

# COMMUNITY NEEDS ASSESSMENT

---

## Community Needs Assessment Background and Data Collection Method

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

During the last community agency request for proposal (RFP) cycle, the City received proposals for health-related programs, including geriatric primary care health services; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues, as well as poor physical health. Since those community agency contracts were awarded, agencies have submitted regular program reports detailing demographic data and client service outcomes. This data allows the City to track the highest need demographic communities and areas, and guides the contract allocation decisions in the next funding cycle.

The City of Berkeley's 2023-2031 Housing Element Update provided information specific to housing insecurity, including homelessness and other key demographic data related to income levels and housing. Additionally, the Housing Element process included an extremely robust community engagement and stakeholder process,

**Appendix A**

including interviews with housing advocacy groups, community organizations, organizations representing special needs, education institutions, and both affordable and market-rate housing developers.

The City of Berkeley is a recipient of HOME-ARP HUD funds, which are used to support programs that reduce homelessness and increase housing stability. This funding requires a Citizen Participation Process, and Berkeley accomplished this through an online survey sent to 29 different agencies and service providers whose clientele include the HOME-ARP qualifying populations to identify unmet needs and gaps in housing or service delivery systems, and to determine potential areas of collaboration. Because the HOME-ARP qualifying populations intersect directly with the CSBG-eligible populations, the HOME-ARP public participation activities and public hearing provide another avenue for the community to inform the City of its priorities and highest-need areas.

The 2022 Point In Time Count Unsheltered & Sheltered Report for Berkeley provides comprehensive counts of people experiencing homelessness in order to measure the prevalence of homelessness in each local community. This report specifically provided key data on the intersection of homelessness, race, ethnicity, gender identity, and age.

## Key Findings

### Health Inequities in Berkeley

Residents of Berkeley generally enjoy high levels of health, education, employment and income, and yet a significant portion of Berkeley residents are living in poverty. The Berkeley poverty rate is approximately 18%, which is double that of Alameda County (9%). There are multiple intersectional challenges for individuals living in poverty in Berkeley, which include health inequities related to disability, race, housing, and age.

### City of Berkeley Demographics

	City of Berkeley	Alameda County	California
<b>Age</b>			
Under 5 years	5.7%	5.38%	5.8%
5 to 17 years	9%	14.5%	16.18%
18 to 64 years	70%	64.33%	61.88%
65 years and over	15.3%	15.79%	16.15%
<b>Race</b>			
White	57.5%	29.48%	39.59%
African American	7.5%	9.72%	5.64%
American Indian	0.7%	1.22%	1.69%
Asian	20.5%	33.97%	15.64%
Pacific Islander	0.4%	.80%	0.4%
Other Race	0.9%	13.77%	22.02%
Two or more races	8.7%	11.03%	15.03%
<b>Ethnicity</b>			
Hispanic/Latino	13.69%	23.72%	40.91%
Non-Hispanic/Latino	86.31%	76.28%	59.09%
<b>People with Disabilities (under 65 years)</b>	6.7%	5.7%	6.8%
<b>People Without Health Insurance</b>	3.8%	4.9%	8.1%

Berkeley residents over the age of 75 comprise 47% of disabled Berkeley residents, with 37% of individuals over 75 experiencing ambulatory difficulty (ACS, 2021). Seniors ages 65 to 74 are the fastest growing age group in the Berkeley, and now comprise 9.2% of the population, compared to 6.5% in 2010<sup>1</sup>. Additionally, the percentage of Berkeley residents who are African American are three times more likely to have a disability than White residents (ACS, 2021).

Below is an overview of resident health across ages and demographics.

Sociodemographic Characteristics & Social Determinants of Health	Pregnancy & Birth	Child & Adolescent Health	Adult Health	Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latin families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.

Source: 2018 City of Berkeley Health Status Report<sup>2</sup>

<sup>1</sup> City of Berkeley. *City of Berkeley 2023-2031 Housing Element Update*. Revised Draft, October 17, 2022. Pg. 24.

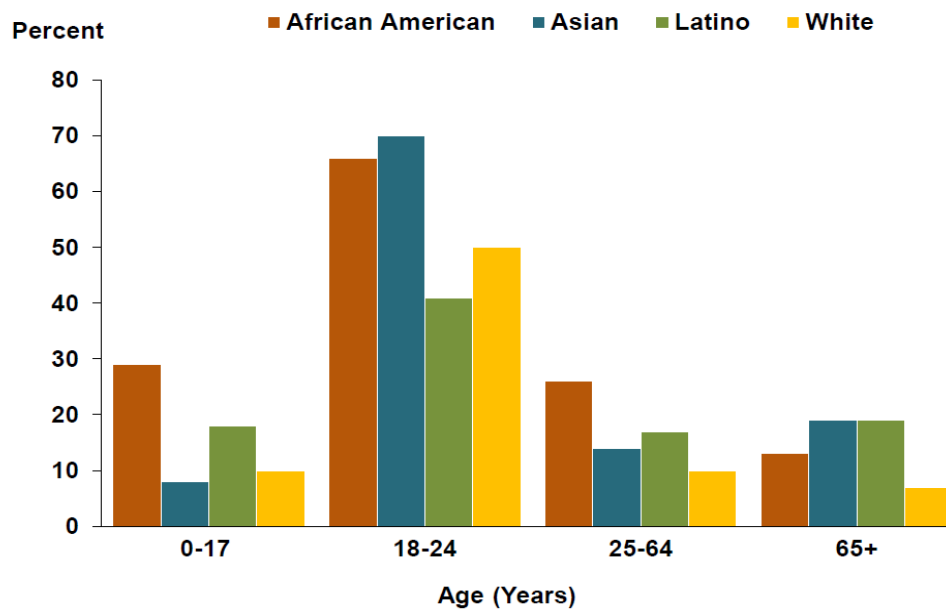
<sup>2</sup> City of Berkeley. City of Berkeley Public Health Division. *City of Berkeley Health Status Report 2018*. By Lisa B. Hernandez, José A. Ducos, Alvan Quamina, and Rebecca L. Fisher. Berkeley, CA: City of Berkeley Public Health Division, 94704. 1-136.

## Income and Poverty

The median household income in Berkeley was \$95,360 in 2019, according to the American Community Survey. Based on HUD’s income definitions, about 42% of Berkeley’s households are considered lower income<sup>3</sup>.

Poverty rates vary drastically by race and ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families.<sup>4</sup> While African Americans make up only 7.5% of Berkeley’s population, they represent 57% of Berkeley’s homeless population (ACS, 2021).

**Percent of Population Below the Federal Poverty Level by Age and Race/Ethnicity, Berkeley, 2011-2015**

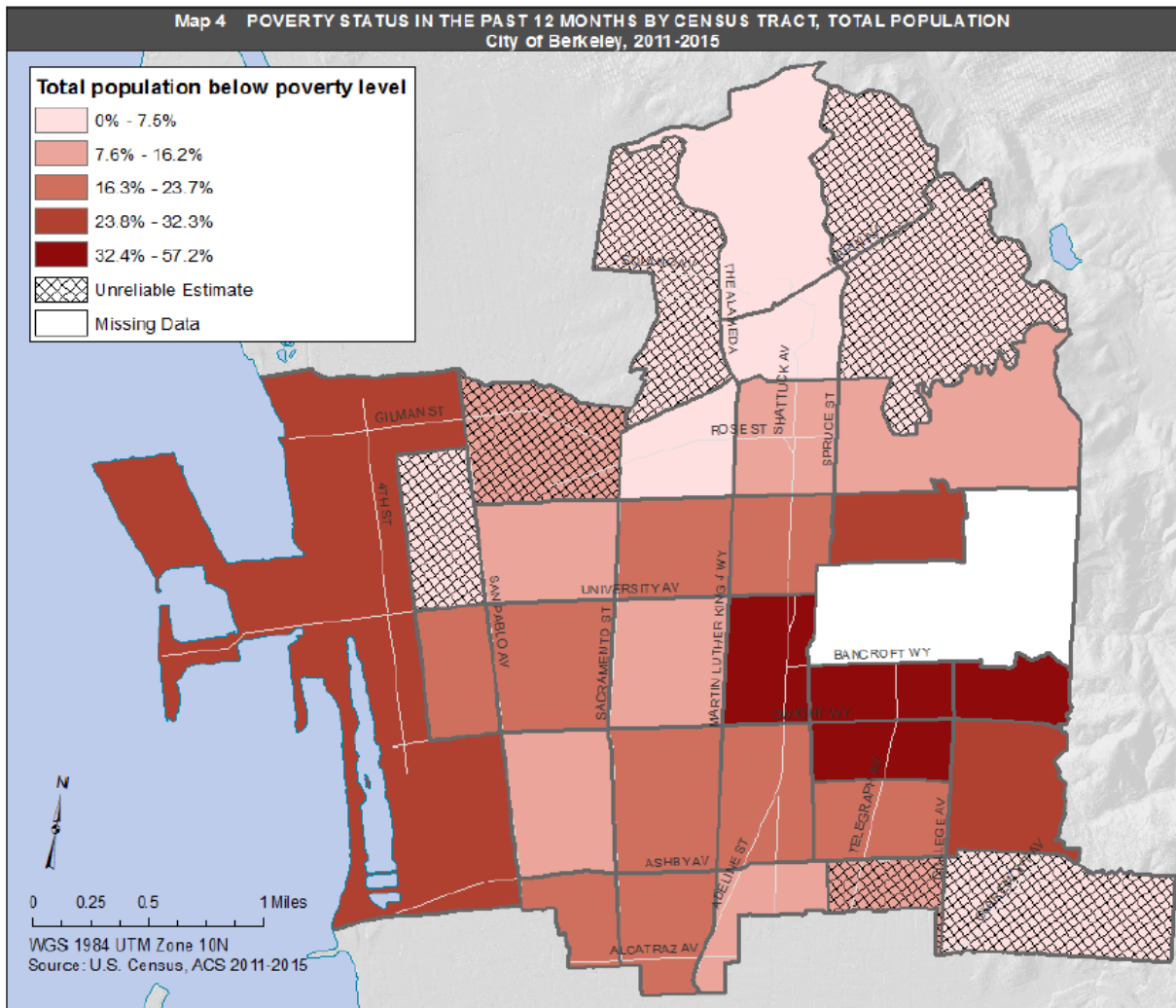


Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011-2015

<sup>3</sup> City of Berkeley 2023-2031 Housing Element Update, pg. 24.

<sup>4</sup> City of Berkeley Health Status Report 2018, pg. 11.

Poverty status is also unequally distributed by geographic areas in Berkeley. This distribution also corresponds with areas with high concentrations of African Americans and Latinos. Except for census tracts predominantly populated by students around the University Campus, census tracts in South and West Berkeley show the highest rates of poverty in Berkeley.<sup>5</sup>



Source: 2018 City of Berkeley Health Status Report<sup>6</sup>

<sup>5</sup> City of Berkeley Health Status Report 2018, pg. 12.

<sup>6</sup> City of Berkeley Health Status Report 2018, pg. 9.

**Appendix A**

At the individual level, about 18% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley. The Asian population has the highest rate of individual poverty, reflecting the large Asian student population. Although college students commonly have very low income during their limited student years, they are less likely to live in poverty throughout their adult lives than those who do not attend college. Poverty rates also vary by age. The proportion of individuals living in poverty is highest among those 18–24 years old, and the rates are lowest among those 0–17 and those 65 and older. For African Americans over the age of 65, the poverty rates decrease substantially compared to those age 64 and under.<sup>7</sup>

## Community Health

The City of Berkeley has a Public Health Division that is made up of public health nurses, community outreach workers, health educators, health care providers, and other public health professionals. Berkeley is one of only three cities in the State of California with the distinction of being its own health jurisdiction, while most health jurisdictions are the responsibility of the county. Having a City health jurisdiction means more individualized, higher quality services for residents and more resources for better programs and services to meet their needs.

Some of the services that the Public Health Division provides include:

- Giving shots to babies and children to prevent diseases such as polio, diphtheria, measles and hepatitis B.
- Joining with merchants, parents and school officials to reduce teenage smoking by not selling cigarettes to minors.
- Providing women with a safe place to make decisions about family planning and providing pregnancy prevention services.
- Helping residents understand how to protect children from lead poisoning.
- Providing people in physically abusive relationships with information, referrals and assistance with getting help.
- Providing a nurse for residents to call when they have health related questions.
- Helping residents understand how to reduce the risk of getting a sexually transmitted disease.

---

<sup>7</sup> City of Berkeley Health Status Report 2018, pg. 11.

**Appendix A**

- Educating children and teenagers about how wearing a bicycle helmet can protect them from injury.
- Giving pregnant women and their babies nutrition information and access to healthy foods.

Health insurance coverage is an important determinant of access to health care. Uninsured children and nonelderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts. The majority (52%) of persons under age 65 who have health coverage, have coverage through private employer- sponsored group health insurance. The percentage of uninsured in Berkeley (7%) is lower than in Alameda County (10%). The recent decrease in uninsured rate may reflect the impact of the Affordable Care Act expanding health care coverage. The percentage of uninsured varies by race/ethnicity, as well as by age and education. People of color are at higher risk of being uninsured than non-Hispanic Whites. The percentage of uninsured is higher among African American, Latino, and Asians compared to Whites.<sup>8</sup>

In terms of economic disparities for the disabled population, 1 in 5 people with disabilities live in poverty in Alameda County, while only 1 in 10 people without disabilities live in poverty. People with disabilities tend to have higher rates of high blood pressure, heart disease, diabetes, obesity, asthma, and psychological distress than those living without disabilities. The majority of the disabled population in Alameda County are older (≥65 years of age), with more women with any disability than men, and African Americans and American Indian/Alaskan Natives being the highest percentages of people with a disability.<sup>9</sup>

## **Recommendations**

The health inequities and need in the City of Berkeley were clear throughout the community needs assessment process. As a result, the City chose to continue to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for

---

<sup>8</sup> City of Berkeley Health Status Report 2018, pg. 19..

<sup>9</sup> Davis, Muntu, and Sandi Soliday. *Persons with Disabilities in Alameda County*. Alameda County Public Health Department. County Board of Supervisors' Health Committee. April 23, 2017. Accessed June 12, 2019. [http://www.acgov.org/board/bos\\_calendar/documents/DocsAgendaReg\\_4\\_23\\_18/HEALTH\\_CARE\\_SERVICES/Regular\\_Calendar/Persons\\_with\\_disabilities\\_Alameda\\_County\\_H\\_4\\_23\\_18.pdf](http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_4_23_18/HEALTH_CARE_SERVICES/Regular_Calendar/Persons_with_disabilities_Alameda_County_H_4_23_18.pdf).



poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders.

Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.

DRAFT