



Community Health Commission (CHC)

COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, September 22, 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 Items

1. **Health Officer Update:** Janet Berreman
2. **Sugar Sweetened Beverages Product Panel of Experts Update:** Commissioner Namkung & Dechen Tsering
3. **Work plan Progress:** All (Attachment 3)

Discussion Items

1. **Discussion of food recovery efforts in Berkeley** [Shaw]

Subcommittee Reports

1. **Health Equity Subcommittee Report**
2. **Public Outreach & Education Subcommittee Report**
3. **Other Subcommittee Reports**

Action Items

1. **Action:** Discuss proposed report to Council regarding BMC enabling legislation for Community Health Commission (Attachments 4-5) [Wong et al]
 - a. Council voted on July 19 to refer to staff to write an ordinance based on the Community Health Commission recommendation with suggested changes by staff to address administrative authority, including reducing Commission size from 18 to 9 members
2. **Action:** Approve letter to Council in support of resolution opposing closure of Alta Bates Summit Medical Center, passed on July 12 (Attachment 6)
3. **Action:** Approve recommendation to Council regarding identification of resources to supplement Heart-2-Heart program (Attachment 7) [Rosales]

Information Items

1. **“Development without Displacement” Report:**
<http://www.acphd.org/media/343952/cjic2014.pdf>
2. **City Strategic Plan:** Every commission will have an opportunity to participate in the strategic plan. In September/October, staff will distribute an online survey and will highlight additional opportunities to engage in the process.

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3. City Council Items:

- a. African-American Resource Center – September 27

Future Agenda Items

1. Update from staff regarding health resources at Berkeley Technology Academy [Staff]
2. Berkeley Police Department to provide overview on police data [Franklin/Staff]
3. Presentation by Healthy Black Families [Kwanele]
4. Continue discussion on Public Health priorities and alignment with Commission workplan

Adjournment

Attachments:

1. Draft minutes of 7/28/16 CHC meeting
2. Approved minutes of 6/23/16 CHC meeting
3. Community Health Commission work plan
4. Letter from Commissioner Namkung to Councilmember Droste re: BMC legislation changes for CHC
5. Letter from Commissioner Wong to Community Health Commission re: BMC legislation changes for CHC
6. Resolution 67,615-N.S. approved by City Council re: opposition to closure of Alta Bates
7. Draft recommendation to City Council re: expansion of Heart-2-Heart program
8. Community Health Commission subcommittee roster
9. City Council and Community Health Commission timelines

The next meeting of the Community Health Commission is scheduled for October 27, 2016 with a deadline of October 13, 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.

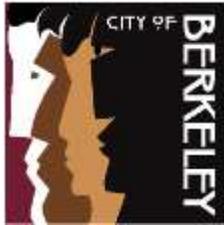
COMMUNICATION ACCESS INFORMATION

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 July 28, 2016

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

ROLL CALL

Present: Commissioners Carter, Kwanele, Lingas, Rosales, Shaw, Stein, Teunis (6:53), and Wong

Absent: Commissioner Lopez

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

Staff present: Janet Berreman and Tanya Bustamante

COMMENTS FROM THE PUBLIC

- 3 individuals provided comment regarding the Community Health Commission's proposal to consider revising recommendation to City Council with regard to impending termination of these services at the Sutter Alta Bates Hospital campus.
- 3 individuals provided comment regarding the proposed cell phone tower on Arch Street and their concerns of electromagnetic radiation exposure

PRESENTATIONS

- Tony Wilkinson, Friends of Adeline Corridor – provided overview on discussion points of this community group in relation to Adeline Corridor project

ACTION ON MINUTES

1. M/S/C (Lingas/Rosales) Motion to approve the draft May 2016 minutes.

Ayes: Commissioners Carter, Kwanele, Lingas, Rosales, Shaw, Stein, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

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Absent from vote: Commissioner Teunis

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

Motion Passed.

ACTION ITEM

2. M/S/C (Kwanele/Stein) Motion to add the following commissioners to the following subcommittees:
- a. Commissioner Carter to the Acute Services for Berkeley subcommittee;
 - b. Mia Shaw to the Policy Tracking, Structural/Institutional Inequity Issues, & Chronic Disease Prevention subcommittees;
 - c. Niels Teunis to the Policy Tracking, Structural/Institutional Inequity Issues, & Chronic Disease Prevention subcommittees;
 - d. And Elena Lingas to the Structural/Institutional Inequity Issues subcommittee.

Ayes: Commissioners Carter, Kwanele, Lingas, Rosales, Shaw, Stein, Teunis, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

Motion passed.

ACTION ITEM

3. M/S/C (Kwanele/Chen) Motion to request letters of support for African American Holistic Resource Center from all 40 City of Berkeley commissions.

Ayes: Commissioners Kwanele, Lingas, Rosales, Shaw, Stein, Teunis, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

Absent from vote: Commissioner Carter

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

Motion passed.

ACTION ITEM

4. M/S/C (Kwanele/Rosales) Motion to add Commissioner Stein to the Chronic Disease Prevention subcommittee.

Ayes: Commissioners Carter, Kwanele, Lingas, Rosales, Shaw, Stein, Teunis, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

Motion passed.

ACTION ITEM

5. M/S/C (Kwanele/Shaw) Motion to write a letter to City Council and attach Community Health Commission recommendation and resolution to Council regarding Alta Bates hospital closure that Commission has already drafted.

Ayes: Commissioners Carter, Kwanele, Lingas, Rosales, Shaw, Stein, Teunis, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

Excused: Commissioners Chen, Engelman, Franklin, Namkung, Nathan, and Wertman

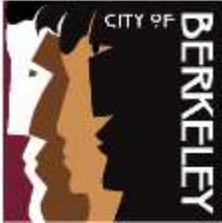
Motion passed.

NEXT MEETING

The next regular meeting will be on September 22, 2016 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:10 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.



Community Health Commission

Community Health Commission

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

Minutes Regular Meeting, Thursday June 23, 2016

The meeting convened at 6:59 p.m. with Vice Chair Kwanele presiding.

ROLL CALL

Present: Commissioners Chen, Franklin, Kwanele, Lingas, Lopez, Namkung (7:01), Shaw (7:12), Stein (7:00), Teunis, Wertman (7:15), and Wong

Absent: Commissioner Speich

Excused: Commissioners Engelman, Nathan, and Rosales

Staff present: Janet Berreman and Tanya Bustamante

COMMENTS FROM THE PUBLIC

- 5 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 regarding the Community Environmental Advisory Commission's cigarette butt litter proposal to the City Council

PRESENTATIONS

- None

ACTION ON MINUTES

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

Ayes: Commissioners Chen, Franklin, Kwanele, Lopez, Namkung, Stein, Teunis, and Wong

Noes: None

Abstain: Commissioner Lingas

Absent: Commissioner Speich

Absent from vote: Commissioners Shaw and Wertman

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Excused: Commissioners Engelman, Nathan, and Rosales

Motion Passed.

ACTION ITEM

2. M/S/C (Chen/Teunis) Motion to approve amended report to City Council to address referral regarding Alta Bates hospital closure.

Ayes: Commissioners Chen, Franklin, Lingas, Lopez, Namkung, Shaw, Stein, Teunis, Wertman, and Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Absent from vote: Commissioner Kwanele

Excused: Commissioners Engelman, Nathan, and Rosales

Motion passed.

ACTION ITEM

3. M/S/C (Stein/Chen) Motion to support the recommendation to Council from the Community Environmental Advisory Commission regarding the pilot project to address cigarette butt litter and smoking in commercial zones.

Ayes: Commissioners Chen, Franklin, Kwanele, Lopez, Namkung, Shaw, Stein, Teunis, Wertman, and Wong

Noes: None

Abstain: Commissioner Lingas

Absent: Commissioner Speich

Excused: Commissioners Engelman, Nathan, and Rosales

Motion passed.

ACTION ITEM

4. M/S/C (Namkung/Lopez) Motion to approve the report to City Council recommending that Council support the \$2 cigarette tax November ballot measure.

Ayes: Commissioners Chen, Franklin, Kwanele, Lingas, Lopez, Namkung, Shaw, Stein, Teunis, Wertman, and Wong

Noes: None

Abstain: None

Absent: Commissioner Speich

Excused: Commissioners Engelman, Nathan, and Rosales

Motion passed.

NEXT MEETING

The next regular meeting will be on July 28, 2016 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:04 p.m.

Respectfully Submitted, Tanya Bustamante, Secretary.

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

Letter to Councilmember Droste from Commissioner Namkung

"I understand that council was presented two variations of enabling legislation for the Community Health Commission. To give you background on the issue, you should know that the commission has been considering this issue for at least six months, formed an ad-hoc committee to work specifically on modifications to the BMC in line with state legislation, and has had numerous report-backs and discussions with the full commission about our recommendations.

At no time in this lengthy process did staff voice any concern or offer any advice as to how we might better align ourselves to our legal responsibilities and role. This is why every member of the commission was stunned, angered, and dismayed to find that staff had prepared a counter proposal in secret at the last minute having never presented it for discussion with the commission.

We were totally blindsided by staff's action. We are all volunteers, giving of our time, expertise, and effort freely because we believe in citizen and community participation, democracy, and open government. We are appalled by the actions of city staff--to have treated each one of us individually and the commission as a whole with such disrespect.

We are each asking our appointing council person to not ratify the staff proposed amendments at second reading and to request that the city manager ask staff to return to the commission and discuss the proposed changes to develop a consensus recommendation for amending the BMC in order to establish the CHC that is created through open and full discussion between staff and the commission and that we can then present to council in a unified manner for ratification without conflict.

To not follow appropriate and respectful process in this matter may create a fatal breach of confidence between the commission and city staff. Thank you for your consideration."

July 28, 2016

Dear Fellow Commissioners:

I was surprised at the turn of events at the last Council meeting in dealing with the revision of the enabling legislation of the Community Health Commission.

It seems that the "staff" put forward a "companion report" that was adopted but not the version that members of the CHC labored over for several months.

There seems to be a fundamental contradiction in how the process went and the recent decision to exclude city staff members on city commissions. If the thought is that by not having city staff on commission is to minimize conflicts of interest, then I would conclude that a "companion report" by the "staff" overturning the decision of the CHC is the ultimate conflict of interest.

I have the following questions and requests:

1. Who are the "staff"?
2. Who originated the discussion by the "staff"?
3. What is the legal procedure that allowed a "companion report" to become the item to be adopted?
4. What are the issues that the staff have with the revision that CHC commissioners put forward? I would welcome an open dialogue.

I request that no further action by the staff or the City Council should be taken on this matter until the Community Health Commission revisit this issue in September or October.

I request that members of the Commission that agree with this approach should contact their appointing Council members to stop action on the revision of the enabling legislation until the Commission has an opportunity to discuss this issue.

Respectfully Yours,



Marilyn P. Wong, MD, MPH

RESOLUTION NO. 67,615–N.S.

OPPOSE SUTTER HEALTH CORPORATION'S PLAN TO CEASE ACUTE CARE HOSPITAL OPERATIONS AT ALTA BATES HOSPITAL IN BERKELEY, FURTHER REQUESTING CITY DEPARTMENTS TO IDENTIFY PENDING OR FUTURE APPLICATIONS SOUGHT IN FURTHERANCE OF SUCH CLOSURE AND REPORT SUCH APPLICATIONS

WHEREAS, Alta Bates Summit Medical Center, has been providing "full service" Acute Care hospital services in Berkeley, the East Bay and in Alameda and other counties for decades, and

WHEREAS, Alta Bates Summit Medical Center is licensed for 944 acute care beds with more than half of them in Berkeley, and 347 of those at the Ashby facility; and

WHEREAS, Alta Bates Summit Medical Center's Ashby facility is crucial for providing timely healthcare services for the people of Berkeley and cities beyond Berkeley's border; and

WHEREAS, from 2002 through 2015, records from CA's Office of Statewide Health Planning and Development, OSHPD, revealed very high utilization of acute care services at Alta Bates' Berkeley facility, including over one million total days that hospital beds were occupied; which consisted in part of the following:

- 559,136 days patients were treated in Medical units;
- 228,498 days babies treated in Neonatal Intensive Care;
- 103,157 babies delivered;
- 111,946 admissions through the Emergency Departments;
- 73,612 adult Critical Care patients treated; and

WHEREAS, these numbers do not reflect the full scope of the amount of patients treated at the Berkeley facility because census data reported to CA's OSHPD agency does not include patients in "observation" status despite stays of up to 48 hours with "observation" patients; and

WHEREAS, these numbers reflect only the Ashby facility and not the Alta Bates Summit census data at the Oakland Summit site; and

WHEREAS, Sutter Health Corporation has announced its intention to dramatically reduce services by closing the Alta Bates' Berkeley facility in light of SB 1953; and

WHEREAS, the consolidation of hospital services results in loss of services as happened when Alta Bates Hospital merged with Summit Medical Center in 2000, and despite Sutter Health arguing that services would be enhanced, not reduced, when many in the community opposed the merger at that time, Alta Bates Summit afterwards experienced

the loss of many services in the past 15 years, overwhelmingly at the Alta Bates and Herrick campuses; and

WHEREAS, the national average for bed capacity per 1000 residents is 2.9 beds according to World Bank statistics. In Alameda County, the bed capacity is at 1.8 beds and neighboring Contra Costa at 1.4 beds, a figure that does not reflect the final phase of the 2015 closure of Doctor's Medical Center in San Pablo; 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, has 37,581 Undergraduate and Graduate students who depend heavily on hospital services at the Alta Bates campus, including the Alta Bates Emergency Department in close proximity to campus, to address the students' life-threatening illnesses and injuries, and 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 acute care hospital services as a result, 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's first responders are mandated to travel to Summit Campus in Oakland, they are unavailable for service for the rest of Berkeley for prolonged periods of time presenting a significant danger to the lives of Berkeley residents, and forcing an unacceptable standard of healthcare upon them; and

WHEREAS, closures and relocations of corporations on the community, impacting an array of businesses including family-owned businesses, with losses often doubling or tripling those who either lost jobs or had to relocate; and

WHEREAS, when access to healthcare is made more difficult, patients often delay healthcare but also stop seeking the care that is necessary; and

WHEREAS, the stated mission of corporate Sutter Health is to "enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellences" in health care services; and

WHEREAS, Sutter Health as a non-profit corporation pays little or no property taxes for operations which are non-profit, such as its non-profit hospitals (as opposed to its for-profit operations) and is a highly profitable healthcare corporation whose total assets in the billions grow substantively each year, as shown:

- 2011: \$11,820,000,000
- 2012: \$12,390,000,000
- 2013: \$14,215,000,000
- 2014: \$14,290,000,000
- 2015: \$14,344,000,000

WHEREAS, Sutter Health needs to live up to its stated mission, be held accountable for its actions, and provide the necessary healthcare for Berkeley residents, and must not be allowed to put profits before lives nor endanger the residents of Berkeley; and

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

NOW THEREFORE, BE IT RESOLVED that the Mayor and City Council of the City of Berkeley oppose Sutter Health Corporation's plan to close its acute care services at Alta Bates Hospital and calls upon Sutter Health to cease and desist all actions in furtherance of any and all plans to close Alta Bates hospital.

BE IT FURTHER RESOLVED that the Mayor and City Council shall establish open forums to inform and educate Berkeley residents of the possibility of Sutter Health's seismically retrofitting Berkeley's Alta Bates facility; shall ensure the residents of Berkeley are notified of any and all forums under the City of Berkeley's purview; and ensure a full service acute care general hospital for future generations.

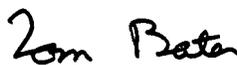
BE IT FURTHER RESOLVED that the Mayor, City Council, and City Departments pledge to cooperate fully to facilitate this process such that it is expedited as much is legally permitted.

The foregoing Resolution was adopted by the Berkeley City Council on July 12, 2016 by the following vote:

Ayes: Anderson, Arreguin, Capitelli, Droste, Maio, Moore, Wengraf, Worthington and Bates.

Noes: None.

Absent: None.



Tom Bates, Mayor

Attest: 

Mark Numairville, City Clerk



Community Health Commission

Attachment 7

ACTION CALENDAR
November 29, 2016

To: Honorable Mayor and Members of the City Council
From: Community Health Commission
Submitted by: Neal Nathan, Chairperson, Community Health Commission
Subject: Additional staffing resources for Public Health Heart-2-Heart Program

RECOMMENDATION

Approve that \$108,000 be allocated to the Public Health Division to hire a Community Health Worker Specialist (CHWS), which would provide increased staffing capacity for the neighborhood-based Heart-2-Heart cardiovascular disease prevention program.

FISCAL IMPACTS OF RECOMMENDATION

Potentially major fiscal impacts exist in the approximate annual amount of \$108,000 from City funds to sustain a permanent CHWS.

CURRENT SITUATION AND ITS EFFECTS

The Community Health Commission has heard reports from both City of Berkeley and Lifelong staff regarding the Heart-2-Heart (H2H) program and believes it should be expanded. City of Berkeley Public Health staffing resources for H2H have decreased significantly due to finite funding. Currently, dedicated outside funding for the H2H program all goes to our partner, LifeLong Medical Care. LifeLong receives annual funding of \$57,000 from the Sutter Health Community Benefit program and \$100,000 from the Alameda County Measure A Reserve fund. These amounts are sufficient to fund two staff from Lifelong Medical Care. The Health Services Program Specialist (HSPS) and CHWS in the Public Health Division currently dedicated to this project are *not* funded by these funding streams, and are instead supported by other grant funding (e.g. California Department of Public Health Nutrition Education & Obesity Prevention funding, General Fund Health Disparities fund). Both the HSPS and CHWS spend only approximately 50% of their time on the H2H program, with the rest of their time dedicated to activities required by their categorical funding.

Public Health Division staffing resources dedicated to the H2H program are not sufficient to optimally carry out the project goals. The current H2H team identified that consistent and systematic program evaluation and data collection are a significant gap. A CHWS, at minimum, would significantly enhance data capacity and enable staff to adequately measure project outcomes and track project goal progress.

BACKGROUND

The H2H program was established in 2008 to reduce racial/ethnic health inequities in cardiovascular disease in South & West Berkeley. Although heart disease is the leading cause of death for people of all backgrounds, Berkeley's African Americans are 3 times more likely to die from heart disease than whites. Furthermore, African Americans are 12 times more likely to be hospitalized for heart disease than whites, and over 40% of African Americans report having high blood pressure.

The program began as a collaboration between City of Berkeley Public Health Division and Lifelong Medical Care to primarily reduce the rate of hypertensive heart disease and CVD hospitalization and mortality in African Americans in selected neighborhoods, to foster positive and productive relationships between H2H partners and residents, and to collaborate and coordinate with other City departments and community organizations to focus efforts and resources in H2H neighborhoods that directly address the communities expressed health related needs and desires.

In its inception, the program was funded by the Kaiser Permanente Community Benefits Program (2008-2011, with a 1 year extension through 2012) and staffed by two senior program managers, one program manager, an epidemiologist, and two community health workers who dedicated 10-25% of their time on this initiative. These staffing resources contributed significantly to the implementation and evaluation aspects of this program.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects or opportunities associated with the subject of this report.

RATIONALE FOR RECOMMENDATION

The H2H program has the following project goals:

1. Reduce the rate of hypertensive heart disease and CVD hospitalization and mortality in African Americans in selected neighborhoods
2. Reduce the prevalence of uncontrolled hypertension in African Americans with hypertension in selected neighborhoods
3. Reduce the prevalence of hypertension in Berkeley African American residents.
4. Enhance true collaboration between COB PH and Lifelong and partnering community organizations
5. Develop and maintain respectful, positive, trusting and healing relationships between project team and residents in selected neighborhoods
6. Enhance and promote respectful, positive, trusting and healing client services and relationships between partnering institutions
7. Identify upstream determinants of health most impacting residents in selected neighborhoods to inform environmental and policy change.

However, current staffing resources have not been adequate in proactively evaluating the program's following primary strategies:

1. Fostering productive relationships between H2H partners and residents
2. Collaborating and coordinating effectively with other community organizations to address community needs
3. Supporting residents in adopting healthier behaviors
4. Preventing high blood pressure and promoting cardiovascular disease awareness.

To effectively measure these strategies, the H2H team needs to determine whether the following short-term and long-term outcomes are occurring:

1. Change in knowledge of cardiovascular health and personal health management
2. Access to and use of preventative health services
3. Trust of city and health care agencies
4. Empowered and self-sustaining community leadership to create positive change
5. Improved cardiovascular health.

ALTERNATIVE ACTIONS CONSIDERED

Consider status quo, however, without adequate staffing dedicated to program efforts the above program goals may not be successfully met. As a result, health inequities related to cardiovascular disease in South & West Berkeley may continue to persist and/or worsen.

CONTACT PERSON

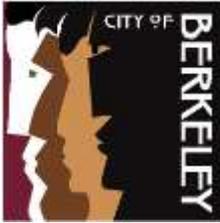
Tanya Bustamante, Community Health Commission Secretary, Health, Housing & Community Services Department, 981-5324

Attachments:

- 1: Sarah Samuels Center Evaluation Debrief, 2014
- 2: H2H At-A-Glance Results

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	Vacant									
2	Vacant									
2	Speich	Pamela								
3	Kwanele	Babalwa		X					X	X
3	Carter	Donna	X							
4	Stein	Antoinette		X				X		
4	Wong	Marilyn	X	X	X				X	
5	Teunis	Niels					X	X		X
5	Wertman	Holly	X			X				
6	Franklin	Linda	X		X	X	X		X	
6	Lingas	Elena								X
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	X	X		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*	Tues 11/8 by Noon	Wed 11/9 by 4 pm	Thurs 11/10 by 10am

* Meeting will be held on 4th 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
9/13	5/26, 6/23	7/21	
9/20	6/23	7/28	
9/27	7/28	8/4	<ul style="list-style-type: none"> African American Holistic Resource Center
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	
Summer Recess (December 14, 2016- January 17, 2017)			