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Office of the City Manager

INFORMATION CALENDAR
February 25, 2025

To: Honorable Mayor and Members of the City Council

From: Paul Buddenhagen, City Manager

Submitted by: Scott Gilman, Director, Health, Housing, and Community Services

Subject: Community Health Assessment Report

INTRODUCTION

On April 11, 2023, the Berkeley City Council adopted Resolution 70,754 N.S. authorizing the City Manager to execute a contract and any amendments with JSI Research & Training Institute, Inc. to serve as a Community Health Assessment, Innovation, and Improvement Plan consultant for the City of Berkeley's Health, Housing, and Community Services (HHCS) Department.

CURRENT SITUATION AND ITS EFFECTS

As a local public health jurisdiction, the City's core public health functions include assessing and improving the health of the community's population. HHCS has managed and supported JSI Research & Training Institute's (JSI) landscape scan for partnership opportunities to reduce chronic racial disparities and improve Berkeley's public health strategies.

JSI completed a Community Health Assessment (CHA) in collaboration with a Community Steering Committee - a group of ten diverse individuals who live and/or work in Berkeley who are committed to the city's health and wellness. They play a central role in ensuring the CHA and Community Health Improvement Plan (CHIP) remain community-led.

The CHA has identified four health priority areas: behavioral health, housing, climate health, and community safety. The Community Steering Committee is currently working on developing a CHIP in collaboration with HHCS, and other city staff. The CHIP will outline goals and interventions to address the disparities within the health priority areas that were identified in the CHA.

HHCS' health equity work is a Strategic Plan Priority Project, advancing our goal to champion and demonstrate social and racial equity and achieving health equity.

BACKGROUND

The State of California encourages all public health jurisdictions to complete regular Community Health Assessments and develop Community Health Improvement Plan. These are prerequisites for public health department accreditation, which has been discussed as a state priority.

The City of Berkeley is a thriving community with considerable wealth, high levels of educational attainment, and a rich culture that all contribute to a healthy community. However, Berkeley is not a city where all people are living long and healthy lives and achieving the highest possible level of health. In Berkeley, African American/Black and other people of color are more likely to die prematurely and experience a wide variety of adverse health conditions throughout their lives.

As reported in the 2018 City of Berkeley Health Status Report, a higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods. Like other jurisdictions, these historic and ongoing health inequities have been exacerbated by the impacts of the COVID-19 pandemic. Communities of color, specifically African American/Black and Hispanic/Latinx residents, have a higher COVID-19 positivity rate, hospitalizations, and deaths compared to White residents.

Since 2018, extensive work has been done by HHCS to analyze and identify solutions to overcome the underlying issues that perpetuate these health inequities. HHCS programs serve individuals who are most impacted in Berkeley and continue to make progress toward addressing health inequities that have existed and been worsened by the COVID-19 pandemic.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

There are no identifiable environmental effects or opportunities associated with this report.

POSSIBLE FUTURE ACTION

Council could request a presentation by staff to provide an overview of the findings from the Community Health Assessment at a future Council meeting or session.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

None.

CONTACT PERSON

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Attachments:
1: Berkeley Wellness Blueprint Community Health Assessment Report

BERKELEY WELLNESS BLUEPRINT

COMMUNITY HEALTH ASSESSMENT

ACKNOWLEDGEMENTS

This Community Health Assessment is the result of robust input and partnership from all of the individuals below:

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Catherine Roseman, Public Health Promotion & Prevention Officer, Community Services Specialist III

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Introduction

In 2023, the City of Berkeley Health, Housing and Community Services (HHCS) Department engaged JSI Research and Training Institute (JSI) to lead a Community Health Assessment (CHA) and create a Community Health Improvement Plan (CHIP). Together, the CHA and CHIP processes are called the Berkeley Wellness Blueprint (BWB). This CHA document is the culmination of an extensive research process, guided by the community steering committee (CSC). The CSC is a diverse group of individuals who live and/or work in Berkeley who are committed to the city's health and wellness. They play a central role in ensuring the CHA and CHIP remain community-led. (For more details on the research methods and CSC members, see Appendix B & C.)

Taken as a whole, Berkeley looks like a pretty healthy place, but that misses the ways in which health in the city is significantly worse for some groups of people, in certain neighborhoods, and for people experiencing specific health and social challenges. This CHA report aims to present a snapshot of health, safety, and equity in Berkeley informed by data. It also seeks to highlight community perspectives on key topics in a way that is easy to digest. Ultimately, this will lay the foundation for the development of the CHIP.

BERKELEY AT A GLANCE

Berkeley is a vibrant city in the heart of the San Francisco Bay Area, known for its progressive politics, social and academic innovation,culture and history. Home to over 121,000 people, Berkeley's diverse population reflects a multitude of racial and ethnic groups, with nearly half (48%) identifying as non-white. The city is also home to a significant immigrant community: more than one out of every five residents (22%) was born outside of the United States and over 6% of the population has limited English proficiency. Berkeley is also home to the world-renown University of California, Berkeley. A large number of students and staff associated with the university live in Berkeley, and account for approximately one-third of the overall population. (See Appendix A for a city health profile).

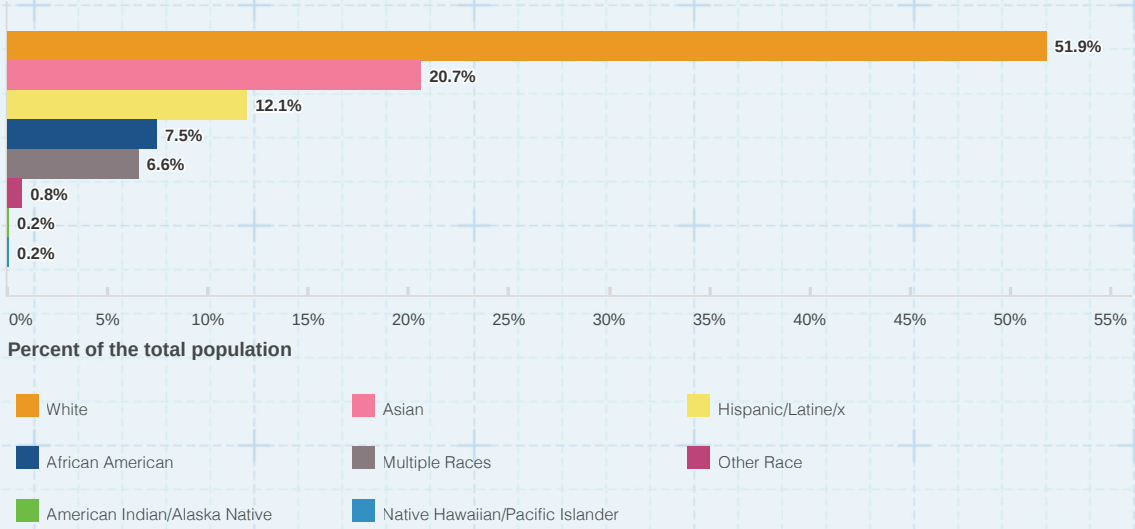
121,385
Total Population
Source: US Census Bureau ACS 5-year 2018-2022

21.5%
Immigrant Population
Source: US Census Bureau ACS 5-year 2018-2022

6.4%
of People ages 5+
Limited English Proficiency
Source: US Census Bureau ACS 5-year 2018-2022
Note: Limited English Proficiency is definied as speaking English less than "very well."

51.8%
Bachelor's Degree
Source: US Census Bureau ACS 5-year 2018-2022

Percent of the Population by Race/Ethnicity

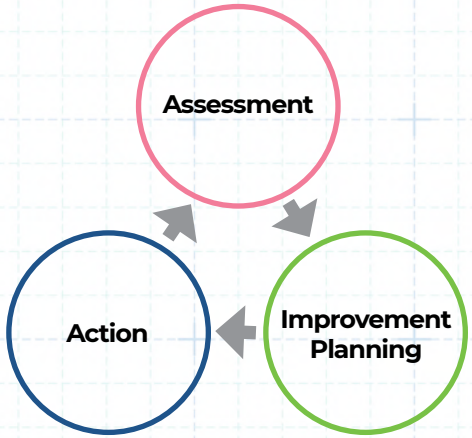


Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

PURPOSE AND PROCESS

This assessment is one part of a health and wellness improvement process that is intended to be repeated over time (see Figure 1). We decided to use the metaphor of a blueprint because there are parallels to building a physical structure. First, information is gathered and a vision is developed (Assessment); then, specific and workable plans are drawn (Improvement Planning); and finally, work begins (Action). Similar to a building process, new information and challenges will emerge along the way that require consideration and problem solving. It is crucial to have clear accountability and space for collective thinking and course correction.

FIGURE 1: Health and Wellness Improvement Process



GOALS OF THE COMMUNITY HEALTH ASSESSMENT (CHA)

The goals of this CHA phase are to:

- Engage community members in deepening shared understanding of the health and wellness status of Berkeley residents;
- Gather existing data on health, resiliency, and equity in Berkeley's communities; and
- Have enough information at the end of this phase to make an informed decision on priorities for the CHIP.

FRAMEWORK

There are a range of factors that shape health, safety, and equity in a city like Berkeley. In the Berkeley Wellness Blueprint, we are thinking about three groups of factors:

INDIVIDUAL: What does each person need to be healthy and flourishing? **Examples**: access to affordable culturally appropriate services, ability to afford basic needs, opportunities for connection and belonging.

COMMUNITY: What are the characteristics of communities that support individual health? **Examples:** safe and appealing parks, enough affordable housing, clean air and water.

SYSTEMS: How do systems and policies support the health of communities and individuals? **Examples:** How are harmful products and substances controlled? How are historic racist housing policies being addressed? How are resources distributed throughout the city?

These domains are useful both to understand what is currently happening and to organize action. For example, if we were trying to increase physical activity in Berkeley, we might focus on getting information about exercise classes into doctor's offices (individual), cleaning up parks in areas of the city with low physical activity rates (community) or providing additional funding to afterschool sports programs (systems). In many cases, effective solutions are going to involve strategies in more than one domain.

CHA PROCESS

This report comes at the end of a data collection and analysis process that began in fall of 2023. JSI and the CSC, with substantive input from the Berkeley HHCS team, have:

- Reviewed existing reports related to health and wellbeing in Berkeley, such as the Alameda County Department of Public Health health assessment;
- Searched databases of health information including the census and national health interview survey as well as locally collected data;
- Conducted over 15 interviews with local leaders and community members;
- Held 4 community focus groups; and
- Fielded a community wellness survey completed by over 320 community members from across Berkeley.

PRIORITY POPULATIONS, HEALTH TOPICS, & THE COMMUNITY SURVEY

Following an initial data review and first round of key informant interviews (n=16), several priority populations were identified by JSI and the CSC.

Priority Populations

An extra emphasis was placed on including information and perspectives from these populations.

- Black/African American people
- Latine/Latinx/Hispanic people
- LGBTQIA+ people
- Residents of South and West Berkeley
- Youth

Individuals from these priority populations were engaged via focus group discussions (n=4), additional interviews (n=6) and were target audiences for the community wellness survey (n=320). The reports, data review, interviews, and focus groups were analyzed by JSI and the CSC.

From that analysis, ten topics were identified (see right sidebar) that shaped the community-wide health survey. The survey aimed to gather a diverse range of perspectives on these topics. More details on the CHA methods, including the survey development and response, are available in the appendices.

TABLE 1: HEALTH TOPICS

Community Safety: how often people get hurt or experience violence and whether everyone feels safe in all areas of Berkeley

Disparities in Health: some people have better or worse health based on their race, ethnicity, and/or where they live in Berkeley

Drugs and Alcohol Use: use, misuse, and availability of legal and illegal drugs and alcohol, and if people can get the help they need

Environmental Health: being safe from things like pollution and wildfires, having clean air, water, and land, having access to parks and green spaces, and dealing with the effects of climate change

Government Responsiveness: City follow through and communication on health projects, and how much Berkeley residents help make decisions

Housing: being able to live in a place that is safe, affordable, and stable

Jobs and Money: having a steady job that pays enough for food, childcare, healthcare, school, and savings

Mental Health: how common mental health problems are (like depression, anxiety, and stress), and if people can get the care they need

Physical Health: how often people get sick, hurt, or have long-term health problems, and if they can get the care they need

Sense of Belonging: feeling included, respected, and connected

Key Findings

KEY FINDINGS

At the conclusion of the community survey, JSI and the CSC systematically reviewed all of the data collected via survey, interviews, focus groups, reports and statistics. Based on that review, a set of 6 key findings emerged. Although not all of the input, data and voices could be included in full detail, this report summarizes the information as best as possible to tell a clear story of the current situation and perspectives in Berkeley regarding health and wellness.

Finding 1: There is a lot to be proud of when it comes to wellness in Berkeley

Finding 2: Diversity is highly valued and racism is deeply rooted

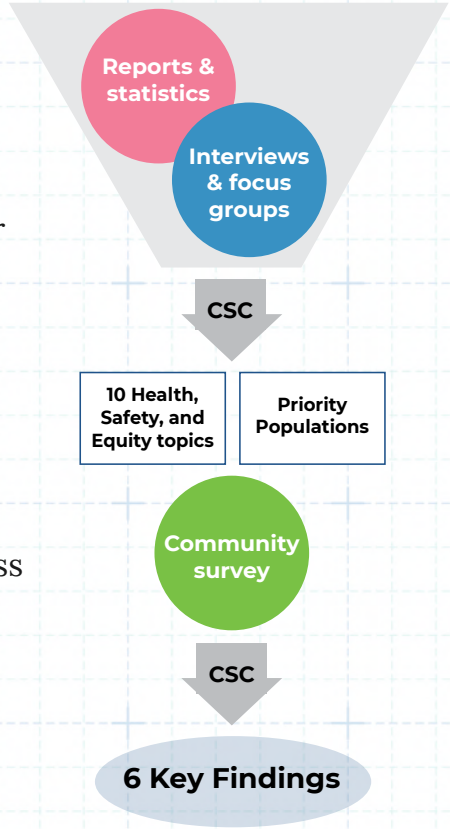
Finding 3: Health is connected to where people live

Finding 4: More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts

Finding 5: Berkeley is becoming a more diffcult place for people to afford to live well

Finding 6: Connection and safety are essential for supporting mental and physical well-being

FIGURE 2: CHA Process

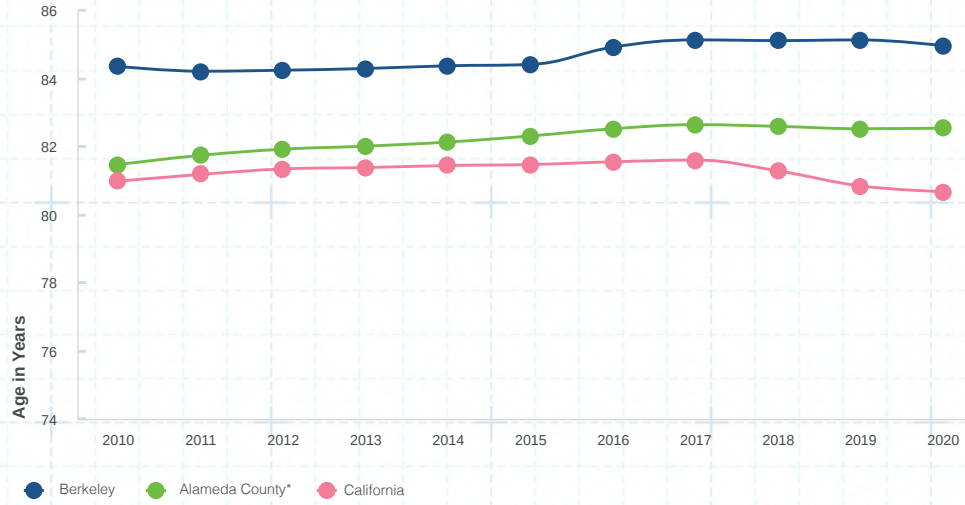


FINDING 1

There is a lot to be proud of when it comes to wellness in Berkeley

Berkeley residents consistently highlight three strengths that contribute to the city's health and wellness: its inviting physical environment, the diversity and character of its people, and the effectiveness of local community organizations. Citywide health statistics are generally positive compared with other geographies. For example, Berkeley has consistently had a higher life expectancy than Alameda County and California (see figure 3).

FIGURE 3: Life Expectancy at Birth



*Source: California Department of Public Health, California Community Burden of Disease and Cost Engine *Estimates are for Alameda County excluding Berkeley*

PHYSICAL ENVIRONMENT

In Berkeley, it's easy to step outside and find a place to walk, roll, or simply breathe. Home to 59 parks, Berkeley boasts almost 6 parks per square mile.[1] The community sees this as more than convenience—these walkable, wheelable routes bring people closer to nature, reduce stress, and create a more connected environment. The numbers support these general sentiments: Berkeley stands out for its high walkability, scoring 15.9 on the Environmental Protection Agency's Walkability Index - surpassing the county (14.2), state (12.4) and national (9.8) averages.[2]

"There's so many pretty places to go. And it's right on the water. There's the Berkeley Marina. I have great memories there with my dog and my kids at different stages in our life"

- FOCUS GROUP PARTCIPANT

Berkeley is filled with places where people naturally come together. Whether it's a farmers market, the Ed Roberts Campus, a church, or a senior center, these gathering spots foster a strong sense of belonging. They are spaces where people connect, feel seen, and know they belong.

"Quiero [tratar de] relacionarme con gente, platicar con gente, eso mismo como que te va a ayudar a no hundirte y hay unas tiendas donde puedes encontrar ese ambiente, donde se puede simplemente [conversar]."

- FOCUS GROUP PARTICIPANT

Translation: "I want to [try] to relate with people, talk to people, that will help to not further dig into a hole and there are stores where you can find that environment, where you can simply [converse]."

COMMUNITY MEMBERS

At the heart of Berkeley's community are the people who live here. Residents describe themselves and their neighbors as resilient, caring, diverse, and passionate, from people looking out for one another to city leaders' commitment to the city. Berkeley also has a proud tradition of activism. It was the first city to start municipal recycling, make sidewalks wheelchair accessible, and implement a sugar-sweetened beverage tax. Residents engage with issues of justice and equity both historically and today. This dedication to advocating for change strengthens the entire community and inspires future generations to continue the work of creating a better, more inclusive city.

"The community is really connected [...] even if [...] we don't know each other, the people from the Todos Santos de Cuchamatán are united. So if one of our community members is hurting or in danger or their family member had an accident and they need support and anything."

- COMMUNITY INTERVIEW PARTICIPANT

COMMUNITY ORGANIZATIONS

Community organizations–such as the Multicultural Institute, Center for Independent Living, and Healthy Black Families–bring a feeling of connectedness and support the Berkeley community to feel healthy, well, seen and understood. They are powerful resources, providing essential support, services, and advocacy. In many ways, community residents see these organizations as the backbone of Berkeley's health and wellness, working to meet the diverse needs of the community and foster a sense of belonging for all.

"I was going to the food pantries. I have 3 kids and it's all different types of people and the volunteers that work there are so kind they never make you feel less than, are always smiling, and they really love what they do."

- FOCUS GROUP PARTICIPANT

FINDING **2**

Diversity is highly valued and racism is deeply rooted

Berkeley has a reputation as a diverse and welcoming city, not afraid to be at the vanguard of social and cultural movements. This diversity is a source of pride and a significant strength to the community. Activists and leaders in Berkeley continue to work on a range of issues through many initiatives. However, as in other places, issues related to demographics and identity are complicated and reflect historical and structural factors that are difficult to address. The data on disparities in health make both the magnitude of advantages based on race/ethnicity and opportunities for improvement abundantly clear–the greatest opportunities to advance wellness in Berkeley lie in improving health among people who experience the worst outcomes.

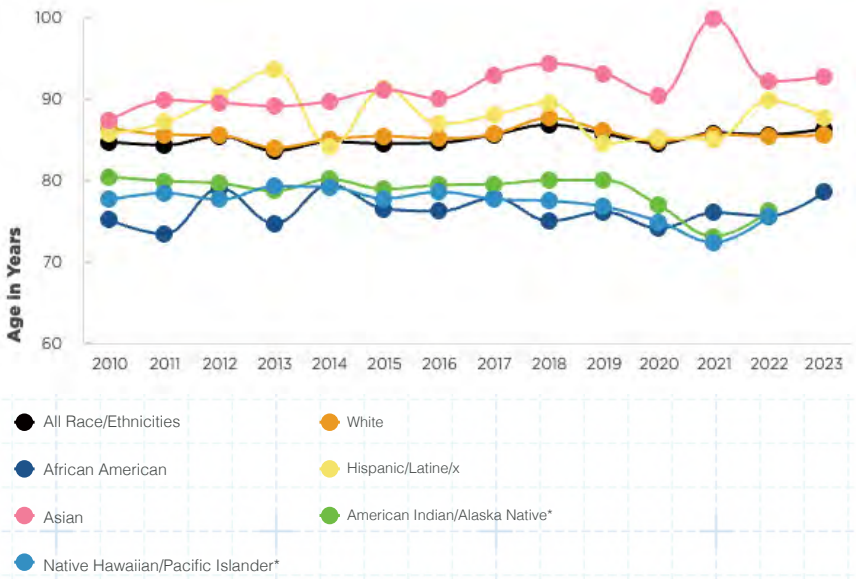
"I love Berkeley because of the diversity...I just appreciate how open Berkeley is. Ideas and different types of people."

- FOCUS GROUP PARTCIPANT

DISPARITIES ACROSS RACIAL GROUPS

Across nearly every indicator of health and wellbeing collected for Berkeley there are significant differences for racial and ethnic groups. For the most comprehensive health indicator, life expectancy at birth, African Americans have consistently been projected to live 9 fewer years than the overall city average. It is also estimated that the life expectancy among American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islanders (NH/PI) is significantly lower than the overall life expectancy of Berkeley residents based on California data (see Figure 4). African American residents also have higher rates of many health conditions, including diagnoses for common cancers (breast, prostate, lung) and chronic conditions such as diabetes.[3]

FIGURE 4: Life Expectancy at Birth in Berkeley

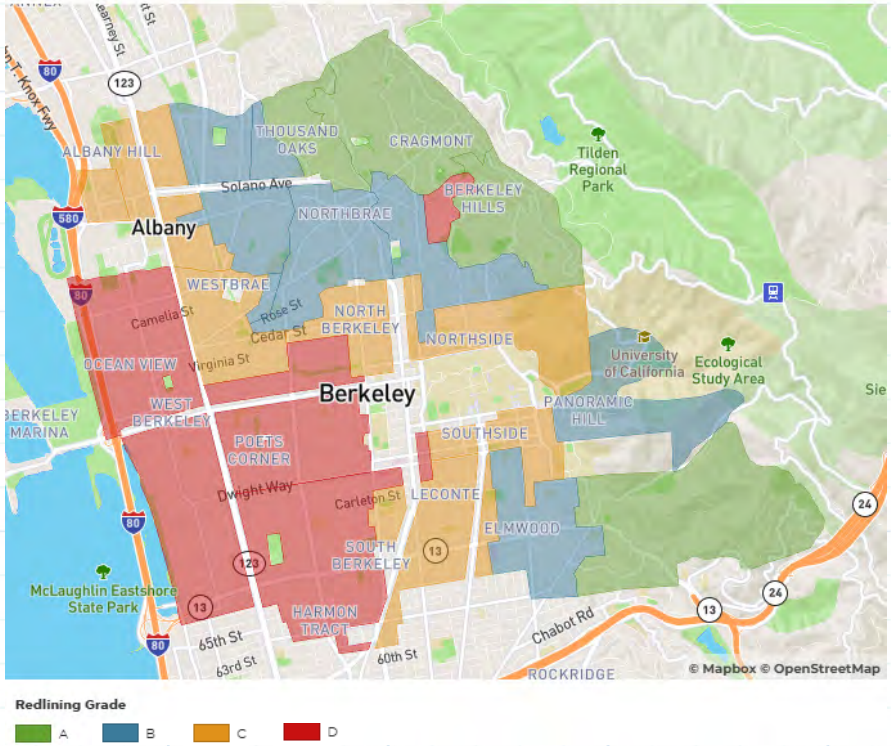


Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau
**Due to small population sizes, life expectancy estimates presented for American Indian/Alaska Native and Native Hawaiian/Pacific Islander are based on data for the entire State of California.*

Health disparities are the result of decisions, practices, and policies enacted over time that provide unjust advantages to some based on race and ethnicity, geography, and/or socioeconomic status. Any data point that highlights differences by race should be taken as a measure of the effects of racism.[4] This type of **systematic racism** is evident across all sectors including housing, education, employment, and law enforcement. For example, numerous housing policies in Berkeley restricted non-white residents to certain neighborhoods and limited their ability to build wealth through property ownership (see Figure 5). The city's recent Preferential Housing Policy[5] acknowledges and attempts to respond to a number of these historical policies. Similarly, the Berkeley Unified School District's Reparations Task Force[6] looked at structural racism in education.

> "There's a lot of redlining in [Berkeley]...I think historically, if we have a community that has been here long enough to remember the train tracks and they talk about not crossing the train tracks, that is generational...it's historical trauma that they experienced."
>
> **- FOCUS GROUP PARTCIPANT**

FIGURE 5: Historical Redlining Grades



Redlining, a practice sanctioned by the federal government from the 1930s until the late 1960s, systematically denied access to mortgages, not only to individuals but to entire neighborhoods, based on their racial and ethnic composition. The above map of the City of Berkeley shows how neighborhoods were rated for mortgage lending using this practice. Red areas were labeled "hazardous" and deemed the riskiest for lending. Yellow areas were considered "declining" with elevated risk. Blue areas were marked as "still desirable" with lower risk, while green areas were identified as the "most desirable" and least risky.

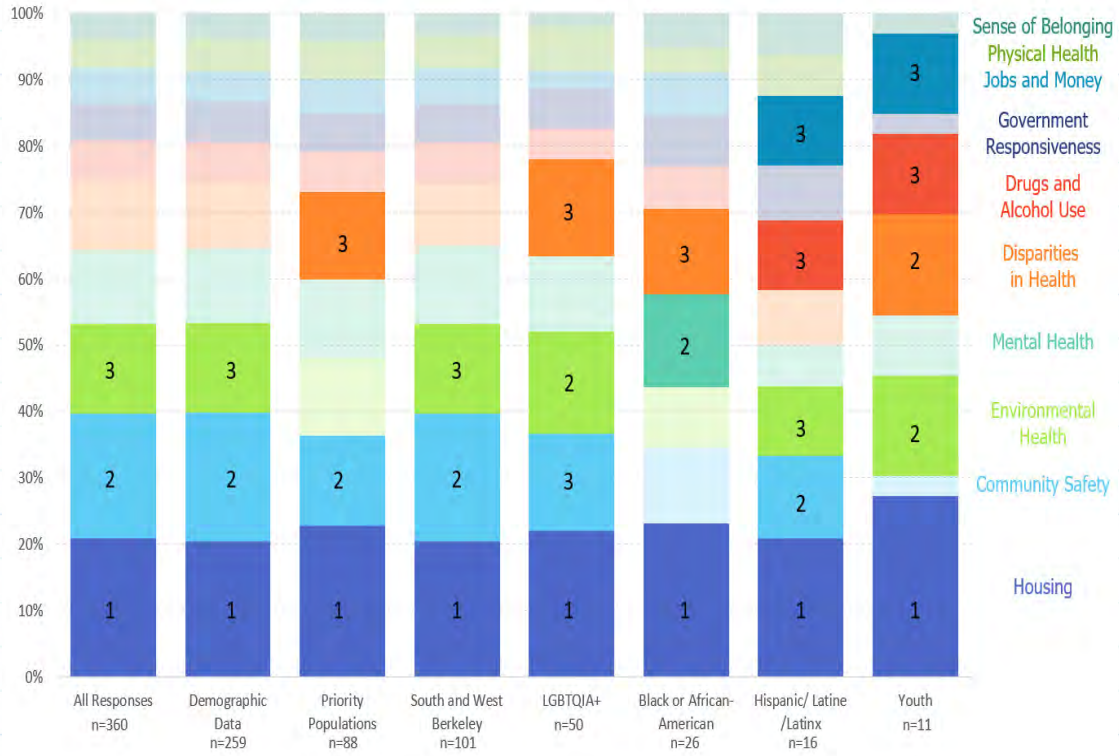
DIFFERENT PERSPECTIVES

Based on survey data and input from focus groups and interviews, it is clear that members of identified priority populations view their own health and the health of their communities differently from other Berkeley residents. For example, of the ten health topics (See Table 1), mental health ranked as the second highest priority for African American survey respondents, but it did not make the top three in the overall survey results. Similarly, drugs and alcohol use ranked among the top three priorities for both Hispanic/ Latine/ Latinx respondents and youth respondents, yet it fell into the bottom half of priorities in the overall results. Disparities in health was another high-ranking concern among priority populations, placing third for African American respondents and LGBTQIA+ respondents and tying for second among youth, but it fell outside the top three in the overall rankings (See figure 6).

"As a person of color and minority, I have experienced or know others who have experienced worse living conditions or limitations in access to health and resources because of socioeconomic factors in which race plays an important role, historically speaking."

- COMMUNITY SURVEY RESPONDENT

FIGURE 6: Community Survey Responses by Population



Differences are also reflected in responses to other community survey questions. For instance, 20% fewer youth agreed with the statement "Berkeley residents have access to resources necessary to be healthy" compared to the overall survey results. Similarly, nearly 40% fewer African Americans agreed with the statement, "Overall, I'm satisfied with my quality of life [health, comfort, happiness] in Berkeley."

FINDING 3

Health is connected to where people live

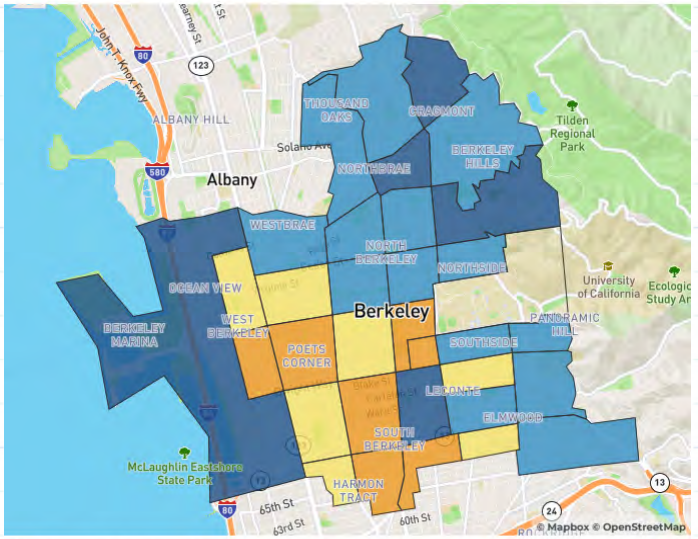
Berkeley has neighborhoods with distinctive geographic, architectural, and cultural features that elicit strong feelings of connection from residents. However, some neighborhoods in the city face greater health challenges than others. South and West Berkeley residents, in particular, experience worse health outcomes and face more environmental hazards compared to those in the North and East, underscoring the importance of addressing geographic inequities to improve community health.[7]

LIFE EXPECTANCY

The average Berkeley resident can expect to live to age 86 (see Figure 4), an impressive number that reflects the city's overall health. However, this longevity is not evenly distributed. Residents in the Berkeley Hills, where resources are more abundant, have the highest life expectancy in the city, with one census tract averaging 91 years. In contrast, residents in South and West Berkeley face significantly shorter life expectancies; one tract averages just 78 years – a striking 13-year gap (see Figure 7).

> "I live in a part of the city that sometimes feels as if it is not as well-resourced as other parts of the city, and I'd like to see a more equitable distribution of resources".
>
> **- COMMUNITY SURVEY RESPONDENT**

FIGURE 7: Life Expectancy at Birth by Census Tract



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau 5-year estimate 2019-2023

Note: Life expectancy for the census tract where the University of California, Berkeley campus is located is omitted because a very small number of people actually live in this census tract.

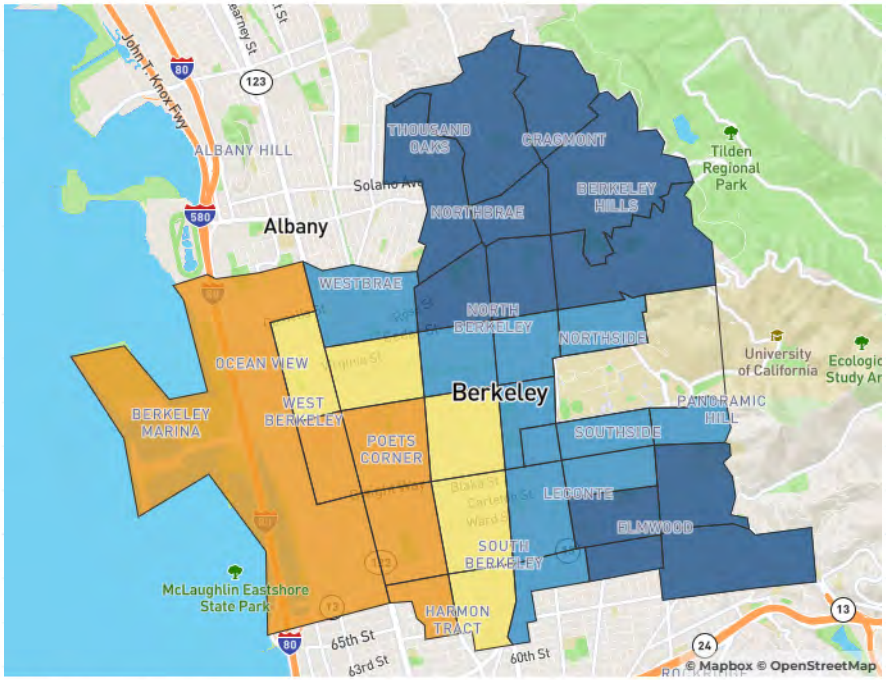
ENVIRONMENTAL RISK

Berkeley faces significant environmental risks, which are unevenly distributed across the city and exacerbated by climate change. Areas in West and Southwest Berkeley are disproportionately burdened by pollution, including diesel exhaust from vehicles, toxic emissions from facilities, and hazardous chemicals from cleanup sites (see Figure 8). These areas experience higher rates of asthma-related hospitalizations compared to the rest of the city.[8] Meanwhile, in the eastern, wealthier neighborhoods, residents face growing wildfire risks due to changing weather patterns and drier conditions.[9]

> "Climate change is the number one collective issue impacting all of us. Low-income communities of color are disproportionately impacted and need support to be safe during these precarious times."
>
> **- COMMUNITY SURVEY RESPONDENT**

In addition to these localized hazards, Berkeley as a whole is increasingly affected by worsening air quality. Climate change has led to more frequent and severe wildfire seasons in California, causing spikes in particulate matter and "bad air days" that pose serious health risks for everyone, particularly children, the elderly, and those with pre-existing respiratory conditions. However, as highlighted throughout this report, some communities face greater risk due to social vulnerability, leaving them less equipped to withstand these environmental hazards (see Figure 9).

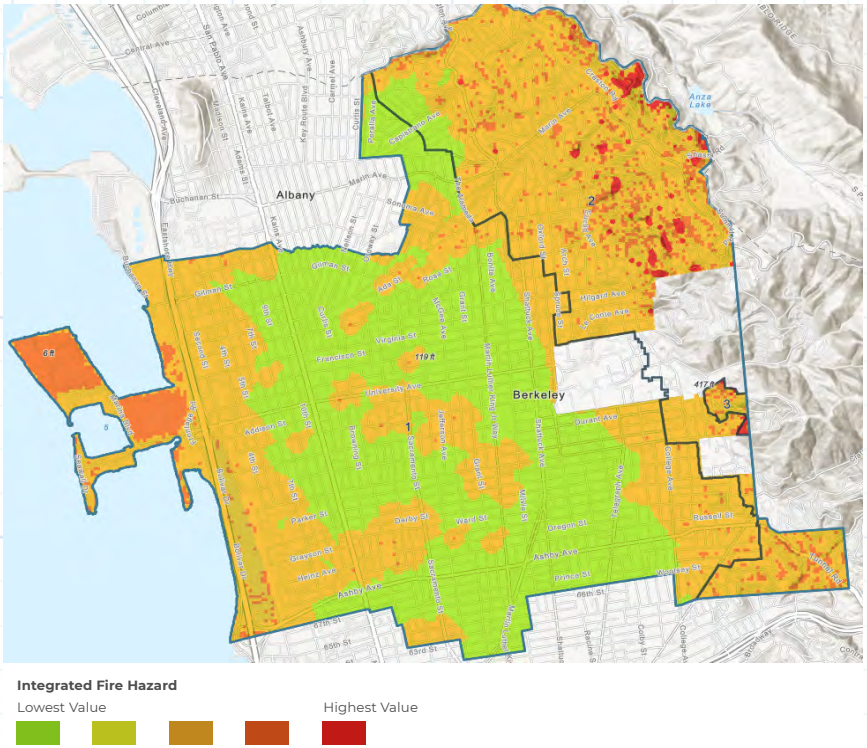
FIGURE 8: Environmental Hazard Vulnerability Percentile by Census Tract



Source: California Office of Environmental Health Hazard, CalEnvironScreen 4.0 2021

Note: The CalEnvironScreen 4.0 percentile for the census tract where the University of California, Berkeley campus is located is omitted because there is a very small number of poeple that actually live in this census tract

FIGURE 9: Integrated Fire Hazard by Berkeley Fire Zones



Source: City of Berkeley's Community Wildfire Protection Plan (CWPP) Community Base Map, last updated 2023
Note: The percentile for the census tract where the University of California, Berkeley campus is located is omitted because there is a very small number of poeple that actually live in this census tract

In the community survey, the environmental health topic emerged among the top three for both the general population and for many of the priority populations. It was ranked as the third most important topic area for South and West Berkeley residents and the Hispanic/ Latine/ Latinx community, and it emerged as the second most important topic for LGBTQIA+ and Youth respondents (See figure 6). Community survey respondents also highlighted climate change as a key area of concern and a desire for more efforts like the Climate Action Plan[10] that reflect commitment to broader climate action.

"If you die in a fire or have your health ruined from breathing polluted air, the question of how much you enjoy living here becomes no longer relevant."

- COMMUNITY SURVEY RESPONDENT

FINDING 4

More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts

Berkeley is known for a very active and participatory political culture. Robust debates and campaigns are not uncommon on a range of topics. There are more than 30 boards and commissions to guide aspects of public decision making. Berkeley is also one of only three cities in California to have a Public Health Department, along with Long Beach and Pasadena. This is intended to allow for more responsiveness to community needs. However, there are substantive concerns about capacity and follow-through when it comes to community collaboration.

"Even though Berkeley has some incredibly difficult bureaucracies to deal with... when you can make contact with an individual, you feel seen and heard and cared for, which is not what I've experienced in other cities in California"

- COMMUNITY INTERVIEW PARTCIPANT

CAPACITY

Most sentiments about city employees were positive, though there was a consistent thread about agencies and departments being understaffed, over-stretched, and operating in limited siloes. Community members referenced limited capacity and lack of collaboration specifically around mental health, a topic where residents see a lot of complexity and barriers to service. Barriers mentioned included limited coverage, the need for different providers depending on condition and severity, and lack of integration with physical health and other social services such as housing.

"If Multicultural Institute wasn't here. If Berkeley Food Network wasn't here offering the food to folks. If Lifelong wasn't offering those services, who would be offering the services? Would the city have the capacity and the ability to offer services the way that our community organizations are able to offer it in a more appropriate way...the answer right now I think is no, right?

- COMMUNITY INTERVIEW PARTICIPANT

Berkeley has diverse and strong Community Based Organizations (CBOs) that are deeply connected to communities. However, systems can be difficult to navigate for both clients and staff at these CBOs. Referrals across organizations of care require multiple steps and often organizations cannot share data with one another. Increased coordination with each other and the City would further their impact and efficiency. However, funding for developing and improving operations and collaboration is hard to come by.

PROCESS ACCOUNTABILITY

There are many planning and assessment processes underway at any moment in Berkeley. While seeking community input is an important step and intention, relationships are undermined when a process ends with simply identifying problems. Community members can feel frustrated and lose trust when they are not included in sharing power to design solutions or when there is little follow-up or communication about progress.

"A lot of requests are for the community to tell us your story and then in return, they feel like they don't get anything so...there's a feeling of hopelessness. If you're gonna promise people things, at the very baseline deliver on that promise."

- COMMUNITY INTERVIEW PARTICIPANT

PANDEMIC EFFECTS

The COVID-19 pandemic caused, or exacerbated, a wave of health, mental health, and social challenges that extended far beyond the direct deaths and illnesses it caused.[11] As one survey respondent put it, "Understand that all of us have PTSD from the pandemic." Young people in particular are experiencing significantly higher rates of anxiety and depression.[12] For many, connections to neighbors and friends became a matter of life-or-death, especially for the most vulnerable, such as older adults, people with pre-existing conditions, and those who were unhoused. At the same time, the pandemic revealed both weaknesses and strengths in relationships between public agencies, CBOs, and the public. Efforts like rapid testing and masking protocols, brought these dynamics to light. Despite all the challenges, the pandemic taught some big lessons, like how important connection and resilience across systems are during extreme stress.

FINDING **5**

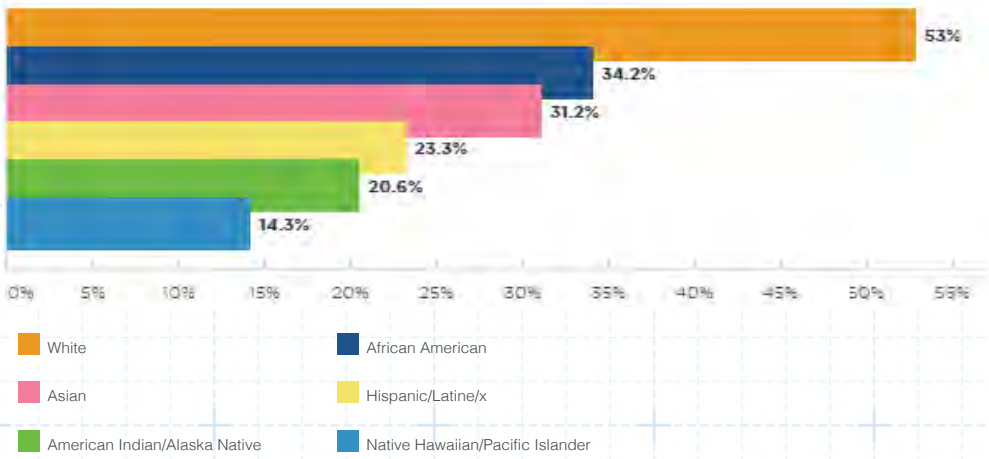
Berkeley is becoming a more difficult place for people to afford to live well

Berkeley residents feel strongly about their community and want their families to have the option to stay in the city. However, the high cost of living, particularly housing, has created a lot of stress, displacing long-time residents and forcing individuals and families to make difficult economic decisions. These decisions–like whether to prioritize spending on housing, utilities, food, or medicine–have profound impacts on health and wellbeing.

HOUSING AFFORDABILITY AND DISPLACEMENT

The rise in housing costs has significantly impacted Berkeley residents, forcing some to live in overcrowded conditions, move to other communities, or become unhoused. Displacement due to unaffordable housing can have serious health and social consequences, such as living in homes with health hazards, losing access to essential services, and becoming disconnected from communities of belonging.

FIGURE 10: Percent of Homeowners by Race/Ethnicity in Berkeley



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

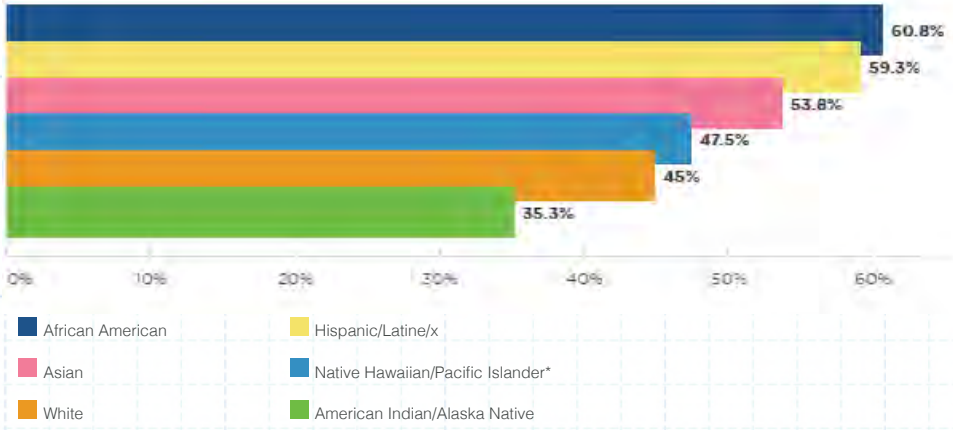
Importantly, rising housing costs have not affected all groups equally (see Figure 11). White residents, for example, are much more likely to own homes than other racial and ethnic groups (see Figure 10). This inequity is particularly felt by Berkeley's African American population, which has declined by more than 50% over the past 50 years.[13] Today, African Americans make up just 7.5% of the city's population but account for over 40% of its unhoused residents. For African American residents who are housed, many face significant housing challenges, with the majority renting their homes (66%) and struggling to afford them. Over 60% of African American renters in Berkeley are considered housing cost burdened, meaning they spend more than 30% of their income on rent (see Figure 11).

UC Berkeley students, who account for a large share of the city's renters, also face challenges, with 10% of undergraduate and graduate students reporting being unhoused due to the high cost of living and education expenses.[14]

"There have been several people that I've met who are living in a car or staying with friends living on a couch, and if you don't have secure housing and food, you can't have good mental health. You can't have good health. You're stymied from the beginning."

FOCUS GROUP PARTICIPANT

FIGURE 11: Percent of Berkeley Households Paying More Than 30% of Their Income for Rent by Race/Ethnicity



Sources: US Department of Housing and Development, Comprehensive Housing Affordability Strategy Data 2017-2021
**Due to the small number of households that identify as Native Hawaiian/Pacific Islander, the percent shown for this race are based on data for the entire state of California.*

Individuals who do not have stable housing have much worse physical and mental health outcomes and also affect the overall health of the city by overtaxing systems and services. While the city recently reported significant improvements[15] in the number of unhoused individuals, the reality for those lacking shelter remains grave. Housing emerged as the top issue for both the overall survey respondent pool and for all five priority populations.

"Berkeley has so much affluence, but resources are not equitably distributed. I have seen many families of color leave my area in South Berkeley because the rent became too high to afford. Better public services and more affordable housing could allow people to stay in Berkeley."

- COMMUNITY SURVEY RESPONDENT

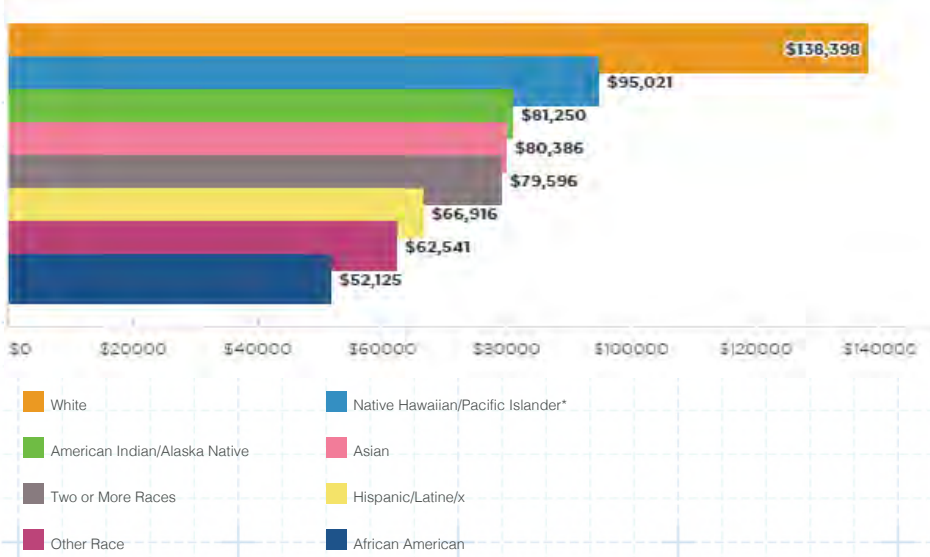
INCOME INEQUALITY

Median household income, a key measure of economic stability that is highly correlated with home ownership, is just under $105,000 for the city overall; well above the median for the state ($92,000) and the nation ($75,000). However, this overall number masks significant disparities: when disaggregated by race and ethnicity, we see the median household income for African American households is $52,000, not even half that of the citywide media (see Figure 12).

> "We're going on strike because we're not getting paid salaries that are livable anymore. A lot of teachers are on strike as well because the wages aren't affordable. No one could afford to live in Berkeley anymore. It's a reality, right?"
>
> **- FOCUS GROUP PARTICIPANT**

The median for Hispanic/Latine/Latinx households ($67,000) is also much lower than the average. Much like life expectancy, median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more than $200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than $100,000).[16] In the community survey, the topic of jobs and money was near the bottom for the overall population, but it was ranked as the third most important topic by two priority populations: Hispanic/Latine / Latinx and Youth.

FIGURE 12: Median Income of Berkeley Households by Race/Ethnicity



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022
**Due to the small number of households that identify as Native Hawaiian/Pacific Islander, the percent shown for this race are based on data for the entire state of California.*

There is a deep emotional component that underlies these statistics. The influx of white and affluent residents, that many describe as gentrification, threatens the character and long-standing narrative of Berkeley as home to an economically thriving Black and Brown community at the forefront of social movements.[17] Although the toll of displacement is hard to measure, there is not only a need to prevent displacement but to remember the stories of the communities that shaped Berkeley into the place that so many people hold dear.

FINDING **6**

Connection and safety are essential for supporting mental and physical wellbeing

Community safety ranked just behind housing in the community survey. Notably, the two highest-ranking topics are not directly related to health or within the jurisdiction of public health agencies. This suggests that members of the Berkeley community are thinking broadly about what determines health and how to achieve wellness. The responses to the survey and discussions in our focus groups and interviews about safety reflected a focus on reducing crime but also on reducing stress and creating spaces where people from diverse backgrounds can come together to build connections.

The violent crime rate in Berkeley has fluctuated over the years but has remained lower than rates in Alameda County, while rates of non-violent crime are consistently higher in Berkeley than the county as a whole (see figures 17 & 18). Crime, particularly violent crime, spiked upwards across the country during the COVID 19 pandemic and has since declined sharply. The city is in the midst of an extensive, community-involved process to reimagine public safety[18] that includes holistic framing of safety and connection similar to this report.

"[I prioritized Community Safety because] I think it can be an indicator of community wellness. No, I do not think we need more police, nor do I think they need more funding. But I would love to see more funding for social services, including providing housing security for our unhoused residents."

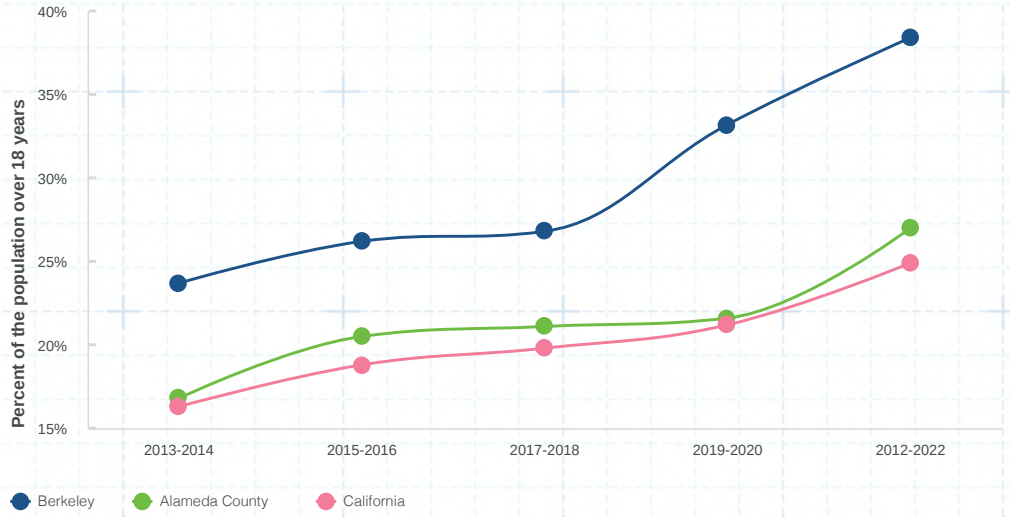
- COMMUNITY SURVEY PARTCIPANT

MENTAL HEALTH AND CONNECTEDNESS

Mental Health emerged as a significant concern, ranking as the fourth highest priority in the overall survey and the second-highest priority among African American respondents. Many participants correlated their mental health with feelings of safety and community connectedness and belonging. In addition, responses reflected a desire for responses that address a range of mental health issues from anxiety and loneliness to serious and persistent illness as well as the need for more mental health services that accept insurance and are culturally responsive. As with other issues discussed previously, there are significant disparities by race for mental health issues and service utilization (see Figure 14).

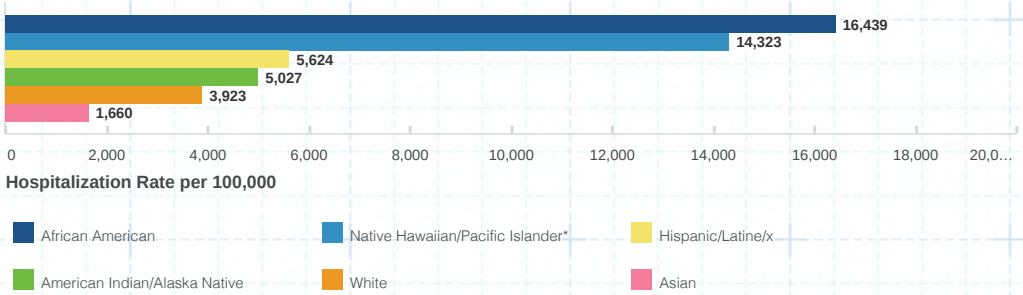
> "When folks feel like they are part of a community, they're happier, they feel more included. They feel overall better."
>
> **COMMUNITY INTERVIEW PARTICIPANT**

FIGURE 13: Percent of Residents 18 Years Old+ that Needed Help for Mental Health Problems



Source: University of California, Los Angeles, California Health Interview Survey, Neighborhood Edition

FIGURE 14: Rate of Mental Health Related Hospitalization Among Residents 18 Years old+ by Race/Ethnicity in Berkeley



Source: California Department of Health Care Access and Information, Hospitalization Data 2020-2022, Esri Demographics 2020-2022

Note: Due to the small number of hospitalizations among residents 18 and older that that identify as Native Hawaiian/ Pacific Islander, the percent shown for this race are based on data for the entire state of California.

LGBTQIA+ SAFETY

Participants shared particular concerns about the health and safety of the LGBTQIA+ community, especially the mental health and personal safety of LGBTQIA+ youth. Young people who identify as LGBTQIA+ experience higher rates of attempted suicide, depression and anxiety. There are very few programs that provide mental health services to this demographic. Existing services may also not be set up to meet the specific needs of LGBTQIA+ people. For example, individuals who identify as nonbinary and/or trans may experience unsafe situations when seeking stable housing due to programs that separate based on male and female identities.

"[LGBTQIA youth have] over 120% higher chance of being unhoused than non-queer youth. Youth may feel the need to do survival sex work...LGBTQIA youth are at risk, they are a population that is not prioritized in funding...I want to see LGBTQIA youth prioritized as a population."

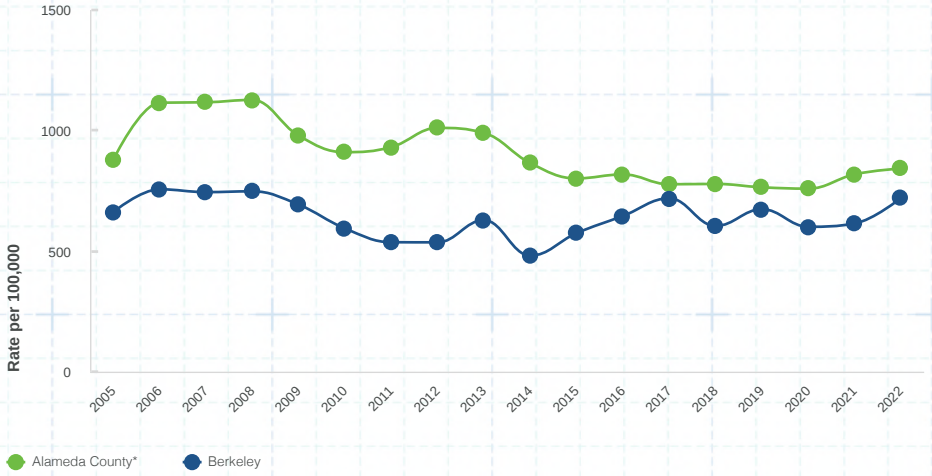
- COMMUNITY INTERVIEW PARTICIPANT

DIVERSE PERSPECTIVES ON SAFETY STRATEGIES

There are a range of ideas about how to improve safety in Berkeley including support for expanded resources for the Berkeley Police Department, a focus on community connected law enforcement, diversion of police resources into alternative response models, a focus on improving traffic safety, and a recognition that safety is connected to a number of other issues, like housing, economic security, and belonging. As noted above, many participants in this assessment discussed safety in terms of both physical and psychological effects and also in terms of individual, neighborhood and systems level solutions.

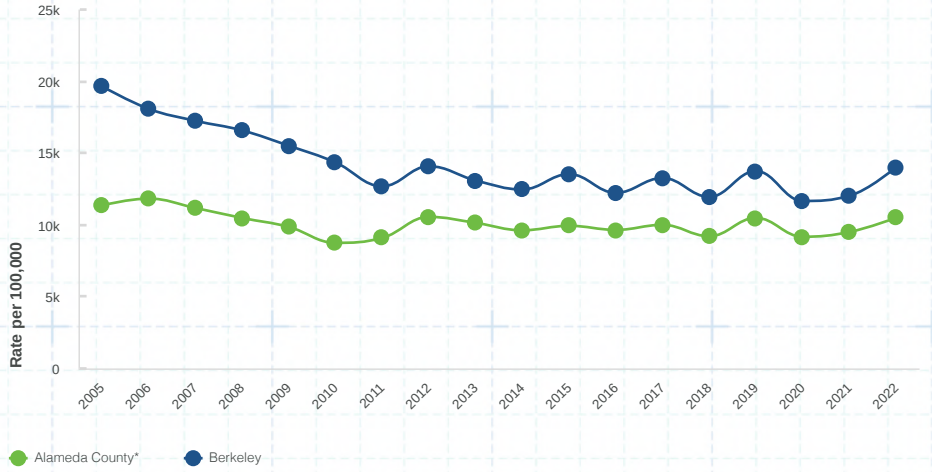
> "... when we actually center connection and belonging as a public health matter, we can see that the community starts healing itself."
>
> **- COMMUNITY INTERVIEW PARTICIPANT**

FIGURE 15: Rate of Violent Crimes



*Source: State of California Department of Justice, OpenJustice Data Portal, Esri Demographics 2005-2022 *Estimates are for Alameda County excluding Berkeley*

FIGURE 16: Rate of Non-violent Crimes



*Source: State of California Department of Justice, OpenJustice Data Portal, Esri Demographics 2005-2022 *Estimates are for Alameda County excluding Berkeley*

Conclusion

Berkeley is considered a great place to live, start a family, and grow old. Its physical and social environments make it a unique small city. However, there is still work to do to ensure that Berkeley is a place where all people thrive. The priority populations that were identified during the CHA process deserve particular focus and investment in order to advance and achieve health equity.

Participants in the CHA process expressed desire that the city of Berkeley provide sustainable investments to improve services, center community voice in non-extractive ways, encourage collaboration across community organizations, and work to change harmful systems.

Although the challenges are significant, with commitment and thoughtful allocation of resources, the Berkeley community can improve the ability of all residents–regardless of factors such as neighborhood, race, ethnicity, sexual orientation and gender identity– to live healthy, fulfilling lives.

Endnotes

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APPENDICES

Appendix A: Berkeley Health Profile

Appendix B: Methodology

Appendix C: Community Steering Committee Members and Bios

Appendix D: Participating Organizations

Appendix E: Principles

Appendix F: Qualitative Data Findings

Appendix G: Survey Findings

APPENDIX A: BERKELEY HEALTH PROFILE

This section includes a selection of data points relevant for understanding the landscape of wellness in Berkeley.

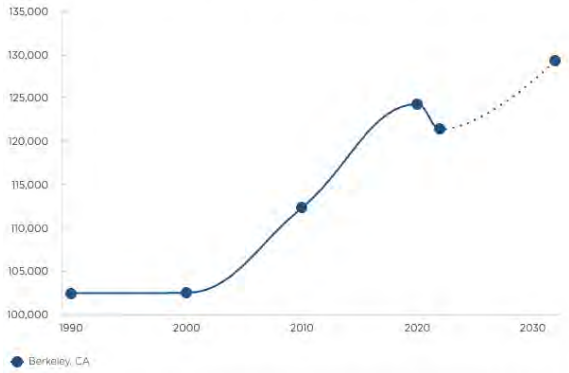
Demographics

The population of the City of Berkeley continues to grow. Close to half (48%) of Berkeley's population identifies as a race other than white.[1] Approximately one-third of Berkeley's overall population are students and staff associated with the world-renowned University of California, Berkeley.[2] Over 20% of the population are immigrants that speak a number of different languages (Spanish, Indo-European languages, languages from Asia and the Pacific Islands, etc.). The population is clustered by race/ethnicity and socioeconomic status across the city map.

[1] US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

[2] University of California, Berkeley, Office of Planning and Analysis Quick Facts 2024; US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Berkeley's population is projected to continue to grow over the next decade

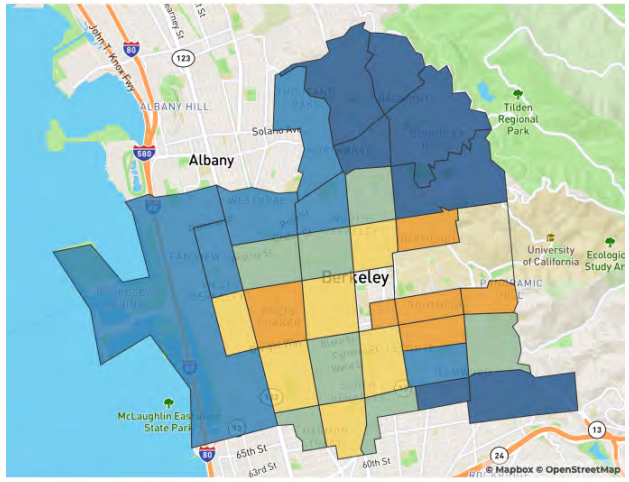


Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Languages Spoken in Berkeley

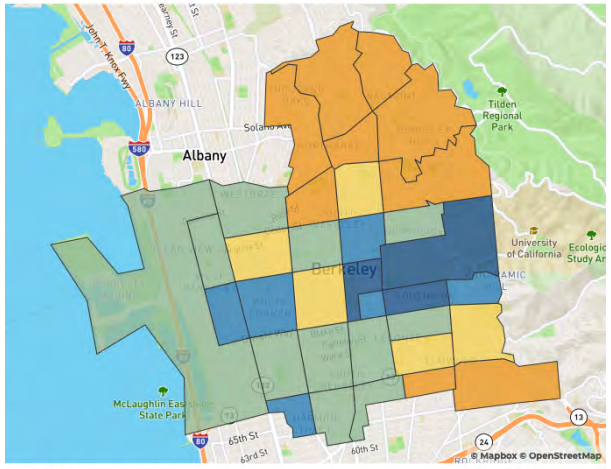
Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Northeast Berkeley Residents Have Higher Median Household Income



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Higher Concentrations of People of Color in West, Central, and South Berkeley

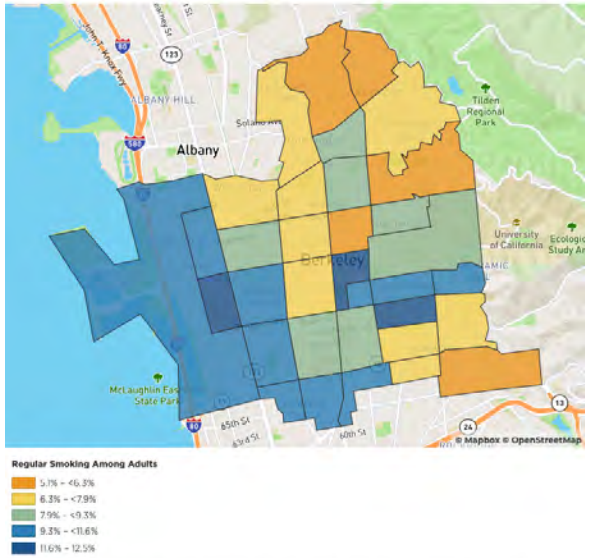


Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Behaviors

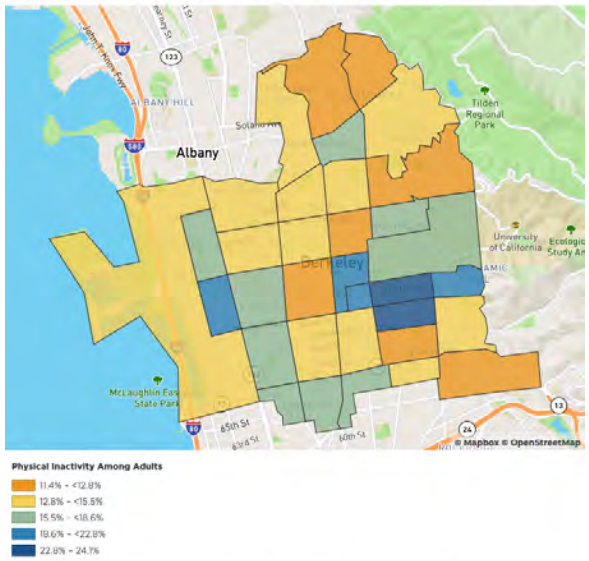
Differences in socioeconomic status and other social determinants of health affect the health behaviors of people. People with less resources have been found to be more likely to smoke tobacco, be less physically active, and are less likely to attend routine, preventative medical check-ups than people with more resources. In Berkeley, disparities in socioeconomic status are across different races and ethnicities, which correlate to the disparities seen geographically.

Higher Smoking Rates Amongst Adults in West, South, and Central Berkeley



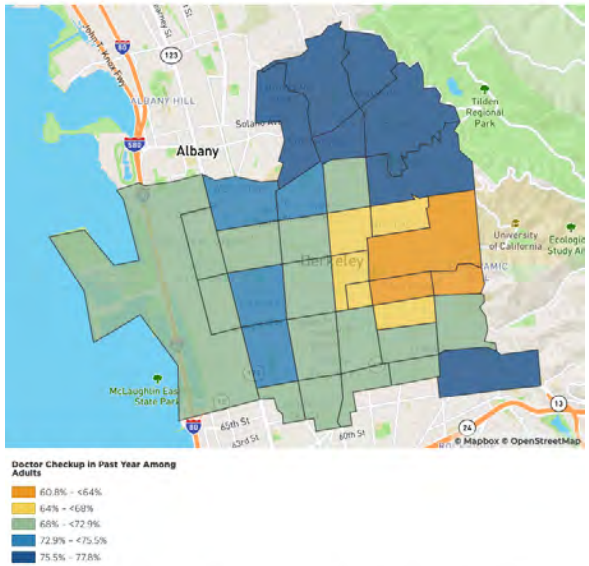
Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Lower Exercise Rates in West, South, and Central Berkeley



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022
Note: Physical inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Lower Doctor Visit Rates amongst Adults in West, Central, and South Berkeley

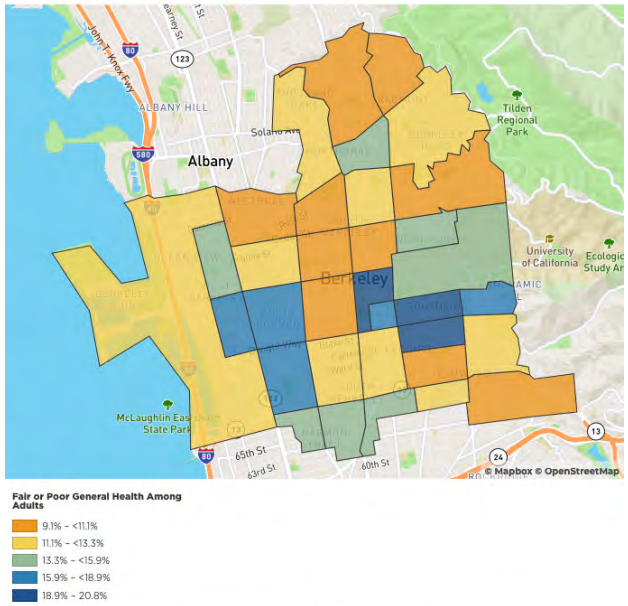


Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Health Outcomes

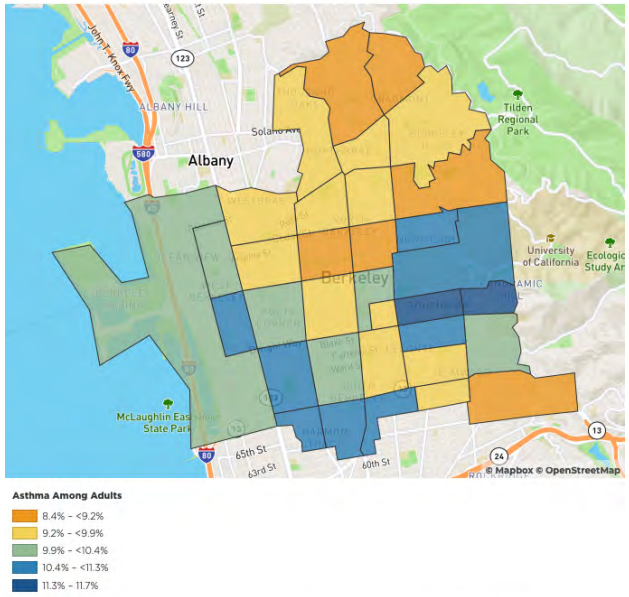
Disparities in resources and health behaviors result in impacts on health outcomes. More adults in West and South Berkeley report fair or poor general health than in other parts of the city. Rates of asthma are higher in West, Central and South Berkeley. Death rates from all types of cancer are different among the different racial and ethnic groups in Berkeley, with African Americans experiencing the highest mortality rates from cancer. Overall, African Americans suffer a disproportionate number of years of potential life lost, which estimates the years of life lost to premature death. Of the total number of years of potential life lost in Berkeley, African Americans account for 27.7% while only comprising 8% of the entire population.

Higher Percent of Adults in Fair or Poor General Health in West and South Berkeley



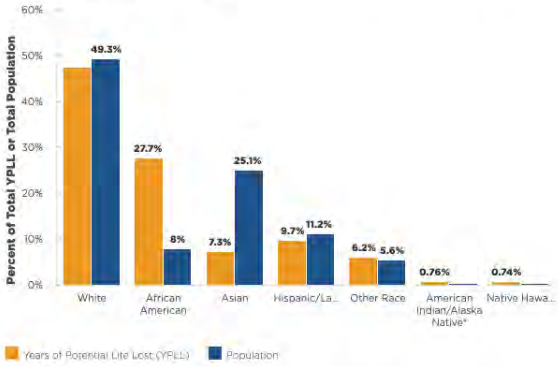
Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Higher Rates of Adult Asthma in West, South and Central Berkeley



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

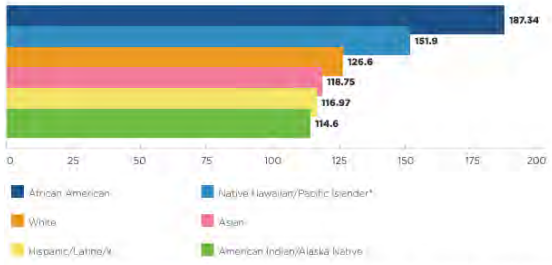
African Americans in Berkeley Experience a Disproportionate Number of Years of Potential Life Lost



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, 2020-2022; US Census Bureau, 2020-2022; California Department of Public Health, California Community Burden of Disease and Cost Engine, 2020-2022

** Due to small number of deaths, estimates of years of potential life lost for American Indian/Alaska Native and Native Hawaiian/Pacific Islander are based on data for the entire state of California.*

Higher Rates of Cancer Deaths Among African American Residents in Berkeley



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, 2020-2022; US Census Bureau, 2020-2022; California Department of Public Health, California Community Burden of Disease and Cost Engine, 2020-2022

** Due to small number of deaths due to cancer, estimates for Native Hawaiian/Pacific Islander are based on data for the entire state of California.*

APPENDIX B: METHODOLOGY

Formation of the Community Steering Committee

To ensure that the Berkeley Wellness Blueprint is a community-driven process, the JSI team assembled a community steering committee (CSC). CSC members are expected to:

- Attend regular meetings for the duration of the project
- Provide feedback on the design of the CHA and CHIP process
- Review materials that will be distributed to the community
- Support in prioritizing action items for the CHIP
- Help to identify and connect with community members and organizations to participate in interviews and focus groups
- Help develop data collection tools such as the questions that are asked during an interview or focus group
- Lead or co-lead community engagement activities, such as focus groups or community listening sessions

Recruitment

An open application was used to recruit CSC members, with flyers distributed both electronically and in public spaces throughout Berkeley (e.g., libraries, community organizations, parks, grocery stores). Over 60 applications were submitted. The eight members were selected based on several criteria: residency or employment in Berkeley; a demonstrated interest in Berkeley's health and wellness; experience with accessing, providing, or advocating for improved services or policies; diverse identities and backgrounds; and the capacity and availability to participate throughout the project. Additionally, two youth representatives were added to the CSC with assistance from the Youth Employment Program.

Acknowledging that each member would be making a significant time commitment, a stipend was given to either the individual or to the community-based organization they represent. Due to resource limitations, the CSC was only eligible to individuals who are comfortable communicating in English.

Qualitative Data Collection Plan

Through a codesign process with the CSC, four guiding questions emerged:

1. In what spaces do you feel cared for, seen, and loved?
2. How does lived experience and identity affect the way individuals interact and feel connected with(in) the Berkeley community?
3. What are the assets and challenges in the Berkeley community that affect health and wellness? And how can assets be used differently to address challenges?
4. What initiatives (existing or not) would help in achieving a vision of wellness for all Berkeley residents?

These guiding questions shaped engagement methods used for CHA, as well as questions to be asked during interviews and focus groups, and the analysis plan for the data collected.

Identifying Priority Populations

While it would have been ideal to engage with every group represented in Berkeley, this was not feasible. As a result, it became necessary to prioritize populations for the Community Health Assessment (CHA) data collection. CSC members, drawing on information from the landscape scan as well as their knowledge and experiences in Berkeley, were asked to:

- Define priority groups for CHA data collection
- Provide insights into the best ways to engage with each priority population
- Identify key locations and spaces for connecting with these groups
- Determine how to engage in a respectful, culturally relevant manner that fostered trust and avoided an extractive approach

Through this process, several priority populations were identified as disproportionately affected by health inequities in Berkeley. These included asylum seekers, immigrants, refugees, the Black community in South and West Berkeley, the Latinx/Latine community in South and West Berkeley,

and the LGBTQIA+ community. These perspectives were crucial to center in the CHA data collection, as they were likely to be most impacted by the recommendations emerging from the Community Health Improvement Plan (CHIP). In line with our commitment to health equity, the interviews and focus groups conducted during the CHA centered the voices of those facing the greatest challenges, our priority populations

Priority Populations

- Black/African Americans
- Latine/Latinx/ Hispanics
- LGBTQIA+
- Youth
- Residents in South and West Berkeley

We spoke to members of these communities along with staff from organizations who directly work with these groups.

Recruitment of CHA Interviewees and Focus Group Participants

After prioritization, the CSC and JSI team began recruiting individuals and organizations who either represented the priority populations or who worked closely with the priority groups. Existing relationships were crucial in recruitment. We conducted five individual interviews, 2 group interviews, and three focus groups.

Interviews were completed with community and nonprofit leaders as well as direct service providers. The three focus groups engaged priority populations and were completed in collaboration with nonprofit organizations based in Berkeley who have established relationships with and trust among community members. The focus groups took place with 1) the Pacific Center for Human Growth, the oldest LGBTQIA+ center in the Bay Area whose mission is to enhance the mental health and overall well-being of the LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops; 2) the Multicultural Institute, a nonprofit organization focused on accompanying immigrants in their transition to workforce participation and prosperity, and 3) the South Berkeley Senior Center which offers a variety of enrichment activities and support services designed to empower seniors to learn, grow, and discover new ways to be actively engaged in living. This center also supports seniors living in prioritized geographic locations and the attendees are largely African American.

All focus group participants were given a $50 gift card for their participation in the discussion and for filling out a demographic questionnaire. Organizations were provided with a $200 gift card for their support in organizing and recruiting participants for the focus groups.

It is important to emphasize that, while the number of participants may seem small compared to the total population of Berkeley, the purpose of the interviews and focus groups, and qualitative data collection more generally, is to gain deeper insights into perspectives and experiences. Rather than seeking a large volume of responses, this approach aimed to explore the complexity and nuance of lived experiences of community members, particularly those from priority populations and individuals who work closely with them.

We also acknowledge that people hold multiple intersecting identities, which cannot be fully captured by a single checkbox. We encouraged participants to share any aspects of their lived experience they felt comfortable discussing, knowing that identity is multifaceted. Additionally, we recognize that one person's experience reflects their unique perspective and does not necessarily represent the views of everyone who shares a similar identity. Our goal was not to generalize but to gain a deeper, more nuanced understanding of the challenges and strengths within these communities.

Qualitative Data Analysis

Following interviews and focus groups, a team of three analyzed the notes and transcripts to identify a set of themes and sub themes that emerged (see table below). For example, if a focus group participant talked about how they feel appreciated and heard when they spend time in the senior center that quote was highlighted and coded as a community strength, sub-theme community organization.

All findings and coded passages were de-identified and quotes were presented in a way that did not directly attribute it to any participants. These major themes and de-identified quotes were then brought to two sense-making sessions, one with JSI

team members and the second with CSC members. The goal of the sense making sessions was to understand what story the data was telling and what major themes emerged. These sessions also informed and shaped aspects of the community survey.

Community Survey

The stories and insights that emerged during interviews and focus groups and internal sense making sessions were utilized to inform a community-wide survey aimed at assessing people's views on health and wellbeing in Berkeley. The goal of the survey was to receive input from the wider Berkeley community on their health status and recommendations on the priorities for the Community Health Improvement Plan (CHIP).

The CSC guided the development of the survey to ensure that the survey was accessible to the wider Berkeley community.

The survey had three main sections: Sentiment Statements, Focus Area Prioritization and Demographics (Appendix J). We collected extensive demographic data in order to disaggregate and analyze the responses from priority populations.

For the second section of the survey, respondents were asked to prioritize three out of ten areas as "the most important for the Berkeley Wellness Blueprint to focus on in order to improve community health and wellbeing in Berkeley." These ten focus areas emerged from the Landscape Scan, interviews, focus groups and CSC consultation.

Community surveys provide valuable insights but have inherent limitations that can affect the representativeness and accuracy of results. One challenge is participation bias, as individuals who choose to respond may differ significantly from those who do not. Respondents are often people with more time, higher education levels, or stronger opinions, which can lead to an overrepresentation of certain perspectives.

Additionally, access and outreach barriers may prevent some groups - such as individuals with limited internet access, non-native speakers, or those with lower literacy - from participating. Even among those reached, survey fatigue can reduce response quality, with some participants choosing not to complete the survey and dropping off part way through.

For this survey, we had low engagement from some of the priority populations we had identified, meaning that key perspectives may be missing from the data. In particular, we struggled to reach non-English speakers and individuals identifying as Hispanic Latine/ Latinx. These limitations underscore the importance of using complementary methods, such as focus groups and interviews, to ensure representative and actionable insights.

APPENDIX C: COMMUNITY STEERING MEMBERS AND BIOS

Rosio Almaguer Andrade (she/they) Rosio works at Berkeley's Ecology Center focusing on food systems and is currently getting their master's in urban planning. They identify as a non-binary, Latinx first-generation college graduate who works with farmers market professionals as well as local government and community members to expand food access. Rosio views public health through the intersectional lens of food justice and urban planning and hopes the Community Steering Committee experience will give them the opportunity to continue their current avenue of work.

Penelope Collins (she/her) Penelope is a retired veterinarian who is currently on the Commission on Aging for the City of Berkeley and whose family has lived in Berkeley for generations. She currently lives in the South Berkeley house her grandparents built in 1929 and brings a deep understanding of Berkeley's history with hopes it can help inform the development of realistic wellness goals for Berkeley residents. Penelope doesn't want Berkeley to lose the magic she has experienced as a lifelong resident.

Michai Freeman (she/her) Michai is the Systems Change Advocate at the Center for Independent Living where she works to reduce barriers to accessibility and inclusion in community and public programs. She identifies as black woman with a physical disability, with experience in disability and health education, as well as wellness delivery services. Michai feels it is essential for people with disabilities to be involved in the Berkeley Wellness Blueprint, especially when it comes to community engagement.

JW Frye (he/him) J.W. is the Executive Director at Rebuilding Together East Bay Network where his work focuses on addressing health equity in housing and senior services through workforce development, opportunities for older adults, as well as intergenerational engagement and skill sharing. He believes there are ways to continue improving public health through uplifting the diverse lived experiences of Berkeley's residents. J.W. sees his background in public service as valuable to the Community Steering Committee to ensure any recommendations are informed by community members.

Kaitlyn (Kati) Khov (she/they) Kati is a transfer student at UC Berkeley majoring in urban studies who has experience in advocating for policy change and proposal writing. As a cancer survivor and member of the disabled and LGBTQIA+ communities, her goal for the Community Steering Committee is to work collaboratively to inform funding initiatives and development in disenfranchised communities. Kati's highest priority is to serve local communities in highly exposed areas facing displacement.

Isabella Ledezema (she/her) Isabella is a junior at Berkeley High and is also involved with Berkeley's Youth Equity Partnership with experience presenting deliverables to the city and school district. She is excited to be part of action oriented work to impact community health.

Matt Matusiewicz (he/him) Matt is a research analyst for the Division of Health Equity and Society in the Department of Medicine at the University of California, San Francisco. Drawing on his family's experiences and strength, Matt is dedicated to advancing the health and well-being of low-income and immigrant communities. Since 2019, he has been heavily involved with East Bay Sanctuary Covenant/Santuario in Berkeley, working to enhance the health and welfare of asylum seekers through comprehensive social, legal, and health services. As a graduate from UC Berkeley with experience in health and social service provision focused on housing, homelessness, and immigration, Matt is committed to supporting the Steering Committee in its mission to shape impactful policies that improve the well-being of Berkeley's residents.

Israel Nikodimos (she/her) Israel is a student at Berkeley High who also has been involved in Berkeley's Youth Equity Partnership is a volunteer at UCSF children's hospital shadowing doctors and seeing what it means to be heavily involved in medicine. She has participated in a numerous amount of services that help benefit my community such as black student union president and student council as well as read and reviewed grants to help fund our local programs that help benefit young children.

Claritza Rios (she/her) Claritza is a physician from South Berkeley who has experience providing care in emergency, internal, and palliative medicine. She identifies as an immigrant Latina as well as a member of the LGBTQIA+ community who wants to be able to "slam doors open for people," by being an agent of change towards health equity and becoming a voice for the oppressed. Claritza appreciates the importance of addressing health equity by tackling social determinants of health and advocating for better services and policies for her community.

Michael Rodriguez (he/him) Michael is a physician and the Executive Director of the California Alliance for Academics and Communities for Public Health Equity and currently resides in Berkeley's Oceanview neighborhood. As a bi-lingual, first-generation Latino American, he has experience providing health care for low income communities and people with mental illness. Michael has a passion for promoting health equity in his city and around the world.

APPENDIX D: PARTICIPATING ORGANIZATIONS

Pacific Center for Human Growth

Provides resources and services supporting and enhancing the mental health and well-being of LGBTQIA+ and QTBIPOC people.

Multicultural Institute

Provides resources and services for immigrant communities, particularly Hispanic/Latinx/Latine immigrants.

Healthy Black Families

Provides resources and services to support and uplift Black individuals and families in Berkeley

La Peña Cultural Center

Fosters and hosts cultural events, gatherings, and performances rooted in the Latin American and Caribbean diaspora.

East Bay Sanctuary Covenant

Provides programming to asylum seekers, refugee, and immigrant communities for legal, social, and advocacy services.

APPENDIX E: GUIDING PRINCIPLES FOR THE CHA

Principles

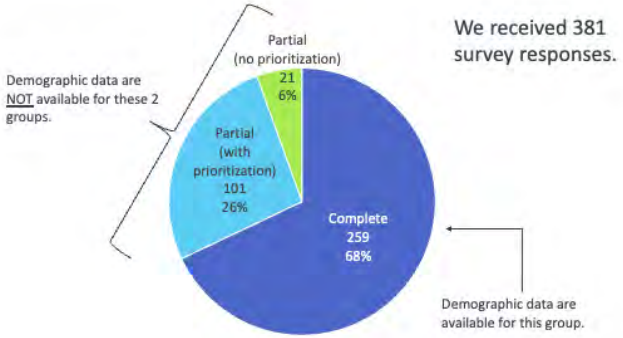
- Share and build from existing information: We aren't asking questions without providing relevant data (conclusions from other reports and assessments, quantitative data); qualitative data collection should help interpret quantitative information.
- Lead toward solutions: Qualitative processes should both expand understanding of needs/issues and point toward potential solutions; community perspectives should be centered throughout the CHA/CHIP.
- Emphasize balance between upstream and downstream perspectives: Questions and dialogues should make connections between health and safety outcomes and community and structural factors.
- Emphasize balance between asset and deficit perspectives: Assessment processes tend to focus on what is wrong; it is important to also identify community strengths as those can be instrumental to solutions.
- Acknowledge but don't be limited by resource and accountability constraints: Set realistic expectations for participants; some ideas are more readily actionable than others, but we want a genuine perspective on the issues that are shaping health in Berkeley.
- Strive for broad understanding: Bias and professional language can create barriers and misunderstandings; focus on deeply listening and providing space for arriving at shared meaning.

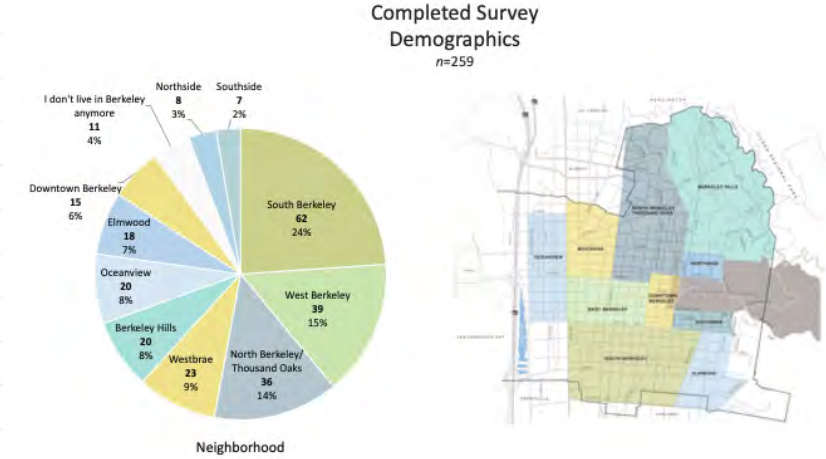
APPENDIX F: QUALITATIVE DATA FINDINGS

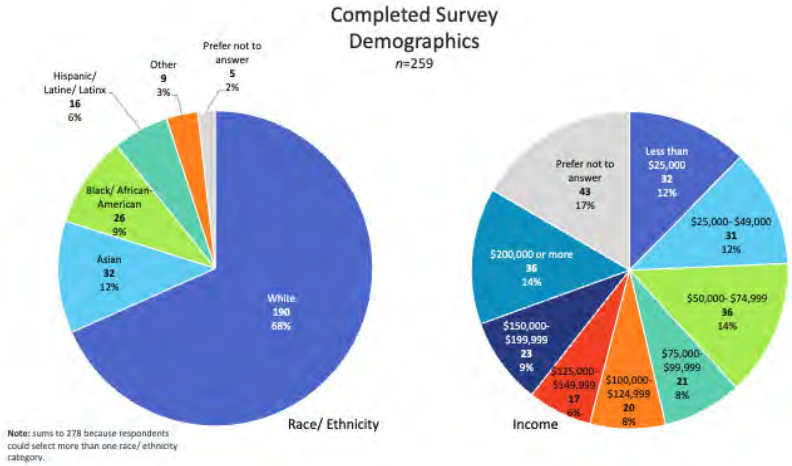
The table is a summary of the themes and findings from CHA data collection. This included focus groups (n=4), and community interviews (n=6)

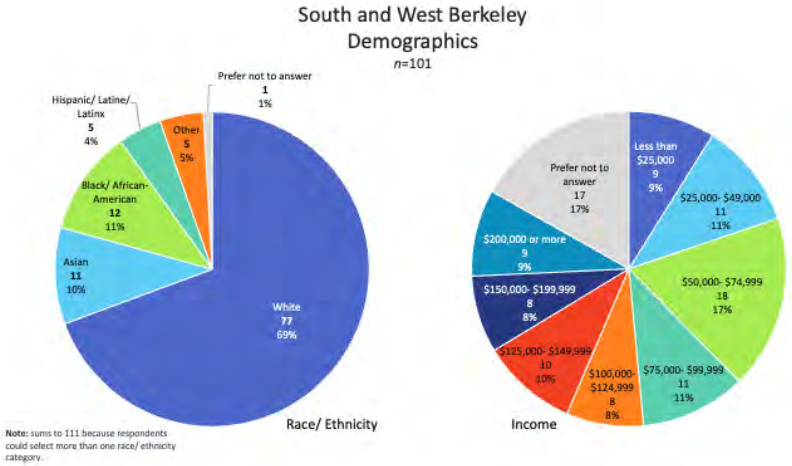
Theme	Analysis from CHA Community Data Collection
Strength	In Berkeley, the physical environment is: Accessible and walkable/wheelable routes Nature: like Parks, Mountains, Water the environment as places of connection and acceptance
Strength	In Berkeley, community members Characteristics: Resilient, Passionate, Caring, Treat people well, Diverse, Welcoming Passionate and caring city leadership Build spaces of connection and networks of support Community activism
Strength	In Berkeley, Community Organizations Are helpful and kind Places where community members feel seen, heard, and understood Have a good amount of resources and services
Opportunity for Improvement	Jobs and Money in Berkeley Need for more access to jobs that pay a living wage Job training and placement services and supports HIgh cost of basic necessities and services (food, transportation, healthcare)
Opportunity for Improvement	Housing in Berkeley People are having to live in overcrowded housing situations Low access to affordable housing Concerns about the health and safety of unhoused people Gentrification and displacement a topic of concern
Opportunity for Improvement	Mental Health in Berkeley Need for more access and affordability of mental health services Need for more availability of a range of services and supports that match community need Need efforts to destigmatize mental health issues Need more coordination across mental health, physical health, and other social services Stress and social isolation are connected to mental health
Opportunity for Improvement	Sense of Belonging in Berkeley Need for more safety and welcoming public spaces Need to create spaces where people come together and build connections
Opportunity for Improvement	Unsupportive Systems and Structures in Berkeley challenge around government accountability need for improved community engagement Lacking representation, discrimination and racism is prevalent

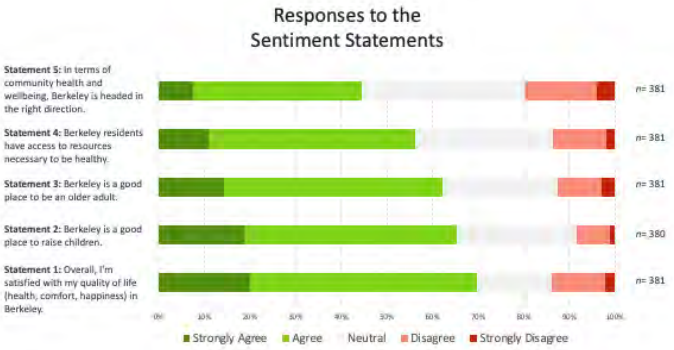
APPENDIX G: SURVEY FINDINGS

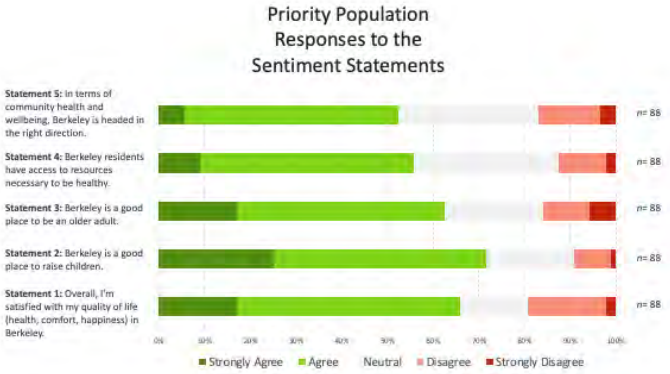


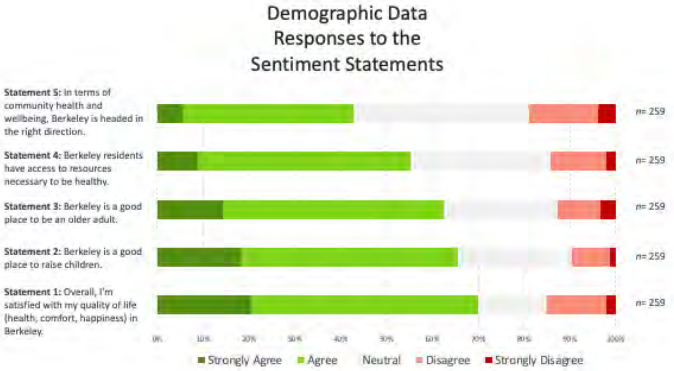


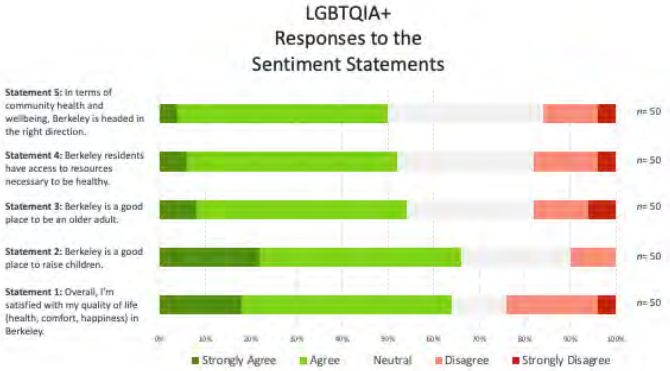


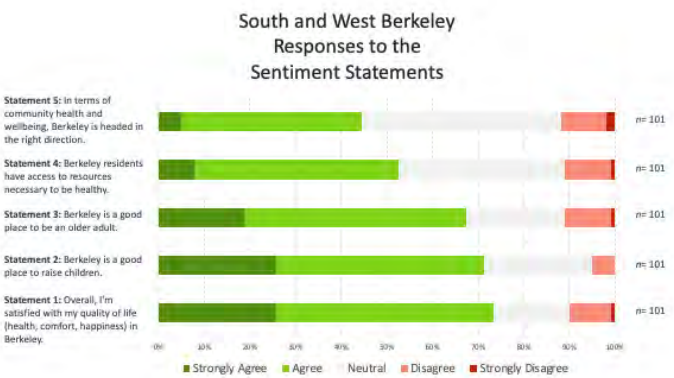


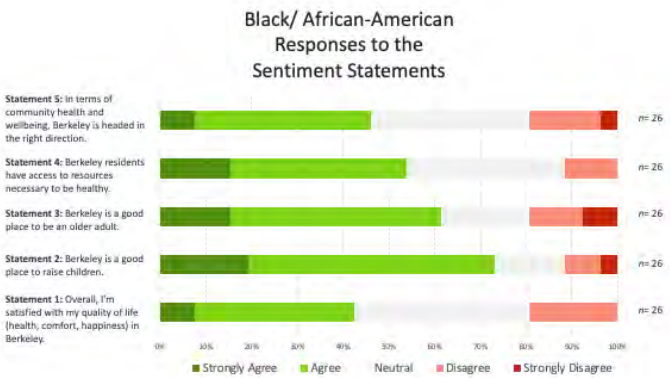

Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 381
n= 381
n= 381
n= 380
n= 381
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

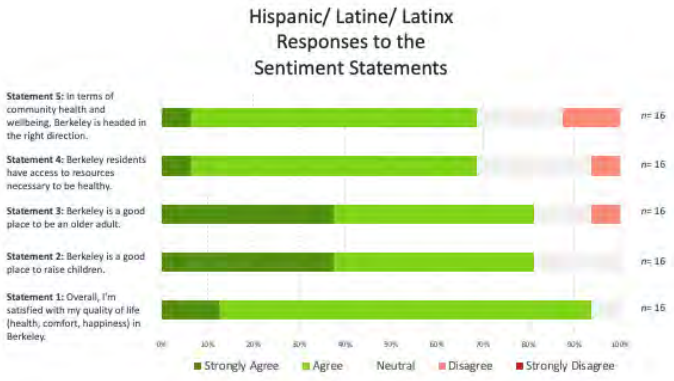

Priority Population
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 88
n= 88
n= 88
n= 88
n= 88
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

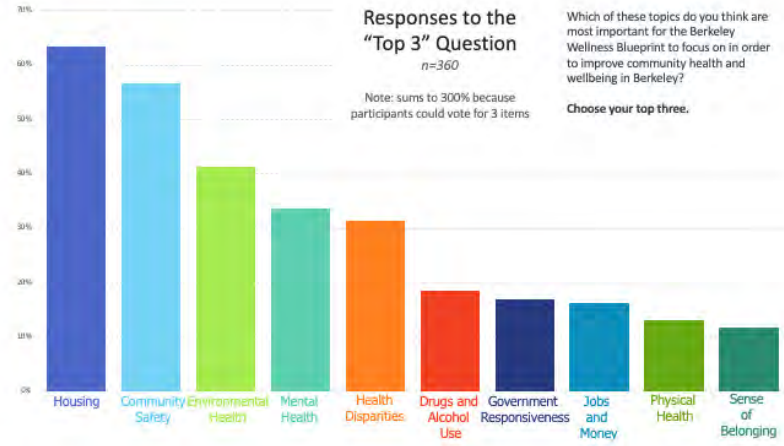

Demographic Data
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 259
n= 259
n= 259
n= 259
n= 259
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

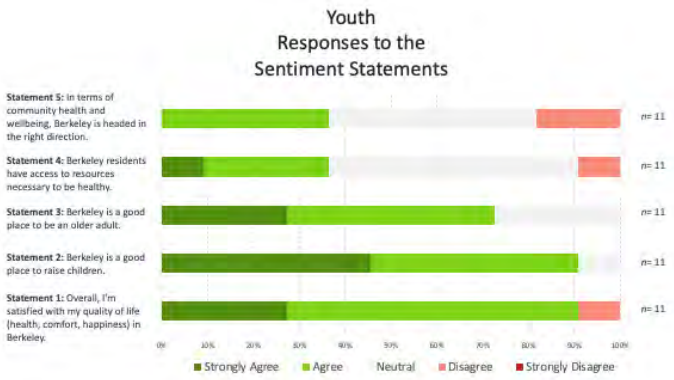

LGBTQIA+
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 50
n= 50
n= 50
n= 50
n= 50
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

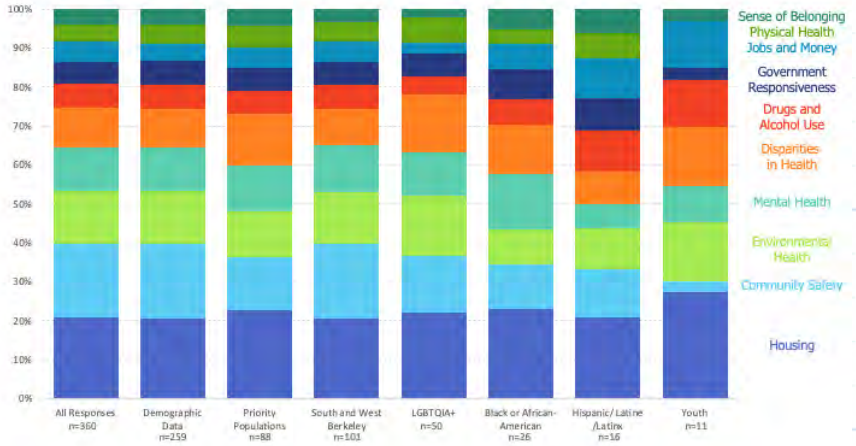

South and West Berkeley
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 101
n= 101
n= 101
n= 101
n= 101
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Black/ African-American
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 26
n= 26
n= 26
n= 26
n= 26
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Hispanic/ Latine/ Latinx
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 16
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Responses to the
"Top 3" Question
n=360
Note: sums to 300% because participants could vote for 3 items
Which of these topics do you think are most important for the Berkeley Wellness Blueprint to focus on in order to improve community health and wellbeing in Berkeley?
Choose your top three.
Housing
Community Safety
Environmental Health
Mental Health
Health Disparities
Drugs and Alcohol Use
Government Responsiveness
Jobs and Money
Physical Health
Sense of Belonging


Youth
Responses to the
Sentiment Statements
Statement 5: In terms of community health and wellbeing, Berkeley is headed in the right direction.
Statement 4: Berkeley residents have access to resources necessary to be healthy.
Statement 3: Berkeley is a good place to be an older adult.
Statement 2: Berkeley is a good place to raise children.
Statement 1: Overall, I'm satisfied with my quality of life (health, comfort, happiness) in Berkeley.
n= 11
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Sense of Belonging
Physical Health
Jobs and Money
Government Responsiveness
Drugs and Alcohol Use
Disparities in Health
Mental Health
Environmental Health
Community Safety
Housing
All Responses n=360
Demographic Data n=259
Priority Populations n=88
South and West Berkeley n=101
LGBTQIA+ n=50
Black or African-American n=26
Hispanic/ Latine /Latinx n=16
Youth n=11