Berkeley Wellness Blueprint

A community-shaped health equity plan

JSI

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LANDSCAPE SCAN EXECUTIVE SUMMARY

INTRODUCTION

In the summer of 2023, the City of Berkeley Health, Housing and Community Services (HHCS) Division engaged JSI Research and Training Institute (JSI) to conduct a Community Health Assessment (CHA) and create a Community Health Improvement Plan (CHIP) over the course of two years. JSI is a public health research and consulting organization with an office in Berkeley, CA. Our first step in this process was to conduct a landscape scan to develop a baseline understanding across four key areas:

- The health status of residents of Berkeley including health condition, social determinants of health, and demographic and geographic patterns.

- The capacity of organizations and agencies inside and outside government to work independently and collectively to address priority health and safety concerns.
- Resources, both allocated and potential, available to address priority health and safety concerns.
- Community leaders - both those with organizational standing and those with lived experience - who could inform this project as members of a steering committee.

This brief shares findings across the first three areas. Our findings from the fourth area of focus have been used to inform the recruitment and selection of a Community Steering Committee (CSC), who will guide the remaining phases of the project. Members of the CSC will be announced in January 2024.

METHODS

In order to understand the four key areas listed above, we employed a mixed methods approach. This included: 1) key informant interviews (n=15) with organizational and community leaders both internal and external to the City of Berkeley, identified in collaboration with HHCS staff; 2) a review of key documents (n=20) including relevant city, county and hospital briefs, assessments and memos, and; 3) the review and synthesis of quantitative data housed in MySidewalk. Interview transcripts and notes, and key documents, were analyzed by all team members using an extraction matrix to identify key themes and findings.

FINDINGS

A Bird's-Eye View

Taken as a whole, Berkeley is doing quite well in terms of wellness. The life expectancy at birth (82.8) exceeds that of Alameda County (80.9), California (80.3), and the nation (78.8). Rates of chronic disease and those who are uninsured are low in comparison to the county, state and country. Berkeley is also well-resourced when it comes to the healthcare workforce.

However, these data mask deep inequities and disparities across geographic areas and racial and ethnic groups.

For example, life expectancy in Berkeley varies dramatically by place. There is a 16-year difference in life expectancy between the northernmost census tract in Council District 6 (93 years), and the southernmost census tract in Council District 3 (77 years). The poverty rate for Black children is four times that of white children. Among seniors, American Indian and Alaskan Natives (AIAN) experience the highest poverty rate (23%), more than four times the rate for white seniors (5%).

In alignment with the quantitative data presented, this landscape scan unveiled several of these disparities through conversation and dialogue with community leaders.

In This Moment

At this time in Berkeley, **social issues are key drivers of disparities across geographic and racial and ethnic groups.** These issues, such as educational attainment, affordable housing, economic opportunity and access to services, are deeply intersectional and historical. Many stem from the legacy of policies such as redlining, the systematic denial of mortgages, loans and other financial services based on geographies in which certain people, namely Black folks, lived. Educational attainment, wealth and many health outcomes in Berkeley are correlated with these place-based, discriminatory and systemically racist policies and practices. Educational attainment rates vary sharply by race.

81.5% of the White population and 80% of the Asian population have a Bachelor's degree or higher. By comparison, 48% of the Hispanic population, 28.9% of the Black population, and 20% of the AIAN population hold a Bachelor's degree or higher. Additionally, Berkeley has been cited as having one of the worst public school test score achievement gaps in the nation.

Homelessness and housing affordability were cited as key issues by several interviewees. One interviewee described an increase in university students facing homelessness. Notably, Berkeley has seen a 60% decrease in Black residents since 1970, largely due to an increase in cost of housing. In spite of a 5% decrease in rates of homelessness between 2019 and 2022, likely due to COVID-19 emergency funding and progressive measures around tenancy and eviction, Berkeley still accounts for 11% of the homeless population in Alameda County, a rate that is disproportionate to its population (it accounts for just 7% of the total population in Alameda County). Economic inequality was also cited as an issue facing Berkeley community members. One CBO leader noted that 67% of individuals who use their organization's services live below the poverty line and 48% of these fall under the trans umbrella.

All in all, community leaders cite housing and economic inequality as being intersectional and complex issues, requiring collaboration and the prioritization of organizations who may have not necessarily focused on them in the past.

Access to and provision of necessary mental health services has been noted as another key issue. Mental health challenges can exasperate other health issues, particularly among older adults, youth, and LBGTQ+ populations. Relatedly, these populations are at higher risk for mental illness. Interviewees noted the lack of availability to culturally concordant mental health services, particularly for Asian Pacific Islanders, the Black population and LGBTQ+ groups.

It would be remiss to not mention the deep impact the COVID-19 pandemic has had on the Berkeley community. **The pandemic has exacerbated pre-existing service gaps; exposed systemic and relationship weaknesses across and between CBOs, city agencies and the county; and had a dramatic impact on the city's economic well-being.** There was a sharp rise in unemployment and recovery has been slow, with rates remaining above pre-pandemic levels. Community leaders cited an increase in mental health challenges and housing instability during the pandemic due to isolation, unemployment and illness.

From the Field

In addition to the social issues and related consequences described above, there is broad consensus across leaders both inside and outside the government that **the existing capacity of CBOs and city agencies is insufficient in meeting the needs of Berkeley's community.** City leaders noted the challenges of being a small local health jurisdiction (LHJ) and receiving few resources particularly in comparison with the county. Staff shortages and siloing of departments also create barriers to serving the community. CBO leaders cited a lack of funding, scarcity of staff, and limited infrastructure.

Additionally, interviewees described inefficient, overlapping and uncoordinated systems across and between the city and county. For example, systems of care fail to share data, and county priorities often contradict those of the city. Differing reporting requirements across systems and funding mechanisms create burden for CBO staff and dwindle capacity. That said, when collaboration between the city and CBOs occur and are well-executed, these relationships are effective. It is important to note that CBO staff may not always have the capacity to build and maintain relationships, and city staff should prioritize facilitating these connections.

As such, **collaboration and decision- and power-sharing are absolutely crucial for success in addressing the many complex challenges in the city of Berkeley.** Interviewees described unclear paths for prioritization of issues and a lack of shared strategy. It is unclear whose voices are included and prioritized in decision-making, and how decisions get made within the city and across city departments, particularly when it comes to the distribution of resources. One interviewee described that those with political power and connections often attempt to speak for individuals who receive services which means voices of those with lived experience are left out of critical conversations. Another leader expressed a desire for transparency around decision-making. Additionally, there is a lack of clarity around who is responsible for holding a vision for improvement in the city, and who is accountable for executing on that vision. Therefore, it is difficult to hold a shared vision of equity. However, partnership and collaboration between CBOs and city agencies have shown deep promise. Partnerships often occur organically when there is a gap, or when a funding requirement necessitates it. This allows individuals and entities across the service network to "be on the same page," problem solve together, share and leverage resources, and move towards decision-making.

CONCLUSION

This landscape scan revealed a number of paradoxes. Berkeley is a city with a strong identity that many are proud to call home and it is experiencing significant stressors and transitions. It is also a great place to live, work and learn, but not for everyone. And finally, ideals of inclusivity and collaboration are highly sought after, but challenging to put into practice. There are several learnings we will take forward into the next phases of this project including:

- There is a need to balance the views of community members who receive services with those of CBOs and nonprofits who provide them. This will inform qualitative data collection practices, from focus group organization to key informant interview guide design.

- Utilizing several different forms of qualitative data collection (focus groups, interviews, listening sessions, etc.) will be important in ensuring that the CHA/CHIP process is accessible to community members.

In the upcoming phases, we seek to engage community members in deepening our understanding of the health and wellness status of Berkley residents and the complex issues faced (CHA), and then turn to identifying ambitious and practical strategies to improve priority outcomes (CHIP).