

# Berkeley Wellness Blueprint

## LANDSCAPE SCAN FINDINGS



# LANDSCAPE SCAN OVERVIEW

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.

**Our first step in this process was to conduct a landscape scan to develop a baseline understanding across four key areas.**

1

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

2

The capacity of organizations and agencies inside and outside government to work independently and collectively to address priority health and safety concerns.

3

Resources, both allocated and potential, available to address priority health and safety concerns.

4

Community leaders - both those with organizational standing and those with lived experience - who could inform this project as members of a steering committee.

# OUR PROCESS

- Key informant interviews (n=15)\*
- Document review (n=20)
- Quantitative data review and synthesis (MySidewalk)

*\*see Appendix A for list of key informants*



# OVERVIEW

*Taken as a whole, Berkeley looks like it's doing pretty well in terms of health and wellness. But that masks deep inequities and disparities. And those inequities have only intensified as a result of the pandemic.*

# FRAMEWORK



**HEALTH OUTCOMES**  
disease & injury, mortality

**LIVING CONDITIONS**  
physical, social, economic, service environments

**INSTITUTIONAL INEQUITIES**  
government, schools, non-profits, laws and regulations



# OUR KEY FINDINGS

- Berkeley presents geographic and racial and ethnic disparities

- Social conditions and physical environments are key drivers of disparities and inequities

- There is lack of support for organizations and staff that serve systematically marginalized populations
- Collaboration, power- and decision-sharing are crucial

# HEALTH OUTCOMES

DISEASE & INJURY,  
MORTALITY



Geography	2010-2015 Life Expectancy at Birth	2020 Fair or Poor General Health Among Adults
Berkeley, CA	82.8	10.1%
Alameda County, CA	80.9	12%
California	80.3	15.4%
United States of America	78.8	14.5%

Sources: CDC BRFSS PLACES 2020; CDC NCHS USALEEP 2010-2015

At a glance, Berkeley is doing quite well in terms of its overall health outcomes, especially when compared to Alameda County, California, and the United States.

Geography	2019 High Blood Pressure Among Adults	2019 Diagnosed Diabetes Among Adults
Berkeley, CA	22.1%	6.3%
Alameda County, CA	25.7%	9.3%
California	26.7%	9.8%
United States of America	32.6%	11%

Sources: CDC BRFSS PLACES 2019

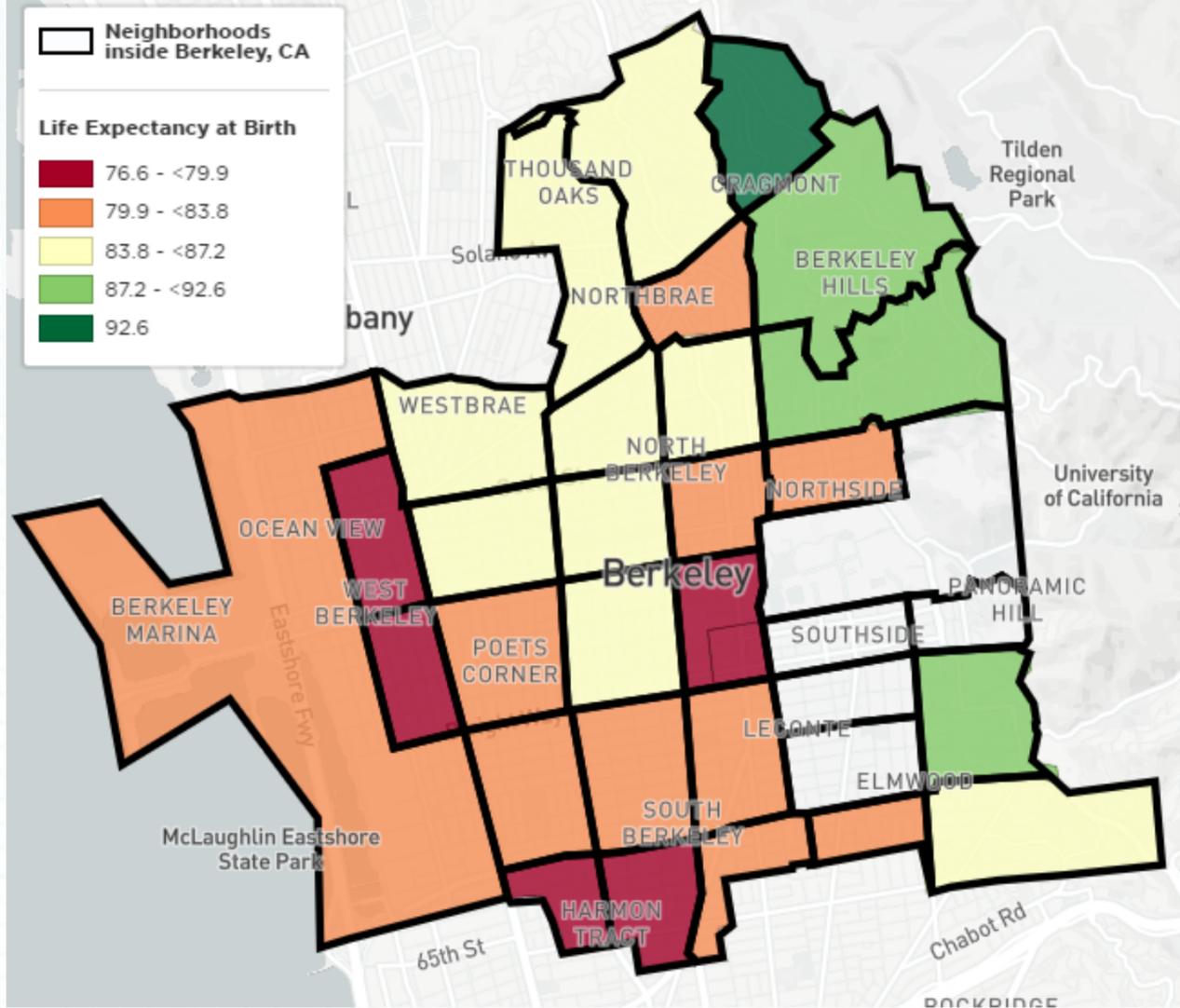
Rates of chronic disease are relatively positive compared with the county, state and country.

# HEALTH OUTCOMES

INEQUITIES AND  
DISPARITIES



The overall positive health status of Berkeley residents as a whole **masks deep disparities and inequities** when the data is disaggregated.



## LIFE EXPECTANCY

Life expectancy in Berkeley varies dramatically by place. **There is a 16 year difference in life expectancy** between the northern most census tract in the Berkeley Hills-Cragmont neighborhood (93 years), and the southern most census tract in the South Berkeley-Lorin neighborhood (77 years).

# LIVING CONDITIONS:

SOCIAL, ECONOMIC,  
PHYSICAL, AND SERVICE  
ENVIRONMENTS



# ECONOMIC ENVIRONMENT

## POVERTY

Geography	2017-2021 White Children Below Poverty	2017-2021 Asian Children Below Poverty	2017-2021 Black Children Below Poverty	2017-2021 Hispanic or Latino Children Below Poverty
Berkeley, CA	4.3%	1.7%	20.7%	9.7%

Geography	2017-2021 White Seniors Below Poverty	2017-2021 Asian Seniors Below Poverty	2017-2021 Black Seniors Below Poverty	2017-2021 Hispanic or Latino Seniors Below Poverty	2017-2021 AIAN Seniors Below Poverty
Berkeley, CA	5.5%	10.2%	14.5%	12.2%	22.9%

The poverty rate for children (people under age 18) and among seniors (65 or older) varies significantly by race.

Other marginalized groups (i.e. trans-identified individuals) have been cited by interviewees as experiencing high rates of poverty as well.

\*\*the AIAN community is very small and it is important to note that this is fewer than 10 individuals.

Source: US Census Bureau ACS 5-year 2017-2021

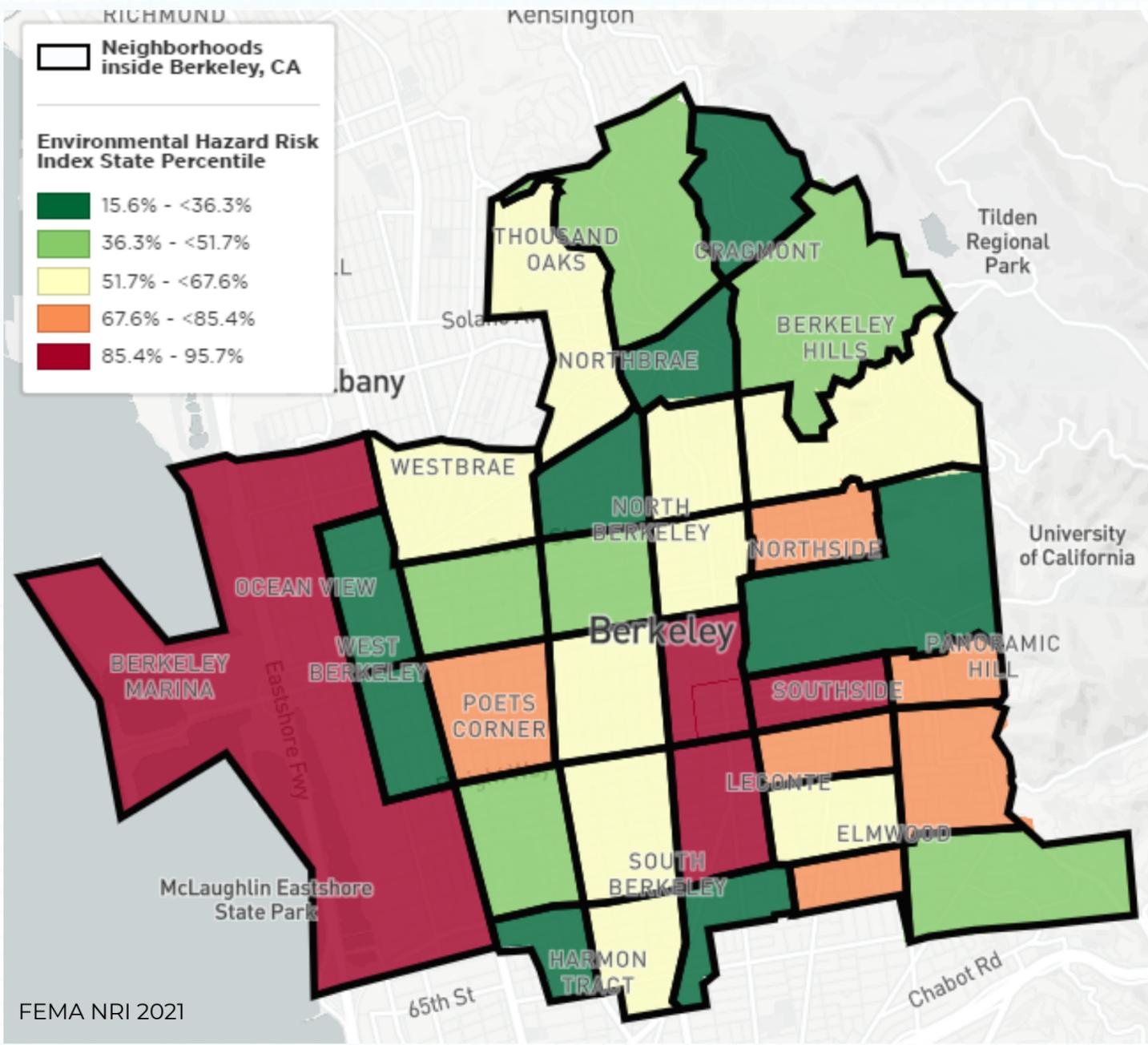
**“67% OF OUR PARTICIPANTS ARE BELOW THE POVERTY LINE; 49-48% ARE TRANS IDENTIFIED OR UNDER THE TRANS UMBRELLA, WHICH IS A HUGE CHANGE FROM MAYBE A DECADE AGO.”**

**-NONPROFIT LEADER**

# PHYSICAL ENVIRONMENT

## ENVIRONMENTAL HAZARDS

Some Berkeley neighborhoods - including the Berkeley Marina, Downtown Berkeley, Southside, and South Berkeley (Adeline) - are considered by FEMA to be some of the most at-risk places in the state of California. This means they are most at risk of having a “potential for negative impacts as a result of a natural hazard.”



FEMA NRI 2021

# PHYSICAL AND SOCIAL ENVIRONMENTS

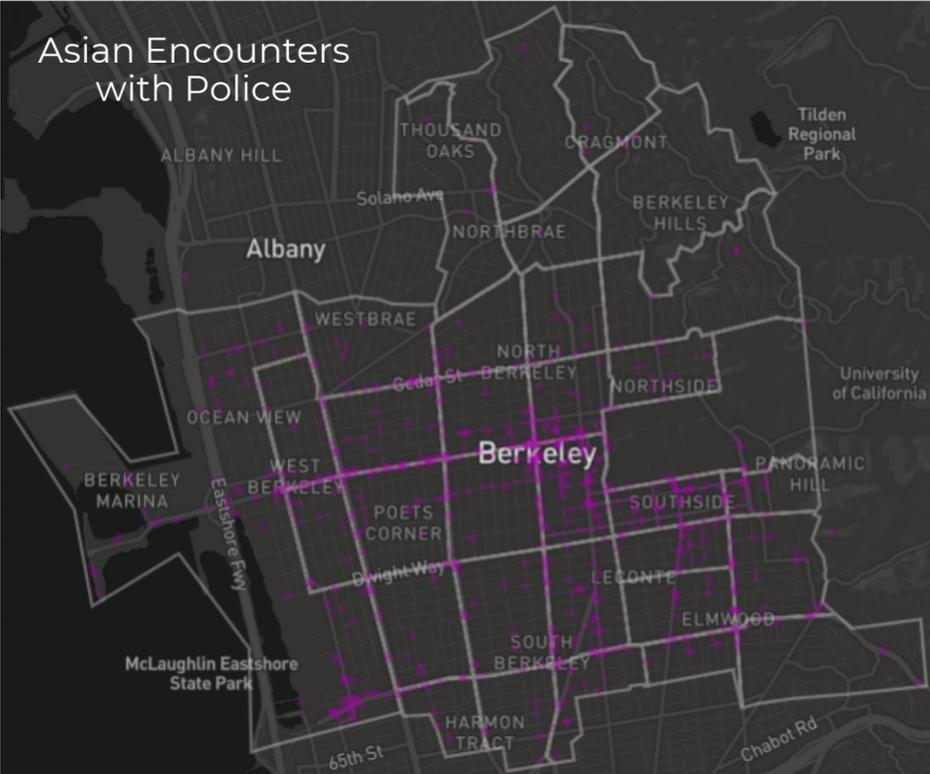
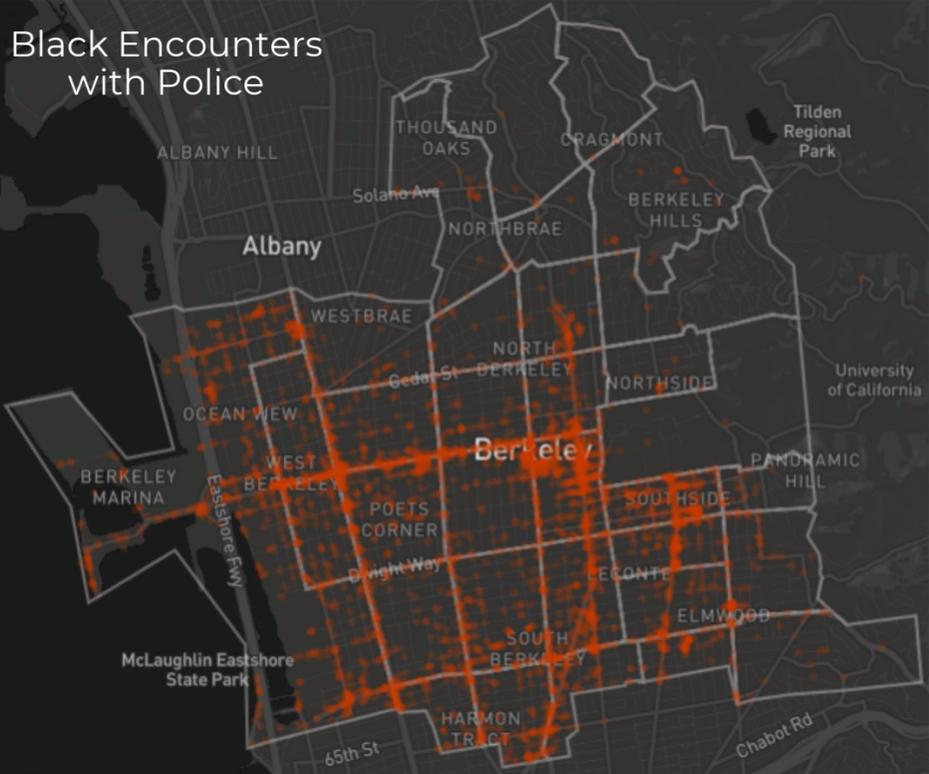
## VIOLENCE AND EXPOSURE TO TRAUMA

Between October 1, 2020, and December 31, 2022, Berkeley police reported conducting 12,061 stops.

Officers indicated that 36% of these stops (4,309) were of a Black individual. For 35% of these stops (4,249), the individual was reported as white. The officer reported the individual was Hispanic/Latine/x in 15% (1,850) of these stops. Police stops of people identified by the police as Asian accounted for 7% (841) of the encounters reported during this time.

These data show that Black and Hispanic/Latine/x individuals encounter the police at disproportionate rates given their representation in the city. Black people account for 8% of the city's population but 36% of all police encounters. Hispanic/Latine/x people account for 12% of the Berkeley population but 15% of police encounters.

Source: [data.cityofberkeley.info](https://data.cityofberkeley.info)



# PHYSICAL AND SOCIAL ENVIRONMENTS

## VIOLENCE AND EXPOSURE TO TRAUMA

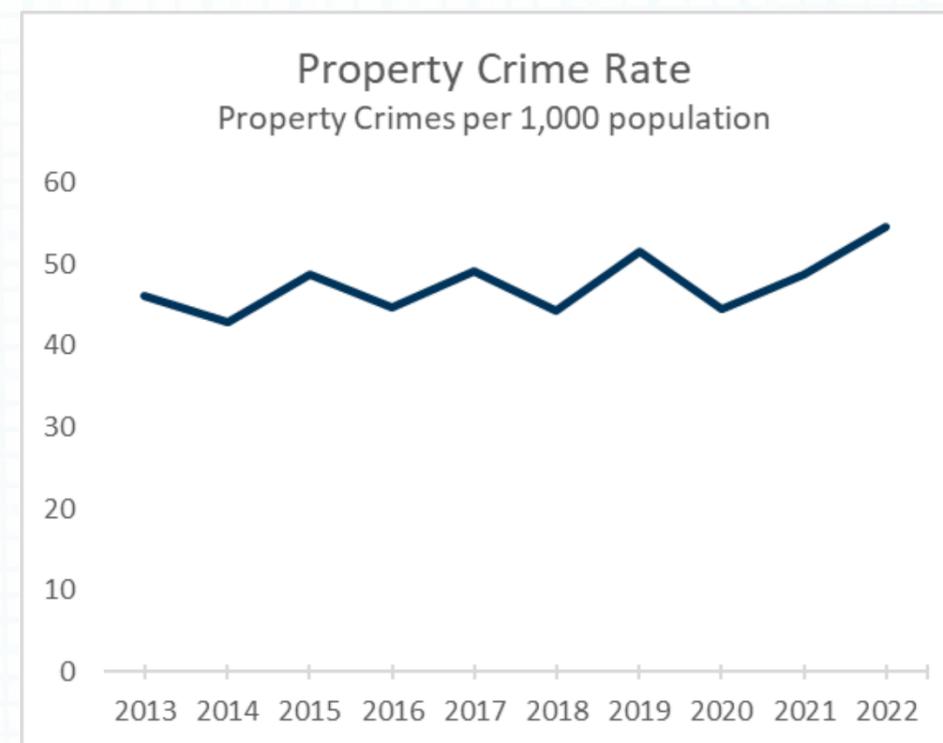
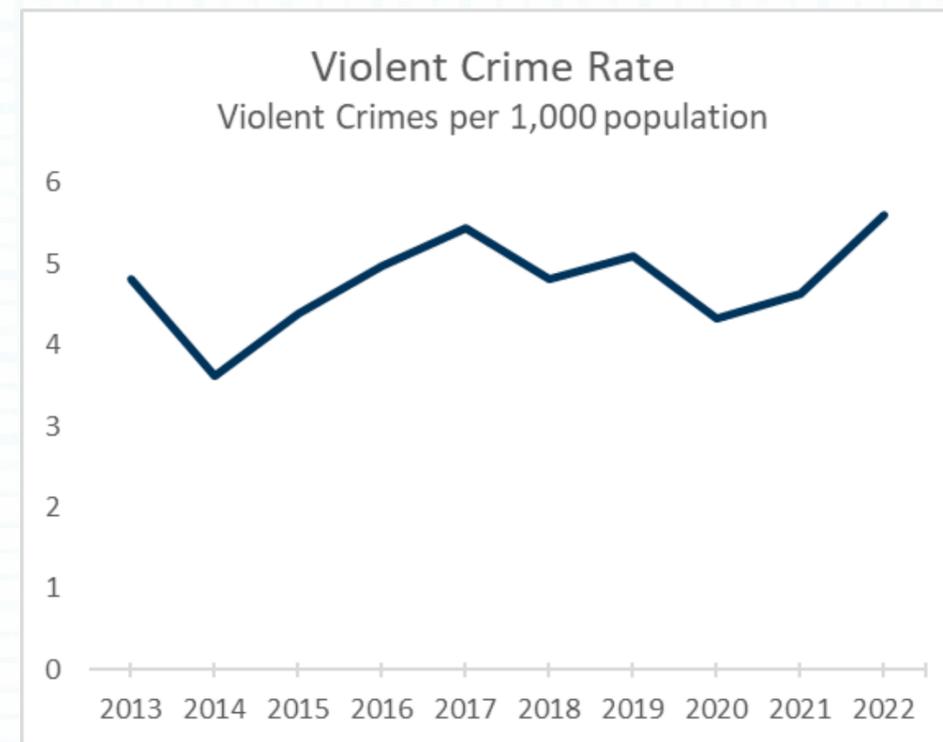
Both the violent crime rate and the property crime rate in Berkeley have been on the rise since 2020.

2022 marked the highest violent crime rate in the past ten years (5.6 incidents per 1,000 people).

Similarly, the property crime rate in 2022 was the highest it has been since 2013 (55 incidents per 1,000 people).

Violent crimes include: homicide, rape, robbery, and aggravated assault.

Property crimes include: burglary, motor vehicle theft, and larceny theft.

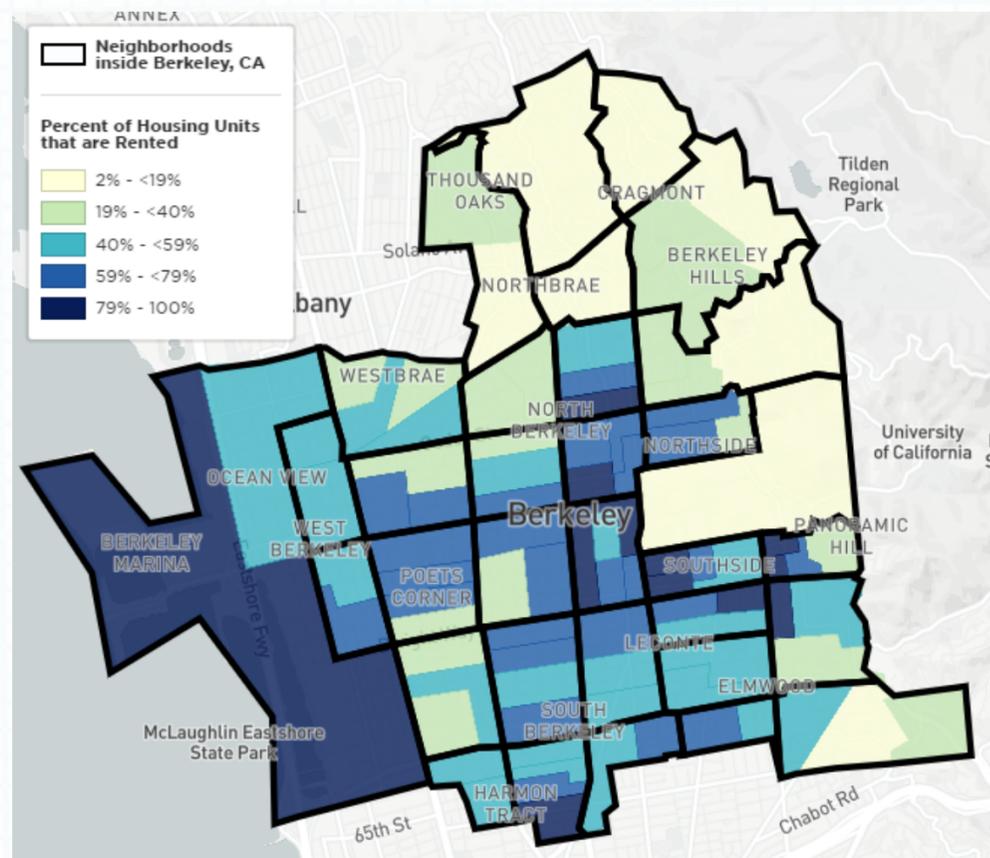


Source: US Census Bureau (total population) and the State of California Department of Justice

# PHYSICAL AND ECONOMIC ENVIRONMENTS

## HOUSING ACCESS AND AFFORDABILITY

Homelessness and housing affordability were at the forefront of many interviewee's minds. There is a multi-faceted impact of one's housing situation on overall health. Interviewees referenced a lack of affordable, ADA compliant housing options. Berkeley has also seen an alarming 50% decline in its population of Black residents since 1990. Housing statistics are skewed by the large number of university students who rent in Berkeley.



Geography	2017-2021 Home Owners	2017-2021 Housing Cost Burdened Owners	2017-2021 Renters	2017-2021 Housing Cost Burdened Renters
Berkeley, CA	43.2%	27.6%	56.8%	51.9%

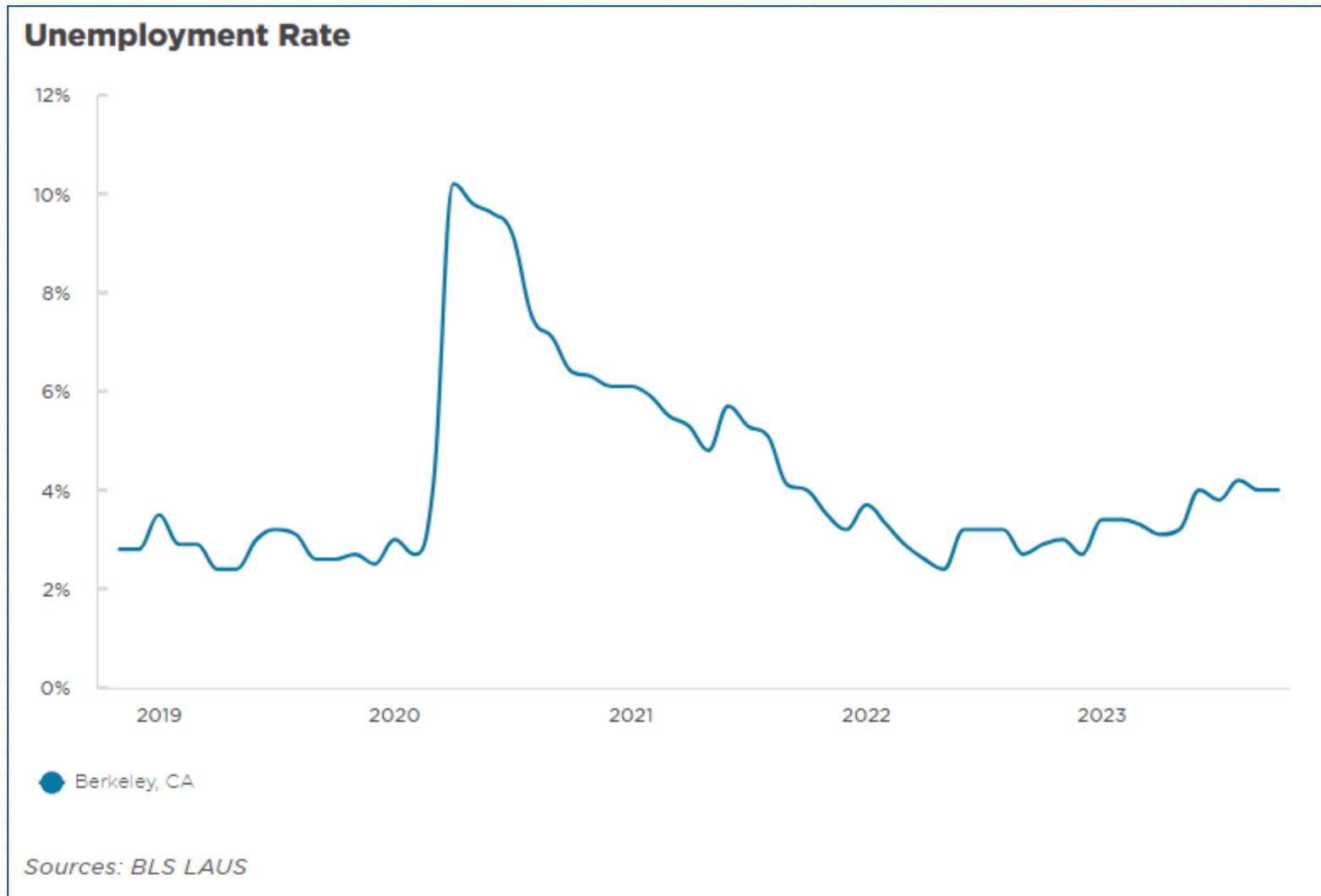
Source: US Census Bureau ACS 5-year 2017-2021

**“THE HOUSING THING IS HUGE...WE KNOW PEOPLE WHO DEFINITELY WERE HOUSELESS DURING THE PANDEMIC... JUST STRUGGLING...WE LOST A LOT OF REALLY WONDERFUL ARTISTS DURING THAT TIME.”**

**-NONPROFIT LEADER**

# PHYSICAL AND ECONOMIC ENVIRONMENTS

## IMPACT OF COVID-19 PANDEMIC



COVID had a dramatic impact on the city's economic wellbeing, a fact most plainly demonstrated by the sharp rise in unemployment. Recovery from this on-going and system-wide shock has been slow, and the city's unemployment rate remains above its pre-pandemic level.

# **SERVICE ENVIRONMENT**

## **INSUFFICIENT MENTAL HEALTH SERVICE PROVISION**

### **Lack of Culturally Concordant Services**

Interviewees cited limited access to culturally concordant mental health services, particularly for Latine/x, AAPI, African American and LGBTQIA populations. They also described an unequal distribution of mental health services in schools

**“ASIAN PACIFIC ISLANDERS AND LGBTQ ... YOUTH AND OLDER ADULTS ... AND THEN AFRICAN AMERICANS...THEY MAY NOT HAVE AS GOOD OF HEALTH OUTCOMES, AND YET WE [OVERLOOK] THEM IN THE SYSTEM...ARE WE NOT PROVIDING WHAT IS APPROPRIATE FOR THEM CULTURALLY?...WHY ARE WE [OVERLOOKING] THEM?”**

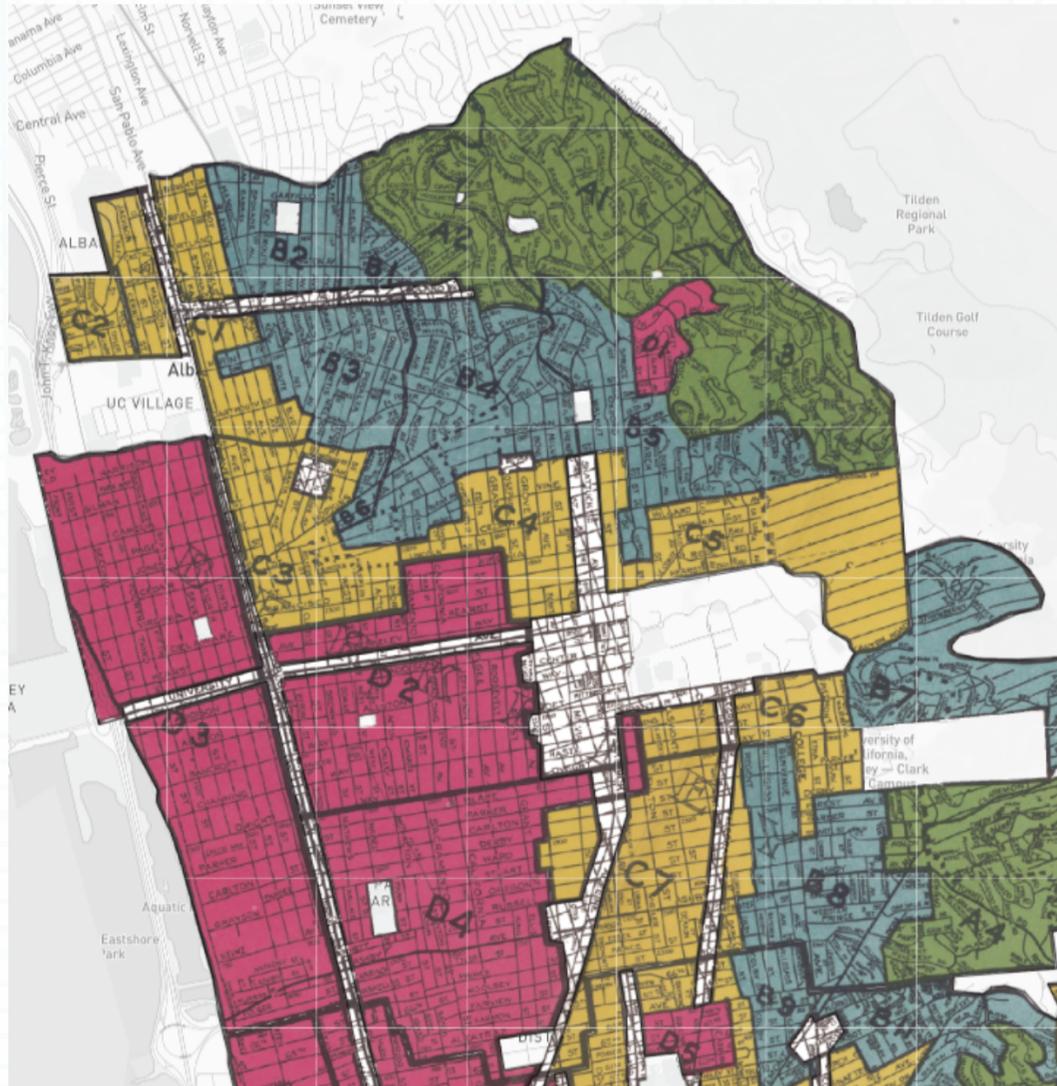
**-NONPROFIT LEADER**

# INSTITUTIONAL FACTORS

GOVERNMENT,  
NON-PROFITS,  
LAWS, AND  
REGULATIONS



# HISTORY AND POLICY



Poverty and economic opportunity are historical and intersectional.

The legacy of redlining, single-family zoning, and other discriminatory and exclusionary housing policies loom large in Berkeley, evidence of the deep roots of systemic racism. Present day disparities in life expectancy, chronic disease, and wealth reflect these policies and practices.

# INSUFFICIENT RESOURCES: STAFF, FUNDING AND INFRASTRUCTURE

- There is broad consensus across leaders both inside and outside of the government that existing capacity of CBOs and city agencies is insufficient
- City leaders cited struggles of being a small LHJ with relatively little funding compared to county public health departments; staff shortages; and siloing of departments. This creates barriers to serving the community.
- CBOs primarily cited low funding levels, lack of staff, and infrastructure challenges.

**“WE DON'T HAVE CAPACITY FOR SO MUCH BECAUSE WE HAVE TO STRUGGLE SO HARD FOR OUR FUNDING.”**

**- NONPROFIT LEADER**

**“WE HAVE A VERY VAST REPORTING RESPONSIBILITY, BECAUSE WE'RE FUNDED BY ABOUT 15 DIFFERENT GRANTS AND CONTRACTS. SO WE HAVE A VERY VAST REPORTING STRUCTURE THAT IS NECESSITATED BY THIS BY THIS VERY COMPLEX BUDGET THAT WE THAT WE WORK WITH.”**

**-NONPROFIT LEADER**

# DECISIONMAKING, PRIORITIZING AND STRATEGY

- Interviewees questioned whose voices are considered and included in decision making.
- Decision-making at the county versus city versus departmental level vary in terms of efficiency. Relationships between and across levels are deeply intertwined in how decisions get made.

**“WE WERE REALLY INTERESTED IN JUST GETTING TRANSPARENCY AROUND...WHY DECISIONS ARE BEING MADE”**

**-NONPROFIT LEADER**

**“SOMETIMES WE HEAR FROM PEOPLE WHO USE SERVICES... BUT OFTENTIMES, THE VOICES I HEAR REPRESENTING THEM ... HAVE POLITICAL POWER, THEY HAVE CLOUT... BUT IT DOESN'T MEAN THAT EVERYBODY'S VOICE GETS HEARD.”**

**-CITY OF BERKELEY EMPLOYEE**

**SOMETIMES THE CITY STAFF CAN REALLY PARTNER WITH US TO PROBLEM SOLVE, EITHER BECAUSE THEY HAVE LEVERAGE WITH RESOURCES, OR THEY HAVE AUTHORITY TO MAKE DECISIONS ABOUT THINGS.”**

**-NONPROFIT LEADER**

**“WE DON'T ALWAYS KNOW WHAT THE LEFT HAND IS DOING...WE'RE MISSING THE BOAT BECAUSE WE'RE NOT TALKING TO EACH OTHER OR THAT INFORMATION ISN'T GETTING RELAYED.”**

**-CITY OF BERKELEY EMPLOYEE**

## NEXT STEPS

- Announce Community Steering Committee members Friday 2/9
- Hold CSC kick off meeting end of February

**Berkeley  
Wellness  
Blueprint**

**Community Health Assessment (CHA) | February - September 2024**

**Community Health Improvement Plan (CHIP) | September - May 2025**

## APPENDIX A: KEY INFORMANT INTERVIEWEES

- Amy Davidson, Deputy Director, HHCS
- Lisa Warhuus, Director, HHCS
- Janice Chin, Division Manager, Public Health Division, HHCS
- Karen Klatt, Mental Health Services Act Coordinator, Berkeley Mental Health
- Jeff Buell, Mental Health Division Manager, Berkeley Mental Health
- Tanya Bustamante, Aging Services Manager, HHCS
- Coco Auerswald, Professor of Community Health Sciences, UC Berkeley
- Lasara Firefox Allen, Executive Director, The Pacific Center
- Natalia Neira, Executive Director, La Peña Cultural Center
- Brenda Goldstein, Chief of Integrated Services, Lifelong Medical (FQHC)
- Tse-Sung Wu, President, Berkeley PTA Council
- Wilhelmenia Wilson, Executive Director, Healthy Black Families
- Rich Woolbert, Deputy Executive Director, Easy Does It
- Mirna Cervantes, Executive Director, Multicultural Institute
- Kimi Watkins-Tartt, Director, Alameda County Public Health Department