

Community Health Commission (CHC)

COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, April 28, 2016 - 6:30 pm – 9:00 pm
South Berkeley Senior Center, 2939 Ellis Street
Berkeley, CA 94709

Preliminary Matters

1. Roll Call
2. Announcements & Introductions of any new members
3. Approval of Minutes from prior meeting (Attachment 1)
4. Confirm note taker
5. Public Comment (*Speakers will have up to 5 minutes each*)

Presentation & Discussion Items

1. **Health, Housing & Community Services Director Introduction:** Paul Buddenhagen
2. **Health Officer Update:** Janet Berreman
3. **Public Health Accreditation Informational Presentation:** Tanya Bustamante
4. Discuss recommending to Council to direct Public Health Division staff to determine its role in discussions relating to police data, as a way of monitoring institutional racism and addressing stress in chronic disease development [Franklin] (Attachment 3)

Subcommittee Reports

1. **Health Equity Subcommittee:** Update on recommendation to City Council regarding African American Holistic Resource Center (Attachment 4)
 - a. **Action:** Approve revised and edited Council report
2. **Envisioning Future & Workplan Subcommittee:** Discuss revised enabling legislation for Community Health Commission (Attachment 5)
 - a. **Action:** Approve revised enabling legislation and Council report (Attachment 5)
 - b. **Action:** Create new subcommittees related to workplan (Attachment 6)
3. **Public Education & Marketing Subcommittee:** Established communication with Berkeley High School student community and successful formation of “Friends of the CHC - BHS Chapter”

Action Items

1. **Action:** Form subcommittee to explore any and all possible alternatives in order to continue to provide acute care services in Berkeley and to consider the impacts on Berkeley, Albany, Emeryville, and West County. Also, notify state legislative representatives of the pending impacts (Attachments 7-8)
2. **Action:** Recommendation to City Council regarding police data

Future Agenda Items

1. Discuss/explore the expansion of the Heart-2-Heart program [Rosales]

A Vibrant and Healthy Berkeley for All

2. Update on Public Health priorities [Berreman] – May 26

Adjournment

Attachments:

1. Draft minutes of 3/24/16 CHC meeting
2. Approved minutes of 2/25/16 CHC meeting
3. Stress on the Streets Report Executive Summary – *full report can be downloaded from <http://www.trustnottrauma.org/>*
4. Report to Council recommending African American Holistic Resource Center in South Berkeley
5. Report to Council recommending amendment to BMC that enables Community Health Commission & revised Berkeley Municipal Code (BMC) enabling legislation for Community Health Commission
6. Approved 2016 Community Health Commission workplan
7. Council referral - Sutter Health Alta Bates service changes & community impacts
8. Sutter Health Alta Bates Memorandum Update
9. Community Health Commission Subcommittee Roster

The next meeting of the Community Health Commission is scheduled for May 26, 2016 with a deadline of May 12, 2016 for the public's submission of agenda items and materials for the agenda packet. Dates are subject to change; please contact the Commission Secretary to confirm.

Please refrain from wearing scented products to this meeting.

COMMUNICATION ACCESS INFORMATION

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6346 (V) or 981-6345 (TDD) at least three business days before the meeting date.

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at the North Berkeley Senior Center located at 1901 Hearst Avenue, during regular business hours. The Commission Agenda and Minutes may be viewed on the City of Berkeley website: <http://www.cityofberkeley.info/commissions>.



Community Health Commission

Community Health Commission

Meeting Location: South Berkeley Senior Center
2939 Ellis Street, Berkeley, CA

Draft Minutes Regular Meeting, Thursday March 24, 2016

The meeting convened at 6:37 p.m. with Chair Nathan presiding.

ROLL CALL

Present: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein (6:55), and M. Wong

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

Staff present: Janet Berreman and Tanya Bustamante

COMMENTS FROM THE PUBLIC

- None

PRESENTATIONS

- None

ACTION ON MINUTES

1. M/S/C (Nathan/Namkung) Motion to approve the draft February 2016 minutes.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Absent from vote: Commissioner Stein

Excused: Commissioners Rosales, Smith, and Wertman

Motion Passed.

A Vibrant and Healthy Berkeley for All

ACTION ITEM

2. M/S/C (Nathan/Stein) Motion to approve recommendation to City Council for African American Holistic Resource Center as amended, and as further amended by Commissioners Kwanele, Nathan, and Stein.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

Motion passed.

ACTION ITEM

3. M/S/C (Nathan/Namkung) Motion to recommend that City Council adopt amended Berkeley Municipal Code 3.76 empowering the Community Health Commission.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

Motion passed.

ACTION ITEM

4. M/S/C (Chen/Kwanele) Motion to approve Community Health Commission workplan with amendments.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

Motion passed.

ACTION ITEM

5. M/S/C (Nathan/Chen) Motion to elect Commissioner Kwanele as new Community Health Commission Vice-Chair (*formal motion not taken at previous meeting*).

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

ACTION ITEM

6. M/S/C (Chen/Speich) Motion to retire the Electronic Controlled Weapon subcommittee and the Tobacco Minimum Age subcommittee.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

ACTION ITEM

7. M/S/C (Speich/Stein) Motion to endorse the Human Welfare and Community Action Commission recommendation to City Council.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

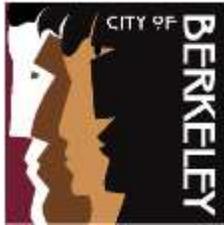
Excused: Commissioners Rosales, Smith, and Wertman

NEXT MEETING

The next regular meeting will be on April 28, 2015 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:03 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.



Community Health Commission

Community Health Commission

Meeting Location: South Berkeley Senior Center
2939 Ellis Street, Berkeley, CA

Approved Minutes Regular Meeting, Thursday February 25, 2016

The meeting convened at 6:40 p.m. with Chair Rosales presiding.

ROLL CALL

Present: Commissioners Chen, Engelman, Franklin, Kwanele (6:48), Namkung, Nathan, Rosales, Shaw, Smith, Stein, Thornton, Wertman, A. Wong, and M. Wong

Absent: Commissioner Speich

Excused: None

Staff present: Janet Berreman and Tanya Bustamante

COMMENTS FROM THE PUBLIC

- Comment from Berkeley resident Gordon Loncz regarding the importance of safe communities and affordable housing, and to consider that a percentage of affordable housing developments be dedicated to affordable housing.

PRESENTATIONS

- None.

ACTION ON MINUTES

1. M/S/C (Stein/Nathan) Motion to approve the draft January 2016 minutes.

Ayes: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Thornton, Wertman, A. Wong and M. Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Absent from vote: Commissioner Kwanele

A Vibrant and Healthy Berkeley for All

Excused: None

Motion Passed.

ACTION ITEM

2. M/S/C (Namkung/Chen) Motion to create “Envision Future of Community Health Commission” subcommittee to revise Commission participation requirements and draft Commission workplan. Subcommittee to include the following Commission members: Chen, Franklin, Kwanele, Namkung, Nathan, Rosales, and M. Wong.

Ayes: Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Thornton, Wertman, A. Wong and M. Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Excused: None

Motion passed.

ACTION ITEM

3. M/S/C (Stein/Namkung) Motion to elect Neal Nathan as new Community Health Commission Chair.

Ayes: Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Thornton, Wertman, A. Wong and M. Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Excused: None

Motion passed.

ACTION ITEM

4. M/S/C (Namkung/Franklin) Motion to approve report to City Council recommending approval of an ordinance requiring food vendors to provide health default beverages with children's meals, with the following modifications:
- a. Deletion of low-fat and non-fat milk language under 'Recommendation' section
 - b. Include "cost of ongoing enforcement" under 'Fiscal Impacts' section
 - c. Revision of 'Alternative Actions' section to read "Do nothing and maintain status quo."

Ayes: Commissioners Chen, Engelman, Franklin, Kwanele, Namkung, Nathan, Rosales, Shaw, Smith, Stein, Thornton, Wertman, A. Wong and M. Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Excused: None

Motion passed.

NEXT MEETING

The next regular meeting will be on March 24, 2015 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:00 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.

STRESS ON THE STREETS (SOS)

RACE, POLICING, HEALTH, AND
INCREASING TRUST NOT TRAUMA

Executive Summary





December 2015 | www.humanimpact.org

STRESS ON THE STREETS (SOS)

Race, Policing, Health, and Increasing Trust not Trauma

Executive Summary

ABOUT THIS STUDY

This report draws upon existing research throughout the nation, as well as data from a survey of 470 Ohioans and information from eight focus groups held as part of the report. It explores the relationship between police-community relations and health, and identifies specific actions state and local-level decision makers can take to improve public health and public safety. The report looks at physical and psychological health, such as stress and anxiety; factors like trust and fear that shape health; and interactions such as stops, arrests, and use of force, as well as policing models and practices. Police and black people are the main focus populations of the report, amid highly publicized deaths of black people during interactions with police, and disproportionately large numbers nationally of black people who are arrested, experience use of force, and are incarcerated compared to other racial and ethnic groups.

The tension and distrust between people of color and police in the United States is an underestimated public health crisis. Shocking cases of mistreatment, injury, and death grab headlines and go viral on social media, but the mental, emotional, and behavioral impacts of this fraught relationship affect communities of color and police officers in ways less often discussed.

This report shows that for many black people in the United States the perceived color of their skin means more uneasy interactions with police than others in

our society, and stress and anxiety that in turn result in poorer physical and mental health. The report also shows that for police, heightened stress and anxiety put officers at greater risk of cardiovascular disease, substance abuse, depression, and suicide. **The good news is the report finds that changes in policing models and practices can build trust between police and black communities, improving public health and public safety.**

The anxiety and stress from interactions with police shape the daily experiences of black people – where they go, how they get there, and their sense of safety and security in their communities and the wider society. One study referred to black peoples' experiences of police interaction as “mundane extreme environmental stressors.” Constant background stress can profoundly influence the emotional and physical development of youth, changing how youth interact with each other, adults, and institutions like schools. Prolonged and deep stress can change a child’s brain structure, and affect how well they do in school or work.

Anxiety and stress are also constants in police work. They stem not only from the inherent dangers of the job but from workplace factors such as long hours, excessive paperwork, court appearances, inadequate administrative support, and disciplinary procedures. Today’s police are called on for public service duties they may have little or no training for, such as dealing with people who have mental health conditions. These factors lead not only to increased risk of disease, but alcohol abuse, marital and family problems, and emotional withdrawal – what one Cincinnati officer described in a focus group as building “*a wall around your skull to handle what you’re going to see.*”

Beyond mental health and well-being, interactions between police and the public, especially people of color, carry the risk of injury or death. Compared to other people in the United States, black people are disproportionately injured from what are called “legal interventions”. Differing sets of data indicate that in Ohio in 2015 (as of November 1), 40 to 45 percent of people shot and killed by police were black – in a state where the total black population is about 12 percent. Nationwide in 2014, an estimated 13,400 police officers were injured by assaults in the line of duty, and 51 were killed.^{1,2}

The evidence is clear: by failing to also understand mental and emotional health harms, the nation’s current approach to policing is failing black people and police officers. Change will not come easily or quickly, and will require a continuing commitment to building mutual trust.

STARK DISPARITIES IN TRUST

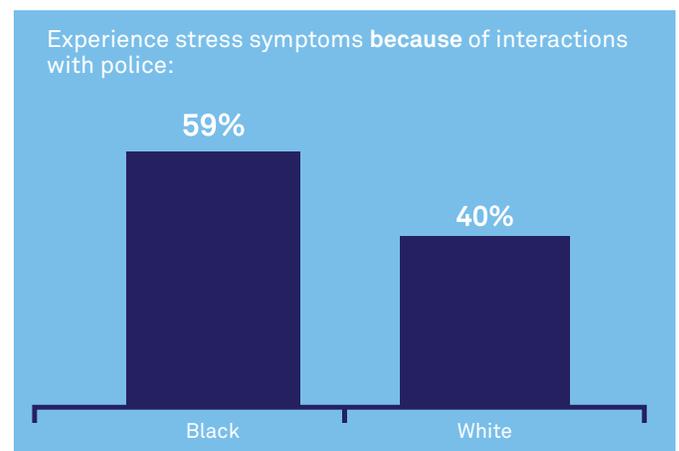
This report focuses on the state of Ohio and its third- and fifth-largest cities, Cincinnati and Akron. (The Cincinnati Police Department participated in the report; the Akron Police Department declined.) The report shines a light on how current policing practices affect health and well-being, and points toward better practices that will help restore trust and respect, improve public health, and build safer environments for all. It is particularly aimed at helping shape the standards and practices under development by the Ohio Collaborative Community-Police Advisory Board, and practices in Cincinnati and Akron; the report can also inform other cities nationwide that are working to reform policing practices.

For this report, researchers reviewed a large body of literature about policing models and practices. We led eight focus groups of community members and police and interviewed people with a variety of perspectives. We also coordinated an in-person survey of 470 residents in select neighborhoods of Cincinnati and Akron. The survey results show stark disparities between how samples of black and white people in these cities experience and feel about police and policing practices (note: total survey responses varied for each question):

1. The Guardian.com. The Counted: People killed by police in the US. <http://www.theguardian.com/us-news/ng-interactive/2015/jun/01/the-counted-police-killings-us-database>. Published 2015.
2. The Officer Down Memorial Page, Inc. ODMP Remembers... <https://www.odmp.org/officer/22273-police-officer-justin-winebrenner>. Published 2015.

- Among white respondents, almost 70 percent (n=67) said they trust the police in their community either “somewhat” or “a lot” compared to about 40 percent (n=135) of black respondents.
- About one in seven black respondents (n=45) reported being stopped by police one or two times a day, and almost one in five (n=58) reported being stopped one or two times a week. Only three percent (n=3) of white respondents being stopped once or twice daily, and just another two percent (n=2) said they were stopped once or twice weekly.
- More than 40 percent of black respondents (n=131) said they were “very afraid” or “somewhat afraid” of police in their community, compared to only 15 percent of white respondents (n=14).
- Nearly two-thirds of black respondents (n=209) said they had feared police would injure or kill them, or had those fears for someone else in an incident they witnessed. The response from white respondents was almost the exact opposite – nearly two-thirds (n=62) said they never had those fears.

These disparities demonstrate that many black people live daily with the belief that the police are not there to serve and protect them. One black focus group participant in Cincinnati said: *“I get a little queasy when a cop pulls up behind me.”* In Akron, another said: *“How can I feel safe in my own body if I don’t feel protected [by the police]?”*



*Includes samples in Akron and Cincinnati (n=184 for black respondents, n=36 for white respondents)

Little research exists on police trust of the public in the United States. However, some studies find that police culture leads to social isolation, cynicism toward their own agency or the public, and an us versus them

mentality of “warriors” and “civilians.” In one focus group, a Cincinnati officer said: *“Everyone else is normal because they trust easier than we do. But the majority of people lie to us, so we have to believe that everyone is lying. And they lie really well to us.”*

EFFECTIVENESS OF POLICING MODELS AND ACTIVITIES

Stress on the Streets (SOS): Race, Policing, Health, and Increasing Trust not Trauma looked at four widely accepted models of policing:

- *Community-oriented policing*, described by a White House task force as police working “with neighborhood residents to coproduce public safety.”
- *Problem-solving policing*, in which police seek to proactively identify and address the root causes of crime.
- *Focused policing*, including cracking down on a specific crime or offense, stepping up police presence in hot spots, and focusing on repeat offenders.
- *Standard policing*, which targets all crimes across an entire jurisdiction and aims to improve public safety by increasing the number of police, random patrolling, or responding more rapidly to calls.

The assessment found Akron’s approach is similar to the standard model, with some indication of community policing, while Cincinnati’s approach combines the community-oriented and problem-solving models. Assessing the effectiveness of the models is difficult because a model may contain a shifting set of practices governed by an overarching philosophy. Nonetheless, available evidence suggests the problem-solving approach is most effective, particularly in combination with community policing in reducing crime, building trust, and addressing inequities. By contrast, evidence suggests the standard model is least effective for these outcomes.

This report also looked at four specific activities many police departments have implemented to reduce inequities and misconduct, and to instead build trust between the public and police. We selected these four activities for analysis based on the availability of evidence to evaluate them and the frequency with which these activities have been proposed as solutions to the crisis in trust in the United States between the public and police:

- Attachment 3
- *Civilian review boards*. These independently appointed or elected bodies oversee police practices and handle complaints from the public against police officers. About 80 percent of large US cities have civilian review boards. Studies show civilian review boards can increase public trust in police, particularly if using mediation or face-to-face discussions between the public with a complaint and the police supervisors.
 - *Department-level performance measures*. Many police departments measure and report their effectiveness using only crime statistics. Some policing experts and practitioners are developing an expanded set of measures that consider community relations, bias-free policing, and appropriate use of force. Expanding performance measures and assessing them over time through multiple methods can reduce the use of force.
 - *Training, supervision, and evaluation*. Officer training starts at the police academy and continues through on-the-job officer training; supervision includes the type, frequency, and level of supervision in the department; and evaluation involves how and when officers are evaluated. Training in communications, de-escalation and implicit bias are examples of courses found to increase trust. Using an early warning system to evaluate officer behaviors decreases use of force.
 - *Body-worn cameras*. There is increased attention to use of body-worn cameras by police officers to record interactions with the public. Of the limited evidence available, it shows body cameras reduce the use of force and citizen complaints, and suggests they may decrease the number of stops. There is mixed evidence but some suggestion that body-worn cameras can increase public trust of police. More research is needed to better understand body-worn cameras.



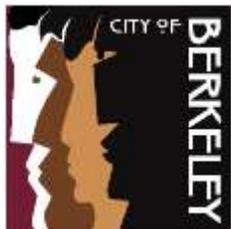
RECOMMENDATIONS

This report makes five recommendations to improve public health and public safety, not only in Akron and Cincinnati but other cities in Ohio and that can be used nationwide. The full report details both how the recommendations overlap with those already released at the state level, federal level, and by grassroots organizations, as well as who can implement the recommendations.

We urge the Ohio Collaborative Community-Police Advisory Board, Ohio Department of Health, Ohio Attorney General's Office, local police departments and local health departments, and researchers to consider the following recommendations. By considering the impacts on physical and psychosocial health of the public and police, high-profile bodies can produce and implement the highest priority reforms in the most effective way. (Specific actions to implement the recommendations are in the full report.)

- **Publicly recognize the historical contexts that have shaped current relationships between the public and police, using methods such as facilitated dialogues to understand each other's experiences.** This includes recognizing: police as a key factor – but only one factor among several such as poverty and unemployment – that can influence public safety; historic inequities in over-policing black people; the health impacts of policing practices; and possibility in systems thinking approaches to help resolve systemic issues. *(Implementation roles for: Ohio Collaborative, public, police departments, research entities such as the Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University, public health departments, and researchers in public health, criminology, and psychology.)*
- **Implement community-oriented and problem-oriented policing according to promising practices, with primary aims of improving public safety and building trust.** See table 1 in the report for promising practices. *(Implementation roles for: police departments and community organizations.)*
- **Fully implement the four specific actions described in this report – body cameras; civilian review boards or mediation; ongoing training, supervision, and evaluation of officers; and expanded department-wide performance measures.** They are not the only activities available to police departments, but are the practices researched in this report and that it can comment on. *(Implementation roles for: police departments, Ohio Peace Officer Training Commission)*
- **Issue an annual statewide State of Police report that identifies, regularly collects, and publicly reports department-level measures that include and go beyond crime statistics, and report these statistics by race or ethnicity.** This regular collection can enhance transparency and support the *State of Police* report card. *(Implementation roles for: Office of the Ohio Attorney General, police departments, Ohio Department of Health, Ohio Collaborative)*
- **Match police department resources – including staff skill sets – to the responsibilities necessary to serve all communities and create memoranda of understanding (MOUs) with community-based organizations to fill gaps beyond the skill sets of police.** *(Implementation roles for: police departments, Ohio Collaborative)*

If these recommendations are implemented by using promising practices and including the suggested actions in the full report, we expect that outcomes in Akron would include increased public-police trust over time, and decreased fear of police, use of force incidents, and associated stress and anxiety. Key to these outcomes is full implementation as described in the report; evidence suggests that partial implementation may have the opposite effect. Through its civilian review board and improved training, supervision, and evaluation, Cincinnati has made progress in decreasing the use of force, and should continue these approaches. Full implementation of the recommendations about body cameras could further reduce use of force. Using mediation as an alternative to investigations by the civilian review board, and more complete use of department-wide performance measures as described in the report would increase community trust.



Community Health Commission

ACTION CALENDAR

July 12, 2016

To: Honorable Mayor and Members of the City Council

From: Community Health Commission

Submitted by: Neal Nathan, Chairperson, Community Health Commission

Subject: African American Holistic Resource Center in South Berkeley

RECOMMENDATION

The Community Health Commission (CHC) strongly recommends that the City of Berkeley take immediate action steps towards the development and support of an African American Holistic Resource Center in South Berkeley.

The primary objective of the African American/Black Holistic Resource Center is to serve as a prevention and intervention model to consistently reduce the racial health disparities in Berkeley. It is to progressively increase positive health and wellness outcomes among the populations most affected. The Center will responsibly address the alarming health status rates among African American citizens in the City of Berkeley by providing culturally responsive and community defined-practices that will increase positive health outcomes. Furthermore, the CHC urges the City Manager and the City Council to both endorse and direct The Department of Health, Housing, and Community Services in general, the Public Health and Mental Health Divisions in particular, to set the development of such a Center as an urgent priority (with guidance and oversight of the project from the AABPCN, BNAACP, PCAD, BLM and HBF).

The Health Equity Subcommittee of the CHC has developed the following recommended action steps:

1. The City of Berkeley to either fund the Public Health Division or send out an RFP to conduct a thorough feasibility study within the next fiscal year (2016-2017) to determine the potential cost of creating and operating the African American Holistic Resource Center.
 - a. This study will include collaboration with community stakeholders: African American/Black Professionals & Community Network (AABPCN), Berkeley NAACP, Black Lives Matter, Bay Area/Berkeley group, Parents of Children of African Descent (PCAD), Healthy Black Families, and Friends of the CHC.
2. Provide funding that will allow for a culturally responsive driven community needs assessment:

- a. Collaborative effort to hold African American/Black community focus groups to gather community input into the design, layout of the resource center and services.
 - b. Include focus groups with front-line staff service providers within the HHCS Department.
3. Immediate action: The City Council and City Manager are to direct the Adeline Corridor planning project team to use cultural responsiveness to appropriately consider and address health equity concerns in every phase of planning and development. The Adeline Corridor plan is to include the social determinants of health into each phase of the plan and development.
4. The City Manager and the City Council is to immediately direct the Adeline Corridor Planning committee to partner with the Public Health and Mental Health Divisions and African American/Black community stakeholders. In addition to directing the Planning Department to incorporate the African American/Black Holistic Resource Center into the Adeline Corridor project plan. The plan should consider a generous square footage space to build and incorporate a green facility to house the Center, which would include a community garden and a spacious community meeting space that will allow for the gathering of at least 200 people.
5. The City of Berkeley to provide, in part, a generously protected funding stream to contribute to the staffing, business startup, and maintenance of the African American/Black Holistic Resource Center. The City of Berkeley will take the lead in developing collaborative funding from Alameda County, Alta Bates/Summit Medical Center, Children's Hospital/UCSF Benioff Oakland, Kaiser Hospital, University of California at Berkeley, Adeline Corridor Planning, and other public and private organizations in order to support the Center financially.
6. Direct the Department of Health, Housing, and Community Services to incorporate into the department's program plans for the 2017-2018 fiscal year a number of dedicated persons to assist in staffing and/or provide technical assistance to the resource center.
7. Creation of a City of Berkeley African American/Black Community Advisory Council that evaluates health equity status and suggests interventions to improve the health equity status of African American/Black people in Berkeley led by and comprised of 80% African American/Black members.

SUMMARY

Health inequities have impacted the City of Berkeley over a protracted number of years, with little positive change over the past two decades. The African American/Black Holistic Resource Center will create a much needed paradigm shift in the delivery of health and behavioral health services. Finally, the Center will serve as a free to low cost communal meeting space for Black residents and local groups.

FISCAL IMPACTS OF RECOMMENDATION

A substantial investment into culturally appropriate services will prove to be successful in reducing health disparities and improving positive health outcomes. The African American Community Service Agency in San Jose that deals with the health/mental and emotional development of the community is an example of such efforts. Anticipated costs (with a possible initial cost of \$20,000): feasibility study, focus groups, initial startup needs, City staff time (including data collection costs), administrative expenditures, daily operations and maintenance expenditures, supplies, electronic systems costs, and salaries. Additionally, private-public partnerships may provide funding for the feasibility study and operation costs, and/or the Adeline Corridor planning project may provide funding to absorb the costs of the feasibility study if the center is housed within the Adeline Corridor. Furthermore, research shows that the impact of health and behavioral health outcomes that are delivered in a culturally responsive manner will improve health outcomes and substantially reduce the costs of medical attention, for more serious health and mental health conditions, thereby reducing health and mental health cost to the city over time. Thus, the total costs of such a program and services should both be reasonable and justified, as the African American Community Service Agency in San Jose has been realized and sustained via private-public partnerships, which will form in Berkeley as well.

CURRENT SITUATION AND ITS EFFECTS

The Public Health Division within HHCS Department identifies health inequities as a priority. According to the 2013 Health Status report states that in Berkeley, "The death rate for African American men is over twice that of men overall. The death rate for African American women similarly is nearly double that of women overall. African American men stand out as having the highest death rate of all racial/ethnic and gender groups. These vast differences in death rates are the result of differences in health status as seen throughout this report; these are health inequities" (*The City of Berkeley 2013 Health Status Report, pp. 113*). The report further explains that African Americans die much younger than any other racial or ethnic group in Berkeley. The health outcomes for African Americans in Berkeley continue to be staggering and a cause for alarm.

BACKGROUND

The following table from the 2013 Berkeley Health Status report demonstrates health inequities:

HEALTH INEQUITIES IN BERKELEY

Berkeley's health inequities disproportionately affect African American residents in South and West Berkeley neighborhoods. These health inequities are evident at every stage of life.

Compared to a White resident, an African American living in Berkeley is:

Demographics	Pregnancy & Birth	Child & Adolescent Health	Adult Health	Mortality
3 times less likely to have a college degree	20 times more likely to be a teen parent	7 times more likely to live in poverty	4 times more likely to have been diagnosed with diabetes and 14 times more likely to be hospitalized for diabetes	2 times more likely to die in a given year from any condition
2 times more likely to live in poverty	2.5 times more likely to be born too small	9 times more likely to be hospitalized for asthma (<5 years old)	12 times more likely to be hospitalized due to hypertensive heart disease	2.5 times more likely to die of cardiovascular disease

The 1998 Health Status Report identifies, among many issues, “Ambulatory Care Sensitive Conditions are defined group of medical illnesses which hospitalization can be prevented through timely and adequate primary care services. It is a measure of access to primary care”. In this 1998 report in the ambulatory Care Services section, it identifies “Blacks accounted for 60% of all asthma hospitalizations in Berkeley among children 0 to 19 years of age, followed by Whites with 2.1% (*City of Berkeley 1998 Health Status Report, pp. 74*).

The 1999 City of Berkeley Health Status Report informs “The Health Status Report shows that overall Berkeley is a healthy community...However, health status is impacted by the significant economic, educational, social and racial disparities that exist within the City”. It further explains that “African Americans have the highest mortality rate unadjusted for age of all race/ethnicities” (*City of Berkeley 1999, Health Status Report Executive Summary, pp. 1*). The 1999 report continues to identify racial health disparities among African Americans in almost every subcategory of the report, some much more significant than others.

The City of Berkeley 2001 Health Status report in its introduction informs, “Our report also revealed a disparity in mortality for Berkeley residents based on race. African Americans in Berkeley have shorter life spans in general than do Whites in Berkeley. Our health data shows that African Americans in Berkeley have significantly higher premature death rates for preventable or manageable diseases such as hypertension, stroke and diabetes” (*City of Berkeley Health Status Report, 2001, pp. 5*). The report continues on to state that the Department of Public Health worked for three years to understand and pinpoint the disparities. The Department at that time introduced new programs to address the problem such as the Community Action Team (CAT) and the Black Infant Health program, among other programs, with a goal to close the health equity gap in Berkeley. After implementation of such programs, the Public Health Department began to notice some, albeit small, but positive changes in birth rate.

The 2002 Health Status Report credits the Black Infant Health Program for changes and states that “For all births (normal and low birth weight) in the period 1990-1992, African American mothers were 4.5 times more likely to receive untimely prenatal care as compared to Whites. During the last three years (1999-2001), this disparity gap has decreased significantly so that African American mothers are now 2.5 times more likely to receive untimely prenatal care as compared to Whites” (*The City of 2002 Berkeley Health Status Report, pp.20*).

In the next couple of years to follow, the Public Health Department began the process of slowly moving the needle in reducing the daunting racial health disparities numbers in Berkeley. By 2007, The City of Berkeley Health Status report identified Race and Racism as a social determinant of health among other categories. As with the reports in prior years, African Americans in Berkeley (and Nationwide) continued to have significantly larger concerning poor health outcomes.

The 2007 reports states, “Our ability to eliminate health inequities requires that we address the upstream determinants of health. If we truly wish to improve the health of our community, the Public Health Division must work closely together with Berkeley’s residents, schools, community based organizations, policymakers, and many other agencies to achieve greater social justice and a healthier environment for all” (*The City of Berkeley Health Status Report, 2007, Section I: Social Determinants Of Health & Health Inequities, pp. 2*).

By 2013, although the health equity gap in the City of Berkeley has narrowed in some areas, the numbers continue to be sobering and cause for alarm. The steps to address this problem must be aggressive, multi-systemic, multi-dimensional, culturally responsive interventions to address the social determinants of health, community involved, African American/Black culturally specific and centered. The AABPCN authored a document, [A Community Approach for African American/Black Culturally Congruent Services](#), April 2011, which was given to members of the City Council and the prior City Manager in 2011.

The report cited several areas of concern within the City, including concerns about the health and mental health status of African Americans in Berkeley.

The report offered pragmatic solutions to each identified problem, and offered the suggestion that the City of Berkeley should build an African American/Black Resource Center. The AABPCN reports states the following: "The vision for the African American/Black Resource Center is that it would be developed to have office space for various organizations to serve the community. Services would include, but not be limited to community support, career development, legal services, housing assistance, mental health treatment, educational support, nutritional support, and a meeting space that can be divided up when necessary to make smaller meeting spaces, or opened up for large community events. The building would be a modern green building that is environmentally friendly and located in South Berkeley" (*A Community Approach for African American/Black Culturally Congruent Services, AABPCN report April 2011, pp. 23*).

Later, in July 2013, the NAACP, Berkeley Chapter co-sponsored a Community Town hall meeting at the South Berkeley Library where over 150 participants partook in the event. Among the serious topic discussions, the health inequities within the City were identified as a crisis which needed immediate attention. Fast-forwarding to 2016, the racial health inequities in the City of Berkeley continue to be alarming, and continue to require immediate attention.

ENVIRONMENTAL SUSTAINABILITY

The community garden may contribute positivity to the landscape of South Berkeley and may serve as a small sustainable food supply. Possible impacts observed may be increased auto, foot, and/or bicycle traffic in an around the area of the Center. Visible Recycling and refuse receptacles may minimize possible waste resulting from the increased human traffic flow.

RATIONALE FOR RECOMMENDATION

Over the past 2.5 decades the health status rates of African American residents in the City of Berkeley has been horrendous, especially when it is compared to the White population in Berkeley. Many Cities and Counties have taken strong bold successful steps to understand and address the social determinants of health and mental health and see positive outcomes for their residents. Finding a resolution to the City of Berkeley's racial health equity problem will benefit the entire City, and create healthier citizens with increased positive outcomes. An African American/Black Holistic Resource Center will be a stabilizing force in the African American/Black community in South Berkeley. It would increase Community empowerment, support and involvement. Furthermore, culturally congruent services that are provided to African Americans/Blacks and other marginalized people in a respectful and welcoming manner will net great benefits to all parties.

ALTERNATIVE ACTIONS CONSIDERED

- 1 Add culturally congruent health services to existing Department of Health Services and Public Health Division services along with the creation of a City of Berkeley African American/Black Community Advisory Council that evaluates health equity status and suggests interventions to improve the health equity status of African American/Black people in Berkeley led by and comprised of **80%** African American/Black members.
- 2 Partner with Alameda County Public Health Department to develop and provide culturally congruent, responsive services to the African American Community in the City of Berkeley to be delivered with Cultural Humility.

CITY MANAGER

The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report. [OR] Refer to the budget process.

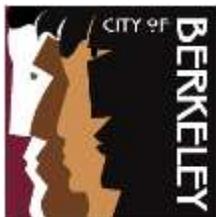
Note: If the City Manager does not (a) concur, (b) takes any other position, or (c) refer to the budget process, a council action report must be prepared. Indicate under the CITY MANAGER heading, "See companion report."

CONTACT PERSON

Tanya Bustamante, Commission Secretary, HHCS, (510) 981-5324

Attachments:

- 1: 2013 Health Status Summary Report
- 2: AABPCN Report: A Community Approach for African American/Black Culturally Congruent Services, April 2011



Community Health Commission

ACTION CALENDAR
June 28, 2016

To: Honorable Mayor and Members of the City Council
 From: Community Health Commission
 Submitted by: Neal Nathan, Chairperson, Community Health Commission
 Subject: Amend Berkeley Municipal Code Creating Community Health Commission

RECOMMENDATION

To amend Berkeley Municipal Code (BMC) Chapter 3.76 that establishes the Community Health Commission, and adopt first reading of the Ordinance that would empower and rename the Community Health Commission to the Community Health Equity Commission.

FISCAL IMPACTS OF RECOMMENDATION

Minimal costs and staff time of updating the BMC.

CURRENT SITUATION AND ITS EFFECTS

Adapted from an August 4, 2010 memorandum from City Attorney, Zach Cowan, prepared by Deputy City Attorney, Kristy Van Herick, sent to Health Officer, Dr. Janet Berreman: "Prior to 1993, there was a state mandate to have a local maternal, child, and adolescent health (MCAH) advisory board. The requirement to have a local MCAH board was created by State legislation effective January 1, 1982, pursuant to Health and Safety Code section 321.7. However, effective January 1, 1993, this mandate was eliminated and section 321.7 was repealed. There is currently no comparable provision in state law requiring a local MCAH advisory board. Only a few counties continue to maintain a MCAH advisory board. The City of Berkeley, in 1990, created the Community Health Commission, and folded into the Commission's functions the powers and duties specified in Health and Safety Code section 321.7 so that the Community Health Commission could also serve as a MCAH advisory board. The enabling ordinance establishing the Community Health Commission has been amended over time, but still contains references to the repealed Health and Safety Code 321.7." Therefore, there is a need for the City of Berkeley to update the BMC enabling the Community Health Commission to remove references to repealed code. Moreover, with this chance to amend the empowering BMC, the Community Health Commission can formally commit itself to the necessary goal of eliminating health inequities in Berkeley.

“Health Equity” is defined in accordance with the Centers for Disease Control and Prevention, as follows, “When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.” Social position and socially determined circumstances specifically include race and ethnicity. Thus, a true and comprehensive effort to improve public health requires addressing healthy inequities.

BACKGROUND

The older version of the Community Health Commission enabling code in the BMC was written in 1990 and is based on state legislation that is no longer in effect.

There has been an awareness of health inequities in Berkeley for quite some time, as evident in a review of the following City of Berkeley Health Status Reports:

The 1999 City of Berkeley Health Status Report informs “The Health Status Report shows that overall Berkeley is a healthy community...However, health status is impacted by the significant economic, educational, social and racial disparities that exist within the City”. It further explains that “African Americans have the highest mortality rate unadjusted for age of all race/ethnicities” (*City of Berkeley 1999, Health Status Report Executive Summary, pp. 1*). The 1999 report continues to identify racial health disparities among African Americans in almost every subcategory of the report, some much more significant than others.

The City of Berkeley 2001 Health Status report in its introduction informs, “Our report also revealed a disparity in mortality for Berkeley residents based on race. African Americans in Berkeley have shorter life spans in general than do Whites in Berkeley. Our health data shows that African Americans in Berkeley have significantly higher premature death rates for preventable or manageable diseases such as hypertension, stroke and diabetes” (*City of Berkeley Health Status Report, 2001, pp. 5*).

The 2007 reports states, “Our ability to eliminate health inequities requires that we address the upstream determinants of health. If we truly wish to improve the health of our community, the Public Health Division must work closely together with Berkeley’s residents, schools, community based organizations, policymakers, and many other agencies to achieve greater social justice and a healthier environment for all” (*The City of Berkeley Health Status Report, 2007, Section I: Social Determinants Of Health & Health Inequities, pp. 2*).

By 2013, although the health equity gap in The City of Berkeley has narrowed in some areas, the numbers continue to be sobering and cause for alarm. Therefore, steps to mitigate this problem must be aggressive, multi-systemic, multi-dimensional, and culturally responsive in order to address the social determinants of health.

ENVIRONMENTAL SUSTAINABILITY

None.

RATIONALE FOR RECOMMENDATION

Health inequities have been and continue to be problems in Berkeley that necessitate a dedicated and sustained effort to eliminate these health disparities. By amending the BMC and establishing a Community Health Equity Commission, the City of Berkeley will send a strong message to its constituents and others that health equity is a priority in addition to ensuring health and safety of all Berkeley residents. Moreover, though the Community Health Commission has taken action on issues of health inequity, by more directly including health equity under the purview of the commission, the commission will be better poised and able to take actions related to social determinants of health. Thus, the Community Health Equity Commission will become a more effective partner with the City and residents of Berkeley.

ALTERNATIVE ACTIONS CONSIDERED

1. Considered staying with the status quo since we have still been functioning and working on issues of health equity; however, acting on the proposed recommendation would support the need to reduce health inequities while updating the commission charter, which is outdated.
2. Keep the name of Community Health Commission instead of changing it to Community Health Equity Commission; however, changing the name is preferred since it sends strong support of the goal of achieving health equity.

CITY MANAGER

The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report.

CONTACT PERSON

Tanya Bustamante, Commission Secretary, HHCS, (510) 981-5324

Attachments:

- 1: Ordinance
Exhibit A: Chapter 3.76

ORDINANCE NO. -N.S.

AMENDING THE BERKELEY MUNICIPAL CODE ESTABLISHING
THE COMMUNITY HEALTH COMMISSION

BE IT ORDAINED by the Council of the City of Berkeley as follows:

Section 1. That Berkeley Municipal Code 3.76 is amended to read as follows on the proceeding pages.

Section 2. Copies of this Ordinance shall be posted for two days prior to adoption in the display case located near the walkway in front of Council Chambers, 2134 Martin Luther King Jr. Way. Within 15 days of adoption, copies of this Ordinance shall be filed at each branch of the Berkeley Public Library and the title shall be published in a newspaper of general circulation.

Chapter 3.76 Community Health Equity Commission

Sections:

- 3.76.010 Findings**
- 3.76.020 Establishment of Community Health Equity Commission.**
- 3.76.030 “Health Equity” defined**
- 3.76.040 Council liaison representative-- Functions.**
- 3.76.050 Officers, meetings and procedures.**
- 3.76.060 Functions of the commission.**

*Provisions pertaining to the Fair Campaign Practices Commission can be found in Title 2, Ch. 2.12.

Section 3.76.010 Findings

Council finds as follows:

- A. Berkeleyans on average enjoy excellent health status.
- B. Berkeley, like other jurisdictions throughout the state and nation, has striking variations in health status by race and ethnicity, as well as by education, income, and geography.¹
- C. These variations in health status are systematic and avoidable, and thus are inherently unjust and unfair—they are health inequities.²
- D. Health inequities are unacceptable and diminish the health of the entire community.
- E. Berkeley has a responsibility to build on its long history of social justice and create a community in which all people have the opportunity to attain their full health potential: a community in which there is health equity.³

Section 3.76.020 Establishment of Community Health Equity Commission.

Therefore, a Community Health Equity Commission is hereby established. The commission shall consist of eighteen members selected by the City Council in accordance with the Fair Representation Ordinance, Berkeley Municipal Code Sections 2.04.030 through 2.04.130.

1

https://www.cityofberkeley.info/Health_Human_Services/Public_Health/2013_Health_Status_Report.aspx

2

www.cdc.gov/socialdeterminants/definitions.html

3

www.cdc.gov/socialdeterminants/definitions.html

Appointments to the commission shall honor the mission of achieving health equity by appointing members who have a deep understanding of the social determinants of health and equity, through lived experience and/or through professional expertise.

A. 18 members shall be appointed by City Council members to represent their respective districts.

B. Commissioners shall include representatives of as many of the following as possible:

- B.1. Communities most affected by health inequities
- B.2. Community organizers
- B.3. Community agency representatives
- B.4. Health care providers
 - Licensed clinicians (such as nurses, physicians, etc.)
 - Non-licensed providers (community health workers, health navigators, etc.)
- B.5. Behavioral health care providers
- B.6. Educators
- B.7. College Students
- B.8. Youth-serving organizations
- B.9. Seniors

C. Diversity: Commissioners shall include people of varying race/ethnicity, gender, sexual orientation, age, income, class, and ability.

Section 3.76.030

“Health Equity” is defined in accordance with the Centers for Disease Control and Prevention, as follows, “When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”⁴ Social position and socially determined circumstances specifically include race and ethnicity.

4

<http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

Section 3.76.040 Council liaison representative—Functions.

The City Council shall appoint one of its members to act as a liaison representative to the commission. The functions of such liaison representative are:

- A. To attend the meeting of the commission;
- B. To advise the council of the background, attitudes and reasons behind decisions and recommendations of said commission; and
- C. On request of any member of said commission to advise the commission of policies, procedures and decisions of the council that may bear on matters under discussion by commission.

The council liaison representative shall have no power to vote and shall receive no additional compensation. (Ord. 6010-NS § 2, 1990)

Section 3.76.050 Officers, meetings and procedures.

- A. The commission shall elect one of its members as Chair and another one of its members as Vice-Chair.
- B. An officer or employee of the City designated by the City Manager shall serve as secretary of the commission.
- C. The commission shall establish a regular place and time for meeting. All meetings shall be noticed as required by law and shall be scheduled in a way to allow for maximum input from the public. The frequency of meetings shall be as determined by City Council resolution. The scheduling of special meetings in addition to those established by City Council resolution, except special meetings that take the place of cancelled regular meetings, shall be subject to approval by the City Council. A request for a special meeting shall include the reason for the proposed meeting and should be expedited on the City Council's agenda, or in the alternative, placed before the Agenda Committee for approval.
- D. The commission may make and alter rules governing its organization and procedures which are not inconsistent with this chapter or any other applicable ordinance of the City.
- E. A majority of the members appointed is required to take any action. The commission shall keep an accurate record of its proceedings and transactions and shall submit an annual report to the City Council with a copy to the City Manager. (Ord. 6900-NS § 1, 2006; Ord. 6010-NS § 3, 1990)

Section 3.76.060 Functions of the commission.

- A. The function of the commission shall be as follows:

1. Advise City Council on matters pertaining to achieving health equity in Berkeley.
2. Review, analyze, and report back to Council on matters affecting the health and safety of Berkeley residents, with particular attention to differential impact on particular communities or populations.
3. Advise Council of potential health equity impacts of policies or proposals under consideration by Council.
4. Contribute to priority-setting and strategic planning efforts in the City as they relate to health equity.
5. Consider issues referred to the Commission by Council, by Commissioners, by other City commissions, by members of the public, or by City staff.
6. Advise the Public Health Division and other City Divisions and Departments on health equity matters, including health equity impacts of proposed policies and initiatives.
7. Hold public hearings and community forums on issues that fall within the charge of the Commission, and call on appropriate experts, including community residents, to provide pertinent information.
8. Act as a liaison between community groups concerned about health equity and City government.
9. Provide and publicize educational information to the community about health and safety issues in Berkeley, with particular attention to health equity and disproportionately affected populations;

B. Perform such other functions and duties as may be directed by the City Council or prescribed or authorized by any ordinance of the City, and such other functions and duties not prohibited by City Council which the commission should decide are consistent with its overall function of promoting health equity.

C. In prescribing the above duties and functions of the commission, it is not the intent of the council to duplicate or overlap the functions, duties, or responsibilities heretofore or hereafter assigned to any other City board or commission or to a City department. As to such functions or responsibilities above set forth which are partially or wholly the responsibilities of another board or commission or of a department of the City, the commission will render such assistance and advice to such board, commission or department as may be requested. (Ord. 6017-NS § 1, 1990: Ord. 5705-NS § 7, 1986)

Community Health Commission Work Plan 2016

Guiding Philosophy: To look at health through the lens of equity, and to address, ameliorate, and abolish health inequities in Berkeley through our work while advancing other public health efforts.

Mission/Purpose:

1. Work with the community and the Berkeley Public Health Division to eliminate health inequity by:
 - Representing the community through the diversity of this commission
 - Advocating for good policy to council that has the potential to improve the health of Berkeley residents that can be implemented, monitored, and evaluated.
 - Increasing the public education/social marketing efforts, understanding, and awareness of issues
 - Advocating together with the residents of Berkeley most affected by institutional, social, organizational inequities/disparities
 - Being the bi-directional conduit of information and resources between community and PHD

2. Achieve general public health progress by being responsive to community needs and facilitating general health and safety.

Overall goals, issues & priorities: All issues can be addressed through a health equity lens.

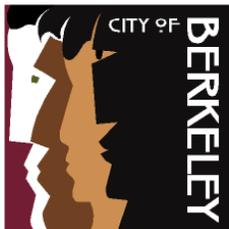
1. Make progress toward realizing an African American Holistic Resource Center
2. Advocate for the expansion of the Heart-2-Heart Program
3. Increase community access to healthy food while reducing unhealthy food
4. Further address more social determinants of health, such as affordable housing
5. Expand community communication to generate a more informed and engaged coalition
6. Work to have community health data measures documented in a timely manner

General steps and actions needed to meet priorities:

1. Better follow up with council implementations
2. Collaborate with other commissions to share resources and support recommendations
3. Focused/specialized subcommittees / ad hoc sub committees (funnel intelligence/knowledge into smaller groups)
4. Keep track of state policy and data flow

Specific steps and actions needed to meet priorities:

- ❖ Subcommittees
 - Healthy Food Security
 - Identify food deserts
 - Connect communities with resources
 - Propose policies to mitigate unhealthy food consumption
 - Food surplus
 - Change perception of tossing food & poor hygiene
 - Policy tracking
 - Track City Council minutes, state, and national legislative actions
 - Health Equity Subcommittee
 - Continue work to get a resource center in South Berkeley
 - Chronic Disease Prevention
 - Focus on diabetes, heart disease
 - Structural/Institutional Inequity Issues Sub Committee
 - Wider scope than Health Equity Subcommittee to identify and address social determinants of health that are less proximate causes of health inequities
 - Public Education and Outreach
 - Continue efforts to share health information and empower the community
 - Collaborate with community partners
 - Novel subcommittees as needed to quickly address City Council referrals
 - Other subcommittees on issues that are not heavily addressed due to lower incidence rates, yet have high severity
 - Human trafficking
 - Neurological Conditions
- ❖ Liaisons to other commissions
 - Housing Advisory Commission
 - Homeless Commission
 - Zero Waste Commission
 - Mental Health Commission
 - Human Welfare and Community Action Commission
 - Community Environmental Advisory Commission
 - Sugar Sweetened Beverage Panel collaboration with regular meetings about progress



CONSENT CALENDAR
March 29, 2016

TO: Honorable Mayor and Members of the City Council

FROM: Councilmembers Lori Droste and Laurie Capitelli

SUBJECT: Evaluate Community Impact of Future Changes to Services at Sutter Health Alta Bates Ashby Campus

RECOMMENDATION:

Refer to the Community Health and Disaster and Fire Safety Commissions to evaluate potential community impacts of changes to services at the Sutter Health Alta Bates Ashby campus in the coming years.

CURRENT SITUATION AND ITS EFFECTS:

The State of California has mandated that California hospitals must meet seismic standards to withstand a severe earthquake by 2030, Senate Bill 1953 (1994).

Sutter Health - Alta Bates maintains three campuses nearby – Ashby Campus, Dwight Campus (in Berkeley), and the Summit Medical Center (in Oakland). Currently, Sutter Health is reconfiguring services in between their three campuses, including moving the acute care unit from Ashby to Summit, and transitioning the Women and Infants program to Summit. As Sutter Health - Alta Bates moves in the direction of outpatient services, the Ashby Campus appears likely to focus on outpatient care, while Summit handles acute/ambulatory care.

Given the indicated plans at the Ashby Campus to shift services away from its current use as an inpatient acute care facility, an assessment of potential impacts to City residents' health and public safety would be useful. Factors such as the impact of population growth, changing emergency needs, etc. should be examined.

ENVIRONMENTAL SUSTAINABILITY:

None

FISCAL IMPACT:

Staff time

CONTACT:

Councilmember Lori Droste	(510) 981-7180
Councilmember Laurie Capitelli	(510) 981-7150

Attachment:

1. Alta Bates Summit Update, October 6 2015

MEMORANDUM

Date: Oct. 6, 2015
To: Employees, Medical Staff and Volunteers
From: Chuck Prosper, CEO
Re: Alta Bates Summit Update

I want to share some good news that explains the next steps in our long range plan to combine the Alta Bates and Summit campuses in Oakland before the state's 2030 seismic deadline for the Alta Bates campus.

The Sutter Health Board of Directors has approved \$190 million for additional improvements at the Summit campus. This funding allows us to expand a number of services—including our Emergency Department—and represents the first step toward eventually consolidating all Alta Bates Summit's acute care services.

As you know, we face a State of California seismic deadline that requires us to cease inpatient, acute care services at Berkeley's Alta Bates campus in 2030. Even though this deadline is more than a decade away, hospital transitions are so complex that we must start preparing and planning now and it's my goal to keep you informed as we move through the many steps in this process.

I know this topic brings many questions and may raise some concern. The end of the Alta Bates campus as an acute care hospital will be a momentous day for all of us. Ultimately, when we have a clearer sense of a timeline, we will ensure that everyone has an opportunity to honor the hospital's legacy. For now please know:

1. We must consolidate because the Alta Bates campus in Berkeley cannot continue to operate as an acute care hospital past Dec. 31, 2029 under state law. We cannot rebuild on the current site.
2. Regardless of the seismic deadline, we must adapt to changes in health care if we are to survive in today's world. Operating two full service hospitals less than three miles apart is inefficient and inhibits our ability to be most affordable to patients. In today's hyper-competitive environment, employers and consumers are choosing health services based on costs as much as quality. To excel we must be competitive with organizations such as Kaiser and offer exceptional services on par with academic institutions like UCSF and Stanford.
3. As we consolidate, it is our intent to retain all services, patients, physicians and clinicians. Our nurse staffing ratio is driven by census. We need to meet the needs of patients—legally and practically—so we always will need our dedicated staff and physicians to care for our patient population.
4. We do not have an exact date or year for our final transition. There are many financial and regulatory hurdles to clear, however Sutter Health intends to continue using the Alta Bates campus in some capacity, just not as an acute care hospital.

We have already consolidated some services: our cardiac, emergent stroke and acute rehabilitation services are now at Summit. These programs and their staff moved seamlessly, are thriving and growing. The funding approved recently by the Board of Directors allows us to expand and improve our Summit

ICU, add more stations in our Emergency Department and grow our “provider in triage” program, upgrade two existing cardiac catheterization labs, build a new hybrid operating room and add MRI in-house at Summit. We expect this work to be complete in 2018 and 2019.

In the meantime we will continue to invest in clinical equipment, staff development and programs at Alta Bates. Over the longer term, it is my hope that we are able to build a second critical care tower next to the new Merritt pavilion to house services such as Women and Infants, new surgical suites, an ICU and a new Emergency Department. This would allow us to complete the consolidation of the two hospital campuses.

Our future in Berkeley is equally bright. We envision Berkeley will be our ambulatory care hub in the East Bay. As technology continues to advance, we expect to continue seeing an increased demand for outpatient services. In the past year, we’ve expanded ambulatory care access in Berkeley, including new medical office space for primary care, two urgent care facilities and new partnerships with community clinics to help increase access for the underserved.

In closing, I assure you that it is Sutter Health’s intent to ensure that these long range plans for consolidated services in a new, state-of-the-art campus in Oakland are responsibly and thoughtfully staged and completed. Our transition will be planned far in advance to ensure that the community’s ongoing health needs are met without interruption.

Please join me in helping to keep our colleagues and the public informed with accurate facts and the knowledge that while these long-range deadlines are years away, we must begin planning now to meet our long term obligation to the community.

Community Health Commission
2016 Subcommittee Roster

District	Last	First	Subcommittees	
			Health Equity	Public Education & Marketing
1	Engelman	Alina		
1	Vacant			
2	Smith	Kad	X	
2	Speich	Pamela		
3	Kwanele	Babalwa	X	
3	Vacant			
4	Stein	Antoinette	X	
4	Wong	Marilyn	X	X
5	Vacant			
5	Wertman	Holly		
6	Franklin	Linda		X
6	Vacant			
7	Nathan	Neal	X	
7	Lopez	Enrique		
8	Chen	Leona		
8	Namkung	Poki		
M	Rosales	Ces	X	X
M	Shaw	Mia		