

Community Health Commission (CHC)

COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, October 27, 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. **Environmental Health Update:** Food Recovery, Manuel Ramirez
2. **Public Health Update:** Health resources at Berkeley Technology Academy, Staff
3. **Health Officer Update:** Janet Berreman
4. **Work plan Progress:** All (Attachment 3)

Discussion Items

1. Berkeley Way: Commission will explore ways to approach discussion of affordable housing in Berkeley with a health equity lens.

Subcommittee Reports

1. Health Equity Subcommittee Report
2. Healthy Food Security Subcommittee Report
3. Public Outreach & Education Subcommittee Report
4. Other Subcommittee Reports

Action Items

1. **Action:** Approve letter to Council addressing concerns with possible changes to Berkeley Municipal Code enabling Community Health Commission (Attachment 4) [Nathan]
2. **Action:** Approve letter to Council in support of resolution opposing closure of Alta Bates Summit Medical Center, passed on July 12 [Kwanele]
3. **Action:** Approve recommendation to Council regarding identification of resources to supplement Heart-2-Heart program (Attachment 5) [Rosales]
4. **Action:** Approve letter to City Council regarding homeless encampments (Attachment 6) [Franklin]

Information Items

1. City Council Items:
 - a. BMC enabling legislation for CHC – November 29
2. Asthma presentation update

A Vibrant and Healthy Berkeley for All

Future Agenda Items

1. Berkeley Police Department to provide overview on police data [Franklin/Staff]
2. Presentation by Healthy Black Families [Kwanele]
3. Continue discussion on Public Health priorities and alignment with Commission work plan
4. Asthma presentation: Jose Ducos (January 2017)
5. Discussion on \$100 million facilities bond

Adjournment

Attachments:

1. Draft minutes of 9/22/16 CHC meeting
2. Approved minutes of 7/28/16 CHC meeting
3. Community Health Commission work plan
4. Draft letter to Council addressing concerns with possible changes to Berkeley Municipal Code enabling Community Health Commission
5. Draft recommendation to City Council re: expansion of Heart-2-Heart program
6. Draft letter to City Council regarding homeless encampments
7. Community Health Commission subcommittee roster
8. City Council and Community Health Commission timelines

The next meeting of the Community Health Commission is scheduled for November 17th, 2016 with a deadline of November 3rd, 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.

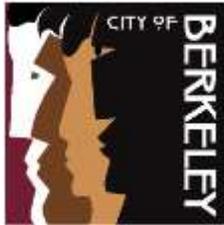
COMMUNICATION ACCESS INFORMATION

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 September 22, 2016

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

ROLL CALL

Present: Commissioners Carter, Chen, Engelman, Franklin, Kwanele, Lingas, Namkung, Nathan, Rosales, Shaw, Speich, Stein, Teunis, Wertman (6:48), and Wong (6:41)

Absent: Commissioner Lopez

Excused: None

Staff present: Paul Buddenhagen, Tanya Bustamante and Rebecca Day-Rodriguez

COMMENTS FROM THE PUBLIC

- 1 individuals provided comment regarding the termination of these services at the Sutter Alta Bates Hospital campus.

PRESENTATIONS

- Dechen Tsering & Commissioner Namkung, Sugar-Sweetened Beverage Product Panel of Exerts (SSBPPE) – provided overview on SSBPPE, community RFP process, and initial evaluation findings of impact of SSB distributor tax

ACTION ON MINUTES

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

Ayes: Commissioners Carter, Chen, Engelman, Franklin, Kwanele, Lingas, Nathan, Shaw, Speich, Stein, Teunis, Wertman and Wong

Noes: None

Abstain: Commissioners Namkung & Rosales

Absent: Commissioner Lopez

Motion Passed.

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ACTION ITEM

2. M/S/C (Nathan/Namkung) Motion to have Envisioning Future of Community Health Commission & Workplan subcommittee draft a letter to City Council to address concerns regarding possible changes to Berkeley Municipal Code enabling the Community Health Commission. Draft of letter to be shared with Commission at October meeting.

Ayes: Commissioners Carter, Chen, Engelman, Franklin, Kwanele, Lingas, Namkung, Nathan, Rosales, Stein, Wertman, and Wong

Noes: Commissioners Speich, Teunis, and Shaw

Abstain: None

Absent: Commissioner Lopez

Motion passed.

ACTION ITEM

3. M/S/C (Shaw/Nathan) Motion to add Commissioners Chen and Lingas to Healthy Food Security subcommittee.

Ayes: Commissioners Carter, Chen, Engelman, Franklin, Kwanele, Lingas, Namkung, Nathan, Rosales, Shaw, Speich, Stein, Teunis, Wertman, and Wong

Noes: None

Abstain: None

Absent: Commissioner Lopez

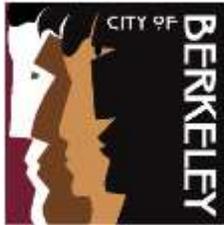
Motion passed.

NEXT MEETING

The next regular meeting will be on October 27, 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

Community Health Commission

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

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

A Vibrant and Healthy Berkeley for All

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 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

COMMUNITY HEALTH COMMISSION

October 27, 2016

City Council
City of Berkeley
2180 Milvia St.
Berkeley, CA 94704

Honorable Mayor and Members of the City Council,

At the July 19, 2016 meeting, City Council received a Community Health Commission (CHC) recommendation to amend the Berkeley Municipal Code that would have codified a greater emphasis on health equity, ensured diversity, and maintained the number of seats on the commission. However, City Council approved the Department of Health, Housing, and Community Services companion recommendation that understandably prevented the expansion of CHC power, but did an unintended disservice to City Council by also recommending that the number of seats on the commission be reduced from 18 to 9. As a membership capacity of 18 has resulted in the CHC having extensive diversity in protected categories like race and gender as well as practical categories like career and curricular experience while also providing the CHC the capability to quickly and effectively respond to City Council referrals, commission members argue that the number of seats on the CHC should remain at 18.

The majority of CHC recommendations and information items sent to City Council have been in response to referrals from City Council asking the CHC to study and advise Council on the community health implications of potential City actions. A membership of 18 people has provided the necessary flexibility to form competent and dedicated subcommittees that are able to research, write, and report on these referrals back to Council in a timely manner. Here is a list of some of the reports the CHC sent to Council, and other actions that were facilitated by a membership of 18 people and capable subcommittees:

- | | |
|---|---|
| 1. African American Holistic Resource Center | 10. Healthy Default Beverages with Children's Meals |
| 2. Conductive Energy Devices Deployment by BPD | 11. West Berkeley Industrial Plants Air Quality |
| 3. Additional Support for Berkeley Technology Academy | 12. Tobacco 21 Minimum Age |
| 4. Alta Bates Hospital Closure, basis for Council action | 13. Reducing Exposure to Mercury Dental Amalgam |
| 5. Directory of Medical Service Providers in Berkeley | 14. Improved Regulation of E Cigarettes |
| 6. Smoke Free Multi-Unit Housing | 15. Alta Bates Community Benefits Analysis |
| 7. Food sources for low income families in Berkeley | 16. Healthy homes safe from molds, pests. |
| 8. Smoke Free Multi-unit Housing | 17. Emergency Preparedness after Richmond Fire |
| 9. Service Animals Welcome in Berkeley: Ordinance and Program | 18. Diesel Spill Response Clean-up |

The sample list demonstrates that the CHC has been active and capable in providing comprehensive reports to Council that address referrals from Council in addition to quickly acting on community concerns. It would be impractical and improbable for a CHC of only 9 people to be as effective in advising City Council, thus fundamentally undermining our purpose. City Staff argue that the rare actual 18 membership of the CHC justifies cutting the seats to 9 since it offers easier management, more equal district representation, and consistency with the membership capacities of other commissions. There are currently 16 members with full district representation except for Districts 1 and 2, which have only one appointee. Moreover, it is not exceptionally abnormal for the CHC to have 18 seats, as other commissions have more than 9 seats:

1. Youth Commission = 18 seats
2. Human Welfare & Community Action Commission = 15 seats
3. Peace & Justice Commission = 15 seats
4. Mental Health Commission = 13 seats

Thus, the City staff proposed trade off between having 9 seats to create *de facto* equal representation and having a proficient CHC is inferior to making sure the CHC is capable of doing its codified job of advising City Council, as Council members have the onus of making sure commissions have equal representation by appointing residents to the CHC and halving the number of seats would significantly hinder the CHC. Additionally, the trade off between cutting the membership down to 18 to be more in line with other commissions versus keeping the CHC diverse and capable weighs in favor of keeping the membership at 18 seats since it does not deviate from the established precedent of having particularly essential commissions feature a membership of more than 9 seats, as evidenced in the above list. Plus, City Staff fail to demonstrate how easier management is afforded by cutting the membership down to 9, as electronic mail would seemingly greatly diminish any work load disparity that may arise from having 18 instead of 9 people, and City Staff primarily only interact with the singular Chair of the Commission outside of commission meetings.

City Staff further argue that CHC meetings have averaged an attendance of 10 commissioners, however the CHC has rarely had full appointment, with at times only 11 members as was the case on 1/22/2015. So it matters what the denominator of the ratio is, which is not included in City Staff's calculation, voiding its significance, especially since no meeting has been cancelled in recent years due to insufficient attendance. Consequently, rather than hamstringing the CHC and limiting its ability to help realize health equity, respond to the concerns of Berkeley residents, have diverse and qualified membership, and do its job in quickly answering Council referrals and advising City Council on community health matters, CHC membership should be maintained at 18 total seats. This maintenance of an effective *status quo* is justified due to the lack of a compelling reason to cut the membership down to 9 seats, the difficulties imposed by such a reduction, and based on the benefits of ensuring an expert, diverse, and capable Community Health Commission.

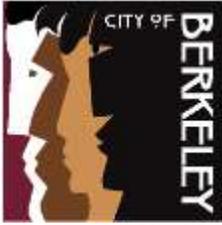
Therefore, the CHC respectfully asks that City Council direct the Department of Health, Housing, and Community Services and relevant staff to keep the membership capacity of the CHC at 18 seats while City Staff are writing the ordinance amending the Berkeley Municipal Code that empowers the Community Health Commission.

Thank you for your time and consideration in making an improved public policy decision.

Regards,

City of Berkeley Community Health Commission

Voting Record on Vote to Send Letter to City Council:



Community Health Commission

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 \$66,708 plus sufficient additional funds to cover benefits be allocated to the Public Health Division to hire a Social Service Specialist (SSS), 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 \$66,708 plus costs of benefits 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 significant gaps. A SSS, at minimum, would significantly enhance data capacity and enable staff to adequately measure project outcomes and track project goal progress so that the program can be optimized to best serve the residents of Berkeley.

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.

Thus, the staffing assistance provided by a Social Service Specialist will help the H2H program both measure its progress, and achieve its short-term and long-term goals.

Moreover, the Health Status Report in 2003 declared that *"health inequities in Berkeley occur in consistent patterns by geography, race/ethnicity, and income and education,"* and that *"African American residents in South and West Berkeley have higher rates of adverse pregnancy outcomes, childhood asthma hospitalizations, heart disease, high blood pressure, stroke, and diabetes."* However, adverse health outcomes in communities of color, particularly in South and West Berkeley are not limited to cardiovascular diseases, and since a Social Service Specialist could track co-morbid conditions as well as upstream factors influencing health outcomes, a SSS would provide the necessary information and services to facilitate progress in the effort to reduce health inequities.

In characterizing recent progress, the Report concludes, and we agree, *"Berkeley has made significant progress in improving many measures of health, including decreasing the magnitude of some health inequities—and much work remains to be done."*

The conclusion that “much work remains to be done” has been a consistent feature of the Health Status Report since 1999. It is no longer acceptable that the next Status Report will arrive with the same conclusion, and hiring a SSS would be a significant action to improve community health.

As a SSS is expected to gather data not only on cardiovascular issues, but will also be expected to extrapolate and include data on other health issues (diabetes, asthma, pregnancy outcomes, etc), the SSS will provide insight into determinants and statuses of health among residents that can inform additional interventions such that a comprehensive approach is taken to achieve health equity. Plus, a SSS and the resulting improved capacity of the H2H program would also facilitate implementing interventions and other public health initiatives. Thus, hiring a SSS would immediately and directly enhance the vital H2H program while also strengthening future efforts in a variety of ways from providing additional data that could be used in grant applications to the design and actualization of other public health plans. This data collection and service provision capability demonstrates that a Social Service Specialist would make a big difference in facilitating the H2H program's contribution to reducing health inequities in Berkeley.

ALTERNATIVE ACTIONS CONSIDERED

1. 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.
2. Recommend that \$108,000 (note: this includes benefits) be allocated to the Public Health Division to hire a Community Health Worker Specialist (CHWS) to increase the H2H program staffing; however, a Social Service Specialist (SSS) would greater benefit the H2H program since a SSS can provide extensive data collection in addition to the services offered by a CHWS, so hiring a Social Service Specialist is recommended.

CONTACT PERSON

Rebecca Day-Rodriguez, Community Health Commission Secretary, Health, Housing & Community Services Department, 981-5337.

Attachments:

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

Attachment 6

To: Honorable Mayor and Members of the Berkeley City Council

Berkeley experienced a strong taste of winter last weekend. As many of us drove or walked through the city, we saw people huddled in doorways trying to stay dry. Recently, four homeless people are reported to have died in Berkeley, one outdoors, and three from the accumulated effects of protracted exposure.

The City's immediate focus must be on saving lives. Shelter capacity was inadequate even before the destruction of the city's Storm Shelter by the recent fire at 1st Congregational Church.

On October 18, at city council meeting, council directed staff to explore facilities available for warming centers or evening shelter, fund shelter beds, open bathrooms in city buildings for use by homeless individuals during the day and create a list of city-owned properties for a Tiny House development. These are great steps to take, but the homeless need an interim solution. Several days of rain are predicted next week. Therefore the CHC recommends council act quickly to establish sufficient shelter.

We advise council to direct staff to work with homeless leaders, advocates, and service providers to promptly create an authorized, safe & sanitary encampment. Onsite toilets & handwashing, garbage collection and storage are needed along with support from medical and mental health staff.

We also recommend *a moratorium on the eviction of encampments* until this is established. It is both morally unacceptable and fiscally irresponsible to continue to use city police, parks and public works budgets to push homeless folk round the city, when those funds could be used to provide shelter and save lives.

Oakland has authorized an encampment and is blocking off a street, fencing the encampment, and giving it port-a-potties and garbage collection. Info on this can be found here: <http://www.sfgate.com/bayarea/article/Instead-of-clearing-homeless-camps-Oakland-is-9981956.php>.

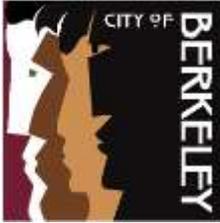
This is a good model for an immediate solution, while work goes forward on tiny homes, shelter, and other permanent housing solutions.

Sincerely

Neal Hiran Nathan
City of Berkeley Community Health Commission

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

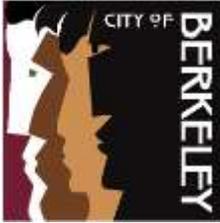


Community Health Commission

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)			