



BERKELEY WELLNESS BLUEPRINT

COMMUNITY HEALTH IMPROVEMENT PLAN

SEPTEMBER 2025

ACKNOWLEDGEMENTS

The development of this Berkeley Community Health Improvement Plan (CHIP) was made possible through the dedication, expertise, and collaboration of many individuals and organizations committed to advancing health and equity. Community members, advisory groups, commissions, community-based organizations, and city staff offered their insight, shared lived experiences, and contributed to shaping this vision for a healthier, more equitable Berkeley.

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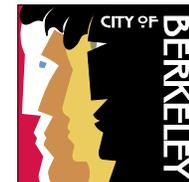
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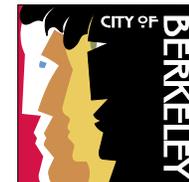


LAND ACKNOWLEDGEMENT

The City of Berkeley recognizes that the community we live in was built on the territory of xučyun (Huchiu (Hooch-yoon)), the ancestral and unceded land of the Chochenyo (Cho-chen-yo)-speaking Ohlone (Oh-low-nee) people, the ancestors and descendants of the sovereign Verona Band of Alameda County. This land was and continues to be of great importance to all of the Ohlone Tribes and descendants of the Verona Band. We acknowledge and honor the original inhabitants of Berkeley, the documented 5,000-year history of a vibrant community at the West Berkeley Shellmound, and the Ohlone people who continue to reside in the East Bay. We recognize that Berkeley's residents have and continue to benefit from the use and occupation of this unceded stolen land since the City of Berkeley's incorporation in 1878. As stewards of the laws regulating the City of Berkeley, it is not only vital that we recognize the history of this land, but also recognize that the Ohlone people are present members of Berkeley and other East Bay communities today. The City of Berkeley will continue to build relationships with the Lisjan Tribe and to create meaningful actions that uphold the intention of this land acknowledgement.

HHCS MISSION STATEMENT

The mission of the Health, Housing, and Community Services department is to enhance community life and support housing, health, and wellness for all. Our vision is for all residents of Berkeley to be affordably housed, enjoy their best possible health, and receive the support they need to lead satisfying and productive lives.



COMMUNITY STEERING COMMITTEE

Conducting a Community Health Improvement Plan requires continued engagement with community, which came through working with the Community Steering Committee (CSC) to co-design not only this report but the process as a whole.

The members of the CSC brought such curiosity, creativity, and commitment throughout the CHA and CHIP process, ensuring that it was in fact a community-led project. With representation, accountability, and belonging being major themes in our project meetings, our work and relationship with the CSC has shifted our understanding of how to make community engagement meaningful for both city processes and community members.



"[I] want people to experience a healthy environment and feel safe, seen, and heard. [I] want people to treat community with respect, take care of it so we can live healthier lives."

- ISABELLA LEDZEMA

"People [should] feel listened to. A lot of times... people say they are excited to give feedback but when I've done it in the past it hasn't gone anywhere or it becomes something that's not something that my feedback was placed into and made an impact." - MATT MATUSIEWICZ

"Something isn't going to be different unless we do something different...the status quo is not working...this plan...is a step towards transformation, towards something different, towards true community power." - PENELOPE COLLINS

"CHAs/CHIPs can be used to uplift and articulate community concerns and needs and be used as a tool...what can I do to further that advocacy? My advocacy depends on the systems and my engagement with them." - MICHAEL FREEMAN

"What active roles can community members have...? Making the community voice more tangible [and] leaning into community voice as a principle." - JW FRYE

"I think what frustrates community members is when they hear about a project...it feels like the government is already starting on it without acknowledging community feedback..." - KATI KHOV

"What we want people to do is stay energized - hold people accountable." - CLARITZA RIOS

"This is one of the important times where this [CHIP] can be leveraged to do good with and for the community. It is about the people, because that's where the power is." - MICHAEL RODRIGUEZ



Health, Housing and
Community Services Department
Office of the Director

Dear Community,

I am thrilled to share the Health, Housing, and Community Services Department's (HHCS) Community Health Improvement Plan (CHIP). I have been excited to witness the process of developing this plan. Our staff have worked closely with the Community Steering Committee (CSC) to identify broad goals and activities that will help guide our work over the next few years, and will initiate a cycle of long-term assessment, planning, and implementation.

The CHIP is not a strategic plan for either the HHCS Department, or our Public Health Division. Rather, it is a vision for improving the health of our community citywide. We remain committed to working with leaders across other City departments to advance the goals, objectives and strategies outlined in this plan.

The development of this plan is centered on the community's voice and leadership. Throughout 2024 and into 2025, residents shaped this plan through listening sessions, interviews, a citywide survey, and participation on the CSC. We remain committed to continuing to engage the community in implementation and moving toward more active partnership.

I want to extend a heartfelt thank you to every member of the CSC for their dedication and leadership. I have been honored to witness firsthand this truly unique process wherein community members were not only providing input but also actively shaping decisions and the final product.

Our focus now shifts to the critical challenge of using this plan to deliver measurable results and improve the health of our city. I am committed to this work and look forward to our continued partnership. I acknowledge that these are difficult times given federal and state policy changes, but we remain determined to work collaboratively to make Berkeley healthy and welcoming for everyone.

Sincerely,

A handwritten signature in blue ink that reads "Scott Gilman".

Scott Gilman

Director of Health, Housing, and Community Services

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Introduction

The Berkeley Wellness Blueprint (BWB) is an initiative, launched in 2023, to improve community health in Berkeley. The process started with a landscape scan, which developed an overview of the health status of residents, capacity of organizations and available resources. It then proceeded to a Community Health Assessment (CHA), which used data and community perspectives to identify health priorities. The next stage is this Community Health Improvement Plan (CHIP), which outlines steps toward solutions.

The City of Berkeley Health, Housing and Community Services (HHCS) Department, with Future of Public Health funding from the State of California, engaged JSI Research & Training Institute (JSI) to lead this initiative. A Community Steering Committee (CSC, Appendix A) has overseen the process and played a central role in ensuring the CHA/CHIP remain focused on the community's perspective. This CHIP reflects carefully considered approaches to improve health, safety, and equity in Berkeley at this moment based on recently collected data. It also attempts to align with priorities from other public sector departments and jurisdictions (see Appendix B).

However, conditions locally and externally can shift quickly, posing challenges to the relevance of CHA/CHIPs. For example, CHA/CHIP processes lost their momentum and relevance when the COVID-19 pandemic upended all aspects of life in March 2020. Significant shifts have occurred during the development of this CHA/CHIP due to funding cuts, executive orders, and dramatic changes in priorities at the federal and state level.

CHIP DEFINED

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health priorities based on data and community input.

The Public Health Accreditation Board (PHAB) states that “A community health improvement planning process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process. A plan is typically updated every three to five years.” PHAB adds that CHIPs should “not be limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues directly affecting the public’s health.”

Our process has followed that description, taking a broad perspective on health and reflecting the voices and input of community stakeholders.

Given these rapidly shifting conditions, and the Berkeley Wellness Blueprint's intention to initiate a long-term planning cycle, the focus of this CHIP is to emphasize the guiding principles and overarching goals that emerged from our community-engaged process. These key elements go beyond the current moment and should guide collaborative action moving forward. Specific objectives and strategies that could advance the goals and principles were identified through discussions with community members and city staff (see Improvement Planning, page 12). However, these strategies should not be viewed as prescriptive but rather a starting place that will require review and refinement. Words and reports on their own do not create change, especially when there is not a requirement or dedicated funding. An engaged, accountable process co-owned by government and community is the clear path toward having an impact.

This report is intended for Berkeley community members, community-based organizations, and City of Berkeley staff and elected officials to encourage collaboration in advancing health, equity and wellness in Berkeley.

WHAT THIS MEANS FOR YOU

For Community Members: This Blueprint is an acknowledgement that your voice, your experience, and your wellbeing are the ultimate measure of a thriving Berkeley. It reflects an intention to address systemic barriers you have identified and to shift from a top-down model to one of co-ownership, where your insights directly shape the decisions that affect your life and your neighborhood.

For Community-Based Organizations: This document validates the essential role you play as trusted leaders and service providers. It is a strategic tool for the resources your communities need and a starting place for building stronger, more impactful coalitions with the City and other partners. The plan's emphasis on expanding the community-connected workforce and expanding and streamlining funding opportunities is a direct response to the needs you have articulated.

For City Staff: This Blueprint is your guide for embedding health and equity into the fabric of city operations. It provides a clear mandate for interdepartmental and interdivisional collaboration to address the root causes of health disparities, from housing instability to air quality. It is a tool to help align your work with community-defined priorities and guidance to measure the real-world impact of your efforts.

For City Officials: This Blueprint is a reflection of the priorities, concerns, and aspirations of your constituents. It underscores how systemic and policy decisions shape the health and well-being of the community, and provides an approach for making informed choices that advance equity. It calls for continued collaboration with community members, City staff, and Community-Based Organizations (CBOs) to ensure that policies and resources support the community priorities. It offers both a vision and measurable benchmarks to help track progress on the issues that matter most to the people you serve.

GUIDING PRINCIPLES

Four principles emerged from review of the CHA data, identified health priorities, and discussions about the desired approach for the BWB. These principles guided the identification of the objectives, strategies, and actions that follow and should be applied when making health-related policy and practice decisions in Berkeley.

1. Balance ambition with feasibility: The purpose of this document is to chart a course toward implementation, and to avoid producing a static document that sits on a shelf. The reality is that the CHA/CHIP process does not have built in resources or authority. Its power will only come from buy-in from stakeholders, and the ideas must be adaptable as conditions change in Berkeley and beyond.

2. Cultivate Cross-sector work: Many of the drivers of wellness and health equity are outside the purview of Public Health. Communities are complex and interdependent and taking on any substantial priority in one area is going to require collaboration in terms of making policy, sharing resources, and working toward the same metrics and measures. In Berkeley, at any given time, there are multiple planning processes, commission meetings, and policy debates happening. Figuring out better ways to collaborate and solve problems in multiple sectors at once is crucial.

3. Emphasize prevention: Creating better balance between crisis response and prevention is crucial for addressing root causes. There will always be a need for services to address individual needs, and those services should be affordable and truly accessible for all people. However, the need for services can overwhelm efforts to focus on preventing problems in the

first place. Prevention is hard to see in action, due to the long time horizons and challenges demonstrating something that doesn't happen, but is often more efficient and reduces suffering. Typically governments spend <4% of their health resources on prevention; even a modest increase can have significant long-term benefits.

4. Establish a long-term cycle: This CHIP is a step in a longer-term cycle of assessment, planning, and implementation. The goal of this process is to develop the capacity for sustained cooperative problem-solving around health, safety, and equity priorities. California now requires public health departments and Medi-Cal health plans to collaborate on assessment and planning processes every three years. This presents an opportunity to rebuild trust and achieve impacts through sustained effort.

FIGURE 1: Health and Wellness Improvement Process



Assessment

The Community Health Assessment (CHA) is the foundation of the Berkeley Wellness Blueprint. Drawing on input from hundreds of community members, city staff, and local organizations through focus groups, interviews, and a citywide survey, the CHA reflects the priorities, concerns, and lived experiences of Berkeley’s diverse communities. In summary, the CHA elevated four priority health topics and resulted in six key insights. Readers are encouraged to explore the [full CHA](#) for the data and stories that shaped this CHIP.

PRIORITY HEALTH TOPICS AS DEFINED IN THE COMMUNITY HEALTH ASSESSMENT

Housing

Being able to live in a place that is safe, affordable, and stable

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

Behavioral Health

How common mental health [and substance use] problems are (like depression, anxiety, loneliness and stress), and if people can get the care they need

Community Safety

How often people get hurt or experience violence and whether everyone feels safe in all areas of Berkeley



INSIGHTS

- 1. There is a lot to be proud of when it comes to wellness in Berkeley.** Residents expressed pride in Berkeley's values of justice and equity. Additionally, the city's natural beauty, parks, and walkable neighborhoods contribute to well-being and were frequently named as sources of joy, health, and connection.
- 2. Diversity is highly valued and racism is deeply rooted.** Residents celebrate Berkeley's racial and diversity. At the same time, many recognize that racism—both structural and interpersonal—continues to affect access to opportunity, safety, and health outcomes for communities of color.
- 3. Health is connected to where people live.** Neighborhood conditions, such as housing affordability, access to healthy food, safety, and environmental quality, significantly influence health and life expectancy. South and West Berkeley face greater health challenges compared to other parts of the city.
- 4. More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts.** Community members expressed a desire for more inclusive, open, and accountable systems—particularly between the city and historically marginalized communities. Building trust requires shared power, clearer communication, and sustained collaboration.
- 5. Berkeley is becoming a more difficult place for people to afford to live well.** Rising housing costs, economic inequality, and displacement are making it harder for residents—especially low-income families and people of color—to remain in Berkeley and thrive. This has ripple effects on health, stability, and belonging.
- 6. Connection and safety are essential for supporting mental and physical well-being.** People emphasized the importance of feeling safe, connected, and seen in their communities. The need for mental health resources, safe public spaces, and stronger social connections will foster both individual and collective health.

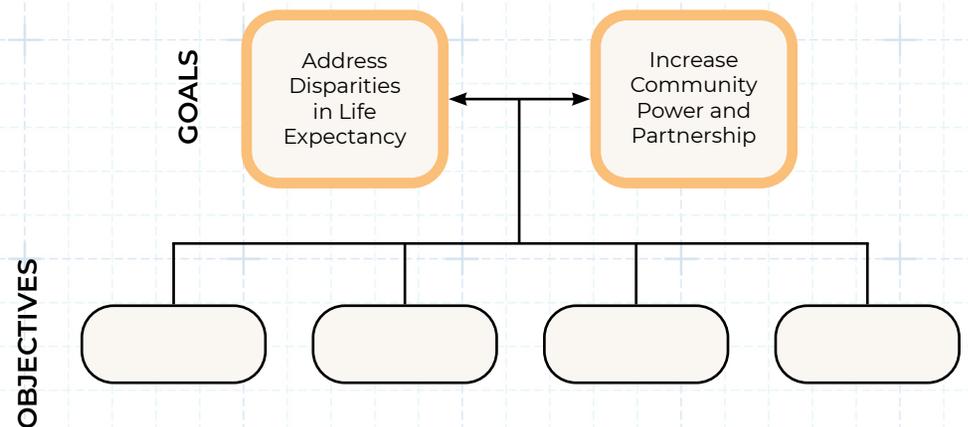
Improvement Planning

What community members see as necessary for a thriving Berkeley.

After reviewing the data and having many conversations with community stakeholders, two goals stood out both for their universality and potential impact: addressing disparities in life expectancy and increasing community power and partnership.

It's important to note that these two goals are extremely complex and difficult to influence, and they are shaped in large part by policies and systems beyond the city's control (such as historic and structural racism and US economic policy). This emphasizes the need to prioritize cross-sector work, balance ambition with feasibility, and establish a cycle that continues to evaluate and assess progress and next steps in order to have a long-term impact (see Guiding Principles, page 9).

FIGURE 2: CHIP Goals

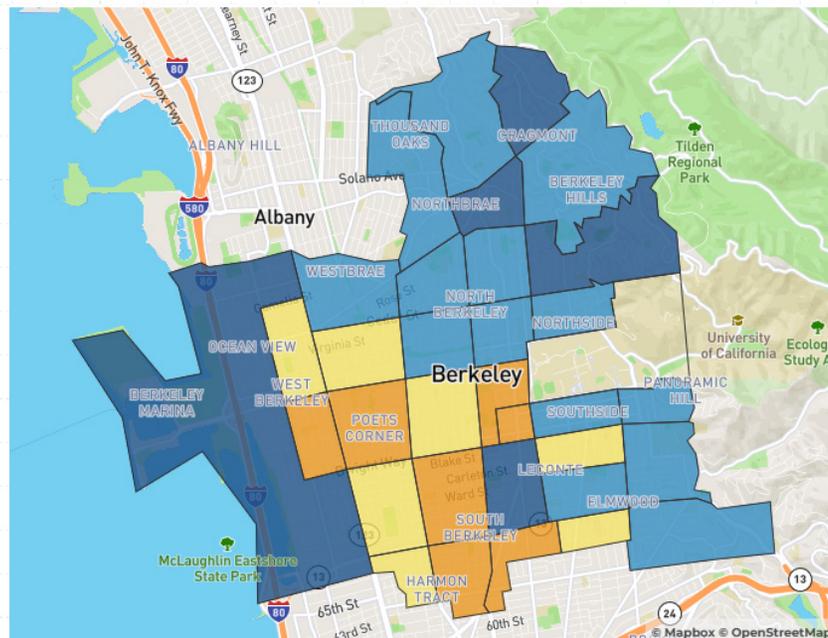


GOALS

GOAL 1: ADDRESS DISPARITIES IN LIFE EXPECTANCY

One of the most stunning data points regarding health in Berkeley is the disparity in life expectancy: residents in the Berkeley Hills enjoy an average life expectancy of 91 years, while in South and West Berkeley the average is just 78 years. Similar disparities exist across racial and ethnic groups (see the CHA report for more details). These disparities are the result of factors including racial discrimination, differential economic opportunities, and unequal access to resources. While unjust and tragic, these disparities also present the greatest opportunity for improving health outcomes in the city. It is critical to focus the attention of this CHIP and other planning and decision making on strategies to address the root causes of these disparities.

FIGURE 3: Life Expectancy at Birth by Census Tracts



Age in Years of Life Expectancy at Birth

- 77.8 - < 81.7
- 81.7 - < 86
- 86 - < 89.6
- 89.6 - 90.7

Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau
Note: Life expectancy for the census tract where the University of California, Berkeley campus is located is omitted because there is a very small number of people that actually live in this census tract.

3 WAYS TO FOCUS ON ADDRESSING LIFE EXPECTANCY DISPARITIES

Build a fuller story - Use specific and detailed data to track and understand progress among communities most impacted by life expectancy disparities—especially by race, income, and neighborhood.

Think across generations – Disparities exist across the lifespan, and often affect all members of a family, infants to grandparents. Efficient strategies will have an impact for all ages.

Focus on neighborhoods – Specify strategies and resources that target improving conditions in neighborhoods with the most disparate outcomes and encourage multiple public systems and agencies to work together to improve outcomes in those neighborhoods.

GOAL 2: INCREASE COMMUNITY POWER AND PARTNERSHIP

Across Berkeley, community members and leaders have expressed a lack of trust in local government, citing persistent issues with transparency, resource allocation, and accountability. Importantly, this frustration is with systemic barriers—not the individuals working within these systems. There is broad recognition that local government is made up of passionate, dedicated people committed to serving their communities. Local government needs to become more accessible and collaborative, truly meeting communities where they are. This requires institutions to critically examine their structures and ask: ‘Who is this working for? And who is being left behind—particularly those most impacted by health disparities?’

“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

5 STEPS TOWARD BUILDING COMMUNITY PARTNERSHIPS

Commit to equity and centering community: Begin with clear statements expressing dedication and action steps to improving health and equity outcomes and being truly community-centered and community-led.

Focus on building trust: Relationships between city staff, community members, and leaders of local organizations and businesses need to be based on trust and shared interest not just a consideration of the loudest voices. Utilize informal spaces for problem solving, establish a shared understanding of government functions, and create mechanisms for public accountability.

Establish accessible and consistent communication: Design communication and information management approaches that facilitate high levels of engagement and transparency. The goal is to determine approaches that are easy to use and bidirectional, for rapid feedback and shared understanding.

Cultivate community ownership and capacity: Actively engage community stakeholders throughout processes. This includes having multiple roles for community members including providing input, making decisions, signing off on final products, and fair compensation for time spent. Build in time for individualized support (e.g., office hours, coaching) and create opportunities for participants from different sectors and groups wrestling with similar challenges to connect and troubleshoot collaboratively. Community steering committees play a central role in guiding this.

Implement a process with continuous feedback and adaptation: Incorporate flexibility and responsiveness to the needs of participants and solicit feedback to monitor progress and identify emerging issues. Make the schedule for review and feedback clear from the outset.

OBJECTIVES

From January–May 2025, collaborative workgroups of Community Steering Committee (CSC) members and city staff, with facilitation from JSI, reviewed the CHA data and existing Berkeley policies, resources and initiatives. From the four priority health topics that were identified (housing, environmental health, behavioral health, and community safety) each workgroup established a single, high-level objective. Each of those objectives is intended to apply to the entire City of Berkeley with an emphasis on priority populations.

These four priority health topics are interconnected and require shared responsibility beyond public health: they are in alignment with strategic priorities across other agencies and across Alameda County, the state and the country. For more on this see Appendix B.

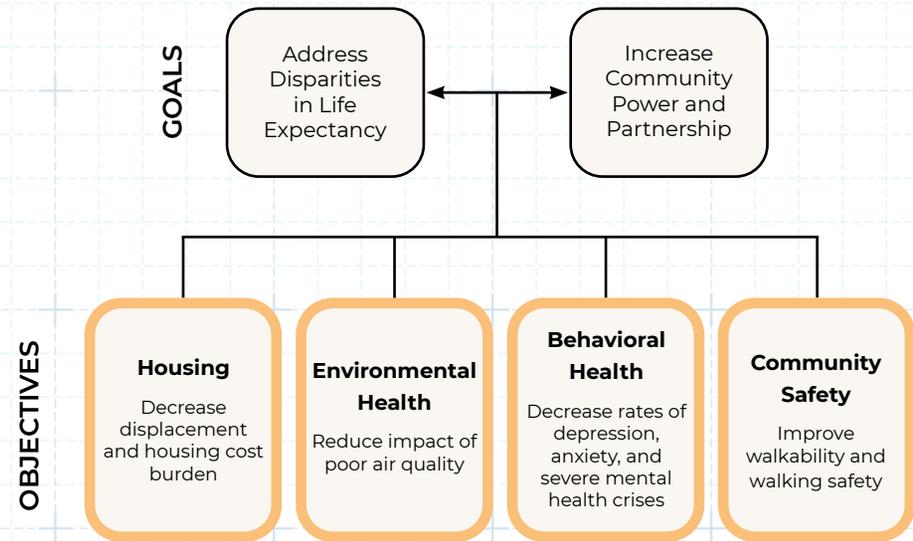
PRIORITY POPULATIONS

Based on the data review and input from stakeholders during the landscape scan and CHA phases of this project, an extra emphasis was placed on these populations.

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

That does not mean that improving the health of other people and populations is not important, a both/and approach is necessary.

FIGURE 4: CHIP Goals and Objectives



High-Level Monitoring

In order to track progress on the four health topic objectives, both **high-level** and **incremental-performance measures** should be collected. High-level monitoring measures track the big-picture results and are outlined in the table below. These measures came out of the CHA process and were identified by the community and the CSC as proxies for the four priority objectives. Because these measures are tied to complex issues, changing them will require effort beyond the capacity and resources of HHCS and will likely take place over a longer time frame than the three-year CHA/CHIP process. Despite those difficulties, progress on these measures should continue to be part of data collection and analysis in order to maintain connection with the issues that identified as most important for improving health, equity, and wellbeing. Incremental performance measures are shorter-term improvements that track incremental change towards the health topic objectives. See Appendix C for details on how performance measures fit into action planning for this CHIP.

TABLE 1: Health Topic Objectives & High Level Measures

OBJECTIVES	Housing Decrease displacement and housing cost burden	Environmental Health Reduce impact of poor air quality	Behavioral Health Decrease rates of depression, anxiety, and severe mental health crises	Community Safety Improve walkability and walking safety
HIGH-LEVEL MEASURES	<ul style="list-style-type: none"> • Increase the number/percentage of affordable units of housing • Decrease housing cost burden 	<ul style="list-style-type: none"> • Decrease asthma-related hospitalizations and ED visits among youth • Decrease adult asthma prevalence by Census Tract • Decrease school days missed due to asthma 	<ul style="list-style-type: none"> • Decrease mental health-related hospitalizations and ED visits for severe conditions • Increase use of 988 line by Berkeley residents to access support • Increase utilization of low-cost or free prevention and treatment services 	<ul style="list-style-type: none"> • Decrease pedestrian injuries/deaths • Improve Walkability index score

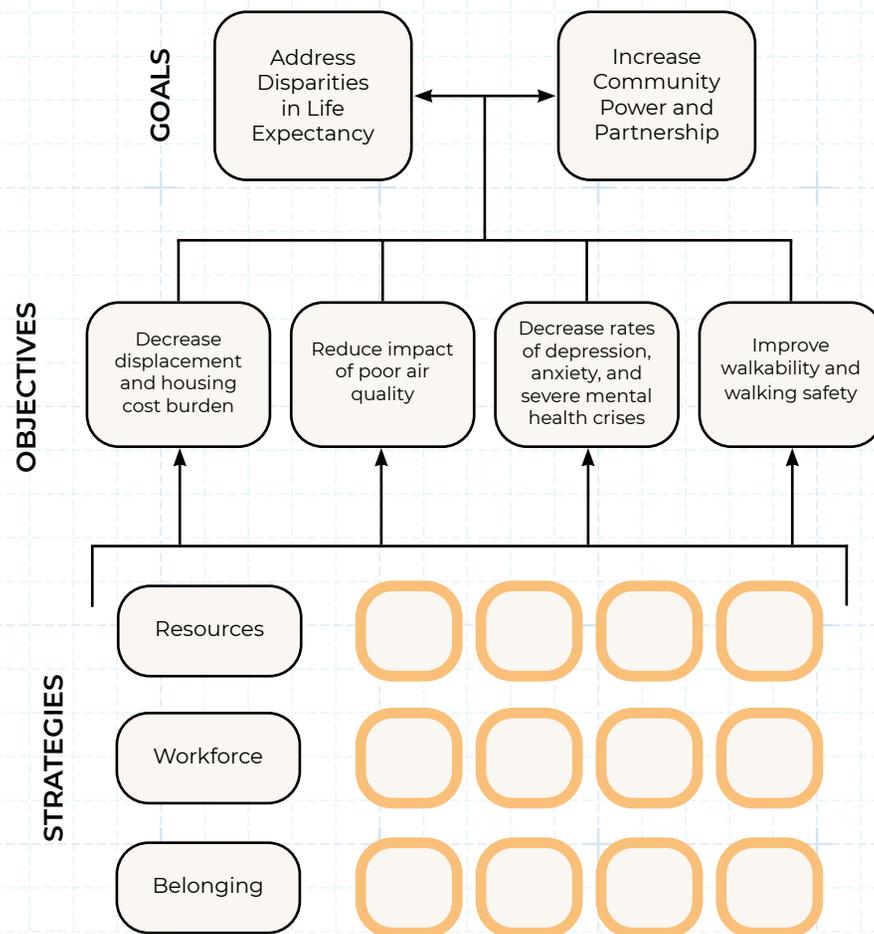
STRATEGIES

When discussing strategies to advance the health topic objectives, three key categories consistently emerged: resources, workforce, and belonging. For strategies to succeed, they must to maximize resources, expand the community-connected health workforce, and foster a sense of belonging. These categories highlight the interconnected nature of the health topics and present an opportunity for City of Berkeley departments and community partners to work together on shared underlying issues.

TABLE 2: Strategy Categories

CATEGORY	DEFINITION
Resources	Maximize state and local resources. Across topics there are opportunities to draw down additional resources and to increase the impact of current funding. In particular, the city could play a key role convening leaders from community organizations to create strategic networks and build capacity to receive funding.
Workforce	Expand the community- connected health workforce. There are a number of new or underutilized reimbursable classifications (community health workers, doulas, violence prevention specialists, etc.) that could serve to improve health and safety through connections outside clinic walls while also creating positive career pathways. However, the value of a community connected workforce is undermined if individuals can't afford to live Berkeley.
Belonging	Foster community connection. Community members believe that Berkeley is thriving when it's a place that fosters community connection —where people are seen, heard, respected, and valued not only when they received services, but by their neighbors and in gathering spaces. It's also more than a personal experience but a public health necessity that strengthens mental health and community resilience.

FIGURE 5: CHIP Goals, Objectives, and Strategies



Workgroups identified one strategy in each category to advance in the next three years, laying the groundwork for the implementation part of the cycle. Given funding and policy uncertainty, these ideas reflect current thinking about “how” to improve the overarching goals and health topic objectives in alignment with the principles described above. City staff and community members will need to collaborate to modify this approach based on changing conditions and opportunities and to maintain accountability to each other and this process. See Appendix C for an initial set of potential activities to advance these strategies.

TABLE 3: Strategies by Health Topic

	Housing	Environmental Health	Behavioral Health	Community Safety
Resources	Provide assistance for CBOs to participate in housing-related funding opportunities.	Deepen partnerships between Housing and Community Services and the Office of Energy and Sustainable Development to facilitate the process of creating green residential buildings.	Facilitate regular convenings to improve collaboration and data-sharing between organizations.	Prioritize bike/pedestrian infrastructure investments in areas with the greatest need, based on equity, safety, and community health indicators.
Workforce	Expand youth internship opportunities across educational institutions and CBOS, that support building and renovating housing.	Expand community outreach and implementation of tree-planting initiatives in South and West Berkeley.	Implement targeted hiring initiatives and leverage training programs to ensure representation of priority populations.	Grow the network of alternative responders and violence prevention specialists to strengthen safety and social connection.
Belonging	Enhance outreach, application assistance, and education campaigns to increase participation in Housing Preference application for displaced community members and their families.	Identify regions with frequent air quality related school absences and work with those communities to develop practical solutions.	Train youth mentors and implement evidence-based mental health curricula, with a focus on improving students’ sense of safety and belonging.	Increase neighborhood interaction and engagement.



Implementation

The implementation of the CHIP, and preparation for the next assessment, will occur across 3 phases over the next 3-5 years. This phased approach establishes accountability and oversight at the beginning with a set of formative steps, then moves to a focus on taking action. Throughout these phases there are reminders to review and revise the approach and to communicate out to stakeholders. Without a clear implementation process, all of the momentum built up during the CHA and CHIP processes can dissipate. The result would be both a lost opportunity to address priority health and equity concerns and also eroded trust among the stakeholders who provided time and good faith effort.

PROCESS

SEPTEMBER 2025 - MARCH 2026

Phase 1: Preparation

- Identify a staff lead and allocate dedicated time for the implementation of each Health Topic Objective.
- Confirm and meet with 4 CSC members to continue their role as stewards of the process, with an emphasis on co-leading the CHIP objectives implementation meetings.
- Hold a planning and design meeting to engage staff from multiple city departments with community stakeholders to think creatively about how to advance the CHIP goals and objectives.
- Put together advisory group for each of the 4 health topics include at least 1 staff member, 1 community organization, 1 community member
- Adequately compensate community members supporting CHIP planning implementation and evaluation.

APRIL 2026 - MARCH 2028

Phase 2: Action

- Schedule a minimum of quarterly meetings with advisory teams.
- Set a regular schedule for reporting back to the community on progress of CHIP objectives (minimum every 6 months).
- Confirm performance measures for each health topic area, people responsible for tracking each measure and build measures into city systems, such as results-based accountability and other departmental metrics.
- Midpoint assessment: review of strategies and measures, government funding and decision making processes, name opportunities to improve collaboration. Share findings with the community.
- Identify new and existing programs that can contribute to addressing health topic objectives.
- Publish annual progress report with progress updates on measures and community power and partnership initiatives.

APRIL 2028 - AUGUST 2028

Phase 3: Refresh

- Identify potential Steering Committee.
- Plan next CHA/CHIP cycle.
- Institutionalize successful efforts and systems changes.
- Confirm and communicate community engagement opportunities for next CHA/CHIP.



Conclusion

The Berkeley Wellness Blueprint is more than a report; it is a commitment to a different way of working together to build a healthier, more equitable city.

It is a starting point, born from the voices and experience of the Berkeley community, that provides a shared direction and a framework for accountability. The overarching goals of closing the staggering gap in life expectancy and building genuine community power will not be achieved by this document alone. Success requires sustained, collective action. The power of this plan will only be unlocked through the dedicated efforts of residents, city staff and officials, and community-based organizations working in partnership.

Call to Action

For Community Members: Stay involved and hold decision-makers accountable. Participate in the public meetings where progress will be reported. Share your experience to help refine these strategies. This is your plan: your continued engagement will ensure it leads to the tangible, lasting change you desire to see in your community.

For Community-Based Organizations: Use this Blueprint as a foundation for partnership and advocacy. Participate actively in the convenings and capacity-building opportunities proposed in the plan to strengthen your networks and access new resources. Support community members to participate and raise their voices. Collaborate with the city to refine and implement the strategies, bringing your expertise to ensure initiatives are culturally responsive and effective.

For City Staff: Champion the objectives of this plan within your department. Proactively identify how the strategies outlined for housing, environmental health, behavioral health, and community safety can be integrated into your team's work plans and metrics. Take the lead in convening stakeholders for creative problem-solving and commit to transparent reporting to build and maintain community trust.

For City Officials: Endorse this Blueprint and use the goals, principles, and objectives to focus citywide attention and resources. Explicitly refer to the Blueprint when making policy and resource decisions and encourage other officials and staff to do the same. Support and participate in the convening of stakeholders to review progress and creatively solve problems, and use your visibility to highlight transparent reporting.

Appendix A: Community Steering Committee Members and Bios

<p>Claritza Rios (she/her)</p>	<p>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.</p>
<p>Matt Matusiewicz (he/him)</p>	<p>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.</p>
<p>Penelope Collins (she/her)</p>	<p>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.</p>
<p>Rosio Almaguer Andrade (she/they)</p>	<p>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.</p>
<p>Kaitlyn (Kati) Khov (she/they)</p>	<p>Kati is a recently-graduated transfer student at UC Berkeley with a degree 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.</p>
<p>Michael Rodriguez (he/him)</p>	<p>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.</p>

Appendix A: Community Steering Committee Members and Bios (cont)

<p>Michai Freeman (she/her)</p>	<p>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.</p>
<p>JW Frye (he/him)</p>	<p>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.</p>
<p>Israel Nikodimos (she/her)</p>	<p>Israel is a student at Berkeley High who 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 her community such as black student union president and student council as well as read and reviewed grants to help fund local programs that benefit young children.</p>
<p>Isabella Ledezema (she/her)</p>	<p>Isabella is a student at Berkeley High and is 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.</p>

Appendix B: Alignment with Local, State, and National Priorities

Health Topic Objectives	Planning Documents		
	City/County	State	National
Housing	2024 Alameda County 10 Year Housing Plan 2022-2025 Alameda County Community Health Assessment Berkeley Housing Element Update	California Health and Human Services Agency (CalHHS) Program Priorities (2024-2025) California Statewide Housing Plan (2022)	Healthy People 2030 Objectives Department of Housing and Urban Development Strategic Plan (2022-2026) CMS Rescission of Guidance on Health-Related Social Needs (2025)
Environmental Health	General plan EJ Element update (2026) By Climate Action Plan update (2025)	California Department of Public Health Strategic Plan 2025-2030 California State of Public Health Report (2024)	Healthy People 2030 Objectives CDC National Center for Environmental Health Strategic Framework (2024)
Behavioral Health	2022-2025 Alameda County Community Health Assessment Mental Health Services Act (MHSA) Annual Update 2025-2026	California Youth Behavioral Health Initiative California Department of Public Health Strategic Plan 2025-2030 Behavioral Health Services Act Population-Based Prevention Program Guide - Phase 1	Healthy People 2030 Objectives SAMHSA Strategic Plan (2023-2026)
Community Safety	Berkeley Reimagine Public Safety Task Force 2022-2025 Alameda County Community Health Assessment	California Department of Public Health Strategic Plan 2025-2030 California State of Public Health Report (2024) California Violence Intervention and Prevention Program (CalVIP)	Healthy People 2030 Objectives 2022-2026 U.S. Department of Transportation Strategic Plan

Appendix C: Potential Activities & Accountability

The health topic workgroups identified a set of potential implementation activities and policy changes that would advance each strategy. The expectation is not that all of these actions will be taken but rather that city staff and community members will meet during Phase I of Implementation to review and prioritize the activities based on evolving conditions. Additionally, at that point, timelines and performance measures will be set for the prioritized actions. The performance measures will be selected based on alignment with Results-Based Accountability (RBA) measures that HHCS and other city departments are establishing as well as other easy to collect measures that can serve to monitor progress.

Housing				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
Resources: Provide assistance for CBOs to participate in housing-related funding opportunities.	<ul style="list-style-type: none"> Share learnings from successful housing initiatives (i.e. Co-op model) Convene housing focused and housing adjacent CBOs to build capacity and provide technical assistance around CalAIM participation Create a single application for CDBG funding in housing creation, preservation and workforce 	<i>To be filled out during phase 1 of Implementation.</i> 		
Workforce: Expand youth internship opportunities across educational institutions and CBOS, that support building and renovating housing.	<ul style="list-style-type: none"> Improve and streamline communication to increase participation around Housing related internships (i.e. councilmember Lunapara's and Mayor Ishii's internships) Expand internship opportunities to support building and renovating housing Inventory and collate physical sites and assets being leveraged for housing related workforce development 			
Belonging: Enhance outreach and application assistance to increase participation in Housing Preference application for displaced community members and their families.	<ul style="list-style-type: none"> Evaluate applications to gauge percent of applicants and awardees who are facing displacement or have been displaced Collaborate with CBOs working with target community to increase awareness 			

Appendix C: Potential Activities & Accountability (cont)

Environmental Health				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Strengthen partnerships to facilitate the process of creating green residential buildings.</p>	<ul style="list-style-type: none"> Collaborate with the Office of Energy and Sustainable Development to implement Section 4.1 of the Berkeley Existing Buildings Electrification Strategy to transition existing residential buildings into green buildings Work with developers contracted for new residential buildings to ensure they run on green energy 			
<p>Workforce: Expand community outreach and implementation of tree-planting initiatives in South and West Berkeley.</p>	<ul style="list-style-type: none"> Work with Parks and Recreation Department, recruit community members to discuss and decide how to reach more people with existing tree planting initiatives 			
<p>Belonging: Identify regions with frequent air quality related school absences and work with those communities to develop practical solutions.</p>	<ul style="list-style-type: none"> Cross-reference absenteeism data with poor air quality data to identify regional clusters impacted by exposure to poor air quality Create an advisory board/steering committee consisting of residents and communities in the identified regions to discuss how to move forward with reducing impacts of poor air quality 			

To be filled out during phase 1 of Implementation.



Appendix C: Potential Activities & Accountability (cont)

Behavioral Health				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Facilitate regular convenings, service alignment, and data-sharing related to behavioral health services with measurable improvements in cross-organizational collaboration.</p>	<ul style="list-style-type: none"> Identify a coordinator to revive the School-Linked Health Program model. Map all organizations providing BH and adjacent services. Develop a charter for the collaborative group. 			
<p>Workforce: Implement targeted hiring initiatives and leverage training programs to ensure representation of priority populations in the behavioral health workforce.</p>	<ul style="list-style-type: none"> Form direct partnerships with community colleges, local cultural organizations and faith-based groups to create a pipeline for job applicants. Create structured, paid internship or apprenticeship programs. 			
<p>Belonging: Train youth mentors and implement evidence-based mental health curricula, with a focus on improving students' sense of safety and belonging.</p>	<ul style="list-style-type: none"> Launch a targeted recruitment campaign for mentors within specific neighborhoods and cultural communities. Organize structured, low-pressure events to allow potential mentors and mentees to interact Form a committee of students, teachers, and school counselors to review and select an evidence-based mental health curriculum 			

To be filled out during phase 1 of Implementation.



Appendix C: Potential Activities & Accountability (cont)

Community Safety				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Prioritize bike/pedestrian infrastructure investments in areas with the greatest need, based on equity, safety, and community health indicators.</p>	<ul style="list-style-type: none"> • Convene cross-sector stakeholders in priority neighborhoods • Map revenue streams to support improved bike/ped safety and develop set of revenue recommendations • Identify aligned strategies in the General Plan update (2026) • Engage Reimagining Public Safety Task Force 			
<p>Workforce: Grow the network of alternative responders and violence prevention specialists to strengthen safety and social connection.</p>	<ul style="list-style-type: none"> • Provide housing assistance and support to violence prevention specialists • Create training and placement pipeline for community-connected workforce (CHWs, alternative responders, etc.) with BHS and BCC • Designate city point person to coordinate community-connected workforce • Expand school-area safety measures (crossing guards and pedestrian lamps) 			
<p>Belonging: Increase neighborhood interaction and engagement.</p>	<ul style="list-style-type: none"> • Reduce cost and process for block parties • Make use of public facilities easier and cheaper • Identify neighborhood “captains” who would get modest benefits from the city and be a local organizer and source of information • Set policy regarding encampments within 500 feet of schools 			

To be filled out during phase 1 of Implementation.

