



Office of the City Manager

## INFORMATION CALENDAR

December 10, 2019

To: Honorable Mayor and Members of the City Council  
From: Dee Williams-Ridley, City Manager  
Submitted by: Kelly Wallace, Director, Health, Housing, and Community Services  
Subject: Public Health Division Strategic Plan Update

### INTRODUCTION

The Public Health Division released its 2018 Community Health Status Report in July 2018. Following the release of this report, the Public Health Division undertook a 6-month strategic planning process to further define community needs and the most effective way for the division to address the health inequities described in the report. The Strategic Plan process included a community health survey, community focus groups, key informant interviews, and a partner event that hosted over 30 community partner organizations. This community and partner engagement work was well received by participants, and we received requests for continued opportunities for future engagement. The information from the Health Status Report as well as the community input led to the development of the Public Health Division's first formal 3-year strategic plan.

### CURRENT SITUATION AND ITS EFFECTS

In January 2019, the Public Health Division developed a 3-year strategic plan, refining its mission and vision statements, identifying values to guide practice, and identifying four focus areas to align the work of its programs for the next three years. The four community driven focus areas are: chronic disease, mental wellness, homelessness, and racism.

To support moving our efforts forward, a workforce development plan is being implemented, including division-wide staff trainings in trauma informed systems, racial/health equity, and participatory decision making facilitation skills. The Division is also engaged in a division-wide Results Based Accountability effort which will support us in tracking program impacts in the community. Work is also being conducted to develop a communication plan and a resource plan to support these efforts. As part of pilot project, the Division is developing a dashboard as a way to communicate the Division's work internally and eventually for the community.

The strategic planning process was designed to engage and respond to the needs identified by the community as well as through health data. Our work moving forward in implementing our strategic plan will use the same approach. We aim to work towards

addressing health disparities as a result of implicit bias and institutional racism through a trauma informed practice and encouraging a participatory approach to program planning. We also hope to strengthen our existing partnerships and engage in new collaborations to be more responsive to the emerging needs in our communities.

The Public Health Division's Strategic Plan is aligned with the City's Strategic Plan Priority Project, advancing our goal with a public health focus to:

- Champion and demonstrate social and racial equity,
- Be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community, and
- Attract and retain a talented and diverse City government workforce.

### BACKGROUND

The Public Health Division released its 2018 Health Status Report in July 2018. This marked the beginning for the Public Health Division's strategic planning process. In the subsequent six months, Public Health Division staff completed 20 community focus groups with a total of 165 community members, 42 community member key informant interviews, and received 298 completed community health surveys. Particular effort was made to elicit information from communities identified to have experienced the impacts of health disparities and inequities, including the African American community, the Latinx community, persons experiencing homelessness, older adults, the LGBTQIA community, persons with disabilities, day laborers, and South Berkeley residents. The Public Health Division also hosted a partner event that included over 31 community partner organizations to identify common goals, gaps, and opportunities to strengthen collaborative efforts. The information collected from these efforts were synthesized by an independent consulting firm and summarized in a community health assessment report (attached).

### ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects.

### POSSIBLE FUTURE ACTION

The Public Health Division will continue conducting division-wide trainings, providing staff with the informational foundation to develop strategies to address each of the four identified focus areas. The Public Health Division also plans to finalize performance measures and complete the dashboard pilot. It is the hope that by the end of the three years, clear strategies will be developed that clearly address the four areas of focus as well as performance measures and baseline data to track our progress. By engaging in the Results Based Accountability framework, the Public Health Division will be looking at strategies to expand or refocus our current programmatic work to align with the four areas of focus. The Division will also be looking for opportunities to collaborate and strengthen our relationships with our partners both within the City Departments as well as our community partners.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Based on the strategies and the identified areas for improvement from our performance measurement data, the Public Health Division would potentially develop budgets and program plans to existing and future special funding as well as plan general funds for future investments in staff, programs, and budget development.

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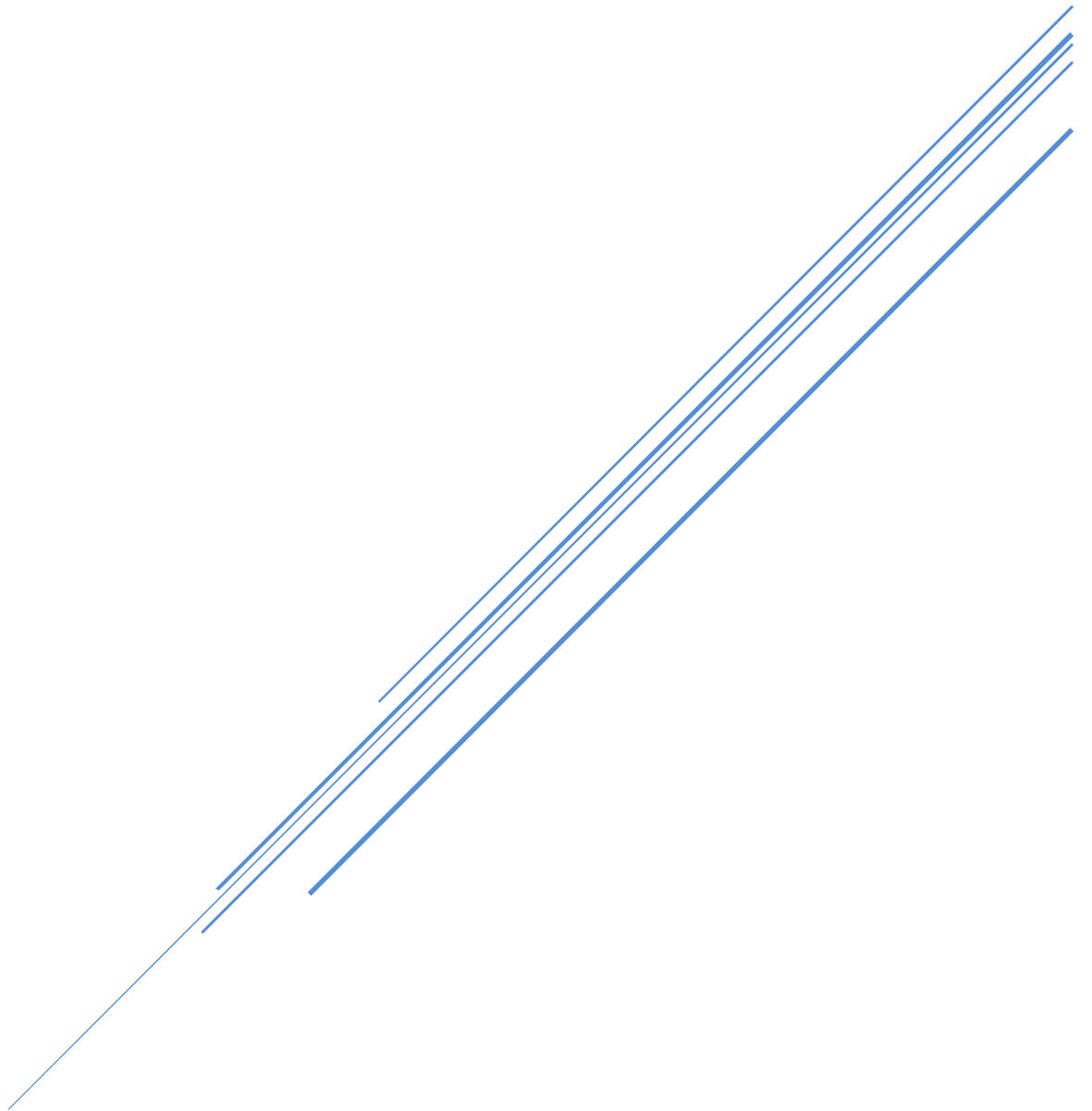
Attachments:

1: Community Health Assessment Report

2: 2020 – 2022 Public Health Strategic Plan

# CITY OF BERKELEY PUBLIC HEALTH DIVISION COMMUNITY HEALTH ASSESSMENT

February 1, 2019



## Acknowledgements

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This report was produced in coordination and partnership with City of Berkeley Public Health Division.

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## Executive Summary

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The City of Berkeley Health, Housing and Community Services Department (HHCS), Public Health Division, provides community health education and promotion, disease prevention and control, health surveillance, preparedness and clinical services, and vital statistics for the City of Berkeley. In July 2018, the Public Health Division released the City of Berkeley Health Status Report which describes key health outcomes of the City. As a response to the report, the Berkeley Public Health Division has engaged in a strategic planning process that involves community and stakeholder engagement.

Significant milestones of this effort include:

- Development of a Vision, Mission, and Values Statement
- Identification of key focus areas for community health intervention
- The identification of strategies, goals, objectives, and program performance measures to guide the Division's program planning and improvement efforts for the next three (3) years.

Community and partner engagement were identified as essential inputs for a successful strategic planning process. The Berkeley Public Health Division recognized that specific community populations experienced historical and sustained impacts of health inequities, and therefore would have valuable knowledge and input. These community voices were identified to help shape the direction of the Division and in turn, improve the health of all the communities in Berkeley. In October 2018, Berkeley initiated community engagement activities which included a community health survey, community focus groups, and a partner convening.

The Health Status Report is a robust report that included data representing the entire Berkeley population. The goal for the community engagement process was to supplement the findings in the Health Status Report by hearing directly from the community about the challenges they face as well as their identified needs.

The community and partner engagement process also explored the impact of identified health issues among specific vulnerable populations who have experienced historically, disproportionate poorer health outcomes and faced challenges across multiple health needs. These populations may be Berkeley residents of particular geographic areas or may represent a specific race, ethnicity, or age groups, sexual orientation, etc. In striving towards health equity and strategic direction of the Public Health Division, strong emphasis was placed on the needs of these vulnerable populations. For a complete list of individuals who provided input, see Appendix 1.

The overarching goal of the community health assessment is to inform and engage local decision-makers, key stakeholders, and the community-at-large in collaborative efforts to improve the health and well-being of all those that live in Berkeley.

### Key Findings from Community and Partner Engagement

The critical findings of the analysis are summarized below. Detailed information about each of these critical findings can be found in the chapters that appear later in this report. Each key theme is bolded.

A total of 398 respondents completed a Community Health Survey, and a total of 207 community members participated in focus groups/interviews. The following evaluation findings are organized under the main topics discussed in the survey, focus group/interviews, and partner roundtable event:

#### Health Barriers

Berkeley residents feel it is difficult to be healthy. The **economy** was identified as the largest barrier, with many citing that the cost of living in Berkeley is too high. **Food security** was identified as another large threat to being healthy. In



Berkeley, there is limited access to healthy food options that are affordable to all. Additional threats to being healthy in Berkeley included **stress** and lack of **safety**. Community partners identified the **lack of knowledge of current resources available** as a barrier to service; a finding that was consistent with information gathered from focus groups/interviews.

### Health Needs

**Mental health** was identified as the top health need across the majority of the community groups. It is important to note that when participants spoke about mental health, they were referring primarily to **depression and/or anxiety**, not necessarily severe mental illness (SMI). Additional health needs identified by the majority of community members include **diabetes, substance abuse/tobacco use, and violence/crime**. During the community partner roundtable event, **mental health** was also identified as the greatest health impact experienced by the communities they serve. When survey respondents were asked to suggest two services they would like to see the Public Health Clinic provide, **mental health** was reported as the top service. This data suggests that mental health is the top need of Berkeley communities and should be considered as a priority of the City of Berkeley Public Health Division.

### Community Resources

Focus group participants named **LifeLong Medical Care** and the **Women's Daytime Drop-In Center** as resources commonly identified in the Berkeley community. Other community resources reported by participants include **clinics, libraries, and churches**.

### Recommendations

Many respondents suggested ways to improve health in Berkeley communities, including creating a **community center** that is free, accessible, and offers fun programs and needed services, all in one location; and creating a community garden that provides **affordable access to fruit and vegetables**. There were also several recommendations made by both community partners and members to develop a comprehensive community **resource guide** to inform the community of what is current and available. Additionally, partners were very interested in meeting more frequently and coordinating efforts. More **collaboration** and **networking** were recurring themes across groups.

### Evaluation Limitations

Although this community health assessment identified key health findings for the Berkeley community, there are several limitations in our assessment methods, including the small sample size, the validity and reliability of data and assessment tools, the lack of consistent data collection procedures, and the subjective nature of qualitative assessment and analysis. See page 25 for the full list of limitations.

## Evaluation Methods

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This process used a mixed-methods approach to collect and compile data to provide a robust assessment of health in Berkeley. A combination of qualitative and quantitative data allowed for the consideration of many potential health needs as well as in-depth analysis. This assessment includes data from community partners, community members, and the health status report. It was designed and triangulated to assist the Berkeley Public Health Division in determining the top health needs and priority areas for their three-year strategic plan. The following section outlines the data collection and analysis methods used to conduct the community engagement process.

### Vulnerable Communities:

The Berkeley Public Health Division identified specific community populations that were recognized as having historical and sustained impacts of health inequities, and therefore would have valuable knowledge and expertise regarding the health needs of and focus areas for Berkeley. The Berkeley Public Health Division deliberately chose to weigh more greatly the experiences and opinions of these vulnerable communities. Examples of the communities include historical neighborhoods that were the results of practices, such as “red lining”, groups of people qualified for special protection by a **law, policy, or similar authority**, or communities that have experienced historical and present day “-isms” that have the potential to impact their ability to thrive. All of the ten identified vulnerable populations are represented in the community engagement data. The population categories are not mutually exclusive; participants had the opportunity to identify with more than one category.

The following community groups were identified as vulnerable populations:

- African American
- LatinX <sup>1</sup>(gender-neutral term for people of Latin decent)
- Older Adult (age 65+)
- Youth (age 10-24)
- Persons experiencing Homelessness
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA)
- Day Laborers
- Persons with Disabilities
- South Berkeley
- West Berkeley

### Partner Roundtable Event

On October 30, 2018, the Berkeley Public Health Division hosted a roundtable event with community partners. The purpose of the event was to gather input from multiple perspectives to inform the development of the City of Berkeley Public Health Division's strategic plan and collectively strategize on building new and strengthening existing partnerships. More than 50 community-based partners were identified through existing formal and informal partnerships as well as organizations that have not historically had formal partnerships with the City. All of the organizations and partners identified provided services to specific communities within Berkeley or with Berkeley residents and communities in general.

A total of 31 community partners participated in the event. Through brainstorming and facilitated decision making activities, community partners reviewed findings from the Health Status Report and prioritized the top health needs based on the report and through the lens of their respective experiences with the communities they serve. In addition to

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<sup>1</sup> <https://www.merriam-webster.com/words-at-play/word-history-latinx>

identifying the most pressing concerns to focus on for the next three years, the partners also identified existing community resources, service gaps, and potential strategies for partnership in order to address those concerns. Notes from the session were analyzed to examine the health needs identified by community partner participants.

## Health Status Report

In July 2018, the City of Berkeley released the Health Status Report (see Appendix 4 for Key Findings and link to full report). The Health Status Report is released periodically to provide a picture of the health status of the people who live in Berkeley. It also lays the groundwork from which the Berkeley Public Health Division, HHCS, the City, and the Berkeley community will identify priorities, develop a strategic plan, and implement tailored interventions to improve community health.

A selected group from the Berkeley Public Health Division prioritized the key findings from the report which were later used to prioritize the top health concerns in Berkeley.

## Data Collection Tools

### 2018 Community Health Survey

In the Fall of 2018, a total of 398 community respondents completed a Community Health Survey. The survey was disseminated through the City of Berkeley Public Health Division's website and social media platforms, as well as through their community partners. Each survey was completed electronically through Survey Monkey. Please note survey respondents were not given the opportunity to specify if they were disabled or day laborers but those populations are represented in the focus groups. All of the other vulnerable populations were represented in the survey findings. See Appendix 2 for the survey tool.

### Focus Groups and Interviews

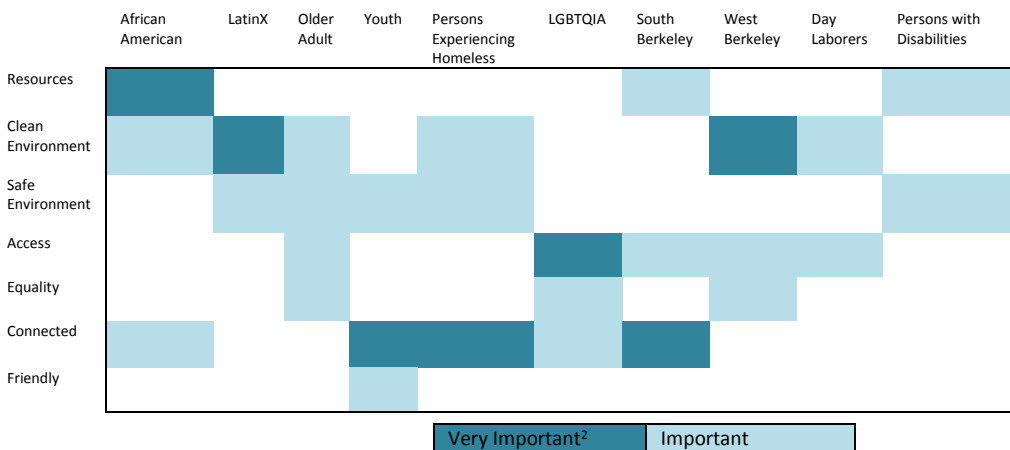
In addition to the survey tool and community partner roundtable event, focus groups and interviews were conducted with representatives from each of the identified vulnerable population groups. A total of 20 focus groups (n=179 total participants) and a total of 28 interviews were conducted in September through November 2018. The Berkeley Public Health Division developed focus group/interview questions, see Appendix 3. The focus groups and interviews were conducted in order to hear directly from the community their thoughts and perspectives on the health status of Berkeley residents, any challenges they may be facing that prevent them from being healthy, and any strategies or existing resources they can suggest for improving the health in Berkeley. Focus groups and interviews were monolingual, conducted in either English or Spanish. Staff from the Berkeley Public Health Division facilitated the majority of the focus groups and some interviews. Staff from Lifelong Medical Care and Multicultural Institute assisted in the effort in conducting focus groups and interviews with their clients and members of Promotions West facilitated the interviews at Berkeley Free Clinic. Notes from the sessions were analyzed, coded and themed to examine the health needs identified by focus group and interview participants.

# Dreaming of a Healthier Community

Survey and focus group participants were asked to describe or define a healthy community. All responses were coded and themed.

- Overall, the majority of respondents defined a healthy community as one that has a **clean environment**. Having a **clean environment** is also very important to the LatinX and West Berkeley communities. Community members are growing weary of seeing the streets of Berkeley covered in trash.
- Members from the Youth, Homeless and South Berkeley communities, defined a healthy community as one that is **connected**.
- According to the LGBTQIA community, it is very important for a healthy community to have **access** to basic needs and services.
- Members from the African American community defined a healthy community as one that has **resources and information** available to the community.

Figure 1.



## Theme Definitions

**Resources** refers to the availability of resources and information for community members.

**Clean Environment** includes all built up areas. Community members want clean streets and sidewalks, clean parks and bathrooms, clean water and air.

**Safe Environment** refers to a community that is safe and secure. This includes safe parks and streets. A community that have little or no crime. A safe environment is also one that has safe sidewalks.

**Access** means that community members have access to basic needs and services, such as healthcare, housing, healthy food, transportation etc.

**Equality** refers to a community that is open, inclusive and tolerant. Everyone should have the same access to basic needs (i.e. medical services, housing, education etc.) and be treated the same.

**Connected** refers to community where members are committed, engaged, and all in it together. A healthy community is united, working together as one. A connected community provides and look out for one another.

**Friendly** refers to a community that is nice and friendly. Members of the community are kind to one another.

## Voices from the Community

*“A community that builds each other up and take care of each other.”*  
- Youth focus group participant

*“All community members have access to services and information including vulnerable groups such as homeless, non-English speakers.”*  
- African American focus group participant

*“No garbage everywhere in the streets.”*  
- Day Laborer focus group participant

*“Awareness of resources.”*  
- Person with Disabilities focus group participant

<sup>2</sup> A theme was considered “Very Important” if the majority of respondents said it or if it was substantiated in both the survey and focus groups. A theme was considered “Important” if it was a recurring theme.

# Threats to Health in Berkeley

According to focus group participants, Berkeley residents feel it is difficult to be healthy. During their sessions, they identified the specific reasons that keep them from experiencing optimal health in Berkeley. Most of these barriers are not mutually exclusive. Several are inter-related, so if a person or community is struggling with one type of barrier, chances are they are experiencing others on this list.

- **Economy** was identified as the largest barrier. The cost of living in Berkeley is too high. Members from the LatinX community reported feeling as though they are getting “pushed out” of the community. Basic needs are expensive, i.e. healthcare, food, medication, transportation etc. Members from the LGBTQIA community, reported needing to work more than one job in order to survive and keep their head above water. Overall, community members are just trying to survive. Without money, they cannot access the services they need to be healthy.
- **Food Security** is another large threat to being healthy. The majority of members from the LatinX community reported that the convenience of unhealthy food options, specifically fast food, was a threat to their health. In some areas of Berkeley, there is limited access to healthy food options and can be extremely expensive to purchase. Members from the Older Adult community also reported challenges getting access to affordable fruits and vegetables. For some their preferred grocery locations are too far away. The bus shuttles are not frequent enough, and therefore, the groceries don’t stay fresh.
- Participants from the Homeless and LGBTQIA community identified **stress** as a serious barrier to their health. With the stresses of everyday life, people get too busy to take care of themselves. Many people are stressed and barely getting by from one day to the next. They reported feeling mentally and emotionally exhausted.

## Theme Definitions

**Economy** refers to the high cost of living in Berkeley. Income is not high enough to make ends meet.

**Food Security** includes the lack of accessible healthy food options and the convenience of fast/junk food. Grocery stores are too far away, healthier food options cost more money, and take time to prepare.

**Time** is a larger barrier for some community members. Many community members work all day or work multiple jobs and have less time to take care of themselves. Going to the gym not only takes money but time. Preparing healthier meals also take time.

**Stress** refers to a person’s response to demands or threats. Stress is often linked with mental health challenges such as depression or anxiety.

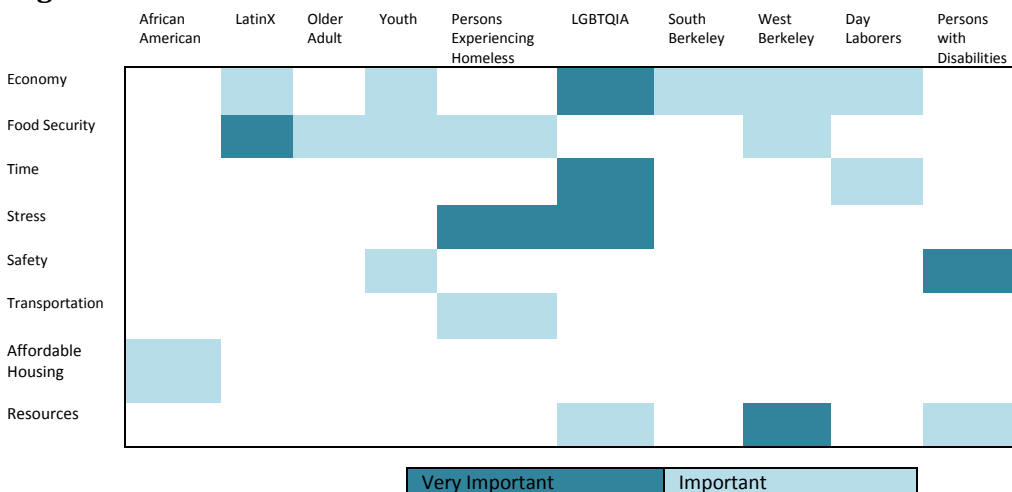
**Safety** refers to unsafe spaces where violence ensues as well as unsafe places to walk due to poorly maintained roads and walking spaces.

**Transportation** refers to barriers when community members are unable to get where they need to go. Shuttles don’t come often enough, and some community members cannot afford public transportation. That requires some people to walk or find other means for transportation.

**Affordable Housing** refers to the lack of affordable housing for community members. Rent is too high, and people are feeling like they are getting pushed out of the community. “Low income” housing is not at a low-income level.

**Resources** refers to the lack of resources and information available to community members.

Figure 2.



## Voices from the Community

*“Rent is ridiculous!”*  
- African American focus group participant

*“I work hard, I work every day and there is people that don’t work at all and have access to every service available but because I work, and my wife too, we don’t qualify for anything.”*  
- LatinX focus group participant.

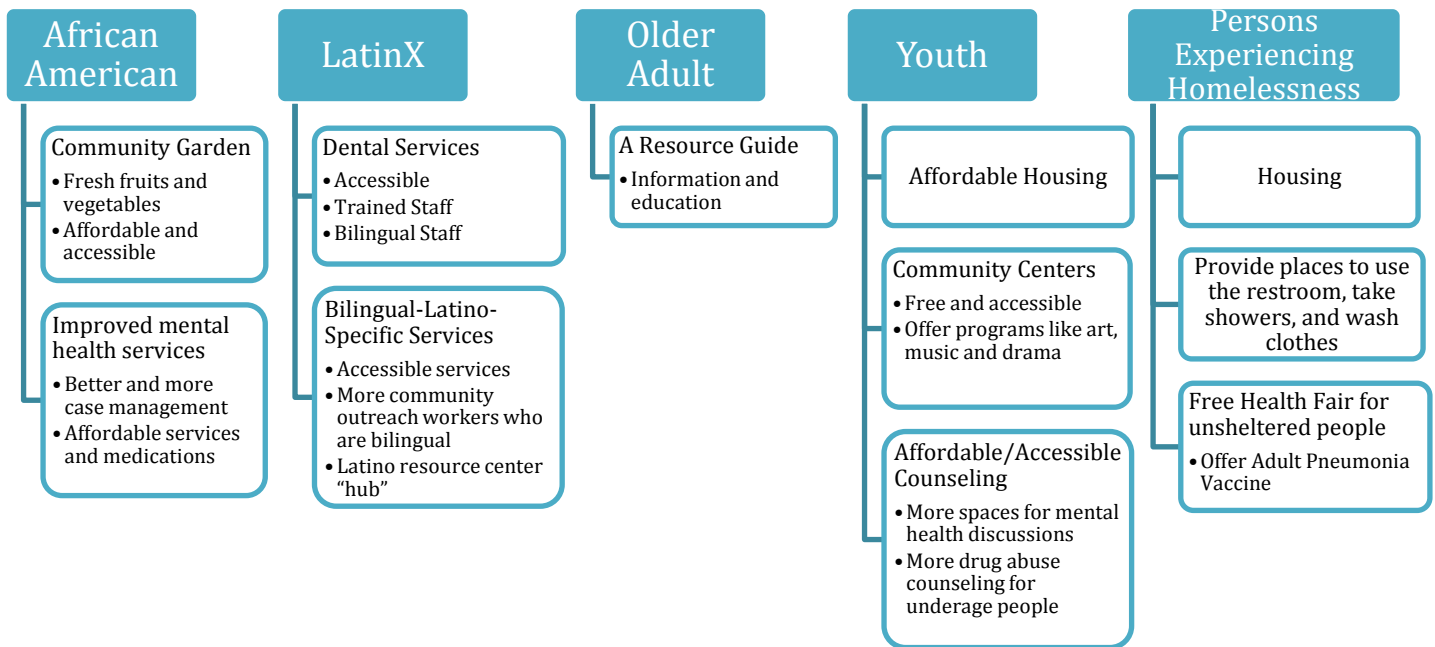
*“Being out here in the street for one. That’s really hard. Depression comes from being out here...leads to major stress.”*  
- Person experiencing homelessness focus group participant

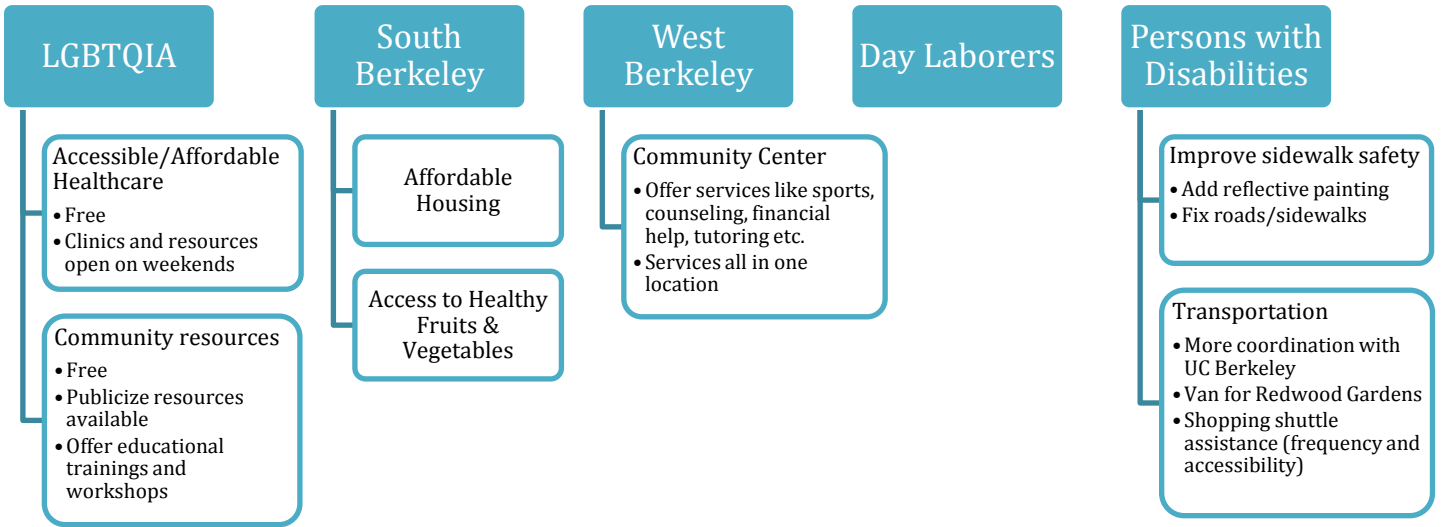
## Suggestions for Improving Health in Berkeley

Although respondents reported significant barriers to being healthy in Berkeley, many also suggested ways to improve health in Berkeley communities.

- A common suggestion from both the Youth and West Berkeley community was to create a **community center**. Community members want a center that is free, accessible, and offers fun programs and needed services all in one location.
- Members from the African American community and South Berkeley suggested more **affordable and accessible access to fresh fruits and vegetables**. The African American community want a community garden.
- A recurring barrier identified by several communities was the **lack of information and resources available**. Members from the Older Adult community suggested creating a resource guide, so the entire community has access to what is current and available.
- **Road safety** is a large concern among individuals with disabilities. Community members suggested fixing the roads and sidewalks in order to make it safer for travel. They also recommend adding reflective painting to the sidewalks.

**Figure 3.**





## Top Health Needs in Berkeley

Community participants were asked to identify the top health concerns in their community. On the survey, respondents were given 18 options from which to select and chose their top three answers. Focus group participants identified up to two top health concerns during their session. All responses from the focus groups were coded and themed.

- **Mental health** was the top choice across the majority of the community groups. When participants were talking about **mental health**, they were referring primarily to **depression and/or anxiety**, not necessarily severe mental illness (SMI).
- **Diabetes, substance abuse/tobacco use, and violence/crime** were the other top needs identified by the majority of community members.

**Figure 4.**



*[Mental Health] "That's the first thing!"*  
 – Person experiencing homelessness focus group participant

<sup>3</sup> Person with Disabilities and Day Laborers were not identified in the survey.

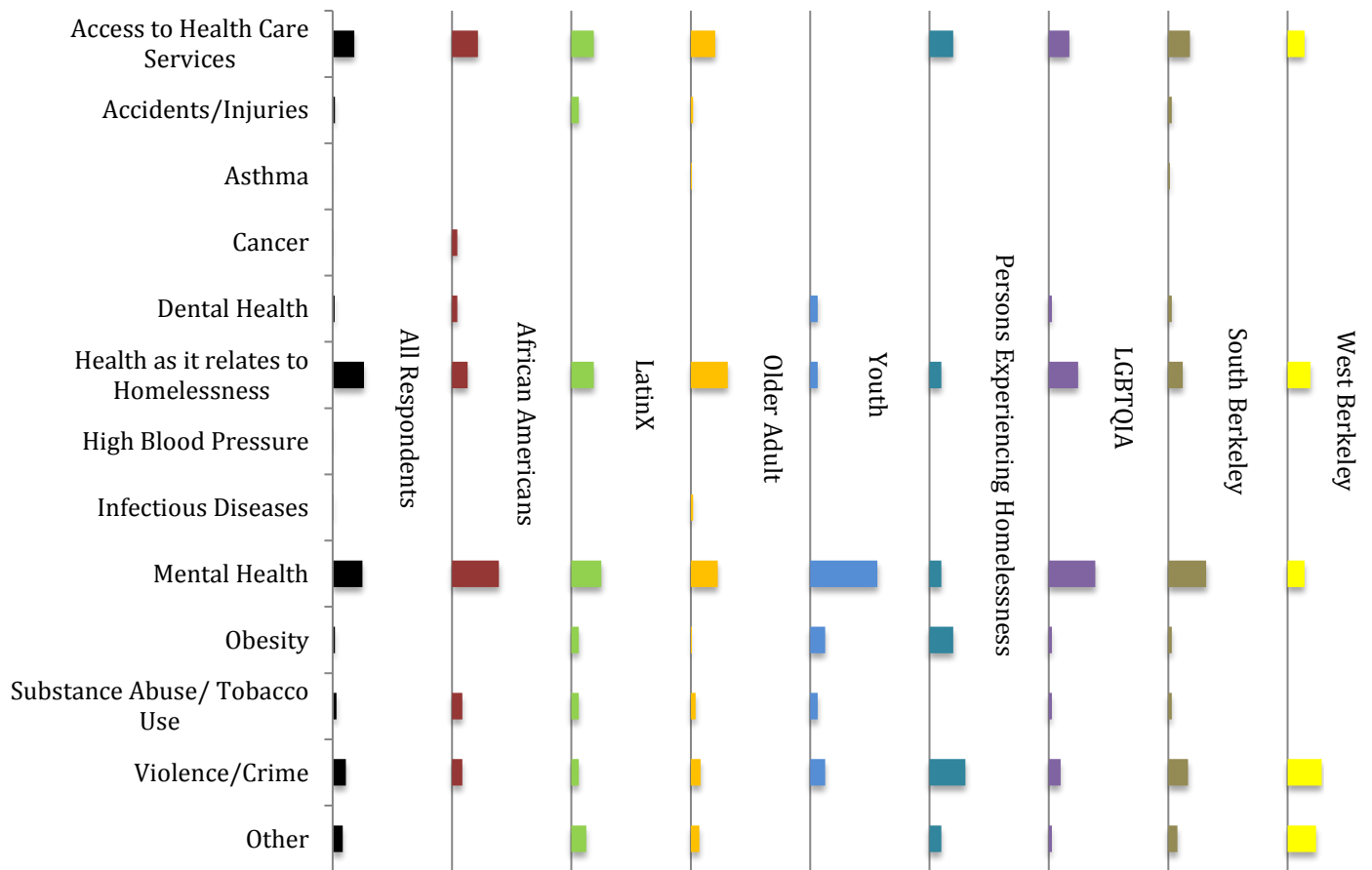


## Top Problems for City to Address

Survey respondents were asked to choose one health problem that they would want the City to work on the most.

- Overall, respondents reported that Health as it relates to Homelessness (26%) to be the top item the City of Berkeley should focus on, followed closely by Mental Health (25%), and Access to Health Care Services (18%).
- Health as it relates to homelessness was most important among the Older Adult (31%) population.
- Mental health was reported highest among the Youth (56%), followed by African Americans and LGBTQIA at 39%.
- Access to healthcare was reported the highest among African Americans (22%) and Older Adult (21%).
- Violence/Crime was reported as the top problem for the City to address by the Homeless (30%) and West Berkeley community (29%).

**Figure 5. Top Problem for City of Berkeley to Address (n=394)**

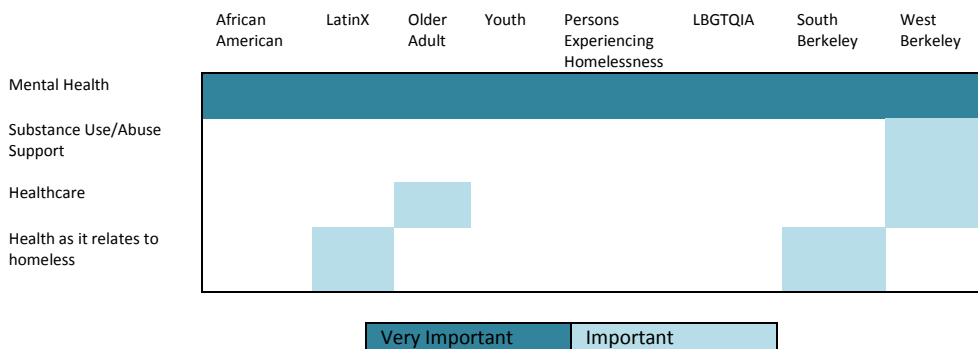


## Top Services for Public Health Clinic to Provide

Survey respondents were asked to suggest two services they would like to see the Berkeley Public Health Clinic provide. All responses were coded and themed.

- **Mental health** was the top service identified by each vulnerable population. This is corroborated with focus groups findings. This data suggests that **mental health** is the top need of Berkeley communities and should be a priority of the City of Berkeley Public Health Division.
- Members from the LatinX and South Berkeley communities suggested that Clinic provide **health services as it relates to the homeless**.
- Members from the Older Adult and West Berkeley communities recommended that the Berkeley Public Health Clinic provide **Healthcare** services.

Figure 6.



### Theme Definitions

**Mental Health** includes services such as case management, counseling, support groups, and assessments etc.

**Substance Use/Abuse Support** includes services such as harm reduction, rehabilitation, supervised drug consumption spaces, therapy etc.

**Healthcare** refers to all general health services. Includes anything from health screenings to dental, drop-in services to flu and vaccines etc.

**Health as it relates to homeless** refers to all health-related services specifically for the homeless population. This includes services such as mental health, support, increased access etc.

## Community Perception of City Strategies to Address Health Needs

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During the focus groups, community members were asked to reflect on the most health issues they see or experience in their communities and families. The majority of participants across all of the vulnerable communities indicated that very little was being done to address those issues in the community.

***“Nothing!”***

- Youth focus group participant

***“To be honest, nothing is being done.”***

- West Berkeley focus group participant

***“We are not being heard”***

- LatinX focus group participant

***“I don’t see much being done. And when it’s done, it’s little or just for a while, and then it stops happening. That makes problems come back.”***

- Day Laborer focus group participant

***“There seems to be a need for division in this community, homeless people here and rich people there. So, I’m not a part of the community, I’m treated like I don’t exist.”***

- Person experiencing homelessness focus group participant

***“Not much at all until someone gets very sick which is usually too late. There needs to be more resources available and more awareness and education.”***

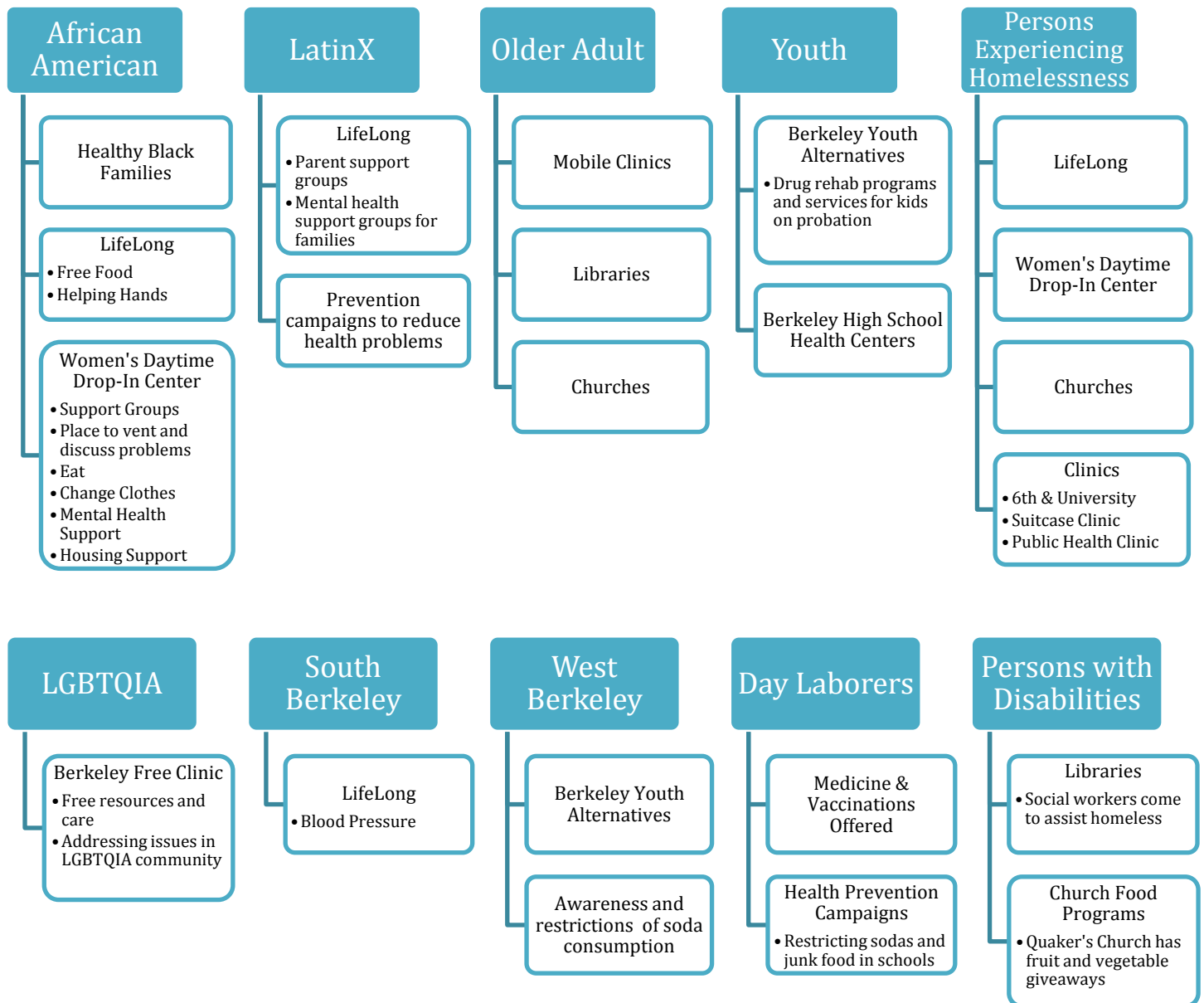
- LGBTQIA focus group participant

## Current Community Resources

Although the overall perception from community members is that very little or nothing is being done to address the health concerns that they identified, some focus group participants were able to identify current resources in the community, if not specific strategies.

- **LifeLong Medical Care** provide many services. Members from the African American, LatinX, Homeless, and South Berkeley communities reported using them.
- Members from the African American and Homeless communities also report accessing services from the **Women’s Daytime Drop-In Center**.
- Other community resources reported by focus group participants include **clinics, libraries** and **churches**.

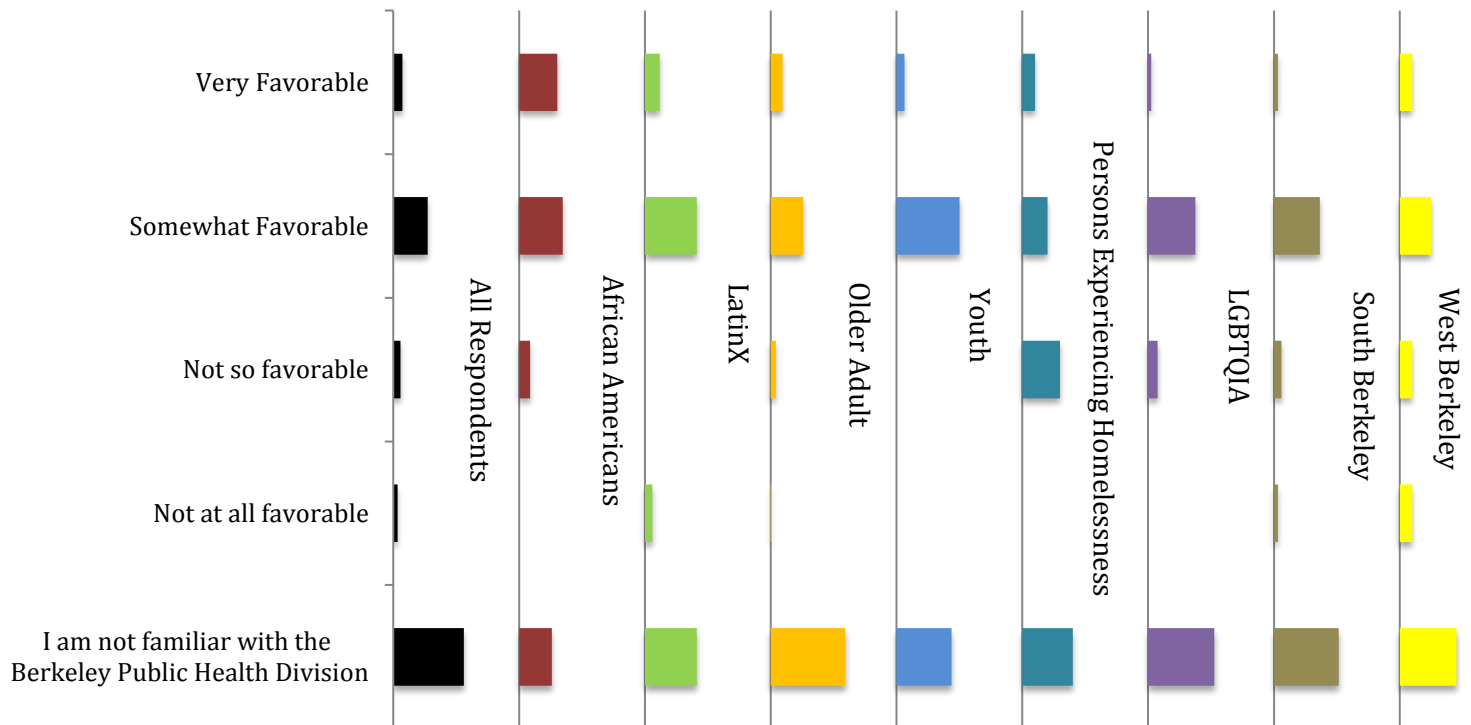
Figure 7.



## Community Opinions of the City of Berkeley Public Health Division

- Survey respondents were asked to specify their opinion of the City of Berkeley Public Health Division.
- Overall, most respondents were not familiar with the Berkeley Public Health Division (56%). Twenty-six percent of all respondents reported having a somewhat favorable opinion of the Berkeley Public Health Division.
- Across all the vulnerable populations, Older Adults (59%) reported being the least familiar with the Berkeley Public Health Division.
- African Americans (30%) reported having the most favorable opinion.
- Overall, very few (9%) respondents had non-favorable opinions of the City of Berkeley Public Health Division. However, 30% of respondents from the Homeless population reported having a not so favorable opinion.

**Figure 8. Opinion of Berkeley Public Health Division (n=383)**

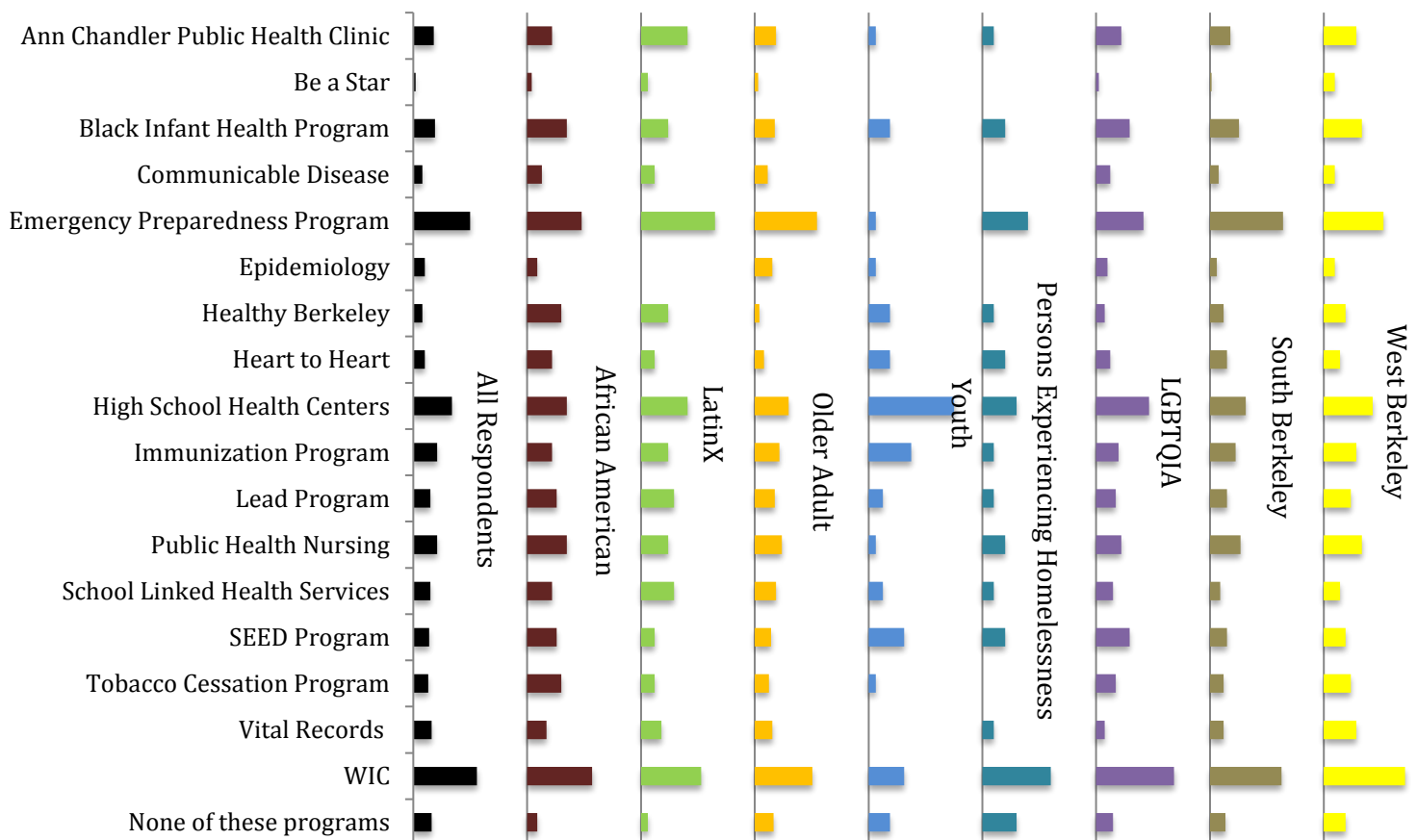


## Community Familiarity of the Berkeley Public Health Division's Services

Survey respondents were asked to indicate which health and wellness services/programs they had heard of. They were given a list of 18 services/programs to choose from and check all that apply.

- Across most vulnerable communities, respondents identified the WIC Program (56%) and Emergency Preparedness (50%) as the top health and wellness services/programs they were most familiar with, followed by High School Health Centers (34%).
- Seventy-five percent of Youth reported being most familiar with High School Health Centers. This is not surprising, as these health centers are located on school campuses.
- Thirty-percent of respondents from the homeless population reported not knowing any of the programs or services. During the focus groups, homeless participants reported feeling disconnected from the community, and it is possible that this has contributed to their lack information regarding services and programs available.
- Members from the LatinX community were the most familiar with the Public Health Clinic (41%) followed by community members from West Berkeley (29%).

**Figure 9. Familiarity with Health and Wellness Services (n=397)**



## Greatest Health Impacts on Communities Served

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On October 30, 2018, a total of 31 community partners attended the roundtable event hosted by City of Berkeley, Public Health Division. During the event, partners reviewed findings from the Health Status Report and prioritized the top health needs based on the report. Using a voting system, they identified the six most pressing concerns to focus on for the next three years; housing, mental health, poverty, access to care, racism/ism, and social isolation, see Figure 14.

In addition to the most pressing concerns, the community partners also identified the health needs and/or inequities that have the greatest impact on communities/clients that they serve, including Economic Factors, Social and Environmental Factors. They brainstormed a list of communities they primarily serve and then used a voting system to identify the most pressing health impacts.

**Mental health** was identified as the greatest health impact on communities served by partners.

Additional health impacts identified were:

- Housing
- Access to care
- Systemic/Institutional Racism

During the event, each of the partners were broken into small groups and used these identified health impacts as the basis of their discussion for the remainder of the session.

## Partnership Opportunities for a Healthier Community

During the roundtable sessions, partners brainstormed opportunities for Berkeley residents to have a healthier community. They used the areas identified as the most pressing concerns to target their discussion. Within groups, partners assessed what is currently being done in these particular areas, what needs more attention, and suggested potential ideas or strategies for partnership.

### Community Resources & Strengths

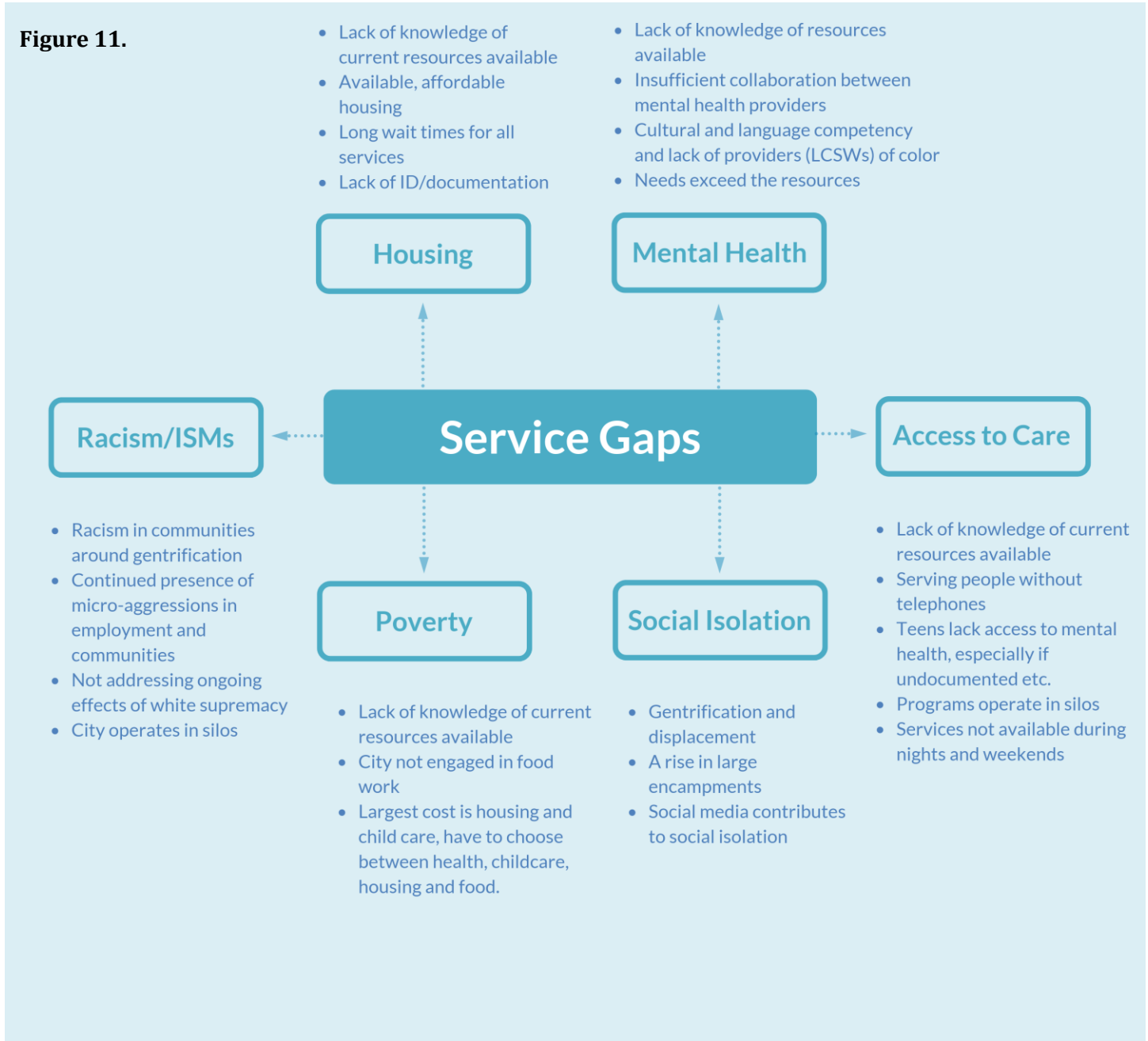
Partners identified existing community resources and strengths that could be leveraged to address the economic, social, and environmental factors that contribute to health inequities that their communities and clients face. The following is a list of some examples brainstormed by the groups, see Figure 10.





## Service Gaps

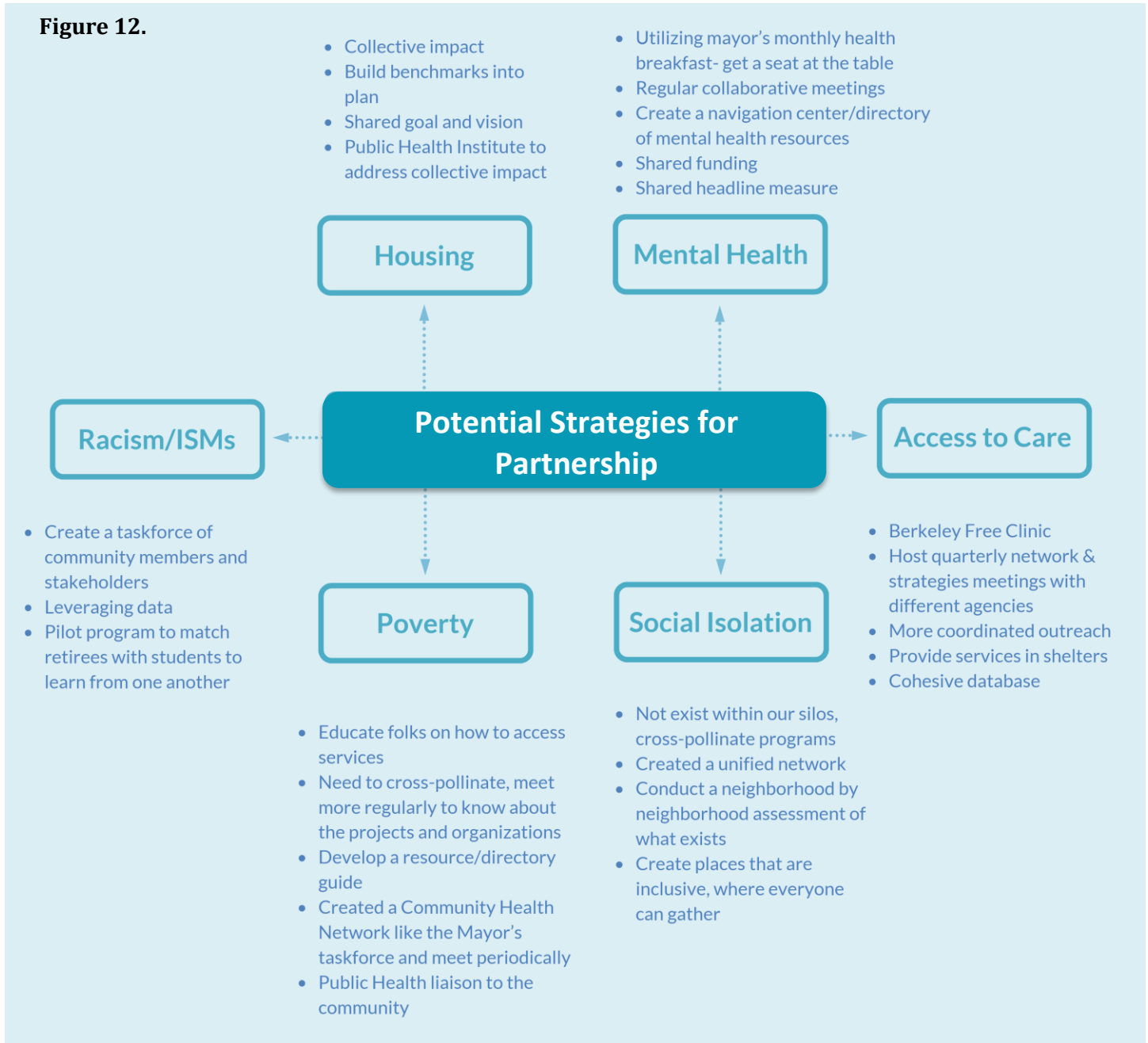
Each of the groups was tasked with identifying gaps and areas that need more attention to support communities and clients toward achieving optimal health and their ability to thrive. The following is a list of some examples brainstormed by the groups, see figure 11. **Lack of knowledge of current resources available** was a recurring theme discussed in many groups.



## Potential Strategies for Partnerships

The last segment of the roundtable event was spent discussing possible collaborations or strategies to guide partnerships. The following is a list of some examples brainstormed by the groups, see figure 12. More **collaboration** and **networking** were recurring themes across groups. Providers were very interested in meeting more frequently and coordinating efforts.

Figure 12.



# Health Status Report

The City of Berkeley released the Health Status Report (HSR) in September 2018, see Appendix 4. The Health Status Report shows the most current health concerns and trends. It also lays the groundwork from which the Public Health Division, HHCS, the City, and the Berkeley community will identify priorities, develop a strategic plan, and implement tailored interventions to improve community health.

According to the Health Status Report, the overall health of the City of Berkeley is improving, however, health inequities still persist. There are communities within the City of Berkeley that do not enjoy the benefit of improved health due to the impacts of systemic and historical practices and policies.

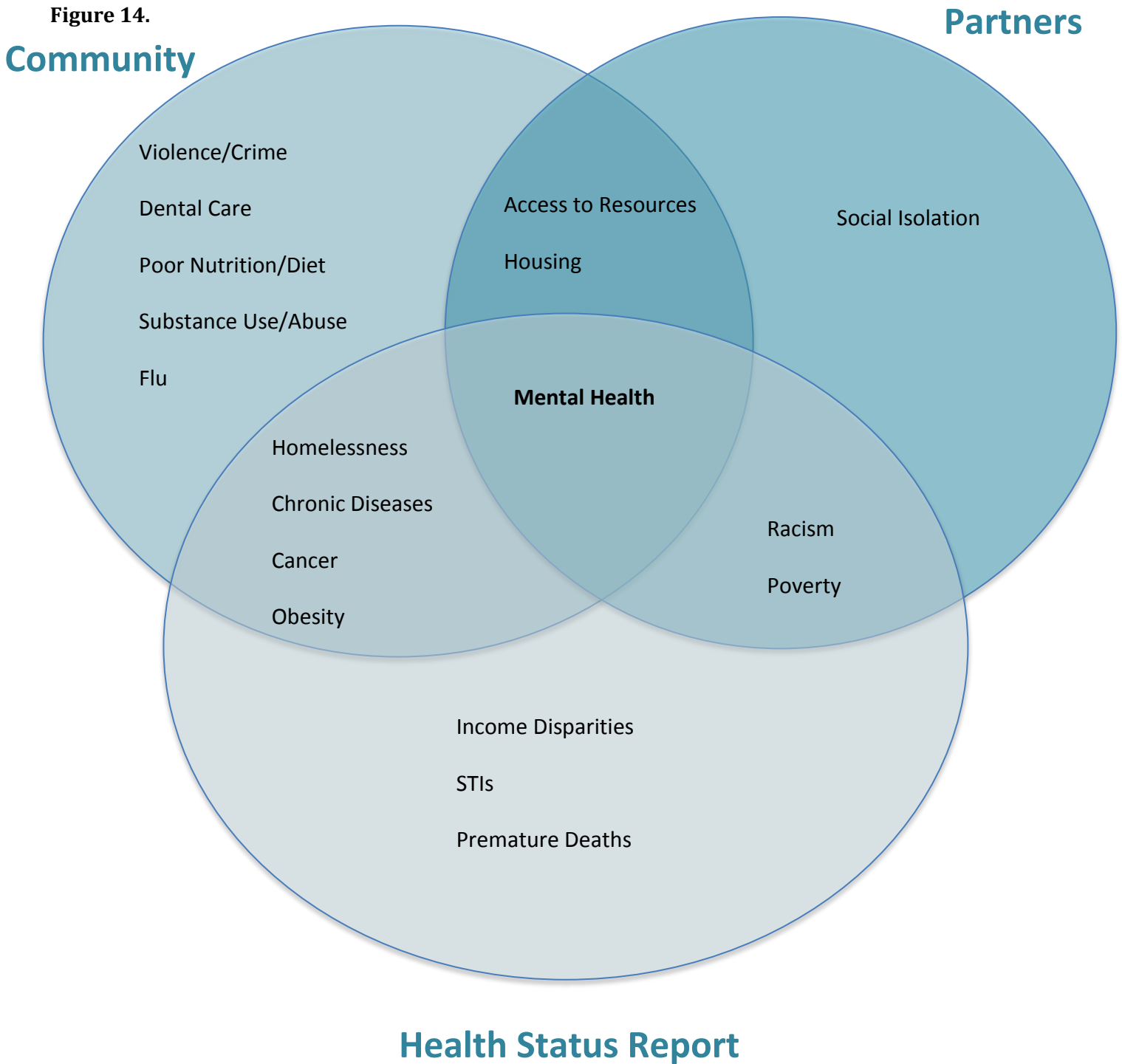
A group from City of Berkeley Public Health’s Division prioritized the key findings from the report.

Figure 13.



## Berkeley's Top Health Needs Identified

After reviewing all of the top health needs identified from the three different sources (community respondents, community partners, and the Health Status Report), **mental health** was identified as the priority. It is important to note, that the Venn Diagram below contains just the top needs. Relationships or topics that are not represented here does not indicate they were not discussed among the three sources.



## Discussion and Recommendations

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The findings from this assessment have demonstrated the many factors that have influenced the health of the Berkeley community. Specifically, mental health was identified by community members and partners as the biggest challenge facing Berkeley. The Berkeley Public Health Division intends to develop a three-year strategic plan that includes key priority areas and impact objectives for each priority area. The strategic plan is expected to be developed by June 2019. It is our recommendation that mental health is included in the strategic plan as a priority.

We suggest that the findings from this Community Health Assessment and the Health Status Report be used to drive the direction and implementation of the strategic plan. The overarching goal of the assessment was to inform and engage local decision-makers, key stakeholders, and the community-at-large in collaborative efforts to improve the health and well-being of all those that live in Berkeley. Communication and collaboration were key themes throughout this information gathering process, as demonstrated by the following points:

- Focus group and interview participants requested that the results from the community engagement process be shared with them.
- The community engagement process demonstrated that there is a lack of information and knowledge regarding resources available.
- The majority of focus group participants reported that “nothing” was being done to address their most pressing health needs or that they could not see anything being done.
- Community partners also requested continuing opportunities to coordinate, collaborate, and share information.

Based on this major theme, it is crucial for the Public Health Division to develop a communication plan that conveys and promotes transparency of the Division’s priorities, the action steps proposed, and the progress towards their goals, while opening opportunities for continuous and consistent engagement with community members and partners.

It is also recommended that the strategic plan include both an implementation and performance management framework. An implementation plan will strategize and articulate how the Berkeley Public Health Division plans to address the health needs identified in the Community Health Assessment and Health Status Report. A performance management framework will allow the Berkeley Public Health Division to track their performance over time and inform quality improvement efforts. We suggest measuring progress annually to assess if the Division’s efforts are on track to meeting their objectives and also allow the space to make adjustments as needed.

Another key to success for Berkeley is community capacity building and strengthening partnerships. There appeared to be a consensus across partners that the health in Berkeley is the collective responsibility of many entities throughout Berkeley, even if individual partner roles and contributions were not entirely clear. At the conclusion of this community and partner engagement work, there was also agreement across the Division and partners alike, that success of the strategic plan depends on a collaborative approach with other City Departments, community partners, and community members. As many of the top health needs identified in this assessment do not fall neatly within the direct scope of the 10 essential public health services, i.e. mental health, homelessness, housing etc., the Berkeley Public Health Division must consider forging new and strengthening existing partnerships to adequately address the existing and emerging health needs of the Berkeley community.

## Methodological Limitations

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Although the data collected has helped lay the foundation for the strategic plan, it is important to note the following limitations of surveys and focus groups:

1. The number of respondents for this survey (n=378) is a small sample of Berkeley residents and may not be representative of the entire Berkeley population. Also, the small sample size limits the ability to determine whether differences between different vulnerable communities are statistically significant.
2. There were a number of similar or repeat answers in the open-ended section of the survey tool. This might suggest that some respondents completed their surveys in a group setting and may have shared answers. It is possible that some of the answers to the open-ended questions reflected someone else's ideas and not necessarily the respondent's.
3. The qualitative data from the focus group and open-ended survey responses are subject to interpretation by the evaluators. Additionally, the participants may hold views that are different from those who did not attend the focus group.
4. The roundtables, focus groups, and interviews were conducted by different facilitators with different scribes and note takers. The consistency and quality across the data is not be the same and may have impacted how the data was interpreted.
5. Due to significant time constraints, the evaluator was unable to test for interrater reliability, and therefore, could not account for personal biases which may influence the findings.
6. Lastly, due to significant time constraints, the evaluator was unable to test the validity of the qualitative data using respondent validation. This process involves testing the initial results with participants to see if they are still authentic prior to the final analysis.

## Appendix 1. Description of Respondents

### Demographics

Note: This section only includes the number and percent of respondents that took the survey and participated in the focus groups/interviews.

Table 1.

Gender n=536	Percent
Female	66%
Male	33%
Transgender	1%
Other	1%

The majority (66%) of survey respondents were female.  
See Table 1.

Table 2.

Race/Ethnicity n=487	Percent
White or Caucasian	54%
Black or African American	19%
Asian or Asian American	5%
American Indian or Alaska Native	1%
Native Hawaiian or Pacific Islander	0%
More than one race/ethnicity	15%
Other	6%

The majority (54%) of survey respondents were White or Caucasian. Black/African Americans (19%) were the second largest race/ethnic group.  
See Table 2.

Table 3.

Hispanic, Latino, or Spanish Origin n=480	Percent
Yes	16%
No	84%

Only 5% of survey respondents were of Hispanic, Latino, or Spanish Origin.  
See Table 3.

Table 4.

Age n=524	Percent
10 to 14	2%
15 to 24	10%
25 to 44	27%
45 to 64	34%
65 plus	28%

The majority of participants were between ages 45-65 (62%).  
See Table 4.

Table 5.

Neighborhood n=285	Percent
Central	19%
Greater Downtown	15%
North East	27%
South	24%
South East	8%
West	7%

Of just survey respondents, the majority of participants lived in North East (27%) and South Berkeley (24%). This was assessed using Geo-Coding.  
See Table 5.

Table 6.

Number of Representatives from Vulnerable Communities	Focus Group	Survey
African American	32	23
LatinX	31	17
Persons Experiencing Homelessness	21	10
Older Adult	38	97
Youth	29	16
LGBTQIA	28	16
Persons with Disabilities	14	
Day Laborers	18	
South Berkeley	27	67
West Berkeley	15	21

The majority of community participants were from the Older Adult (n=135) population, followed by representatives from South Berkeley (n=94).

Only participants from the Disabled and Day Laborer populations were represented in the focus groups. See Table 6.



Table 7. Complete List of Vulnerable Populations Reached

Date	Data Collection Method	Data Collection Site	African American	LatinX	Older Adult	Youth	Persons Experiencing Homelessness	LGBTQI	Day Laborer	Persons with Disabilities	South Berkeley	West Berkeley	Low Income	Immigrant	# of participants
10/17/18	Focus Group	Berkeley Black Infant Health	11												11
10/18/18	Focus Group	South Berkeley Senior Center			10										10
10/19/18	Focus Group	South Berkeley Senior Center			9										9
10/29/18	Focus Group	North Berkeley Senior Center			5										5
10/19/18	Focus Group	Helios Apartments			9					X					9
10/24/18	Focus Group	Redwood Gardens Apts			5					X					5
10/25/18	Focus Group	Healthy Black Families- Sisters Together Empowering Peers	11												11
10/23/18	Focus Group	Women's Daytime Drop-In Center					7								7
10/23/18	Focus Group	H2H Health Advocates									8				8
11/2/18	Focus Group	Otis Street- Spanish speaking		10											10
10/29/18	Focus Group	BUSD- Office of Family Engagement and Equity				5									5
11/9/18	Focus Group	MCI - staff		6											6
11/9/18	Focus Group	Multi Cultural Institute (MCI) - Youth				17									17
11/9/18	Focus Group	MCI - Day Laborers, Spanish Speaking		X					18						18
10/25/18	Focus Group	Berkeley Youth Alternatives (BYA) - Adults										9			9
10/23/18	Focus Group	Berkeley Youth Alternatives (BYA)- Youth				X						6			6
11/7/18	Focus Group	Berkeley High School Youth				6									6
11/8/18	Focus Group	Lifelong WBFP - Spanish speaking		3											3
10/22/18	Focus Group	McGee Ave Baptist Church	10		X						X				10
11/20/18	Focus Group	Homeless /Civic Center Park					14								14
12/2/18	Interviews	Berkeley Free Clinic						28							28
	Survey	Survey Monkey	18	17	97	16	10	41					79	25	398
														<b>Total</b>	<b>510</b>

Please note: An "X" refers to additional populations that were reached during a particular focus group.

## Appendix 2. Focus Group Questions

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1. When you think about “good health,” what comes to mind?
  - a. Probe: What does it look like?
  - b. Probe: What would you experience? Not experience?
2. What is your definition of a healthy community?
  - a. Probe: What are the strengths of a healthy community?
  - b. Probe: What would community members experience? Not experience?
3. What are the most common health issues you experience or see in your family or your community?
  - a. Probe: I heard you say that the most pressing health concerns in your community are \_\_\_\_\_ (*list what you heard them say*) Of these, if you had to pick 1 or 2 top health concerns, what would those be?
4. Thinking about the health issues you mentioned, what is currently being done to address those issues in the community?
  - a. Probe: What support systems do you have or need?
  - b. Probe: What programs, services, or organizations are working on the top health issues facing your community?
  - c. Probe: Describe an example of something being done in your community to tackle the top health issues in your community.
5. What makes it harder to be healthy?
  - a. Probe: Are there significant barriers to being healthy or making healthy choices in your community? What are those barriers?
  - b. Probe: What programs, services, or policies are missing in your community that would make it easier to be healthy?
  - c. Probe: Do people in your community experience barriers in accessing health care services? What are those barriers?
  - d. Probe: What about dental care? Are there any dental needs that you have or people in your community have that aren't being taken care of?
6. Thinking about the future, if you could do one thing to improve the health of people in your community, what would it be?
  - a. Probe: If you could change or start a new program, service, or policy, what would it be?
  - b. Probe: What organizations are / who is already leading this effort?
7. What are best ways to communicate, share back with you and continue to be engaged with community, with you?

## Appendix 3. Survey Tool



### What Does A Healthy Community Mean to You?

**The City of Berkeley Public Health Division is planning on how to support the future health of the Berkeley community. Please assist us by completing this brief survey. Your opinion makes a difference!**

1. What three words (or short phrases) would you use to describe a healthy community?

Word 1

Word 2

Word 3

2. Do you consider the City of Berkeley to be a healthy community?

- Yes  
 No  
 I Don't Know

\* 3. What do you think are the top three (3) health challenges facing the Berkeley community?

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Care Services                         | <input type="checkbox"/> Mental Health                          |
| <input type="checkbox"/> Accidents/Injuries                                     | <input type="checkbox"/> Obesity                                |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes                               |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Dental Health                          |
| <input type="checkbox"/> Infectious Diseases (e.g., measles, chicken pox, etc.) | <input type="checkbox"/> Substance Abuse/Tobacco Use            |
| <input type="checkbox"/> High Blood Pressure                                    | <input type="checkbox"/> Sexually Transmitted Infections (STIs) |
| <input type="checkbox"/> Heart Disease & Stroke                                 | <input type="checkbox"/> Teen Pregnancy                         |
| <input type="checkbox"/> Health as it relates to Homelessness                   | <input type="checkbox"/> Violence / Crime                       |
| <input type="checkbox"/> Maternal and Infant Health                             |   |
| <input type="checkbox"/> Other (please specify)                                 |   |

4. If you could choose one health problem that you want the City to work on the most, what would it be?

- Access to Health Care Services
- Accidents/ Injuries
- Asthma
- Cancer
- Infectious Diseases (e.g., measles, chicken pox, etc.)
- High Blood Pressure
- Heart Disease & Stroke
- Health as it relates to Homelessness
- Maternal and Infant Health
- Other (please specify)
- Mental Health
- Obesity
- Diabetes
- Dental Health
- Substance Abuse/Tobacco Use
- Sexually Transmitted Infections (STDs)
- Teen Pregnancy
- Violence / Crime



## 2018 Berkeley Community Health Survey

### Berkeley Public Health Services

5. What is your opinion of the City of Berkeley Public Health Division?

- Very favorable
- Somewhat favorable
- Not so favorable
- Not at all favorable
- I am not familiar with the Berkeley Public Health Division

6. Which of the following health and wellness services or programs have you heard of? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Ann Chandler Public Health Clinic | <input type="checkbox"/> Tobacco Cessation Program                       |
| <input type="checkbox"/> Communicable Disease              | <input type="checkbox"/> WIC (Women, Infant, Children Nutrition Program) |
| <input type="checkbox"/> Be a Star                         | <input type="checkbox"/> Epidemiology                                    |
| <input type="checkbox"/> Black Infant Health Program       | <input type="checkbox"/> Healthy Berkeley                                |
| <input type="checkbox"/> Emergency Preparedness Program    | <input type="checkbox"/> Heart to Heart                                  |
| <input type="checkbox"/> Public Health Nursing             | <input type="checkbox"/> School Linked Health Services                   |
| <input type="checkbox"/> High School Health Centers        | <input type="checkbox"/> SEED Program                                    |
| <input type="checkbox"/> Immunization Program              | <input type="checkbox"/> Vital Records                                   |
| <input type="checkbox"/> Lead Program                      | <input type="checkbox"/> None of these programs                          |



2018 Berkeley Community Health Survey

7. What is your opinion of the City of Berkeley Public Health Clinic (Ann Chandler Public Health Clinic)?

- |  |  |
|--|--|
| <input type="radio"/> Very Favorable     | <input type="radio"/> Not at all Favorable   |
| <input type="radio"/> Somewhat Favorable | <input type="radio"/> Did not know there was a City of Berkeley Public Health Clinic |
| <input type="radio"/> Not So Favorable   |  |

8. What are two health services you would like to see the Public Health Clinic provide?

Service #1

Service #2



2018 Berkeley Community Health Survey

Tell Us a Little About Yourself

9. Please provide the closest street intersection to where you live (i.e. Milvia and Center) *Enter N/A if you do not live in the City of Berkeley*

10. What gender do you identify with?

- Female
- Male
- Other (please specify)
- Transgender
- Decline to answer

11. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Decline to answer

12. How would you describe yourself?

- White or Caucasian
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Other (please specify)
- Native Hawaiian or other Pacific Islander
- More than one race/ethnicity
- Decline To Answer

13. What is your age group?

- 10-14
- 15-24
- 25-44
- 45-64
- 65+
- Decline to Answer

14. Do you identify with any of the following communities? (check as many as apply)

- Homeless
- LGBTI
- Immigrant
- Low Income
- Decline to Answer

15. Enter our raffle for a gift card for filling out this survey! Just enter below an email address or phone number where we can contact you if you are selected.

**Thank you for completing this survey! Your input is important for the Berkeley Public Health Division's planning efforts. For more information on the Public Health Division and its services please  
Go to our website.**

## Appendix 4. Health Status Report: Key Findings

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### Chapter 1: **Sociodemographic Characteristics and Social Determinants of Health**

- Since 2010, the African American population decreased from approximately 10% to 7% of the population, while other racial/ethnic groups have remained relatively stable.
- Income in Berkeley is unevenly distributed. Households with a White head of household are more likely to be higher income while those headed by African Americans are more likely to be below income. In other words, African American White households earned around 3 times more than African American households. African American households earn 33 cents for every dollar earned by a White household. All households have experienced an increase in median family
- Berkeley has the highest rate of homelessness per capita in the County. In Berkeley, there is one homeless person for every 124 people. This is in contrast to the County where there is one homeless person for every 300 people.
- Over 70% of residents have a bachelor, graduate, or professional degree, compared with 43% in Alameda County and 31% in California.
- The percentage of uninsured in Berkeley is lower (7%) than in Alameda County (10%). \*add in 85% of health is prevention

### Chapter 2: **Pregnancy and Birth**

- From 2004-2006 to 2014-2016 the overall teen birth rate in Berkeley decreased by 82%. African American teens have a birth rate 9 times higher than that of White teens and 2 times that of Latina teens.
- In 1993-1995, an African American woman in Berkeley was 5 times as likely as a White woman to have a low birth weight (LBW) infant. In 2014-2016, the risk of an African American mother having a LBW baby has fallen to 2.5 times higher than that of her White counterpart.
- African American babies, for the first time ever recorded, met the HP2020 objective for prematurity in 2014-2016 and LBW in 2008-2010

### Chapter 3: **Child and Adolescent Health**

- The number of asthma hospitalizations in Berkeley decreased from 122 in 2000 to 80 in 2014. Asthma hospitalization rates decreased for all racial/ethnic groups, including African Americans, but the disparity between Whites and African Americans persists.
- 49% of children in Berkeley belong to non-White racial/ethnic groups.
- 10% of children under the age of 18 in Berkeley live in poverty. 29% of African American children live in poverty, which is over 7 times the rate of poverty among White children and approximately 2–3 times the rate in any other group.
- Despite a decrease from 18.8% to 13.5% since 2010-2011, African Americans still have the highest high school drop-out rate in Berkeley.
- Berkeley children overall have a lower proportion of children who are overweight and obese (30.4%) compared to children in Alameda County (34.6%) and California (38.3%). African American children, however, have higher proportions of being overweight and obese in Berkeley as compared to Alameda County and California. Within Berkeley, African American and Latino populations have significantly higher proportions of overweight and obese children when compared to Asian and White children.
- The number of asthma hospitalizations in Berkeley decreased from 122 in 2000 to 80 in 2014. Asthma hospitalization rates decreased for all racial/ethnic groups, including African Americans, but the disparity between Whites and African Americans increased.
- The percentage of BUSD students who have been drunk or high on school property has steadily decreased for all grade levels over the past six years.
- Mental health hospitalizations in Berkeley decreased from 490 in 2008-2010 to 196 in 2012-2014. Over 50% of the hospitalizations are related to episodes of depression.
- Overall Chlamydia and Gonorrhea rates are higher in Berkeley than in Alameda County and California. However, among youth 15-19 year olds in Berkeley, rates are lower than Alameda County and California.

### Chapter 4: **Adult Health**

- Approximately 7.6% of Berkeley residents were smokers in 2014, which was a substantial decrease from 11.5% in 2012.
- In 2014, 15.7% of Berkeley adults were categorized as obese based on BMI, and those who are African American or Latino are more likely to be obese. [This represents an increase from 2012.]
- Berkeley's African American population experiences inequitably high rates of hospitalization due to uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications. However, the hospitalization



rate among African Americans for lower-extremity amputation has substantially decreased between 2006 and 2014.

- White women have been affected at the highest rates of breast cancer compared to other racial/ethnic groups from 2006 to 2011, However, African American women begun to have a higher rate in 2012-2014.
- Among the 14 cities in Alameda County, Berkeley ranks 1<sup>st</sup> in mental illness hospitalizations.
- Mental health hospitalization rates are the highest among older adults ages 45-64.
- Berkeley receives an average of 1,400 communicable disease reports each year and over half of those are transmitted through unsafe sex. Up until recently, chlamydia rates in Berkeley and Alameda County had been lower than that of the State of California. In 2015, however, Berkeley's rate increased substantially, surpassing Alameda County's and California's. Gonorrhea rates in Berkeley are consistently higher than those of Alameda County and California. From 2011 to 2016, Berkeley's gonorrhea rate has increased from 94.8 per 100,000 to 267 per 100,000.

## Chapter 5: **Life Expectancy and Mortality**

- Breast and lung cancer are the top leading causes of cancer death for women, while lung and pancreatic cancer are the top leading causes of cancer death for men.
- African Americans met the HP2020 goals for lung cancer mortality rates for the first time ever
- Mortality rates in Berkeley are lower than those of surrounding Alameda County and California—reflecting the city's long life expectancy of 86.7 years for Berkeley women and 83 years for men.
- African Americans die younger (prematurely) than any other racial/ethnic group in Berkeley. The death rate for African Americans in Berkeley is twice the death rates of Whites, and the gap has remained consistent over time. African Americans account for a disproportionate number of YPLL in Berkeley. Although they comprise less than 8% of Berkeley's population, they account for almost 30% of YPLL in the total population.
- Cancer and heart disease are leading causes of death (as recorded on death certificates) in Berkeley. They account for almost half of all deaths. Cardiovascular disease death rates are almost twice as high among African Americans compared to the population as a whole.

**Link to full Health Status Report:** [https://www.cityofberkeley.info/uploadedFiles/Health\\_Human\\_Services/Level\\_3\\_-\\_Public\\_Health/2018-health-status-report-berkeley.pdf](https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/2018-health-status-report-berkeley.pdf)

## Appendix 5. October 30<sup>th</sup> Partner Roundtable Event Questions

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### Part 1: Social Determinants of Health – Root Causes

The Health Status Report indicates that overall the health of the City of Berkeley is improving yet, health inequities persist. There are communities within the City of Berkeley that do not enjoy the benefit of improved health due to the impacts of systemic and historical practices and policies.

We are going to take some time to clearly identify some of the economic, social, and environmental factors that contribute to these health inequities.

- A) Let's start with what community do you primarily serve?
- B) Next, what do you think are the health needs and/ or health inequities that have the **greatest impact** on communities/ clients that you serve?

**Prompt:** Please consider health needs throughout the lifespan, particularly:

- i. Pregnancy and Birth
- ii. Youth and Adolescence
- iii. Young Adulthood/ Transitional Aged Youth
- iv. Adulthood
- v. Older Adulthood (Seniors)

**Prompt:** What are the **economic factors** that have the biggest influences on our communities/ clients that perpetuate and contribute to health inequities? *Examples may be: stable and high quality housing, sufficient income, quality schools, safe and stable jobs, hiring practices, cost of living, lack of affordable childcare, etc.*

**Prompt:** What are the **social factors** that have the biggest influences on our communities/ clients that perpetuate and contribute to health inequities? *Examples of these may be access to quality education, youth programs, safe neighborhoods, strong social networks, access recreational and leisure-time activities (e.g. parks, clubs, athletic teams, etc.), biases based on race, gender, sexual orientation, culture, and age, institutional practices, such as over criminalization and or disparate incarcerations of certain communities, etc.*

**Prompt:** Finally, what are some **environmental factors** that our communities/ clients face that perpetuate and contribute to health inequities? *Examples may include: such as pollution free neighborhoods, clean water, access to healthy and affordable food, safe and reliable transportation, public spaces for recreation, safe roads, violence, etc.*

- C) Let's choose our top 3 issues identified Some things to consider when voting:
  - What is something we can get started on immediately?
  - What can we move the needle on in about in the next 3 years?
  - What would have the greatest impact on our communities/ clients?

### Part 2: Existing Strategies/ programs and identifying gaps

"Our table topic is \_\_\_\_\_ and in this section, we are going to discuss existing resources and gaps in addressing this topic area."

- A) What existing community resources and strengths could be leveraged to address these the economic, social, and environmental factors that contribute to health inequities, particularly for this table topic?

**Prompt:** What are some of the existing, successful strategies and programs that your organizations already have in place to

address the challenges that our communities and clients face?

- B) What are the areas that need more attention? What gaps need to be addressed to support our communities and clients toward achieving optimal health and their ability to thrive?
- C) What key role do you see the City of Berkeley Public Health division playing in addressing this health need? (i.e. providing health services, influencing policy, advocacy, convening stakeholders, building capacity, conducting research)?

### Part 3: Potential Partnerships

Next we will spend some time talking about possible collaborations or strategies to guide our partnerships.

- A) What are some collaborative strategies and or partnerships that might help us collectively address the identified gaps or strengthen existing ones?

Prompt: What are some ideas/best practices that you have seen other cities adopt to better incorporate the needs of community members throughout the lifespan?

- B) What are some of the challenges to establishing these partnerships and/ or collaborative strategies?
- C) What would support the building of these partnerships?

Prompt: What steps would need to occur in order to establish these partnerships?

Prompt: What could the City of Berkeley do to assist in these efforts to build stronger partnerships?

- D) Are there any potential policies we can all promote and support to address institutional and systemic contributors to health inequities?

CITY OF BERKELEY PUBLIC HEALTH DIVISION

# STRATEGIC PLAN 2020-2022



## VISION



A vibrant and healthy Berkeley for all

## MISSION

The Public Health Division **collaborates** with community members and partners to achieve **health equity and optimal health** for all people in Berkeley through policy, institutional systems change and service provision.

## VALUES



**Respect** – Honoring and valuing others diverse experiences, knowledge, and choices with humility and empathy.



**Integrity** – We hold ourselves accountable to a high standard of honoring our commitments and being transparent in our work.



**Data Driven** - Use and share diverse types and sources of data to inform decision making while ensuring transparency and accountability through data sharing.



**Equity** – Ensuring that all people have inclusive and just opportunities for optimal health



**Community Engagement** – Continuous and sustained engagement of community members and {organizational} partners and that influences planning and decisions

## STRATEGIC PRIORITIES

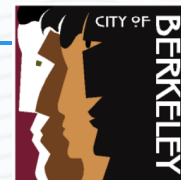
MENTAL WELLNESS

HOMELESSNESS

CHRONIC DISEASE

RACISM





*We seek to decrease clients' likelihood of developing severe mental illness and/ or Substance Use Disorders (SUD) by decreasing stress, depression, anxiety and other effects of trauma.*

1. Increased client ability to address stress, trauma, depression, and anxiety
2. Strengthened collaborative relationships in order to increase or improve services for those experiencing stress trauma, depression or anxiety
3. Increased organizational capacity to address trauma in the workplace
4. Increased organizational capacity to provide trauma informed care to clients

*We strive to support the health needs of individuals who are experiencing homelessness or at risk of homelessness in the hope that it increases their ability to seek services, to find and/ or sustain permanent housing, and achieve overall stability in their lives.*

1. Increased access to services for those experiencing, or at risk for, homelessness
2. Strengthened collaborative relationships in order to increase or improve services for those experiencing, or at risk for homelessness.

*A decrease in stress overall can lead to a decreased risk of chronic disease or increase ability to manage existing chronic disease.*

1. Increased client awareness of stress and trauma and its impact on health
2. Improved client ability to address stress, trauma, depression, and anxiety
3. Strengthened collaborative relationships in order to increase or improve services, systems and environments for those experiencing, or at risk for, chronic disease.

*We strive to increase commitment to reduce our own contributions to the problem of institutional and historical racism in the hopes to reduce its contribution to social and health disparities.*

1. Programs and division-wide policies reflect racially equitable practices.
2. Public Health Division services are affirming, welcoming, and respectful
3. Strengthened collaborative relationships in order to achieve greater racial equity in Berkeley.

