



Community Health Commission (CHC)

## COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, May 26, 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. **Public Health Accreditation Informational Presentation:** Tanya Bustamante (Attachment 3)
2. **Health Officer Update & Public Health Priorities:** Janet Berreman
3. **City Budget Overview:** Janet Berreman
4. **Work plan Progress:** All (Attachment 4)

### Information Items

1. **Council action items:** On May 10, City Council took action and approved the staff companion report for the following items on (please refer to corresponding attachments):
  - a. Support for BTA (Attachment 5)
  - b. Healthy Default Beverages (Attachment 6)

### Subcommittee Reports

1. **Acute Services for Berkeley Subcommittee:** Subcommittee drafted a recommendation to City Council on the referred issue of the closure of Alta Bates ER. Please refer to list of related resources and links below:
  - a. **Informational Articles:**
    - i. April 28: Sutter will close Alta Base Hospital and Emergency Dept. by 2030  
<http://ww2.kqed.org/stateofhealth/2016/04/28/sutter-plans-closure-of-berkeleys-alta-bates-hospital-er/>
    - ii. April 28: Hospital to be transplanted to Oakland: Alta Bates Ashby campus to close, move emergency services by 2030:  
<http://www.dailycal.org/2016/04/27/alta-bates-emergency-services-relocated-oakland-2030/>
    - iii. Process and Timeline (includes Impact Assessment and Recommendations) - This document is an officially required process for notification of hospital and emergency services closures:  
2014 Impact Evaluation Report: Doctors Medical Center San Pablo

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Potential Closure of Emergency Service: Prepared by the Contra Costa  
Emergency Medical Services Agency  
<http://cchealth.org/dmc/pdf/Impact-Evaluation-Report.pdf>

- iv. Community Assessment - 2014 Sutter Health Alta Bates Community Health Needs Assessment:  
[http://www.altabatessummit.org/CHNA/Sutter\\_Alta\\_Bates\\_Final.pdf](http://www.altabatessummit.org/CHNA/Sutter_Alta_Bates_Final.pdf)
- v. 2014 Sutter Health Alta Bates Implementation Strategy of CHNA:  
<http://www.altabatessummit.org/mpicommunity-benefit.html>
- vi. "Sutter Health Board approved \$190 million to expand the Oakland facility to include a number of services - including the emergency department – and begin the transition of all time-sensitive care services, explained Antonides"  
<http://www.dailycal.org/2016/04/27/alta-bates-emergency-services-relocated-oakland-2030>
- vii. Sutter Health Financials:  
<http://www.sutterhealth.org/annualreport/financials.php>
- viii. 2014 Sutter Health Audited Financial Statements  
<http://www.sutterhealth.org/about/financials/Sutter-Health-Financials-2014.pdf>

**b. Action:** Approve recommendation and resolution to City Council (Attachment 7-8)

## **2. Other Subcommittee Reports**

### **Action Items**

1. **Action:** Appoint new members to subcommittees (Attachment 9)

### **Future Agenda Items**

1. Discuss/explore the expansion of the Heart-2-Heart program [Rosales] – June 23
2. Update from Public Health staff regarding health resources at Berkeley Technology Academy
3. Berkeley Police Department to provide overview on police data – June 23
4. Mini-training: How to write City Council reports – June 23

### **Adjournment**

### **Attachments:**

1. Draft minutes of 4/28/16 CHC meeting

2. Approved minutes of 3/24/16 CHC meeting
3. Public Health Accreditation presentation
4. Approved 2016 Community Health Commission workplan
5. Support for BTA Companion staff report
6. Healthy Default Beverages Companion staff report
7. Draft report and resolution to City Council regarding Alta Bates closure
8. Alta Bates Resolution – Exhibit A
9. Community Health Commission Subcommittee Roster
10. City Council and Community Health Commission Timelines

The next meeting of the Community Health Commission is scheduled for June 23, 2016 with a deadline of June 9, 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.

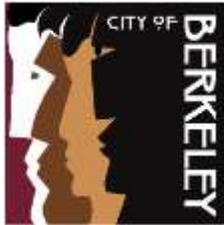
**Please refrain from wearing scented products to this meeting.**

**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 April 28, 2016

The meeting convened at 6:35 p.m. with Chair Nathan presiding.

#### ROLL CALL

**Present:** Commissioners Engelman (6:40), Franklin (6:40), Kwanele (6:42), Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Absent:** Commissioner Rosales

**Excused:** Commissioners Chen, Namkung, and Stein

**Staff present:** Janet Berreman, Paul Buddenhagen, and Tanya Bustamante

#### COMMENTS FROM THE PUBLIC

- 7 individuals provided comment regarding City Council's referral to the Community Health Commission to explore alternatives to providing acute care services in Berkeley, in light of the impending termination of these services at the Sutter Alta Bates Hospital campus.
- 1 individual provided comment on the "Friends of the CHC-Berkeley High School Chapter" group.

#### PRESENTATIONS

- None

#### ACTION ON MINUTES

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

**Ayes:** Commissioners Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioner Rosales

**Absent from vote:** Commissioners Engelman, Franklin, and Kwanele

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**Excused:** Commissioners Chen, Namkung, and Stein

**Motion Passed.**

**ACTION ITEM**

2. M/S/C (Kwanele/Nathan) Motion to approve edited and revised recommendation to City Council for African American Holistic Resource Center.

**Ayes:** Commissioners Engelman, Franklin, Kwanele, Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioner Rosales

**Excused:** Commissioners Chen, Namkung, and Stein

**Motion passed.**

**ACTION ITEM**

3. M/S/C (Nathan/Kwanele) Motion to approve the recommendation to Council and revised Berkeley Municipal Code ordinance establishing the Community Health Commission with the iteration that the language "Community Health Equity Commission" be changed to "Community Health Commission."

**Ayes:** Commissioners Engelman, Franklin, Kwanele, Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioner Rosales

**Excused:** Commissioners Chen, Namkung, and Stein

**Motion passed.**

**ACTION ITEM**

4. M/S/C (Nathan/Kwanele) Motion to approve the creation of subcommittees related to 2016 Community Health Commission workplan and the appointment of subcommittee members as discussed.

**Ayes:** Commissioners Engelman, Franklin, Kwanele, Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioner Rosales

**Excused:** Commissioners Chen, Namkung, and Stein

**Motion passed.**

**ACTION ITEM**

5. M/S/C (Wertman/Franklin) Motion to create subcommittee to address City Council referral 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. Members to include Commissioners Franklin, Speich, Wertman, and Wong.

**Ayes:** Commissioners Engelman, Franklin, Kwanele, Lopez, Nathan, Shaw, Speich, Wertman, and Wong

**Noes:** None

**Abstain:** None

**Absent:** Commissioner Rosales

**Excused:** Commissioners Chen, Namkung, and Stein

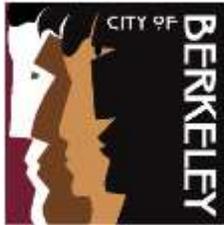
**Motion passed.**

**NEXT MEETING**

The next regular meeting will be on May 26, 2016 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 8:47 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.



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.**

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**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, 2016 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.

# Public Health Accreditation

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FOR THE CITY OF BERKELEY PUBLIC HEALTH DIVISION

# Public Health Accreditation Status

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- Until now, public health departments operated without nationally accepted standards
- Public Health Accreditation Board established in 2007
- 1<sup>st</sup> Health Departments accredited in February 2013
- In California:
  - Ventura County – June 2014
  - CA Dept. of PH – December 2014
  - Santa Clara County – March 2016
  - City of Long Beach – March 2016

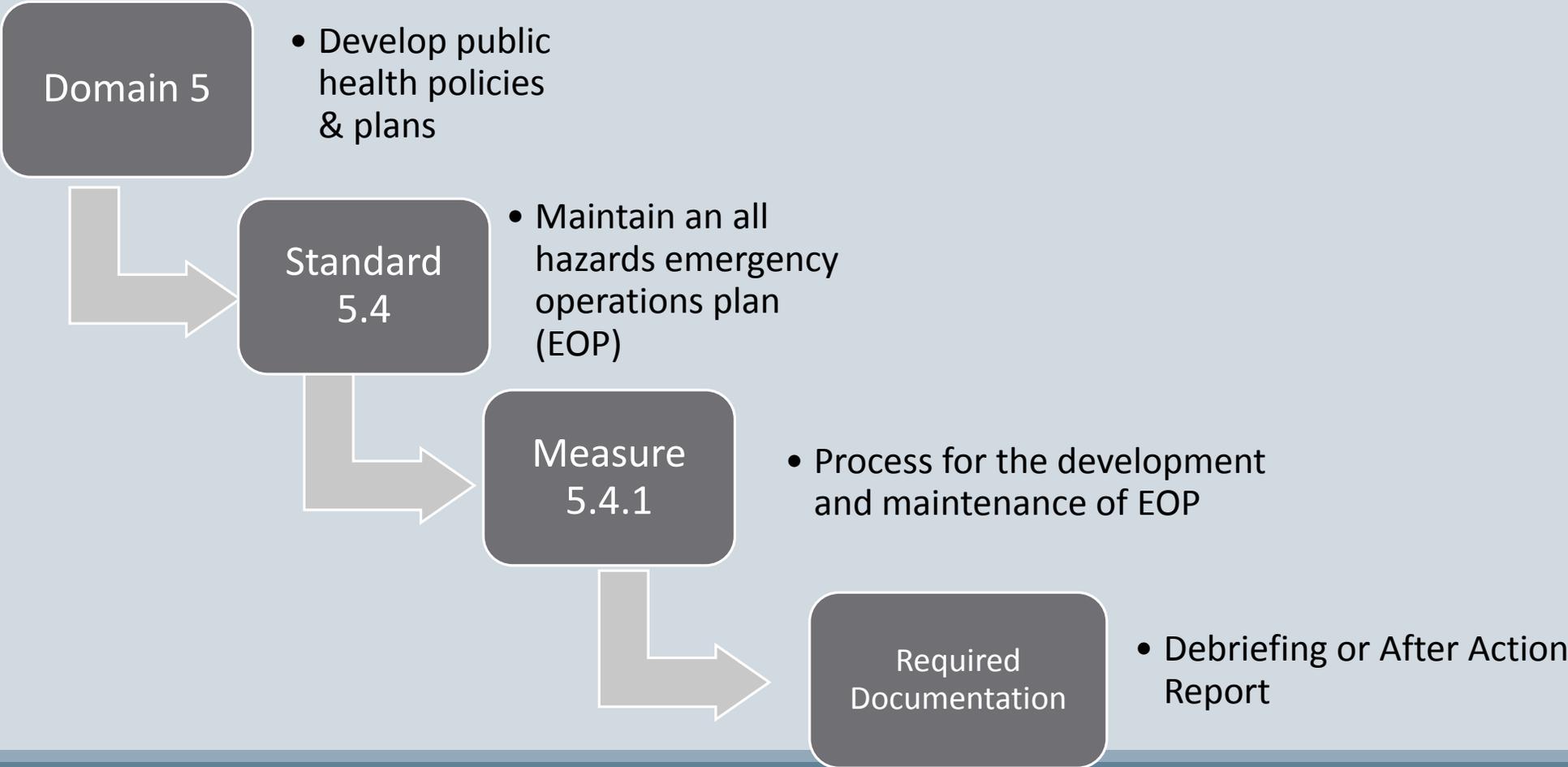
# Accreditation Domains

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- Ten Essential Services of Public Health
  - Monitor health status
  - Diagnose and investigate health problems
  - Inform, educate & empower people
  - Mobilize community partnerships
  - Develop policies & plans
  - Enforce laws & regulations
  - Link people to health services
  - Assure competent workforce
  - Evaluate effectiveness, availability & quality of health services
  - Research for new insights and innovative solutions to health problems
- Additional Accreditation Domains
  - Administration & management
  - Governance

# Accreditation Domain Example

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# The Process...

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- **Pre-Application**
  - Learn about the process
  - Complete pre-requisites: Community Health Assessment, Community Health Improvement Plan, Strategic Plan, Quality Improvement Plan
  - Submit Statement of Intent
- **Application**
  - Submission of CHA, CHIP, & Department Strategic Plan
  - Payment of fees
  - Accreditation Coordinator training

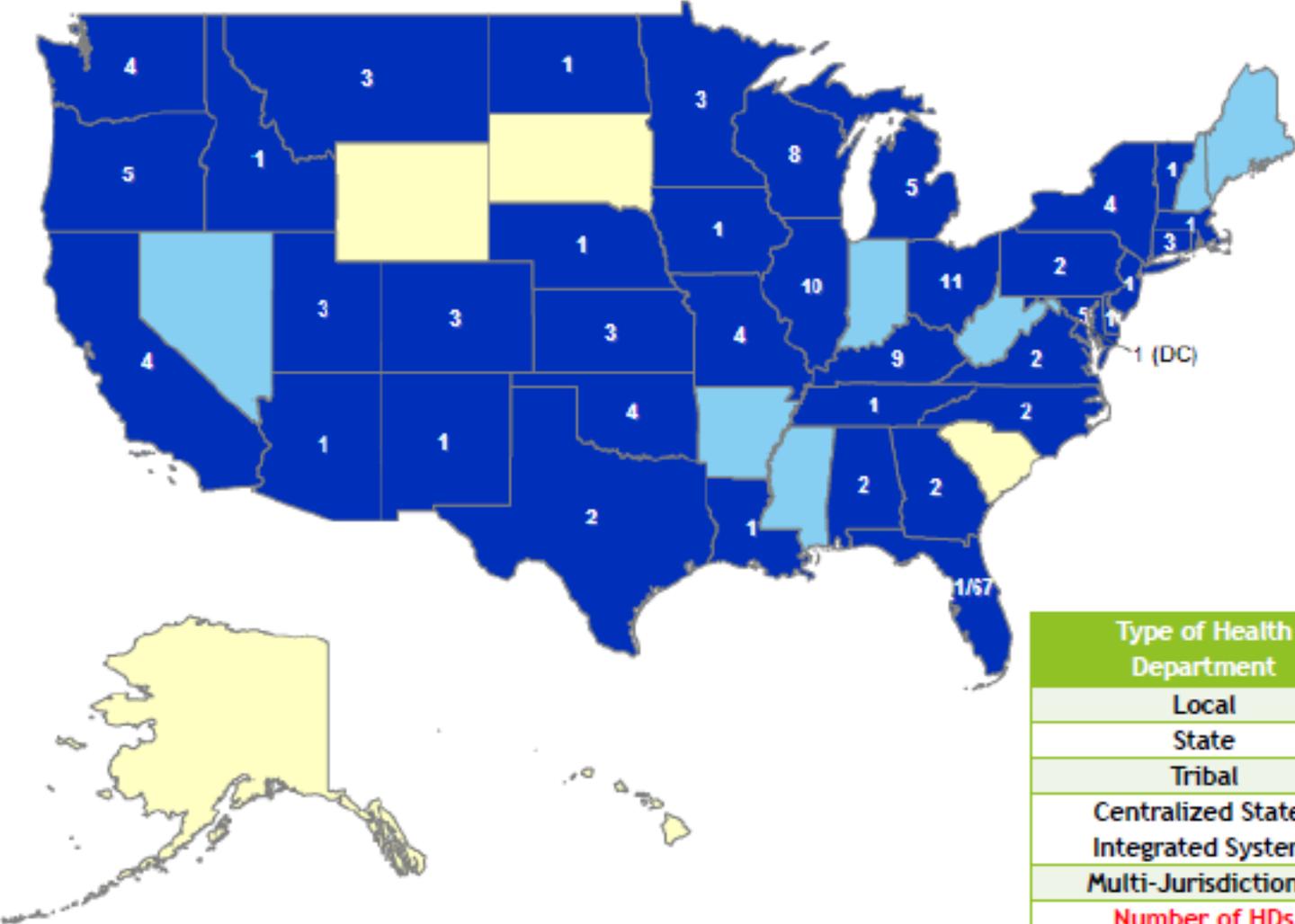
# The Process (cont'd)

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- **Document Selection & Submission**
  - 1 year to submit
- **Site Visit**
  - 2 day visit by accreditation team to verify accuracy of documentation
- **Accreditation Decision**
  - Accreditation for 5 years
- **Annual Reports**
- **Re-accreditation**

*The entire accreditation process takes approximately 18 months to 4 years*

# Accreditation Activity as of May 2016



Type of Health Department	Accredited	In Process	Total in e-PHAB
Local	101	152	253
State	16	17	33
Tribal	.	4	4
Centralized States Integrated System <sup>1</sup>	1/67	.	1/67
Multi-Jurisdictional	.	8	8
<b>Number of HDs</b>	<b>117+1 system</b>	<b>181</b>	<b>299</b>
Population (Unduplicated)	153,999,823	76,978,113	230,977,936

*Applicant Names Are Kept Confidential*

<sup>1</sup>Single accreditation for multiple health departments

# Costs of Accreditation

Health Department Category	Initial Accreditation Review Fee	Annual Accreditation Services Fee
<b>Category 2</b> Population between 100,000-500,000	\$21,000	\$8,400

- **Initial Accreditation Review fee:** Individualized payment plan can be established
    - Example: pay in 2-3 year increments
  - **Annual Accreditation Services fee:** Supports ongoing process of health department as it undergoes accreditation lifecycle
    - Invoiced each year, beginning 1 year after Initial Accreditation Review fee invoice
    - Covers reaccreditation process
- *These fees are effective July 1, 2016 – June 30, 2016*

# Benefits of Accreditation

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- Commitment of excellence in providing high quality public health services in the community
- Ongoing/enhanced community engagement
- Quality and performance improvement
- Improved management
- Increased accountability and transparency
- Better position for competitive funding

# Questions?

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CHECK OUT [WWW.PHABOARD.ORG](http://WWW.PHABOARD.ORG)

## **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.**

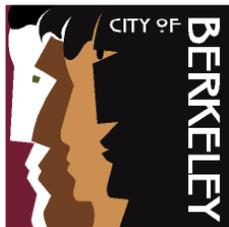
1. Make progress toward realizing an African American Holistic Resource Center
2. Advocate for the expansion of the Heart-2-Heart Program
3. Increase community access to healthy food while reducing unhealthy food
4. Further address more social determinants of health, such as affordable housing
5. Expand 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



Office of the City Manager

ACTION CALENDAR

May 10, 2016

To: Honorable Mayor and Members of the City Council

From:  Dee Williams-Ridley, City Manager

Submitted by: Paul Buddenhagen, Director, Health, Housing &amp; Community Services Department

Subject: Companion Report: Additional Support for Berkeley Technology Academy

RECOMMENDATIONS

Support services at Berkeley Technology Academy (BTA) as follows:

1) Continue to allocate Mental Health Services Act (MHSA) funding to the Berkeley High School Health Center, which has included staffing for some mental health services at BTA. Support Berkeley Unified School District (BUSD) in helping identify the mental health needs at BTA and the options BUSD has in obtaining this staffing through funding Berkeley Mental Health personnel, hiring internal staffing, or utilizing a community based provider for staffing.

2) Direct the City Manager to have Public Health staff explore funding opportunities to replace the current hourly mid-level provider (MLP) position at BTA with a new career benefited position at 0.5 FTE.

3) and 4) Financial support for the BTA gardening program and student snacks can appropriately be part of the BUSD use of the recent Council allocation of \$637,500 to BUSD in support of its cooking, gardening, and nutrition programs for FY16-17.<sup>1</sup>

FISCAL IMPACTS OF RECOMMENDATION

No fiscal impacts are associated with doing the assessment or with maintaining currently budgeted level of services. Increasing the hourly MLP to a 0.5 FTE benefited position would require approximately \$49,000/year of new funding. These funds could come from City general fund, BUSD, new outside funding, or a combination of those sources.

CURRENT SITUATION AND ITS EFFECTS

- 1) The current Mental Health Services Act Fiscal Years 2015 through 2017 Three Year Program and Expenditure Plan (Three Year Plan) allocates \$388,849 in Prevention and Early Intervention funding to the High School Prevention Program

<sup>1</sup> <http://www.ci.berkeley.ca.us/recordsonline/export/16919552.pdf>

for FY 2016. This program provides preventive and early intervention mental health services at both Berkeley High School and BTA. This project represents 32% of the funding for Prevention and Early Intervention allocated in the Three Year Plan for FY1 2016. At BTA, this funding has supported a .5 FTE Behavioral Health Clinician to provide Cognitive Behavioral Intervention for Trauma in Schools (CBITS) at BTA.

The Family, Youth and Children's Services Clinic in the mental health division also provides therapeutic services for young adults who meet criteria for services, and offers referrals to other resources for those who do not qualify. In addition, mental health division leadership are actively working with BUSD leadership to collaborate around how to best support the students of BUSD in having the emotional supports to succeed.

- 2) Public health has a fully funded and budgeted position for an hourly, non-benefited MLP (generally a nurse practitioner) located at BTA and providing on-site services 12 hours/week. This position was filled until spring of 2015, when the nurse practitioner in the position accepted another job offer. Active recruitment for this position is on-going, but to date has been unsuccessful. Feedback from qualified candidates is that the position would be more attractive if it were a benefited position. In the interim, an hourly nurse (RN) is providing limited on-site services at BTA 8-10 hours per week. Increasing the hourly MLP to 0.5 FTE (20 hours/week) would expand on-site services, education and outreach at BTA and facilitate coordination with Berkeley High School Health Center and Mental Health service providers.
  - a. The hourly MLP is budgeted at \$47,000/year.
  - b. A benefited MLP at 0.5 FTE (20 hrs/week) would require approximately \$96,000/year, or additional funding of \$49,000 annually.

The High School Health Centers budget does not currently have adequate funding to meet the additional cost of a benefited career midlevel position.

- 3) and 4) The CHC funding recommendations are an entirely appropriate part of BUSD's plan for expenditure of the City allocation to BUSD, made upon recommendation of the Sugar Sweetened Beverage Products Panel of Experts (SSBPPE) commission. No additional funding for these purposes is recommended.

### BACKGROUND

Health and Mental Health services at BTA are a priority of the HHCS Department. Public Health applied for and received funding to expand services to BTA in 2008. That funding and programming have been sustained continuously since 2008 and are not threatened. Further expansion of mental health and/or public health staffing would require additional new funding resources.

Council took action on January 19, 2016 to allocate \$637,500 in FY2016-17 to BUSD to support cooking, gardening, and nutrition programs.

ENVIRONMENTAL SUSTAINABILITY

These recommendations have no specific environmental sustainability effects.

RATIONALE FOR RECOMMENDATION

The services recommended by the CHC are an integral part of HHCS work at BTA. Commitment to providing them is firmly in place. The funding recommendations for snacks and gardening are in line with the intended use of the recent Council allocation to BUSD.

ALTERNATIVE ACTIONS CONSIDERED

None.

CONTACT PERSON

Janet Berreman, Health Officer/Public Health Division Manager, HHCS, 510-981-5301



Office of the City Manager

ACTION CALENDAR

May 10, 2016

To: Honorable Mayor and Members of the City Council

From: *DWR* Dee Williams-Ridley, City Manager

Submitted by: Paul Buddenhagen, Director, Health, Housing & Community Services Department

Subject: Companion Report: Healthy Default Beverages with Children's Meals

RECOMMENDATIONS

Direct the City Manager to develop specific ordinance language, prepared in consultation with the City Attorney's Office that requires food vendors who offer children's meals to provide healthy default beverages, and a cost estimate for implementation for Council's consideration.

FISCAL IMPACTS OF RECOMMENDATION

Funding the enforcement aspect of this new ordinance would entail that additional funds be allocated to the Health, Housing & Community Services Department for this purpose. Staff recommend that an assessment be conducted to determine the number of facilities offering "children's meals." Results of the assessment would help determine workload and cost. Additionally, staff would need to initiate a public information campaign that would include – at minimum – mailings/notifications to food vendors. Implementation and enforcement would also include staff time as well as the incorporation of a penalty system that has not yet been formally developed.

CURRENT SITUATION AND ITS EFFECTS

The ordinance proposed by the Community Health Commission aims to reduce concerning levels of childhood obesity and foster healthy habits by using the existing Health and Sanitation Permit regulation system to require that all food vendors with children's meals offer healthy beverages as default options.

BACKGROUND

According to the 2013 Health Status Report, in 2008-2009, 30% of children in Berkeley were overweight. This statistic represents a public health challenge that the City of Berkeley has tried to address via the Soda Tax and other health initiatives. Research has demonstrated a clear link between the consumption of sugar-sweetened beverages and increased risk of poor diet quality, higher rates of obesity and diet-related health problems as well as poor oral health. Given that more than two-thirds of U.S. adults and nearly one-third of children are overweight or obese replacing

consumption of sugary beverages with healthier options that contain no or low amounts of sugar and calories is a key public health priority.

#### ENVIRONMENTAL SUSTAINABILITY

These recommendations have no specific environmental sustainability effects.

#### RATIONALE FOR RECOMMENDATION

The Public Health Division, Environmental Health Division, in consultation with the City Attorney's Office need to participate in developing a local ordinance to ensure that it is consistent with the Berkeley Municipal Code and state law. Staff recommends an initial assessment of the number and types of food facilities that offer children's meals with drinks included, and consideration of whether this proposal should be limited to restaurants as opposed to all food facility vendors. Enforcement of new requirements adds time to the permitting and inspection program and should be better quantified to determine workload impacts and cost.

#### ALTERNATIVE ACTIONS CONSIDERED

The Public Health Division will maintain the status quo by continuing to provide and promote healthy beverage choices and nutrition education in existing public health workshops and outreach programs.

#### CONTACT PERSON

Janet Berreman, Health Officer/Public Health Division Manager, HHCS, 510-981-5301



Community Health Commission

ACTION CALENDAR  
September 13, 2016

To: Honorable Mayor and Members of the City Council  
From: Community Health Commission  
Submitted by: Neal Nathan, Chairperson, Community Health Commission  
Subject: Creation of regional coalition to assess provision of acute care services

RECOMMENDATION

Recommend that City Council convene a regional coalition to exert pressure on Sutter to restore full services at Alta Bates Hospital, including emergency medical services.

FISCAL IMPACTS OF RECOMMENDATION

Any fiscal impacts to Sutter are already covered by their multi-million bond issues that allot specific funds necessary for earthquake retrofit of Alta Bates. Allowing Sutter to eliminate most emergency and acute care services at Alta Bates will have a significant impact on funding of medical response by Berkeley, Albany, El Cerrito, Richmond, and other cities to the north due to increase travel and wait time at Summit. Ambulance transportation expenses will also increase for patients from Berkeley to Martinez.

CURRENT SITUATION AND ITS EFFECTS

Sutter plans to move the only non-membership emergency room between Vallejo and Oakland along the 80 corridor as they have already done with the cardiac and stroke care units. This will cause irreparable harm and potential loss of life to patients who will now have a longer commute to receive timely care. Fire department medical units already have to spend more time out of their cities and service area transporting patients to Summit. In the event of a major disaster (earthquake, wildland/urban interface fire, chemical explosion, multi-vehicle accident, etc) less medical help will be available in cities other than Oakland. All current ERs already have significant wait times. This will be exacerbated if Sutter is allowed to move the Alta Bates ER to Oakland. A regional effort must stop this dismantling of medical services and insist that Alta Bates remain a full service hospital.

BACKGROUND

On 2014, the Contra Costa Emergency Medical Services Agency prepared a report entitled "Impact Evaluation Report: Doctors Medical Center Potential Closure of Emergency Services." The reason: On April 15, 2014, the Contra Costa Emergency

Medical Services Agency received notice from Doctors Medical Center indicating that a potential closure of Emergency

Services could occur as soon as 12 noon on July 25, 2014. The purpose of this report is to assess the impact of the Emergency Department closure upon the community, including the impact on access to emergency care and the impact on emergency services provided by other entities such as ambulance, police, fire, and other area hospitals. The impact evaluation report has been submitted to State Department of Health Services in accordance with provisions of Health and Safety Code Section 1300. Authority to approve the suspension or cancellation of a special permit for emergency services rests with the State Department of Health Services. Authority to downgrade or close emergency or hospital services at Doctors Medical Center San Pablo rests with the West Contra Costa Healthcare District and Governing Board of Doctors Medical Center San Pablo.

The key conclusions of that report were:

- a) The loss of DMC would be catastrophic to West Contra Costa County; it is one of only two hospitals in the region.
- b) DMC represents 79 % of the inpatient capacity in the region.
- c) DMC provides 59% of the ED care in the region.
- d) DMC receives 62% of the regional ambulance traffic.
- e) The remaining West County hospital would be inundated by this patient volume shift as DMC patients would need to go somewhere.
- f) The remaining hospital is part of Kaiser and the general public typically perceives it as unavailable to non-Kaiser members.
- g) The region already does not have enough needed ED treatment stations or ICU beds even with DMC.
- h) West County ED waiting times will likely reach 10-12 hours.
- i) Additional ambulance hours needed to maintain current EMS performance would cost \$2.5 million annually.
- j) Critical infrastructure would be eliminated to support a disaster.

Despite these conclusions, Doctor's Hospital ER was allowed to close. We can't allow this to happen again at Alta Bates.

## ENVIRONMENTAL SUSTAINABILITY

### RATIONALE FOR RECOMMENDATION

The East Bay can't afford the loss of another ER facility. If the Alta Bates ER is lost, our day-to-day emergency care as well as any reasonable response to a natural catastrophe would be severely limited.

### ALTERNATIVE ACTIONS CONSIDERED

1. Allow Sutter to close the emergency services at Alta Bates campus to increase financial savings for the corporation. 2. Accept increased adverse medical outcomes for local citizens. 3. Another option would be for Sutter to purchase the remaining land at the Gill Tract in Albany to construct a replacement ER for Alta Bates. This location is more accessible for their service area than the current site of Alta Bates.

### 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, Community Health Commission Secretary, Health, Housing, & Community Services Department, 981-5324

Attachments: [Delete if there are NO Attachments]

1: Resolution and/or Ordinance

    Exhibit A: [Title or Description of Exhibit]

    Exhibit B: [Title or Description of Exhibit]

2: [Title or Description of Attachment]

3: [Title or Description of Attachment]

RESOLUTION NO. ##,###-N.S.

Resolution in Support of the Berkeley City Council Convening a Regional Planning Meeting regarding Emergency Services in Berkeley and the Surrounding Area

WHEREAS, The Berkeley City Council has a role and responsibility to provide resources to the public to promote and protect its health and there is no regional body researching the health needs of the greater community; and

WHEREAS, Alta Bates has been for some time the only “full service” Acute Care Hospital with its Emergency Department on the Interstate 80 Corridor particularly with the cutback over the years in services at Doctor’s Hospital in Pinole and finally its closure as a full-service Acute Care Hospital with its Emergency Department in 2015; and

WHEREAS, the Highway 80 corridor is heavily impacted by traffic which will create unacceptable delays in people receiving hospital treatment and being transported for Emergency Care since there is no other non-membership hospital located in that area; and

WHEREAS, many hospital departments are often at capacity, and all of the local Emergency Departments already have large delays in service, which will only be exacerbated by the merging of the two full-service Acute Care Hospitals with their Emergency Departments to one Oakland location, increasing even further wait and admission times; and

WHEREAS, the University of California with its 35,000 students depends heavily on hospital services at the Alta Bates campus, including the Alta Bates Emergency Department in proximity to the campus, to address the students’ life-threatening illnesses and injuries or need for medical care; and

WHEREAS, the Berkeley, North Alameda, West Contra Costa area recently suffered the closure of an acute care hospital in San Pablo, and the loss of hospital services as a result (see Exhibit A), and further, is subject to severe earthquakes, frequent urban interface with wild fires, industrial chemical releases and mass traffic casualties—all of which require emergency services; and

WHEREAS, when Berkeley first responders are mandated to travel to Summit Campus in Oakland, they are unavailable for service for the rest of Berkeley residents for prolonged periods.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the Council shall convene a regional planning meeting re: emergency care with

representatives for Berkeley, Northern Alameda county, and West Contra Costa County and southern Solano County.

BE IT FURTHER RESOLVED that the City will seek legal counsel to explore remedies towards stopping the continuing dismantling of services at Alta Bates until a regional plan has been completed that assures all medical services will continue to be accessible.

#### Exhibits

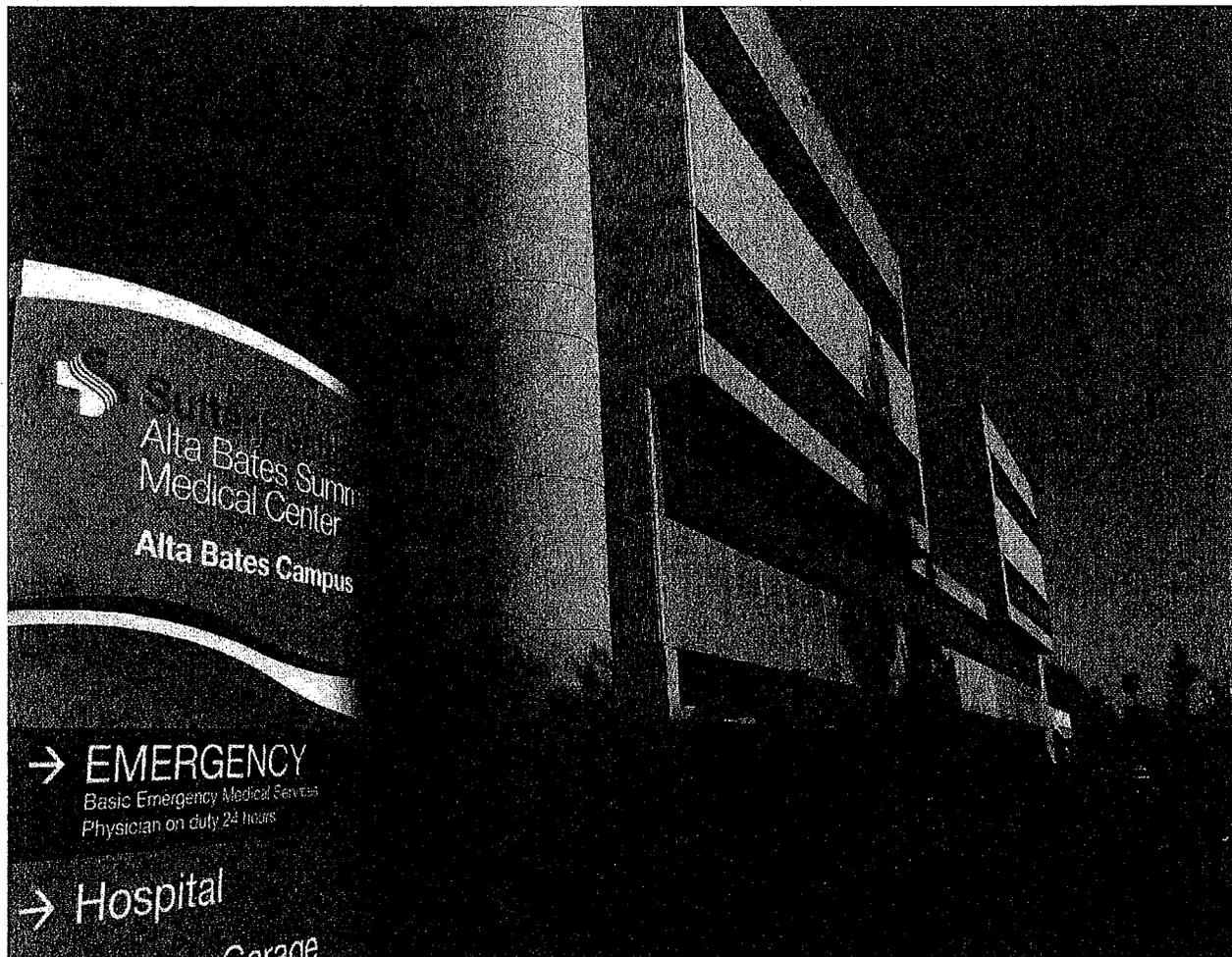
A: Sutter Plans Closure of Berkeley's Alta Bates Hospital, ER

<http://ww2.kqed.org/stateofhealth/2016/04/28/sutter-plans-closure-of-berkeleys-alta-bates-hospital-er/>



PUBLIC HEALTH ([HTTP://WWW2.KQED.ORG/STATEOFHEALTH/CATEGORY/PUBLIC-HEALTH/](http://ww2.kqed.org/stateofhealth/category/public-health/))

### Sutter Plans Closure of Berkeley's Alta Bates Hospital, ER



Alta Bates hospital in Berkeley. (Lisa Aliferis/KQED)

By **Lisa Aliferis** (<http://ww2.kqed.org/stateofhealth/author/lisaaliferis/>) (<http://twitter.com/laliferis>)

APRIL 28, 2016



After years of speculation in Berkeley, the future closure of Alta Bates Hospital appears to be certain.

Sutter Health, owner of Alta Bates, said it will close the inpatient hospital and its emergency department sometime in advance of 2030, when state seismic standards kick in. Those standards require that all inpatient hospitals are built both to withstand a major quake and to remain fully operational after the event.

In a statement, Sutter said that Alta Bates is “not seismically compliant” with the law, [SB1953](http://www.oshpd.ca.gov/fdd/seismic_compliance/SB1953/) ([http://www.oshpd.ca.gov/fdd/seismic\\_compliance/SB1953/](http://www.oshpd.ca.gov/fdd/seismic_compliance/SB1953/)). It plans to consolidate inpatient and emergency facilities at its Summit campus in Oakland.

Berkeley officials are concerned about the closure of its only emergency department. The Berkeley Fire Department and paramedics transported more than 5,000 patients to Alta Bates in the last year. Taking them to Summit in Oakland, 3 miles away, is expected to add 24 minutes to calls, fire officials say.

“It increases the amount of time that (paramedics) have to spend transporting patients to the hospital,” said Berkeley City Councilman Jesse Arreguin. “It potentially puts people’s lives at risk.”

Sutter Health, a nonprofit based in Sacramento, runs more than 25 hospitals across Northern California. The 110-year-old Alta Bates Hospital merged with Summit, part of Sutter Health’s chain, in 1999.

Many hospital systems are choosing to completely rebuild their inpatient facilities to be compliant with state seismic standards. But Alta Bates is in a residential neighborhood in south Berkeley, and Sutter said that the hospital can’t be rebuilt at its current location because “the existing facility would need to be closed and demolished to make room for a replacement, which would result in loss of care to the community for a decade.”

Instead, Sutter says it plans to make the Alta Bates campus a hub for outpatient services, which are not subject to the strict seismic standards that inpatient facilities are.

The ramifications of Alta Bates’ closure will be felt well beyond Berkeley and Alameda County. Last year at this time in the Contra Costa County city of Richmond, [Doctors Medical Center closed](http://www2.kqed.org/stateofhealth/2015/04/20/san-pablos-doctors-medical-center-to-close-tuesday/) (<http://www2.kqed.org/stateofhealth/2015/04/20/san-pablos-doctors-medical-center-to-close-tuesday/>) and took more than 20 emergency department beds with it. People north of Berkeley from Richmond to Vallejo had relied on the safety-net hospital.

One of the hospitals that absorbed patients after the shutdown was Alta Bates, already a distance for people who live in heavily trafficked communities on the Interstate 80 corridor.

Contra Costa Supervisor John Gioia echoed Arreguin’s concerns about timely care.

“It basically will mean for some patients, it will take longer to receive hospital care,” he says. “It could have negative outcomes in the case of those who need to be in the hospital quicker. Every minute counts, right?”

In its statement, Sutter pointed out that Summit was “less than 3 miles away” from Alta Bates. But Alta Bates is on Berkeley’s southern edge — easily a 20-minute drive for people who live on the north side, much farther still for people coming from 10 miles north in Richmond.

“(Sutter) is looking at this from the standpoint of those two hospitals alone,” Gioia says, “but the emergency medical system is just that, a system, and this closure will definitely impact the emergency medical systems in Alameda County and also West Contra Costa County.”

Over the last several years, Sutter has moved Alta Bates’ cardiac, stroke and rehabilitation services to its Summit Oakland campus.

The Berkeley City Council has directed both its Community Health Commission and the Disaster and Fire Safety Commission to assess the impact of Alta Bates’ closure and make recommendations to the council.

Amy Mostafa contributed to this report.

EXPLORE: PUBLIC HEALTH ([HTTP://WW2.KQED.ORG/STATEOFHEALTH/CATEGORY/PUBLIC-HEALTH/](http://ww2.kqed.org/stateofhealth/category/public-health/)), EARTHQUAKES ([HTTP://WW2.KQED.ORG/STATEOFHEALTH/TAG/EARTHQUAKES/](http://ww2.kqed.org/stateofhealth/tag/earthquakes/)), HOSPITALS ([HTTP://WW2.KQED.ORG/STATEOFHEALTH/TAG/HOSPITALS/](http://ww2.kqed.org/stateofhealth/tag/hospitals/)), NEWS ([HTTP://WW2.KQED.ORG/STATEOFHEALTH/TAG/NEWS/](http://ww2.kqed.org/stateofhealth/tag/news/))



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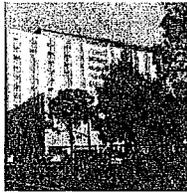
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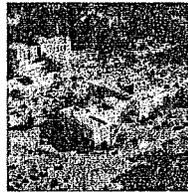
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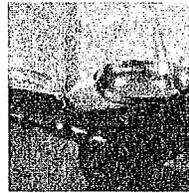
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**How Will Your Hospital Fare in the Next Earthquake?**

(<http://ww2.kqed.org/stateofhealth/2014/08/30/how-will-your-hospital-fare-in-the-next-earthquake/>)



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**Budget Cuts Threaten UC Berkeley's Medical Program**

(<http://ww2.kqed.org/stateofhealth/2013/07/22/budget-cuts-threaten-uc-berkeley-s-medical-program/>)



**Targeting Heavy Users of Medi-Cal, Program Aims to Lower Costs, Increase Quality**

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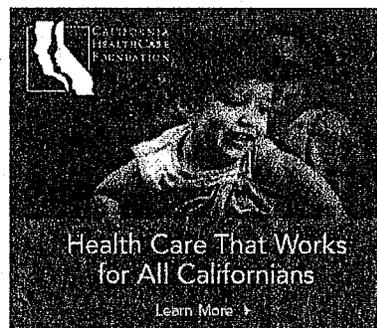


**LISA ALIFERIS**

Lisa Aliferis is the founding editor of KQED's *State of Health* blog. Since 2011, she's been writing and editing stories for the site. Before taking up blogging, she toiled for many years (more than we can count) producing health stories for television, including *Dateline NBC* and San Francisco's CBS affiliate, KPIX-TV. She also wrote up a [handy guide to the Affordable Care Act](http://www.kqed.org/news/health/obamacare/obamacare-guide.jsp) (<http://www.kqed.org/news/health/obamacare/obamacare-guide.jsp>), especially for Californians. Her work has been honored for many awards. Most recently she was a finalist for "Best Topical Reporting" from the Online News Association. You can follow her on Twitter: [@laliferis](https://twitter.com/laliferis) (<https://twitter.com/laliferis>)

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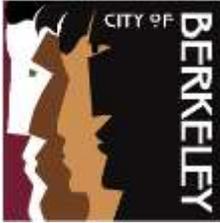
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Community Health Commission  
2016 Subcommittee Roster

District	Last	First	Subcommittees							
			Acute Services for Berkeley	Health Equity	Public Outreach & Education	Healthy Food Security	Policy Tracking	Chronic Disease Prevention	Envisioning Future of CHC & Workplan	Structural/ Institutional Inequity Issues
1	Engelman	Alina								
1	<b>Vacant</b>									
2	<b>Vacant</b>									
2	Speich	Pamela	X							
3	Kwanele	Babalwa		X					X	X
3	<b>Vacant</b>									
4	Stein	Antoinette		X						
4	Wong	Marilyn	X	X	X				X	
5	Teunis	Niels								
5	Wertman	Holly	X			X				
6	Franklin	Linda	X		X	X	X		X	
6	<b>Vacant</b>									
7	Nathan	Neal		X			X	X	X	X
7	Lopez	Enrique			X					
8	Chen	Leona			X				X	
8	Namkung	Poki							X	
M	Rosales	Ces		X	X				X	
M	Shaw	Mia				X				

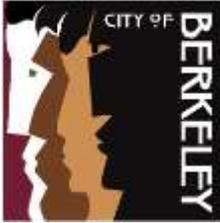


Community Health Commission

CHC AGENDA ITEM SUBMISSION TIMELINE FOR 2016

CHC Meeting Date (Thursdays)	Agenda Items due to Commission Secretary	Secretary Reviews Final Agenda with Dr. Janet Berreman	Secretary submits agenda for posting
6/23	Wed 6/15 by Noon	Thurs 6/16 by 4 pm	Fri 6/17 by 10am
7/28	Wed 7/20 by Noon	Thurs 7/21 by 4 pm	Fri 7/22 by 10am
9/22	Wed 9/14 by Noon	Thurs 9/15 by 4 pm	Fri 9/16 by 10am
10/27	Wed 10/19 by Noon	Thurs 10/20 by 4 pm	Fri 10/21 by 10am
11/17*	<b>Tues 11/8 by Noon</b>	<b>Wed 11/9 by 4 pm</b>	<b>Thurs 11/10 by 10am</b>

\* Meeting will be held on 4<sup>th</sup> Thursday due to Thanksgiving Holiday



Community Health Commission

### COUNCIL ITEM SUBMISSION TIMELINE FOR 2016

City Council Meeting Date	Commission needs to take action by (Commission meeting dates)	Reports due to HHCS Director	Commission items
7/12	4/28	5/19	<ul style="list-style-type: none"> <li>BMC enabling legislation</li> </ul>
7/19	4/28	5/26	<ul style="list-style-type: none"> <li>African American Holistic Resource Center</li> </ul>
Summer Recess			
9/13	5/26, 6/23	7/21	
9/20	6/23	7/28	
9/27	7/28	8/4	
10/18	7/28	8/25	
11/1	7/28	9/8	
11/15	7/28	9/22	
11/29	9/22	10/6	
12/13	9/22	10/20	