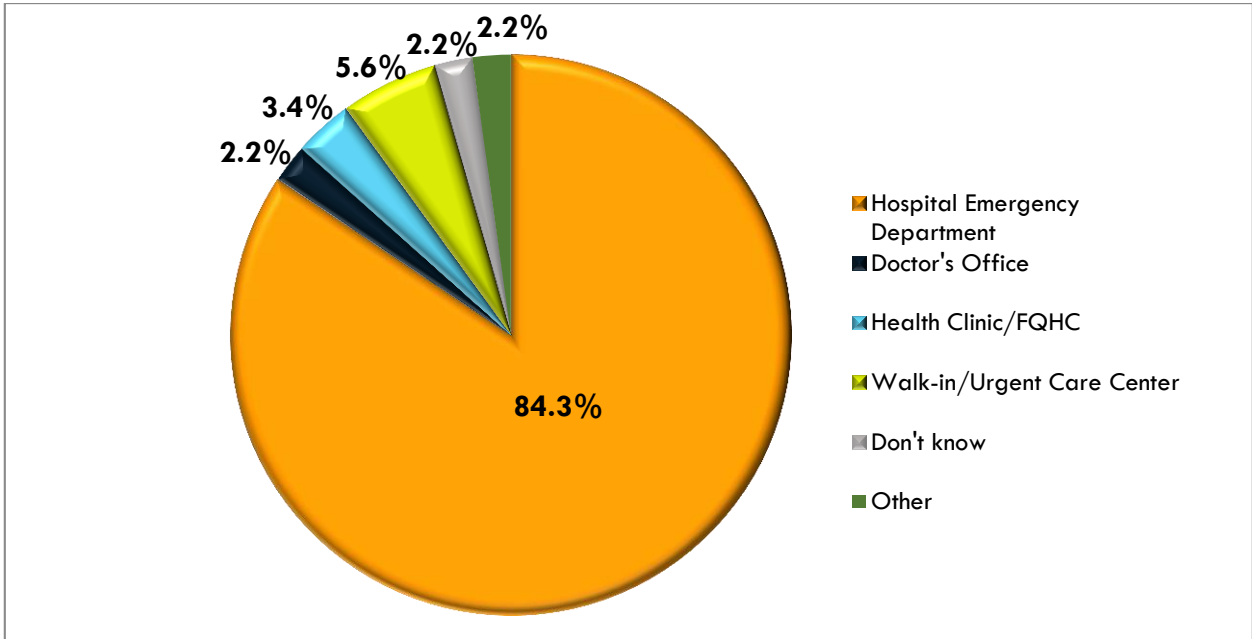


Figure 5. Key Informant Opinions Regarding Health Care for Uninsured/Underinsured

Key informants also shared additional opinions regarding uninsured/underinsured individuals and underserved populations. Their responses are highlighted in the text box below.

**Additional Information Regarding Uninsured/Underinsured Individuals and Underserved Populations**

- "They go the ER, they feel they can get med. Treatment."
- "There all not aware of the availability of the FQHC."
- "The Reading Health System has the largest emergency room in the state with 80 beds often at maximum capacity. While the BCHC has begun to make real strides in expanding to areas of need, we need an educational effort to let the low and moderate income members of our community know about accessing primary care in other venues than the ER."
- "The FQHC has certainly been a very positive development but too many uninsured/underinsured use EDs for care that may not be true emergencies."
- "The ED is inundated with underinsured and uninsured patients daily."
- "See previous comment about BCHC."
- "Patients utilize (and over-utilize) the ED for many issues - emergencies, urgent care, and non-urgent care; Clinics and Offices play a large role for non-urgent care."
- "My insights are from anecdotal evidence serving as clergy for 10 years in Reading's urban center, ending Fall 2014; now relating to West Berks Free Medical Clinic. Surprisingly the Affordable Care Act is not making a significant dent in the above mentioned broad, complex issues. Clinics are present but long waits and distrust keep usage artificially low. Folks try to treat selves or leave problems untreated until they are life-threatening or worse."
- "Many doctors offices and Urgent care centers do not accept medicaid."
- "It is my opinion that the underserved populations remain uninformed of the services provided by the Health Clinic or FQHC."
- "I'm very uncomfortable answering this survey. Shouldn't this survey be answered by people who actually live in Reading? What base of knowledge do key informants have?"
- "Good friendly."
- "Even with insurance, the population we serve are transient and have histories of domestic violence. They have higher rates of failing to make appointments and would rather wait a few hours and be sure they are seen in the ER than make an appointment for 36 weeks in advance and get 10 minutes care."
- "Emergency rooms are often filled and overcrowded. Working in the health field I hear and speak with clients who share that the emergency room is where they go when needing health care because of not having health insurance."
- "Don't really know how many are accessing the Health Clinic since transportation is a barrier for those out of the center city. Additionally I believe that many folks do not voluntarily go for medical care unless it is an emergency. Our experience with the mentally ill bears that out."
- "Based on the work for the creation of Oakbrook Health Clinic, a significant portion of those presenting in the hospital emergency room for care are minorities who lack access to care elsewhere."
- "As previously indicated, navigating the health system and the insurance payment system are significant barriers to accessing health care."



➤ “24 hour accessibility with no requirement to pay for services, as well as inadequate education to understand when and when not to use emergency services, leads to high Emergency Department utilization rates.”

**Resources Needed to Improve Access**

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free/low cost dental care, mental health services, free/low cost medical care, and health education/information/outreach are needed in their communities. “ Other” responses that participants provided included adolescent mental health care, affordable substance abuse services, an integrated health care model, and medical specialists who accept Medicaid/Medical Assistance and the uninsured. Table 5 includes a listing of the resources ranked by most needed to least needed. Responses that were mentioned by 50% or more participants are highlighted.

Table 5: Listing of Resources Needed in the Community

Resources Needed	Percent Of Those Who Selected The Issue
Free/Low Cost Dental Care	52.8%
Mental Health Services	48.3%
Free/Low Cost Medical Care	46.1%
Health Education/Information/Outreach	41.6%
Bi-lingual Services	38.2%
Prescription Assistance	38.2%
Transportation	36.0%
Substance Abuse Services	30.3%
Primary Care Providers	28.1%
Health Screenings	20.2%
Medical Specialists	20.2%
Other	7.9%
None	2.2%

**Challenges and Solutions**

Respondents were asked, “What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, and/or trying to manage chronic conditions like diabetes or heart disease?” Key informants identified a variety of prominent issues in their community. Lack of time and finances emerged as two significant barriers to improved health. Additionally, a lack of knowledge of available resources was mentioned quite frequently. Multiple respondents referred to areas of the city as “food deserts” in that there are very few options for city residents to access fresh fruit and vegetables within walking distance.

**The challenges that were commonly voiced by participants included:**

- *Lack of finances and time to buy and prepare healthy foods*
- *Lack of health education and knowledge of available resources*
- *Accessibility of fresh fruits and vegetables, especially within the city limits*

**Comments Regarding Challenges People in the Community Face in Trying to Maintain Healthy Lifestyles:**

- "Urban food deserts."
- "Transportation issues, cultural/language barriers, lack of trust, and managing a very complicated health care system."
- "Time to exercise / discipline / ongoing encouragement ... cost of healthy food & availability ... cost of medication/discipline to walk-exercise, etc."
- "Time Management."
- "Those in poverty cannot consider those issues when they are simply trying to survive and provide food for the family."
- "They are dealing with issues of survival so exercise and long term health is not even on the radar screen."
- "There is more emphasis on treating a result of unhealthy living than on teaching or even expecting people to living in a healthy way. For example, it seems that the medical community would rather find a way to pay for a drug for a diabetic than to fund a system of education on healthy eating and regular exercise/healthy movement."
- "There are few, if any, places in the city that families feel safe to take their children to play. Organized sports in the city are limited to those children whose parents can afford for them to play or have the ability to get them to the location of practices and games. It is difficult to afford quality food on limited incomes."
- "The knowledge base and support to maintain healthy lifestyles."
- "The high cost of health food. There is resistance to looking at different healthy cooking habits in the different culture groups. The health care providers' lack of understanding the community that it serves which results in "noncompliance"."
- "The foundation of a healthy lifestyle is exercise, healthy diet, and refraining from smoking and substance abuse. The community has inherent safety issues for those seeking low-cost outdoor exercise. There are cultural dietary practices that are difficult or impossible to overcome. The job participation rate in our area is far high than the published unemployment rate, which contributes to issues surrounding substance abuse."
- "The emphasis on decreasing in-hospital treatment for chronic conditions prevents those without suitable community-based / home care resources to use the emergency / 911 system for maintenance care."
- "Stress, poverty, lack of knowledge, availability of inexpensive high quality food, access to exercise opportunities."
- "Substandard housing, very low income, poor nutrition."

- "The City of Reading is a food desert with few options for people to buy fresh fruit and vegetables. Often, people are working multiple jobs and find no time to exercise or cook. There are many who can't afford their medications or aren't clear how to take them resulting in expensive treatments to deal with acute health episodes that would be avoidable if they were taking their medication."
- "The balance between negative forces e.g. fast food, sedentary life styles far outweighs healthy food resources and accessible exercise activities even if local residents were so inclined to use them."
- "Resources and access. People who are barely earning enough to keep a roof over their head and food on their table are not going to place a high priority on a healthy lifestyle. When they try lack of access where they need it and when they need it creates barriers."
- "Prioritizing one's health with other competing priorities (i.e., work, home, etc.)."
- "Preventative health beliefs, and access to affordable healthy food."
- "People are pressed for time with multiple commitments in their lives, while food choices steer toward what is affordable and convenient; most of these being not very healthy. It appears the Berks community has a preponderance of national fast food chain yet little to none vegetarian establishments. People first need to commit and accept self responsibility for their health."
- "Parts of the city are food deserts. There are very few good grocery stores within walking distance."
- "PA Dutch / poor urban lifestyles where exercise not emphasized."
- "On the first two, no special challenges vis-à-vis the population as a whole. As to chronic conditions, lack of discipline in medication management and lack of a financial penalty for not treating such illnesses before they present acutely."
- "Obviously, the work environment has gotten to the point where managing stress is difficult to do. Downsizing and technology has created a nightmare for those in an office environment who sit. In a stat I just saw 80% of men and 60% of women that are GenXrs are overweight with back pain being their prevailing ailment. So technology plus more time at the computer has not served us well."
- "Not enough time, not making it a priority, not understanding that simple measures can make a big difference."
- "Not enough access to supermarkets in the city."
- "Many barriers including but not limited to - educational, cultural, financial, disease-oriented (mental health), and personal family/lifestyle barriers play a large role."
- "Maintaining a healthy lifestyle is very difficult for any person when we are inundated with mostly unhealthy food choices and technology that keeps us less and less active. More specific challenges include the knowledge to make the best choices when shopping and eating, access to healthier food sources, the financial means to pay for healthier food options, knowledge about not only how to exercise, but what counts as exercise (don't need to pay for a gym membership to exercise). Health literacy in general is a big barrier for many in the community, and it's not always dependent on a person's level of education. If a person doesn't understand the recommendations of their physician, whether it be to eat healthier, or to follow a treatment plan to manage their chronic disease, they are set up for difficulty maintaining their health."

- "Low income/poor cannot afford the higher quality, recommended foods to maintain healthy lifestyle. Most are struggling to survive and make it day by day. Medications, regular doctor visits, gym memberships, fruits, vegetables are considered to be a "luxury" item when one is struggling to pay rent and utilities. In addition, the hospitals need to be more forward thinking in working with nonprofit agencies that serve many of the same populations. Reading Health System and St. Joe's - you simply cannot do it alone nor should you waste the resources on duplicating services that already exist in the community. Refer patients to the community based organizations that are already in place - such as meal programs, evidence based chronic disease self management programs, care providers that are already in the homes of the families. Become a real community partner in word AND deed through effective collaboration rather than duplication."
- "Low income people in jobs without paid leave often cannot take advantage of support groups or the YMCA and cannot afford private health clubs."
- "Low income individuals often have limited options for purchasing low-cost or healthy food items or knowing how to prepare healthier meal options. People with chronic conditions often have challenges with transportation to frequent/regular medical appointments or paying for necessary prescriptions."
- "Low income community may need more free fitness programs and access to facilities."
- "Lack of understanding what a healthy diet is and limited resources to purchase healthier foods which tend to cost more than processed foods."
- "Lack of safe clean outdoor spaces, lack of inexpensive, fresh, healthy food choices. Need intergenerational community gardens."
- "Lack of resources/Lack of employment."
- "Lack of motivation."
- "Lack of money to pay for treatments and lack of education. Also poor follow through can be blamed on lack of education and coaching to ensure they understand how to manage their chronic diseases."
- "lack of knowledge and ability to take the necessary steps to make behavioral lifestyle changes change lack of programs focusing on prevention inability of community/providers to see care on a continuum ; care is episodic and crisis oriented blame/shame/stigma attached to mental health and addiction."
- "Lack of healthy options at corner stores. Price point of healthier food (usually more perishable). Motivation to get out and move."
- "Lack of grocery stores in City that offer full range of goods including affordable fresh veggies/fruits. Summer downtown farmers' market insufficient."
- "Lack of education, understanding. Cost of food. Ease of access to unhealthy foods--cheap."
- "Lack of education about overall health."
- "Inability to make good food and exercise choices."
- "In the urban area, there is little access to grocery stores."
- "In the City of Reading, most likely access to fresh food and specialty care."
- "Funds to pay for recreational programs or the gym. Transportation and healthy options."
- "Heritage. This is a condition that is a trademark for the county."

- "In relation to individual and families living far below poverty, day-to-day life is difficult enough without adding new 'pressures' related to changing existing habits - quitting smoking, exercising, meal planning and preparing healthy meals. Each takes time, often money, and always, the need to believe that the change is both worth it and within one's control."
- "I think too many people don't recognize the importance of preventative care and that they must commit themselves to a healthier lifestyle in order to maintain or improve their health. Many people live in neighborhoods where they may feel unsafe walking for exercise. There aren't enough well maintained playgrounds (exercise/fresh air) where many children live."
- "I can only surmise based on general perceptions such as people in low incomes do not eat or have routine access to fruits and vegetables. Nor a lifestyle that includes workouts at fitness centers. Perhaps not even a focus on the need to work on a healthy life style."
- "I believe that finances, lack of education and culture are what keep people in the area from being able to maintain a healthy lifestyle. Eating healthy can be expensive for those who are on a tight budget, health programs such as the WIC program for low income families can help get family's off to the right start with education and being able to purchase healthy foods."
- "Health Education. Access to care, especially specialty providers. Need food and nutrition education. Pre-natal and neo-natal care especially for teens and minorities. Access to recreational opportunities."
- "Having a thorough knowledge about their medical condition and healthy habits (nutrition and exercise). In sum, education is the critical piece."
- "For populations that may experience crippling poverty, healthcare becomes an after thought. Day to day, their sole focus has to be on survival. Is the rent being paid, are the lights on, are we eating tonight, etc....Until we can help people to address these very basic human needs, we can't expect them to worry about what might happen if they are not healthy."
- "For many, the challenge is time and trying to maintain work/life balance. For others, particularly the underserved, they are worried about basic needs, i.e., food, child care, income, and healthy lifestyle is not a priority."
- "For individuals that are low-income/underserved basic needs for survival come first before dealing with health such as getting food or shelter. Even if food is acquired it is not always healthy food."
- "For a large portion of the population basic food and housing needs are not being met. Eating healthy, exercising and managing chronic conditions are not the highest immediate need."
- "Financial resources and access to healthy foods/diets and lack of education regarding how to set and accomplish goals to exercise (as not seeing correlation in behavior vs. outcomes)."
- "Financial constraints. Time access to healthcare understanding their Diseases."
- "Financial and education."
- "Feeling unsafe: broken or non-existent side-walks urban & rural make walking dangerous; although there has been significant progress in last 5 years... there are still food deserts where affordable fresh foods are inaccessible; cultural norms of over-eating, too much alcohol and accepting d &hd as tolerable makes eradicating them very challenging. Progress comes little-by-little, I still strive for it!"
- "Failure of personal commitment. Market push of sugar and salt products."
- "Exercising eating healthy."

- "Education, motivation."
- "Education on better eating & better life style."
- "Education and understanding the ramifications of their condition."
- "Education and transportation are challenges."
- "Education."
- "Cultural - type of foods that are commonly served and eaten."
- "Costs involved."
- "Cost. Bad food choices are cheaper."
- "Cost of food. Easy availability of wrong types of food for chronic conditions."
- "Challenges: A culture of poor health habits i.e. smoking, eating high fat and high carb diets; most important the silo system of health care allows many folks to slip through the cracks. A person enters health care for a specific complaint and general it is only that issue to be addressed with "maybe" a referral for any other health issue identified. No real comprehensive assessment and no follow up."
- "As far as exercising there are no GYM's in the city (walking distance). Local restaurants don't have healthy menus."
- "Affordability of care, food, and meds."
- "Access to grocery stores. Cultural habits and the desire to change."
- "Access to bilingual materials/information for overall wellness management."
- "Access to affordable healthy foods. Access to bilingual education on healthy living."
- "Access to affordable facilities."
- "1. Ignorance regarding healthy living. 2. Intergenerational passing on of bad habits, e.g, a meal consists of a can a soda, bag of chips."

Next, key informants were asked, "In your opinion, what is being done **well** in the community in terms of health and quality of life?"

**Comments regarding What is Being Done Well in the Community:**

- "Urban Farmers Market has brought fresh produce to the City."
- "Unknown at this time."
- "Two locally reputable hospitals; many specialty hospitals / health care facilities within 100 miles. Adequate rehab centers / nursing facilities."
- "This is a community that knows how to pull together. There are many organizational collaborative efforts that are strong and ongoing -- they don't just exist on paper."
- "There is a wide network of support services available - however finding the mechanism for the local medical providers to refer and/or prescribe services to patients in need is where we fall short."
- "There are several campaigns that attempt at educating the community about health and quality of life."
- "There are many resources and good agencies, but there are not enough resources for all the need."

- "There are many programs but coordinating programs, case management, communication between systems get lost and the patient becomes the one trying to manage and negotiate schedules, appointments and referrals."
- "There are many able and willing community organizations and institutions working to improve community health, but they need more, better and more strategic coordination and focus."
- "There are a plethora of free health screenings offered by many non-profit organizations."
- "There are a lot of resources offered by the main stakeholders in the health industry in the area that range from infrastructure, human capital and facilities. There are a lot of areas of strengths. I think the weaknesses are on the side of dealing with the transient and low income population."
- "There are 2 hospitals in fairly close proximity to one another, with many outpatient sites and facilities; there are a number of resources for exercise/fitness; numerous educational classes and support groups; cultural organizations."
- "The Reading Health System Emergency Department is extraordinarily good, but struggles to provide primary care for which there is no other access. There are ample primary care providers but scheduling a visit can be a challenge."
- "The new penn state Hershey acquisition of st Joseph's is very positive."
- "The needs are being addressed."
- "The move toward the population health model should improve coordination of care among the many facets of healthcare services."
- "The expansion of satellite offices for Hospitals and Surgical Centers."
- "The establishment of the qualified health center is a solid first step."
- "The county is trying and doing well but need more money. All of our local resources are stretched."
- "The Community Health Center was established and has recently expanded to the Oakbrook Housing Development. In terms of the heroin use and overdose deaths the DA has been responsive to the issue, as have schools and community members. Articles in the paper have made many in the community aware of the problem."
- "The beginnings of population health management. Re instituting the BCHC."
- "Programs increasing in community with a focus on health and lifestyle. Healthcare beginning to change models for delivery of care."
- "Positive steps include developing farmers' markets, outdoor parks and recreation facilities (although less available in the urban community--riverside development?), establishing the FQHC, arts and cultural programs."
- "I think that there are numerous activities for people of all cultures and incomes to participate in to learn how to improve their health or how to maintain a healthy lifestyle. From 5K races to wellness fairs to school sporting events there is a lot going on in this community."
- "Outside of the city of Reading health and quality of life issues are addressed in most places adequately."
- "Schools are connecting with families to assist them with finding affordable health care."
- "Residents of the City of Reading and the more immediate surrounding townships and boroughs are fortunate to have a network of health and human services that work well together and that genuinely seek to improve conditions."



- "The BCHC has done a good job and has just opened another health center adjacent to the Oakbrook Housing Project. The Oral Health Task Force is doing good work to increase collaborative relationships between pediatricians and dentists. Co-county Wellness is doing good work spearheading a collective impact effort to reduce teen pregnancies. The RHS is moving towards playing a stronger role as an anchor institution. Penn State has acquired St. Joseph Hospital bringing a depth of services that were previously unavailable. United Way of Berks County is doing good work with their Ready Set Read Program which should significantly increase reading proficiency and, in time, hopefully, increase high school graduation. A variety of organizations are working on the environment and conservation and Berks County has a significant number of parks, trails and other outdoor assets. Re Design Reading, the Community Foundation and the Wyomissing Foundation have invested significant funding and time to improve the City both physically, administratively and socially. And, the Reading School District appears to be improving."
- "Strong non-profit sector that builds a safety net for people in need and works together."
- "Strong community partners working together to meet the needs of the community."
- "Schools are performing screenings."
- "Quality hospitals and health care providers are found here."
- "Promoting available care."
- "Outreach programs; FQHCC."
- "Not sure."
- "Most poor folks walk or ride bikes, by matter of necessity, which promotes active lifestyle."
- "Medical resources in heavily populated areas (e.g., St. Joe's Downtown Campus and BCHC in inner-city Reading)."
- "Maternal health programs, senior centers, improved access to care."
- "Markets like Penn Street that provide fresh produce access are a huge benefit."
- "In some regards services available, however getting people to access is difficulty at times."
- "Improving on the downtown clinics partnering with PSH to bring specialists to the area outreach programs."
- "Improvements have been made in access to primary care, access to dental care, and access to insurance."
- "I think the community benefits from the two large health care providers in the community. Also done well is that both the FQHC and St. Joe's are serving and continue to be committed to serving the needs of the City residents specifically in providing accessible primary care and those who by economic circumstances have little means to pay for their health care needs or are on medicaid. Recent initiatives by St. Joe's and Penn State Berks to address the diabetes and nutritional issues in our community may lead to better health outcomes particularly for City residents."
- "I believe there has been a greater push to increase access by providing alternative locations for people to access healthcare."
- "I believe that efforts are a foot in our community to improve the health and quality of life by the opening of the community health center; the implementation of an integrated behavioral and physical health center; the significant expansion of health and wellness programs by various health care organizations."



- "Hospital systems are strong and expanding services. Berks Community Health Center is available to meet the needs of the community, but many still don't seek primary and preventative healthcare."
- "High quality, reputable physicians and hospitals. Comprehensive array of available clinical services."
- "Health System initiatives."
- "Health fairs."
- "Health clinic, dental outreach."
- "Having two FQHC access points in the city will continue to increase the community's access to preventative care management."
- "Good quality."
- "Free health clinic, dental clinics."
- "FQHC and now with Oakmont site. City summer farmers' mkt good just not sufficient, rebuilding playgrounds allowing for outdoor play."
- "FQHC increased availability of health insurance."
- "Forcing education."
- "Federal Health Center."
- "Farmer's Markets are more numerous than 10 years ago, & they are on bus/car/pedestrian routes they accept SNAP too. Community Supported agriculture could help this grow through community centers here in our agri-fertile area. Bikes, runs and walks are increasing in popularity; Girls on the Run etc are positives! The free & sliding-scale rate medical, dental clinics are good & working with BCIU to promote life-long healthy routines. Catholic Health Initiatives used grants to build relationships, leading to better community/family health and thus to increasing individual's quality of life."
- "Expanding collaboration by health care services providers. Expansion of FQHC sites and services."
- "Efforts have been made to raise awareness of walking/biking trails and many people use them. Patients who present to a health facility and are truly in need of urgent health services receive them, regardless of ability to pay. Hospitals have invested in resources to assist patients in navigating the complex health care system."
- "Creation of the FQHC. Strong behavior health providers. There is a strong core of organizations and providers interested in these issues."
- "Community is united in working to improve the health of the population Many efforts are currently in place - dental task force, teenage pregnancy prevention called " Berks Teens Matters", bicycling program, to say a few."
- "Commendable outreach programs by both Berks County Hospitals. Establishment of the Health Clinic/FQHC."
- "Clinics, educational seminars by the hospitals/doctors."
- "Childrens services."
- "Berks County has many low income programs that can help support the young and elderly in and around Berks County. Local health fairs are free and provide other free resources that are available in the area. Recently 2 free health clinics have opened in the Reading area and have proven to be a great resource to those with little to no health care."

- "Berks Community Health Center United Way supporting nonprofits who can provide free/low cost care Other philanthropic assets - foundations, individuals interested community leaders."
- "Berks Community Health Care expansion."
- "BCHC is open and can serve the underserved population in the county, but it is difficult to obtain an appointment especially as a new patient. There are programs for healthy living and teen pregnancy."
- "Accessibility of hospitals."
- "1. I believe health service providers are trying to educate and get into the community

Key informants were also asked, "What recommendations or suggestions do you have to improve health and quality of life in the community?"

**Recommendations/Suggestions:**

- "We need to come to grips with crime, particularly in the city of Reading which affects every aspect of life. We need to address drug use which also has an impact on crime. We also need better transportation in rural areas and perhaps have a taxi voucher program for medical appointments for people who live too far away from clinics to walk."
- "We have to work on the environmental factors- violence/poverty and provide better access to mental health and behavioral health services to improve outcomes."
- "Urgent cares in the city of Reading. Increasing hospitals' presence in the city of Reading. Walk in clinics open on weekends and off-hours to off load ED."
- "The Reading Schools provide services to 19,000 students. We have a VFC clinic. The health services department is willing to work with providers to improve services to this population, but we need their assistance to gain support from the Central Administration and School Board."
- "The need for more bilingual bicultural professionals in the hospitals, the specialty practices, and the primary care offices is critical if we want to see our community improve their quality of life over the long term."
- "Strong follow through with individuals in the community to ensure compliance and follow through for chronic conditions."
- "Stay in school, better jobs, health care, INS."
- "See above. A long-term commitment to more innovative and grass-roots approaches is needed to meet people in need where they are and embed outreach, education and services in people, groups and neighborhoods where people already have trusting relationship."
- "Residents, particularly inner City residents who don't have health insurance and/or adequate knowledge about healthy diets and addressing/dealing with health issues may be reached through local neighborhood schools and door to door outreach in their neighborhoods. Residents could be trained to reach out to their neighbors."
- "Recruit more Hispanics in the health care field. Knowledge of the language is one thing. Knowing the culture is another."
- "Public officials should promote a healthy community."
- "Pay attention to those in need."

- "Reconnect healthy community activities/activists with grants. Support the medical buildings which are now geographically spreading more equitably across the region. Stop spending so much on advertising and competition and more on supporting/listening to employees and patients rather than the insurance companies."
- "Need to use marketing techniques that encourage health ..."
- "Need to reach the population that over utilizes Emergency Department at the grass roots level and provide a low cost alternative with 24 hour access."
- "Need for more creative and collaborative approaches in attracting qualified bilingual health and human service professionals, across programs and disciplines. Need for a new and collective approach to support those with the greatest struggles while simultaneously encouraging accountability and responsibility. Need to acknowledge the enormous role that poverty plays upon every health related issue and begin to attack root causes. Need to truly engage elected officials, for-profit sector and public in solutions. Need to deliver community-based services that include sufficient efforts for outreach and engagement."
- "Much needs to be done to improve: access to care for all; communications between healthcare providers; more integrated models of care on same site. Continued community support and endorsement of healthy lifestyles which means a cultural shift."
- "More transportation options for those outside of the city."
- "More satellite care centers."
- "More outreach where the people who need us are. I struggle to fund clinics at the churches or poor areas."
- "More outreach to surrounding areas patient education access to affordable specialty care."
- "More mental health providers (and funding to pay them) are needed for children, adolescents, and adults. Grow programs that try to rehabilitate people with substance abuse problems. Growth of community watch groups and the police force to improve safety and the perception of safety within Reading and its surrounding area."
- "More involvement of business and city with health care industry to educate and support community."
- "More health education in under served populations. Addressing food security issues. Better access to dental care."
- "More emphasis on finding primary care resources for the disadvantaged beyond the emergency department and 911 EMS system."
- "More education both throughout the county on ways to improve health and quality of life."
- "More coordination of existing resources (working together to maximize what is available)."
- "More bilingual outreach workers, need to go to the clients who don't have transportation, or provide pick up services to children and or the elderly."
- "More affordable and available care. We definitely need more available Mental Health services- this is a huge void in our community especially for children and adolescents."
- "More access to care and general population messages on why it IS important..."
- "Maybe have a health fair every month (at different locations in the city) to keep people engaged."
- "Making people aware of the resources available to them and helping them to access those resources."

- "Increase panel access or MA patients."
- "Improve transportation options by adding dedicated bike lanes and trails."
- "I would consider obesity as one of the major issues with all its consequences (high blood pressure, high cholesterol, and diabetes). I would recommend a campaign to reach out to the whole population with a persistent and penetrating message about a proper healthy lifestyle."
- "I think we have a lot of outdoor activities available that are free. Maybe it starts in the work place where businesses make it mandatory for employees to take a 15 min. walk as a break or a stretch team session. We need to have that buy in to start the ball rolling. I also think working to provide more easily accessible mental health services to all would help in managing substance abuse - I would think many are trying to self-medicate because the services either aren't available due to demand or health insurance."
- "I think the bilingual moderator program should be funded to ensure the participation of Spanish speaking population in their health care decisions."
- "I think that we have significant health and accessibility issues in the rural parts of Berks. So much attention is given to the City, yet we should be focused on the entire community. This seems to get lost in any discussion as perceptions of the problem and solutions for the City beyond healthcare may cause to either minimize or influence the neglect of the rural health issue. Second, the lack of a county health department to address public health issues is a continuing issue."
- "How much space have you got?"
- "High-quality, low-cost child care is needed. Single-payer health care."
- "Health Education classes where people are at already. Build a network of agencies/organizations that are already serving underserved populations and offer health education classes/health care registration drives so individuals understand what to do with insurance and how to navigate the system."
- "Greater focus on mental health and substantial upgrading of BCHC performance."
- "Good communication and education."
- "Getting people more active - more trails, more biking culture."
- "Get to really study the population. This process should use leaders from within the same community. The health community would then respond by changing all material and communicate in a manner that helps make real change."
- "Get service providers on the same page regarding collective priorities. Develop a collaborative plan to address these priorities and implement it."
- "Education regarding the importance of primary and preventative health and the availability of healthcare resources."
- "Focus on reaching Latino and overweight residents."
- "Funding for training on healthy eating/cooking and on healthy exercise/movement for adults needs to be obtained. Finding a way for the medical community to "prescribe" these activities and make them mandatory for patients BEFORE prescribing a pill or some other chemical should be a high priority. I sincerely doubt this will happen as the prescription drug industry has too much political power."
- "Facilitate on-line scheduling of primary care visits and design health plans such that failure to manage chronic conditions that are diagnosed and treatable results in financial penalties."

- "Expansion of the FQHC services to meet the access needs of people in Reading."
- "Expanded no cost health care counseling centers."
- "Education. Affordability of fitness and nutritious foods. Wedding physical health/mental health assessment and treatment with an evaluation of the individual's basic needs (housing, shelter, safety) to determine if there are any issues (urgent or non-urgent) with basic needs causing barriers to fitness and nutrition (personal care) and then address those issues. Medical-legal partnership."
- "Education at a young age can help prevent teen birth rates and increase education in parents and cultures on healthy lifestyles."
- "Economic development and educational improvements must be included as key elements of improving health and quality of life."
- "Drug addiction is a major issue impacting mental health, crime, housing, employment, child welfare, physical wellbeing, etc. We've pushed the work onto the justice system but it needs to be handled as a health issue instead."
- "Direct efforts to school age population."
- "Dental services for low income needed."
- "Creating jobs for the underemployed and unemployed."
- "Continued expansion of FQHC sites, improved housing, expansion of medical specialist services."
- "Continued education to the populations most in need of health care and least able to afford adequate care. A better system of delivering information about health care options (Health Clinic/FQHC) to the underserved."
- "Community education and outreach as well as continued access to primary care, especially patient centered medical home primary care."
- "Community based Family health services, all in one building, with a case manager assigned to each family to ensure there is full utilization of services and reduce repetition."
- "Change the community focus from one of episodic crisis intervention to a focus on prevention and health promotion throughout the lifespan. Coordination of health care services among providers. High tech, costly services are provided without a second thought to cost and effectiveness; focus on best-practice which does not always include high tech intervention."
- "Better coordination among health care institutions."
- "Better collaboration, better consideration of the target population, deliberately focusing on cultural competency and diversity, looking at environment factors that affect health outcomes."
- "Assessment of county needs, specifically identifying deficiencies within the system, geographical areas with the greatest needs, statistics on follow up care in several healthcare areas, and the economic impact of untreated conditions."
- "Better access to primary care for those in the community who are uninsured/underinsured; more providers who share the culture/language of the population they are treating; outreach from trained, culturally relevant individuals to those in need of more support/guidance; transportation service, possibly provided by healthcare facilities to help ensure patients can keep their appointments; accessible and affordable healthy food options for all members of the community."
- "Affordable health care greater opportunity for employment."

- "As mentioned earlier - the local hospitals need to be less focused on being the one shop for all services and work more closely with the community based organizations that are working directly with the same populations at a significantly LESS cost per person served. Hospitals need to stop focusing on the inward and start referring to and working with CBO's that are providing evidence based programs and services. It's time for true collaboration - let the hospitals focus on providing excellent medical care - allow the CBO's to be a part of the care management and care follow up plan."

Lastly, key informants were asked to share any additional comments.

**General/Additional Comments:**

- "Working for a non-profit agency I have found that funding for our cause and while I consider myself reasonably well-informed about community issues, the difficulty I had in answering several questions reveals to me that I am not as up-to-speed on community health initiatives as I should be. Perhaps it would be helpful to disseminate a "Quick Fact Sheet" to community members with a synopsis of the findings of this latest assessment."
- "When the study is published there should be an open appraisal as to the results of the previous survey and initiatives which have resulted."
- "We need to work together to improve the quality of life with education & better health"
- "There are several different groups doing their own thing regarding addressing health and quality of life issues in Berks region. We need better coordination of efforts."
- "The community health good idea."
- "The committee needs to take these results, work together to choose the priorities and work to improve the community as one group, not divided and come together three years later as required. It should be an ongoing working group with short and long term goals."
- "Thanks for asking."
- "Thank you for doing this!"
- "Thank you for asking. Thank you for partnering to continue on the road to equal access and excellent care for all."
- "Taking the knowledge gained from this survey and getting the results to the people who need the message in a way that is meaningful to them will be critical. Key informants and leaders are a key component of the picture but so are the overlooked in the community who don't hear the message and if they do may struggle to navigate a system that is complex. Knowing you need to eat healthy is one thing learning how to do it on limited resources is another, knowing you have diabetes is one thing, having the access to care for it is another..."
- "Recognize changing community behavior takes time. One school dietician shared that the older students dislike the more healthy foods and can't wait to purchase "junk" food after school. However, the younger children seem to be adjusting and even like the more nutritious foods. We need to be long-term intentional with improving health of the community."
- "Much needed access to mental / behavioral health in community for all age groups."
- "More cooperation and community focus among all health care providers beginning with St Joseph/Hershey and Reading Health."

- "Let's make a commitment to the residents of Berks County. Let's commit to using this data to make sustainable and measured change in our community."
- "Keep up the good work!!"
- "In addition to what I've written in this survey, I believe that faith-based organizations that focus on children and young adults can have a positive influence on some of the societal and health problems in our region."
- "I highly appreciate your efforts. I would just wonder if I am the right target for this survey as I think all my health needs are covered and properly addressed."
- "Healthcare has focused on chasing the dollar and has lost sight of the true purpose of promoting health and alleviating suffering. Marketing and "image" have replaced caring. Health care providers have been caught up in the rapid technology explosion and have lost sight of the patient and families. Health promotion, prevention and establishing a relationship/connection with the patient have gone by the wayside. Health care is fragmented and here is no real holistic focus. Providers are not seeing the connection between bio-psycho-social needs and when they do, the system is so complicated that they cannot make the impact that they desire to make. Funding for prevention services is almost non-existent. Big health care systems compete with the community agencies, groups and practices that do the real and meaningful work meeting the needs of the underserved, disenfranchised and poor."
- "Cultural competency is so important in meeting the needs of community of Reading. Until we address this issue and build stronger relationships with the community on healthy living and prevention care things will not change."
- "Access to Culturally competent practitioners."