



Community Health Commission (CHC)

COMMUNITY HEALTH COMMISSION MEETING AGENDA

Thursday, February 28th, 2019 6:30 pm–9 pm
South Berkeley Senior Center
2939 Ellis St, Berkeley, CA 94703

Preliminary Matters

1. Roll Call
2. Announcements & Introductions of any new members
3. Approval of Minutes from January 24th meeting (Attachment 1)
4. Confirm note taker
5. Public Comment (*Speakers will have up to 5 minutes each*)

Presentation Items

1. **City of Berkeley, Public Health Division—Dr. Lisa Hernandez/ Janice Chin**
 - a. Updates
 - b. Public Health Strategic Planning Results (Attachment 7)
2. **City of Berkeley, Planning Department—Elizabeth Greene: Cannabis Ordinance**

Discussion

1. **Discussion:** May Post-Partum Justice Day [Spigner]
2. **Discussion:** Cannabis proposed regulations for the March 12th City Council [Speich]

Action Items

1. **Action:** Approve communication to Council on the equity issue and cannabis structure of dispensary ownership [Speich]
2. **Action:** Approve communication to Council on the Commission's stance related to the cannabis ordinance draft that will be presented on March 12th, 2019 (Attachment 8) [Speich]
3. **Action:** Resolution establishing the third Sunday in May as Post-Partum Justice Day (Attachment 9) [Spigner]
4. **Action:** 2019 Community Health Commission elections [Khalfay]
5. **Action:** Appoint Commissioners to speak on behalf of CHC at upcoming City Council meetings [Khalfay]
6. **Action:** Add/remove subcommittee members. (Attachment 4) [Khalfay]

Subcommittee Reports

Adjournment

A Vibrant and Healthy Berkeley for All

Attachments:

1. Draft minutes of 1/24/19 CHC meeting
2. Approved minutes of 12/6/18 CHC meeting
3. Community Health Commission Work Plan
4. Community Health Commission Subcommittee Roster 2019
5. Community Health Commission Meeting Calendar 2019
6. City Council and Community Health Commission Timeline 2019
7. Public Health Strategic Planning Results Presentation
8. Communication to Council regarding the cannabis ordinance draft that will be presented on March 12th, 2019
9. Post-Partum Justice Day Resolution
10. Berkeley Food Network Presentation
11. Resilient Wellness Presentation
12. CHC Recommendations to Council
13. Cannabis Ordinance—Sections with Alternate Recommendations from Commissions
14. African-American Holistic Resource Center Feasibility Study
15. Communication: Toxic Substances November 2018 Spill at Pacific Steel Casting Company

The next meeting of the Community Health Commission is scheduled for February 28th, 2019, with a deadline of February 20th, 2019 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.

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. Please refrain from wearing scented products to this meeting.

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

South Berkeley Senior Center,
2939 Ellis St, Berkeley, CA 94703

DRAFT MINUTES

Regular Meeting, Thursday January 24th, 2019

The meeting convened at 6:41 p.m. with Commission Chair Khalfay presiding.

ROLL CALL

Present: Commissioner Webber, Speich, Futoran, Carter, Smart (6:48), Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz (6:59)

Absent: None

Excused: Commissioner Engelman

Staff present: Lisa Hernandez, Janice Chin, Roberto Terrones

Community Members: John Gilman, Ariel Herm

COMMENTS FROM THE PUBLIC: None

PRESENTATIONS: Sara Webber, Berkeley Food Network: Food Insecurity in Berkeley
Daisy Ozim, Resilient Wellness: General
Lynn Silver, Public Health Institute: Cannabis

ACTION ITEM

1. M/S/C (Spigner/Futoran): Motion to approve minutes from the December 6th, 2018 meeting.

Ayes: Commissioner Speich, Futoran, Carter, Spigner, Rojas-Cheatham, Simpson, Khalfay

Noes: None

Abstain: Webber, Rosales, Le

Absent from vote: Katz, Smart

Excused: Commissioner Engelman

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Motion Passed.

2. M/S/C (Spigner/Futoran): Motion to extend meeting by 10 minutes.

Present: Commissioner Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman

3. M/S/C (Rosales/Tora): Motion to approve communication with recommended edits to City Council reiterating the Commission's stance on Cannabis.

Present: Commissioner Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman

Motion Passed.

4. M/S/C (Futoran/Webber): Motion to appoint Commissioners Rojas-Cheatham, Simpson, Rosales, and Speich, as representatives for the upcoming City Council meetings.

Present: Commissioner Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman

Motion Passed.

5. M/S/C (Webber/Futoran): Motion to add Commissioner Webber to the Basic Needs Subcommittee, and Commissioners Le and Rosales to the Strategic Planning subcommittee.

Present: Commissioner Webber, Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Simpson, Khalfay, Rosales, Le, Katz

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman

NEXT MEETING

The next regular meeting will be on February 28th, 2019 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:06 p.m.

Respectfully Submitted, Roberto A. Terrones, Secretary.



Community Health Commission

Community Health Commission
 South Berkeley Senior Center,
 2939 Ellis St, Berkeley, CA 94703

MINUTES
Special Meeting, Thursday December 6th, 2018

The meeting convened at 6:41 p.m. with Commission Chair Khalfay presiding.

ROLL CALL

Present: Commissioner Speich, Futoran, Carter, Smart (6:41), Spigner (6:48), Rojas-Cheatham (6:45), Khalfay

Absent: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

Staff present: Roberto Terrones, Lisa Hernandez, Elizabeth Greene

Community Members: Dr. Pam Gumbs, Ken Yabusaki, Masai Yabusaki, Kayla Sherpa

COMMENTS FROM THE PUBLIC: Masai Yabusaki

PRESENTATIONS: Sabrina Fendrich, Berkeley Patients Group: Cannabis
 Elizabeth Greene, City of Berkeley Planning and Development
 Department: Cannabis Ordinance Language

ACTION ITEM

1. M/S/C (Futoran/Speich): Motion to approve minutes from the October 25th, 2018 meeting.

Ayes: Commissioner Speich, Futoran, Carter, Spigner, Rojas-Cheatham, Khalfay

Noes: None

Abstain: Smart

Absent from vote: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

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Motion Passed.

2. M/S/C (Speich/Futoran): Motion to confirm Commission meeting dates for 2019.

Ayes: Commissioner Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Khalfay

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

3. M/S/C (Speich/Futoran): Motion to approve Retail Nursery Microbusiness language that was passed by the Planning Commission including Use Permit in all districts.

Ayes: Commissioner Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Khalfay

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

Motion Passed.

4. M/S/C (Spigner/Futoran): Motion to approve staff recommendations with recommended edits for CHC reasoning (clarifying no adult use consumption in any business; no changes to H; agreement with staff recommendations for medicinal cannabis for low-income persons; adding children, youth, and young adults language to 10B).

Ayes: Commissioner Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Khalfay

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

Motion Passed.

5. M/S/C (Speich/Smart): Motion to add Commissioner Speich to the Cannabis subcommittee.

Ayes: Commissioner Speich, Futoran, Carter, Smart, Spigner, Rojas-Cheatham, Khalfay

Noes: None

Abstain: None

Absent from vote: None

Excused: Commissioner Engelman, Goldmacher, Gupta, Simpson, Rosales, Katz

NEXT MEETING

The next regular meeting will be on January 24th, 2019 at 6:30 p.m. at the South Berkeley Senior Center.

This meeting was adjourned at 9:01 p.m.

Respectfully Submitted, Roberto A. Terrones, Secretary.

Community Health Commission Work Plan FY2019-2020

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. Collaborate with the community and the Berkeley Public Health Division, and City of Berkeley to eliminate health inequity by:
 - a. Advocating for good policy to council that has the potential to improve the health of Berkeley residents that can be implemented, monitored, and evaluated.
 - b. Representing the community through the diversity of this commission
 - c. Increasing the public education/social marketing efforts, understanding, and awareness of issues
 - d. Advocating together with the residents of Berkeley most affected by institutional, social, organizational inequities/disparities
 - e. Providing a public forum for all community members to share concerns, ideas
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.

- Increase healthy food security
- Advocate for the expansion of affordable housing
- Continue to urge that Alta Bates Berkeley Medical Campus remain open while also helping to suggest actions to address consequences of planned closure
- Be responsive in potential recommendations to help Berkeley residents, and care providers and clinics cope with potential federal disruption in healthcare policy and federal spending cuts
- Further address more social determinants of health
- Continue to be a community advocate to City Council to address structural, institutional, and health inequities impacting all underserved populations
- Work to have community health data measures documented in a timely manner and to promptly evaluate and act on novel data such as the Health Status Report
- Work to support policies and initiatives that advance UHC such as Medicare for all
- Advise the City Council as the Public Health Department develop their strategic plan

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 ad-hoc subcommittees
4. Keep track of local, state, and federal policy and data flow

Specific steps and actions needed to meet priorities:

❖ Subcommittees

- **Strategic Planning subcommittee**
 - Serve as point of contact with Public Health Division for city's strategic plan and facilitate deliberation between full commission and division
 - Recommend structure of portion of agenda to educate commission on strategic plan development
- **Acute Services for Berkeley**
 - Continue to recommend actions to keep Alta Bates open
 - Consider ways to increase emergency care access in Berkeley
- **Basic Needs Security**
Focus on healthy food security and affordable/accessible housing
 - In terms of healthy food security:
 - Identify food recovery donation systems
 - Connect communities with healthy food resources (awareness)
 - Advocate for policies to mitigate unhealthy food consumption
 - Advocate for affordability and accessibility of healthy foods
 - In supporting programs like the Berkeley Food Institute, etc.,
 - In terms of accessible/affordable housing:
 - Identify areas of stark homelessness
 - Connect homeless communities with resources (awareness)
 - Advocate for affordable housing
 - Advocate for increased rent control
- **Policy tracking**
 - Track City Council minutes, state, and national legislative actions
 - Priority areas:
 - School lunch programs
 - Affordable housing in the Adeline area
- **Health Equity Subcommittee**
 - Engage Stakeholders on LGBT health equity issues to help complement findings of the Health Status Report
 - Follow up on status of the African American Holistic Resource Center
 - Work on cultural competency for health care providers--contact county health care providers and Kaiser
 - Review the Health Status Report- dialogues with staff and community to investigate the data and inequities, and recommend program interventions for the City Public Health Division
 - Implement efforts to improve immigrant access to health care
 - Investigate how health care providers are using technology to improve health
 - Meet with the public health officer to be informed
- **Chronic Disease Prevention**
 - Recommend presenters that can educate the commission on innovative approaches to chronic disease prevention

- Consider the use of high profile figures in media campaigns to educate the community about chronic disease prevention.
- **Cannabis**
 - Decriminalizing and destigmatizing cannabis use throughout the Berkeley area
 - Advocating for *holistic* education of cannabis use throughout the community
 - Assessing *holistically* the risks and benefits of cannabis use in terms of community health
 - Assessing *holistically* how cannabis should be integrated within the local economy while maintaining the health of the community
 - .i.e. nurseries, dispensaries, etc.
 - Prioritizing community health following the legalization of cannabis with emphasis on holistically understanding the risk and benefits of cannabis
- Ad-hoc subcommittees as needed to quickly address City Council referrals
- 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

District	Last	First	Community Health Commission Subcommittees 2018						
			Acute Services for Berkeley	Health Equity	Policy Education	Basic Needs Security	Disease Prevention	Strategic Planning	Cannabis
1	Engelman	Alina	X						
1	Kesarwani	Rashi	X						
2	Vacant	Vacant							
2	Speich	Pamela			X		X		
3	Futoran	Charles					X		
3	Carter	Donna	X		X				
4	Smart	Karma		X		X			
4	Goldmacher	Donald						X	
5	Spigner	Tora		X	X				
5	Gupta	Kajol				X			X
6	Rojas-Cheatham	Ann						X	X
6	Vacant	Vacant		X					X
7	Simpson	May			X		X		
7	Khalfay	Nuha Afzal	X			X		X	
8	Rosales	Ces		X					
8	Vacant	Vacant							
M	Wang	L. Victoria	X						
M	Katz	Andy	X	X				X	
			7	4	5	2	3	4	3



Community Health Commission 2019 Meeting Dates

Community Health Commission (CHC)

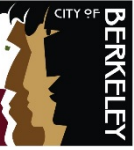
Month	Meeting Day and Date	Time
January 2019	Thursday 1/24/19	6:30-9PM
February 2019	Thursday 2/28/19	6:30-9PM
March 2019	Thursday 3/28/19	6:30-9PM
April 2019	Thursday 4/25/19	6:30-9PM
May 2019	Thursday 5/23/19	6:30-9PM
June 2019	Thursday 6/27/19	6:30-9PM
July 2019	Thursday 7/25/19	6:30-9PM
August 2019 THE CHC DOES NOT MEET IN AUGUST		
September 2019	Thursday 9/26/19	6:30-9PM
October 2019	Thursday 10/24/19	6:30-9PM
November 2019	Thursday 11/21/19*	6:30-9PM
*Meeting in November is scheduled on the 3rd Thursday due to the Thanksgiving Holiday		
December 2019 THE CHC DOES NOT MEET IN DECEMBER		

A Vibrant and Healthy Berkeley for All

1947 Center Street, 2nd Floor, Berkeley, CA 94704 Tel: 510. 981.5300 TDD:
510.981.6903 Fax: 510. 981.5395 E-mail: publichealth@ci.berkeley.ca.us -
<http://www.cityofberkeley.info/health/>

COUNCIL MEETING TIMELINE - COMMISSIONS
HEALTH, HOUSING & COMMUNITY SERVICES DEPARTMENT
Updated October 19, 2018

2019				Thursday 12:00 PM	Thursday 12:00 PM	Monday 2:30 PM	Wednesday 11:00 AM	Thursday 5:00 PM
COUNCIL MEETING DATE	Commission needs to take action by	Reports Due to Dept. Director	Reports Due to CAO	Dept. Reports Due to Clerk Day 33	Agenda Committee Packet to Print Day 19	Agenda Committee Meeting Day 15	Final Agenda Meeting - (Print Agenda on wed.) Day 13	Council Agenda Delivery Day 12
Winter Recess [December 12, 2018 – January 21, 2019]								
22-Jan	11/22	11/29	12/6	12/20	1/3	1/7	1/9	1/10
29-Jan	11/29	12/6	12/13	12/27	1/10	1/14	1/16	1/17
19-Feb	12/20	12/27	1/3	1/17	1/31	2/4	2/6	2/7
26-Feb	12/27	1/3	1/10	1/24	2/7	2/11	2/13	2/14
12-Mar	1/10	1/17	1/24	2/7	2/21	2/25	2/27	2/28
26-Mar	1/24	1/31	2/7	2/21	3/7	3/11	3/13	3/14
2-Apr	2/2	2/9	2/16	2/28	3/14	3/18	3/20	3/21
Spring Recess [April 3 through April 22]								
23-Apr	2/21	2/28	3/7	3/21	4/4	4/8	4/10	4/11
30-Apr	2/28	3/7	3/14	3/28	4/11	4/15	4/17	4/18
14-May	3/14	3/21	3/28	4/11	4/25	4/29	5/1	5/2
28-May	3/28	4/4	4/11	4/25	5/9	5/13	5/15	5/16
11-Jun	4/11	4/18	4/25	5/9	5/23	5/28 - Tue	5/29	5/30
25-Jun	4/25	5/2	5/9	5/23	6/6	6/10	6/12	6/13
9-Jul	5/9	5/16	5/23	6/6	6/20	6/24	6/26	6/27
16-Jul	5/16	5/23	5/30	6/13	6/27	7/1	7/3	7/3 - Wed
23-Jul	5/23	5/30	6/6	6/20	7/3 - Wed	7/8	7/10	7/11
Summer Recess [July 24 through September 9]								
10-Sep	7/11	7/18	7/25	8/8	8/22	8/26	8/28	8/29
24-Sep	7/25	8/1	8/8	8/22	9/5	9/9	9/11	9/12
15-Oct	8/15	8/22	8/29	9/12	9/26	9/30	10/2	10/3
29-Oct	8/29	9/5	9/12	9/26	10/10	10/15 - Tue	10/16	10/17
12-Nov	9/12	9/19	9/26	10/10	10/24	10/28	10/30	10/31
19-Nov	9/19	9/26	10/3	10/17	10/31	11/4	11/6	11/7
3-Dec	10/3	10/10	10/17	10/31	11/14	11/18	11/20	11/21
10-Dec	10/10	10/17	10/24	11/7	11/21	11/25	11/27	11/27 - Wed
Winter Recess [December 11, 2019 – January 21, 2020]								



Berkeley Public Health Division Strategic Planning 2019

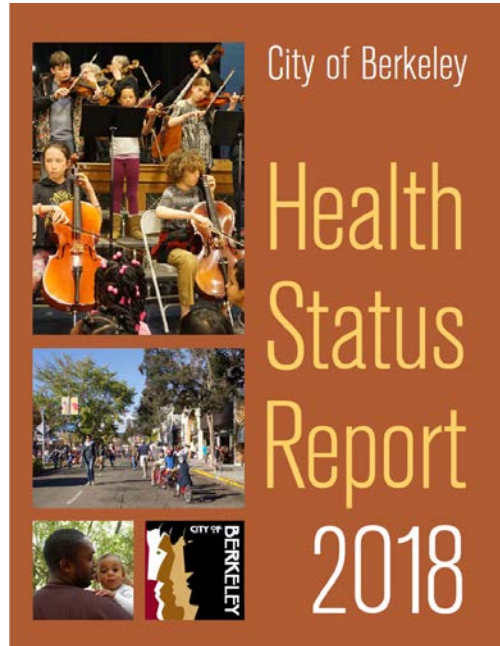
Lisa B. Hernández, MD MPH
Janice Chin, MPH

Health, Housing, and Community Services
Public Health Division
February 28, 2019

What Do We Want to See as a Result?

- A vision that is strong and unifying
- A living roadmap to improving health inequities— guides the direction of our programs over time
- User friendly with clear guide of goals, objectives, priority strategies, measures, etc.
- Ability to look at our programs' impact and gaps
- Increase in trust, transparency, integration, accountability, collaboration

Components Informing the Strategic Plan

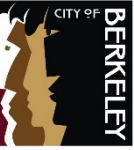


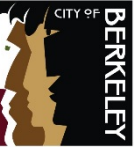
Health Status Report
released in July 2018

+ **Community Engagement** **+** **Partner Engagement**

Conducted Between September Thru November 2018

Health Status Report – Key Findings





Community and Partner Engagement

10 Vulnerable Communities Identified:

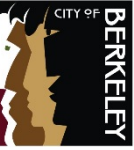
- African American
- LatinX
- Persons Experiencing Homelessness
- Older Adults
- Youth
- LGBTQIA
- Persons with Disabilities
- Day Laborers
- South Berkeley
- West Berkeley

- 298 community health surveys completed
- 20 focus groups completed = 165 community members
- 42 community member interviews completed
- 31 community partners engaged

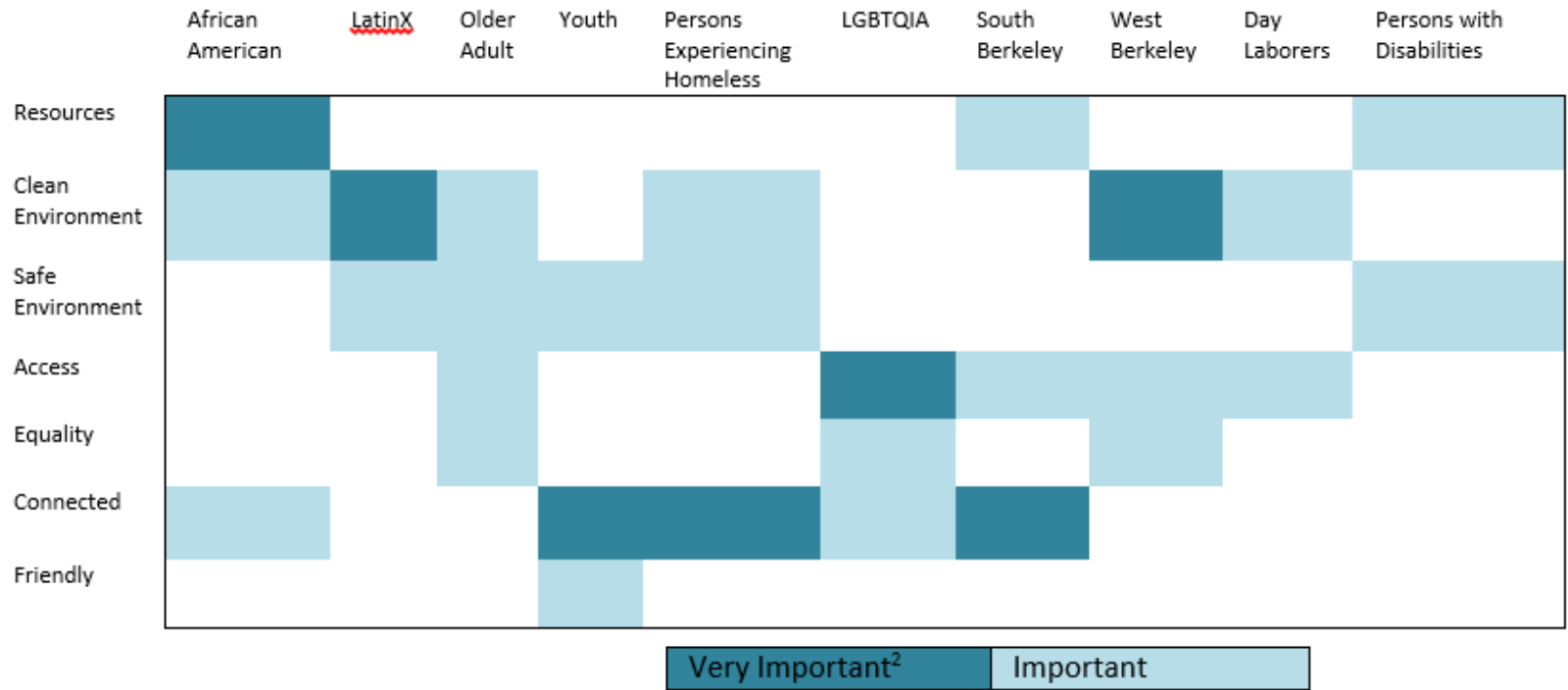
Community and Partner Engagement

Number of Representatives from Vulnerable Communities	Focus Group	Survey
African American	32	23
<u>LatinX</u>	31	17
Persons Experiencing Homelessness	21	10
Older Adult	38	97
Youth	29	16
LGBTQIA	28	16
Persons with Disabilities	14	
Day Laborers	18	
South Berkeley	27	67
West Berkeley	15	21

Note: These numbers associated are not mutually exclusive. Some individuals identified with more than one group.



What Does a Healthy Community Look Like?



- Majority of respondents defined a healthy community as one that has a **clean environment**, especially among LatinX and West Berkeley communities.
- The African American community defined a healthy community as one that has **resources and information** available to the community.
- Members of Youth, Homeless, and South Berkeley communities defined a healthy community as **connected**.
- The LGBTQIA community indicated having **access** to basic needs and services as very important.



Greatest Barriers to Health

- **Economy** was identified as the largest barrier. The cost of living in Berkeley is too high.
- **Food Security** is another large threat to being healthy. In some areas of Berkeley, there is limited access to healthy food options and can be extremely expensive to purchase.
- Participants from the Homeless and LGBTQIA community identified **stress** as a serious barrier to their health. With the stresses of everyday life, people become too busy to take care of themselves.



Top Identified Health Needs



- **Mental health** was the top choice across the majority of the community groups. When participants were talking about **mental health**, they were referring primarily to **depression and/or anxiety**, not necessarily severe mental illness (SMI).
- **Diabetes, substance abuse/tobacco use, and violence/crime** were the other top needs identified by the majority of community members.

Top Problems Community Wants Addressed

- **Health as it relates to Homelessness (26%)** was the top item respondents indicated should be a focus, followed closely by **Mental Health (25%)**, and **Access to Health Care Services (18%)**.
 - Health as it relates to homelessness was most important among the Older Adult (31%) population.
 - Mental health was reported highest among the Youth (56%), followed by African Americans and LGBTQIA at 39%.
 - Access to healthcare was reported the highest among African Americans (22%) and Older Adult (21%).
 - Violence/Crime was reported as the top problem for the City to address by the Homeless (30%) and West Berkeley community (29%).

Community Perception on Progress Towards Healthy Communities

“Nothing!”

- Youth focus group participant

“To be honest, nothing is being done.”

- West Berkeley focus group participant

“We are not being heard”

- LatinX focus group participant

“I don’t see much being done. And when it’s done, it’s little or just for a while, and then it stops happening. That makes problems come back.”

- Day Laborer focus group participant

“There seems to be a need for division in this community, homeless people here and rich people there. So, I’m not a part of the community, I’m treated like I don’t exist.”

- Person experiencing homelessness focus group participant

“Not much at all until someone gets very sick which is usually too late. There needs to be more resources available and more awareness and education.”

- LGBTQIA focus group participant

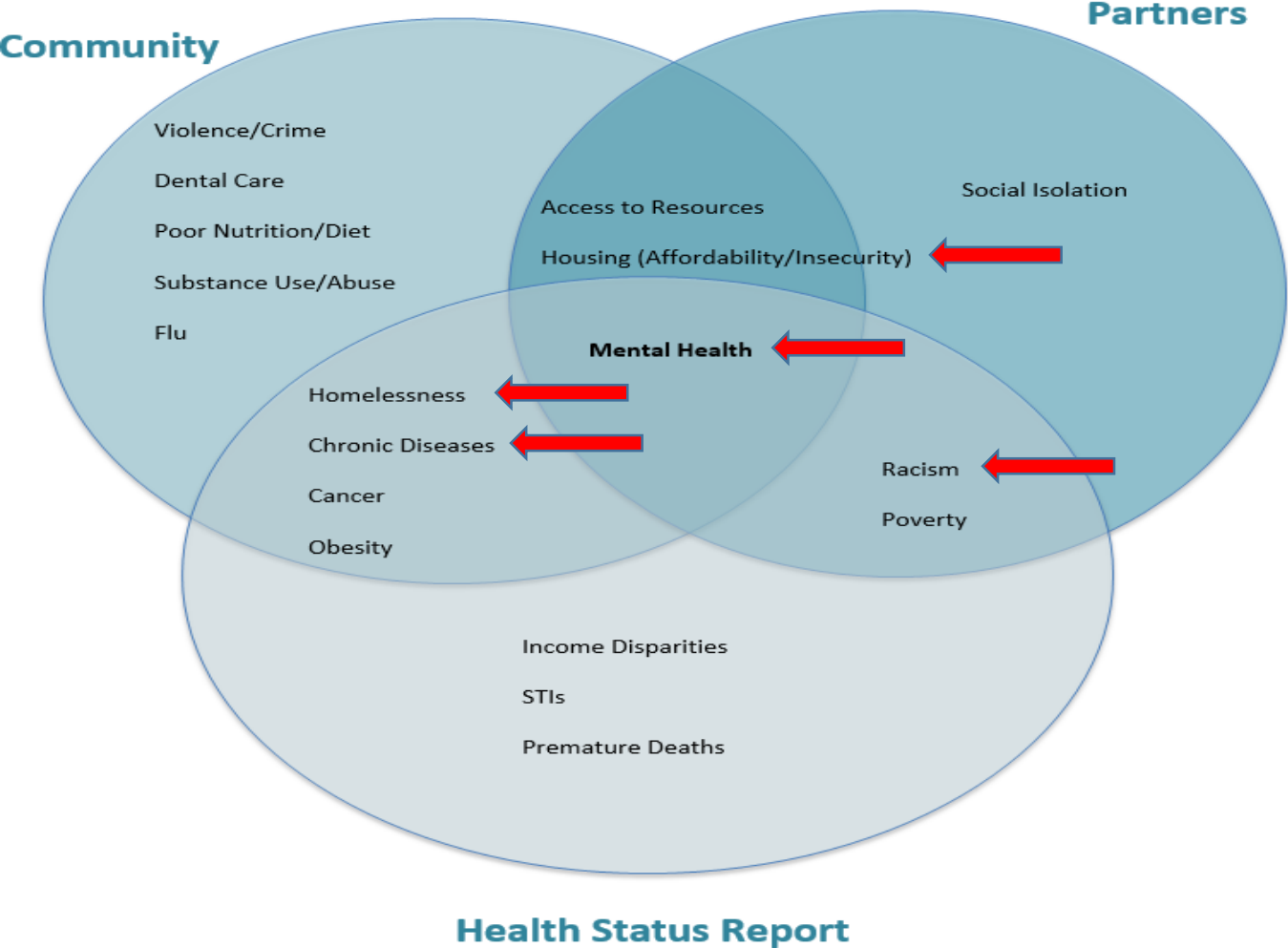
Most Pressing Health Concern - Partners

Mental health was identified as the greatest health impact on communities served by partners.

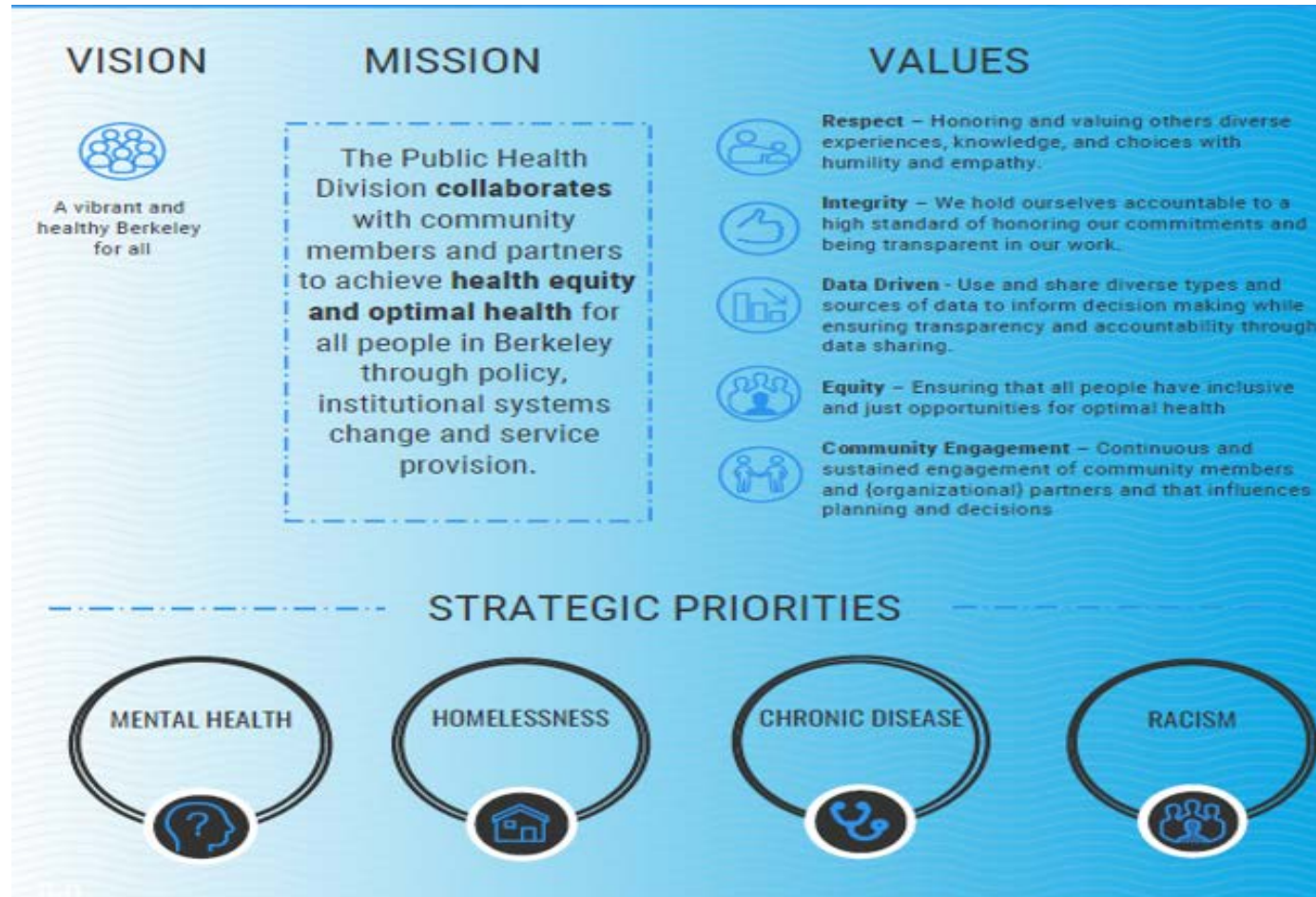
Additional health impacts identified were:

- **Housing**
- **Access to care**
- **Systemic/Institutional Racism**
- **Poverty**
- **Social Isolation**

Berkeley's Top Health Needs Identified

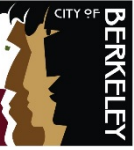


Where are we heading?

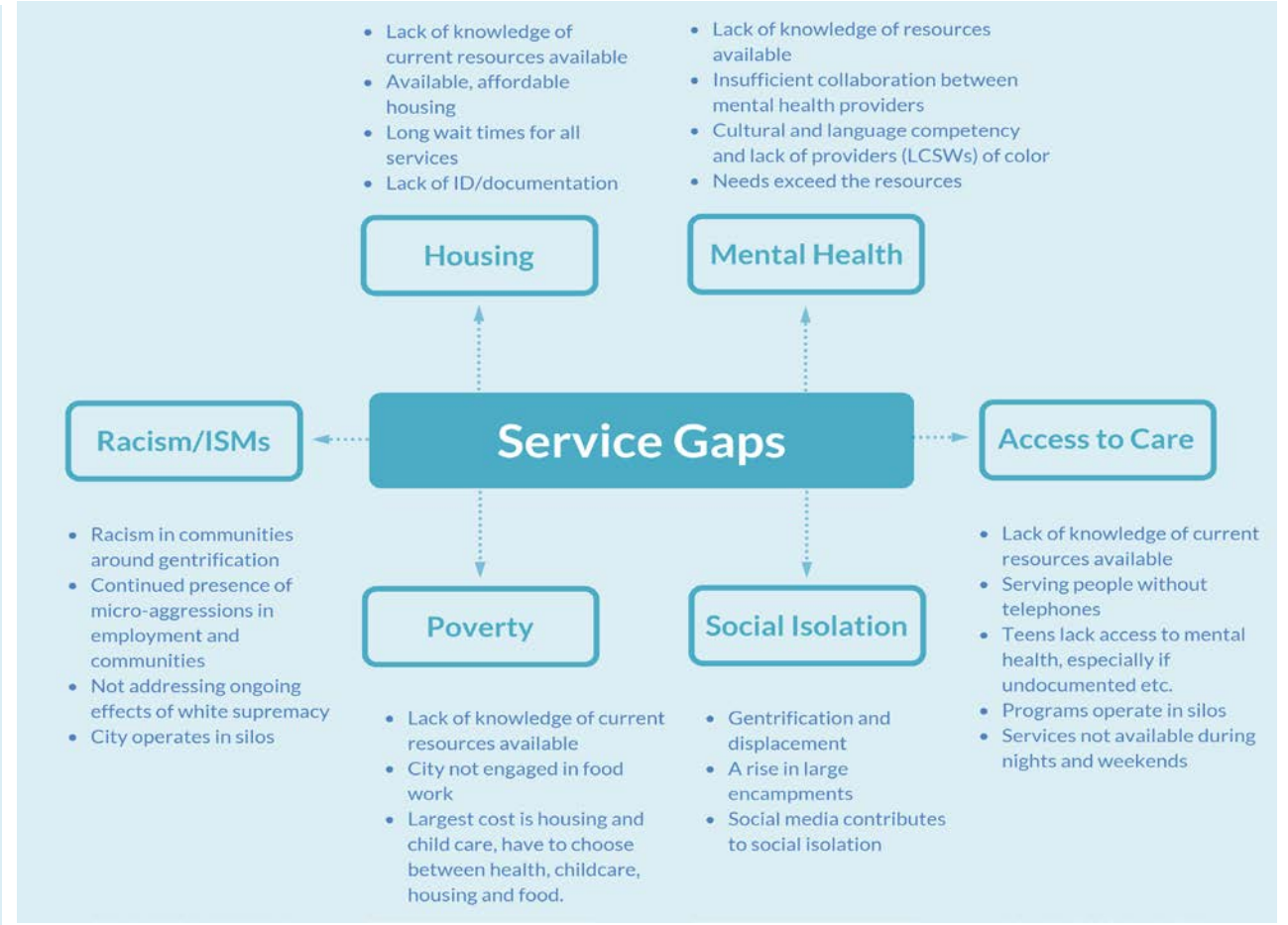
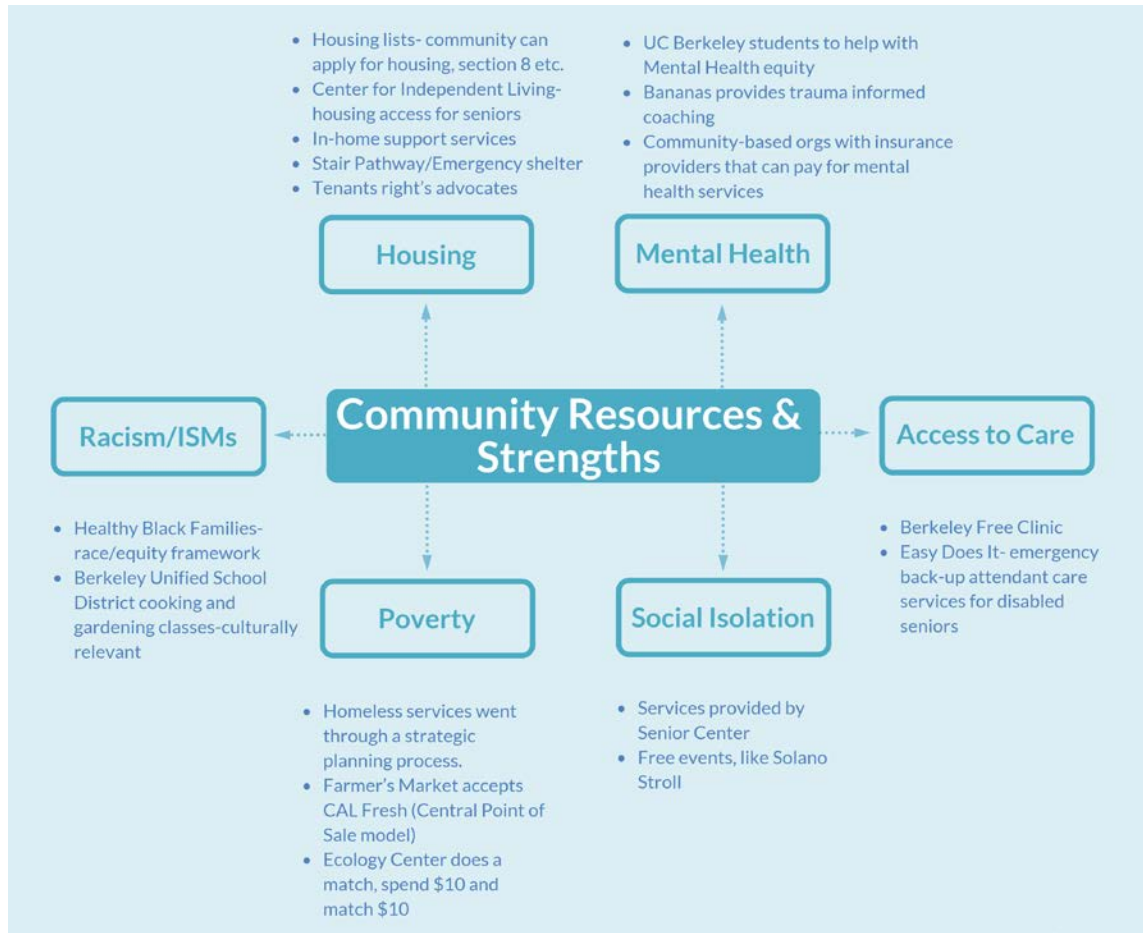


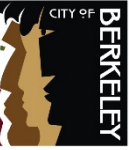
Impact Objectives - Summarized

- Increasing client's ability to understand, address and cope with stress, depression, anxiety and/or the effects of trauma.
- Ensuring that clients feel our services are welcoming, affirming, and respectful.
- Improve access, utilization and retention of services, particularly for high need populations.
- Improving our own internal policies and practices as a public health division, particularly the adoption of trauma informed care practices and racially equitable practices.
- Improving the strength of our collaborations and partnerships in each priority area.



Existing Strengths and Gaps





Suggestions for Improving Health in Berkeley

- A common suggestion from both the Youth and West Berkeley community was to create a **community center**. Community members want a center that is free, accessible, and offers fun programs and needed services all in one location.
- Members from the African American community and South Berkeley suggested more **affordable and accessible access to fresh fruits and vegetables** also raising the idea of a **community garden**.
- A recurring barrier identified by several communities was the **lack of information and resources available**. Members from the Older Adult community suggested creating a resource guide, so the entire community has access to what is current and available.
- **Road safety** is a large concern among individuals with disabilities.

Potential for Collaboration



More **collaboration** and **networking** were recurring themes across groups. Providers were very interested in meeting more frequently and coordinating efforts.

- What would be the areas of focus for ongoing and future collaboration?
- What would be the results we collectively want to achieve?
- Who needs to be at the table to make the efforts a success?
- What are the resources needed to support the efforts?

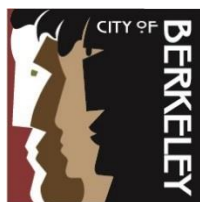


We Look Forward to Working With You



Collectively, we can achieve a better quality of life for all who live in Berkeley

Q&A and Discussion



Community Health
Commission

COMMUNICATION TO COUNCIL

Date: February 28th, 2019

To: Mayor and Members of the City Council

From: Nuha Khalfay, Chair, Community Health Commission

Subject: Community Health Commission Stance on Proposed Cannabis Regulations added to the BMC

Thank you for suggesting at the 2/19 Council meeting that all of us working on implementing the cannabis program might work more on assuring that Community Health Commission (CHC) recommendations are communicated more frequently in key places between key partners.

This is to confirm that City Staff did take the step to schedule a presentation of the draft BMC cannabis regulations to the CHC at its regularly scheduled meeting on 2/28/19.

The CHC Secretary, did request, but has not yet received, the written proposals in advance of the CHC meeting so that Commissioners could review and compare to the CHC recommendations.

Whether or not the written proposals arrive before our 2/28 meeting, we appreciate the Staff's presentation of the BMC written proposals at our meeting.

Giving CHC enough lead time to read and analyze the written proposals before the 3/12 meeting means that CHC Commissioners won't have to scramble to try to review fairly complex proposals during a short meeting on 2/28/19. That short meeting is the CHC's final chance to provide input into the written cannabis BMC regulations before they are passed by Council. In the best of all worlds, if the Proposals are only provided-on the day of the CHC meeting (2/28), the Council's decision-making meeting would be put off until its next meeting when CHC feedback could be incorporated. However, logistically, that would not work.

In closing, the CHC thanks the city staff for this step at increasing transparency between working partners.

The Community Health Commission thanks you in advance for your direction, management and assistance with our mission.

If you have any questions or comments, please do not hesitate to contact the Community Health Commission Chair, Nuha Khalfay through the Commission Secretary, Roberto Terrones at RTerrones@cityofberkeley.info.



Community Health Commission

CONSENT CALENDAR

May 14th, 2019

To: Honorable Mayor and Members of the City Council
 From: Community Health Commission
 Submitted by: Nuha Khalfay, Chairperson, Community Health Commission
 Subject: Post-Partum Justice Day Resolution

RECOMMENDATION

Adopt a Resolution establishing the third Sunday in May Post-Partum Justice Day.

FISCAL IMPACTS OF RECOMMENDATION

No fiscal impact.

CURRENT SITUATION AND ITS EFFECTS

BACKGROUND

Women in the US have experienced a 25% increase in maternal death in the the last 20 years while most other countries have seen a marked decline in maternal mortality.

Racial disparities in maternity outcomes are historical and persist in California despite some improvements here for the overall population (compared to the rest of the country). Black women are almost 4 times more likely to die in childbirth compared to white women and factors which typically improve odds for other women (such as education level and class) don't seem to protect black women.

For every maternal death there are 60-70 women who suffer serious complications which can result in long term and life altering health changes.

Nearly 1 in 4 new moms in the US return to work within 2 weeks of giving birth.

The US is the only industrialized country without a national paid maternity leave policy.

The focus on the post-partum period is based on the fact that it is often the forgotten period for mothers in terms of access to care.

In pregnancy women typically see their health care providers monthly in the beginning of pregnancy and weekly towards the end of pregnancy but after birth they typically only have one post-partum visit, yet many complications don't necessarily present until after birth.

RATIONALE FOR RECOMMENDATION

ALTERNATIVE ACTIONS CONSIDERED

CONTACT PERSON

Roberto Terrones, Health Services Program Specialist, Health, Housing, & Community Services, 510-981-5324

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.

SHORT TITLE OF RESOLUTION HERE

WHEREAS, (Whereas' are necessary when an explanation or legislative history is required); and

WHEREAS, (Insert Additional 'Whereas Clauses' as needed); and

WHEREAS, enter text here; and

WHEREAS, enter text here; and

WHEREAS, (The last "Whereas" paragraph should contain a period (.) .

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley (Action to be taken) - ends in a period (.) .

BE IT FURTHER RESOLVED, that (for further action if needed; if not delete) - ends in a period (.) .

Exhibits **[Delete if there are NO exhibits]**

A: Title of the Exhibit

B: Title of the Exhibit



Berkeley Food Network

GETTING FOOD TO PEOPLE WHO NEED IT



WHAT IS THE BERKELEY FOOD NETWORK?

The Berkeley Food Network is a membership organization comprised of organizations in Berkeley that:

- Provide emergency groceries, meals, prepared foods, or non-food services to those in Berkeley living with food insecurity.**
- Provide support to these agencies with resources or through research and policy-level work.**

Our model has been endorsed by the Alameda County Community Food Bank and we will become their first Partner Distribution Organization. They are providing us with technical support, fundraising guidance, and financial assistance with capital purchases.



WHAT IS THE BERKELEY FOOD NETWORK?

Mission

To help establish a foundation of good health from which all Berkeley residents can pursue opportunity, The Berkeley Food Network aims to provide an innovative, community-centered network of food sourcing and distribution to alleviate the problems of hunger and poor nutrition in Berkeley.

Vision

We envision a Berkeley that preserves and fosters its vibrancy and diversity; a city that demonstrates its values by how it treats its most vulnerable, including ensuring that all of its residents are free from hunger and have access to affordable high-quality healthy healthy food.



WHY THE BERKELEY FOOD NETWORK?

The Need

An estimated **24,000** people, or 1 in 5 Berkeley residents, are food insecure.

Among them are:

- **8,000** adult students
- **4,000** members of families
- **2,000** seniors
- **1,000** homeless

An estimated **22%** of the need in Berkeley is being met by current food security organizations. To meet the remaining need, access to food distribution programs needs to reach **18,500** more people in Berkeley every year.

As cost of living continues to outstrip wage growth, that number is getting higher.



WHY THE BERKELEY FOOD NETWORK?

The Approach: Form a Network

Organizations serving the food insecure have expressed the need for a **network of providers**:

1. To increase efficiency and collaboration in the delivery of our services by
 - Sharing knowledge and best practices and solving challenges together.
 - Consolidating services.
2. To reach more food insecure people living in Berkeley.
3. To promote awareness of food insecurity in our community and to pursue advocacy.
4. To conduct research about need in Berkeley and best practices for ending food insecurity.



WHY THE BERKELEY FOOD NETWORK?

The Approach: Form a Network

We now have 42 confirmed members including:

- **20 Berkeley food programs, including Berkeley Food and Housing Project**
- **Alameda County Community Food Bank**
- **Alameda County Supervisors' All-In to End Poverty Program**
- **City of Berkeley, Nutrition Services Division**
- **Malcolm X and John Muir Schools PTAs**
- **Daily Bread**
- **Berkeley Neighborhood Food Project**
- **UC Berkeley Basic Needs Committee (includes student pantry)**
- **Strawberry Creek Lodge**



HOW WILL BFN HELP IMPROVE SERVICES?

The Approach: Form a Network

Share Knowledge and Best Practices by:

- 1. Hosting quarterly membership meetings for members to come together to discuss issues of interest and concern and to share information.**
- 2. Encouraging network members to work together.**
- 3. Providing a periodic newsletter.**



HOW WILL BFN HELP IMPROVE SERVICES?

The Approach: Form a Network

Facilitating Solutions

- **Facilitated collaboration between John Muir and Malcolm X Schools' PTAs, the North and South Berkeley Senior Centers, and the Alameda County Community Food Bank to bring a monthly mobile pantry distribution to Berkeley to serve food insecure BUSD families and seniors.**
- **Work with local farmers to provide more produce directly to pantries and hot meal programs.**
- **Coordinate with non-food providing agencies to provide direct distributions to hard-to-reach populations.**



HOW WILL BFN HELP IMPROVE SERVICES?

The Approach: Open A Food Sourcing and Distribution Hub

The hub will:

- Improve logistics for Berkeley agencies with transportation and storage challenges.
 - Berkeley agencies will be able to order ACCFB food through BFN for delivery by ACCFB to our hub.
 - We will inventory and store food for small agencies for them to pick up.
 - We hope to be able to deliver food to member agencies in the near future.



HOW WILL BFN HELP IMPROVE SERVICES?

The Approach: Open a Food Sourcing and Distribution Hub

The hub will:

- Allow BFN to provide mobile distributions at times and places more accessible to food-insecure residents of Berkeley. So far, with only temporary storage, we are distributing food to nearly 600 households, over 2,500 individuals, in partnership with:
 - Strawberry Creek Lodge (75 households)
 - North (now West) and South Berkeley Senior Centers (100)
 - West and South Berkeley Head Starts (130)
 - 13 BUSD schools (300)
 - Bear Pantry at UC Village (60)
- Allow BFN to open an on-site pantry open every weekday, with some evening and weekend hours.



HOW WILL BFN HELP IMPROVE SERVICES?

The Approach: Open a Food Sourcing and Distribution Hub

The hub will:

- Support the repurposing of recovered food into prepared dishes through our Hub Kitchen project.
 - In our very early start-up phase, we are currently providing meals to over 200 individuals a week.
 - We will have free access to a commercial kitchen starting this summer and plan to ramp up to providing over 1000 meals a week.



HOW WILL BFN HELP IMPROVE SERVICES?

A Food Sourcing and Distribution Hub will allow BFN to offer:

- **Member agencies access to more and better food.**
 - Sources include:
 - Food purchased from ACCFB and other food wholesalers
 - Food recovered from the grocery stores, restaurants, food manufacturers, food wholesalers, and others
 - Food donated by the community
- **A food pantry open long hours to accommodate people who are not able to attend other pantries with limited hours.**
 - We will distribute emergency groceries and packaged prepared foods.
- **Mobile distributions to serve hard-to-reach populations. For example:**
 - Senior centers and housing
 - BUSD schools
 - Berkeley Head Start
 - College Students
 - Homeless populations
- **Space to hold BFN trainings and quarterly meetings and other community events.**

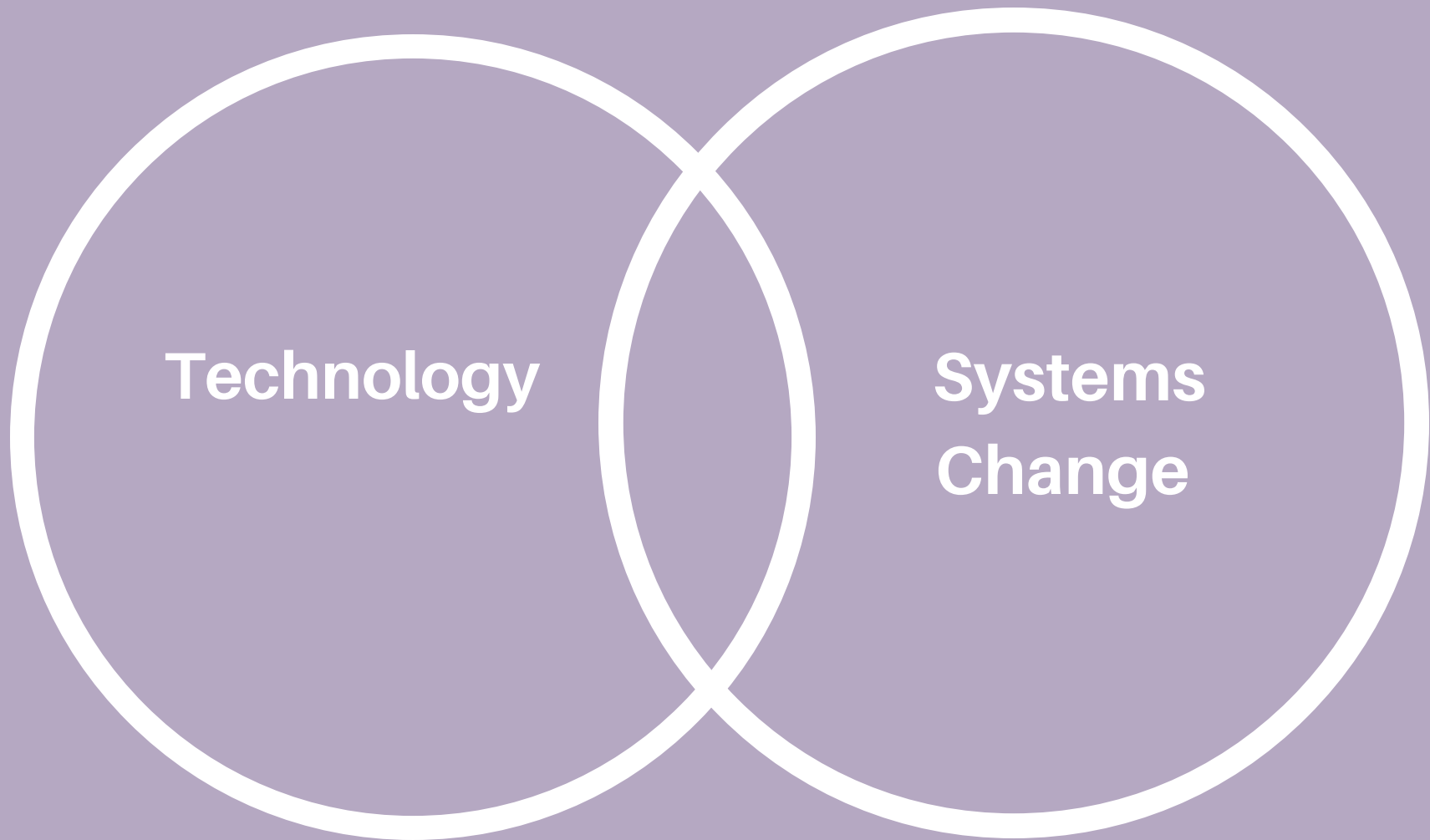


PARTNERSHIP WITH THE CITY OF BERKELEY IS KEY

- **We will soon be signing a 3-5 year lease for the city-owned warehouse at 1001 University Ave. We plan to use this time to establish proof of concept so that we can fundraise for a more permanent location.**
- **We will work closely with the city to help reach SB1383 goals for reducing useable food in the waste stream.**
- **We will work closely with the Health, Housing, and Community Services Department, in particular:**
 - Aging Services
 - Nutrition Services
 - Mental Health Services
 - Environmental Health
- **We will be partnering with other city-supported programs working with the homeless in Berkeley, such as the Berkeley Food and Housing Project.**



Integrative Systems Change



Problem Statement

Trauma Related Illness



1 in 4 adults in America have indicated experiencing 3 or more Adverse Childhood Experiences (ACES). ACES are traumatic experiences which induce stress disorders that perpetuate the onset of preventable chronic illness.

Root Cause



Lack of culturally relevant providers and services to address complex trauma and stress disorders leads to increase in prevalence and incidence of chronic illness.

Wasteful Spending



Due to cycles of trauma and stress disorders, annual expenditures on chronic illness costs \$2.7 trillion (17% of GDP) annually.

Relevance of Services



Wasteful spending on behalf of insurance companies and hospitals creates over-dependence on emergency care, 3rd party organizations and creates mistreatment and misdiagnosis.

Impact to Date

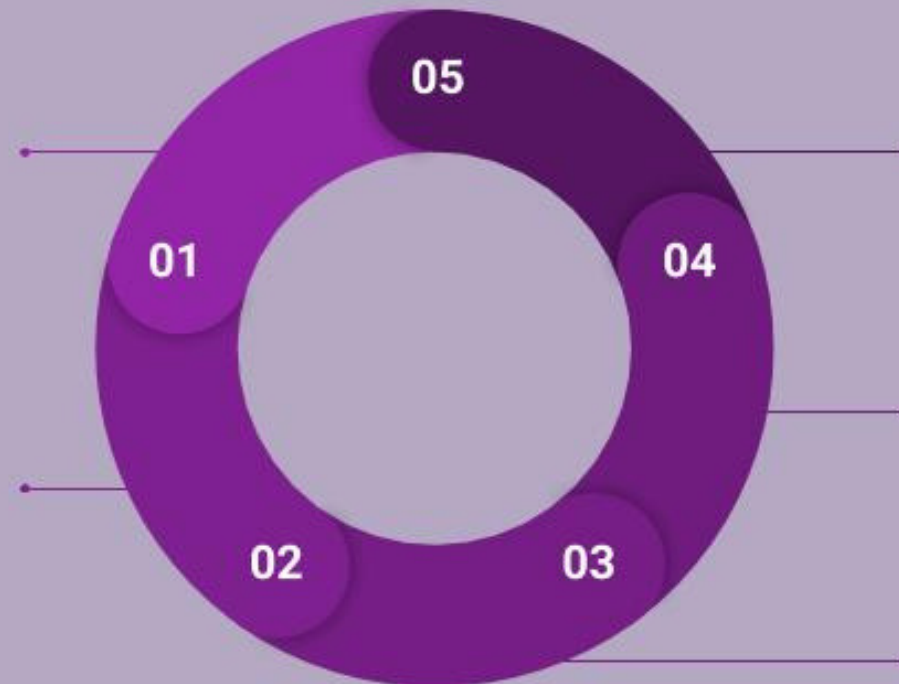
- 2,000 + community members served annually, primarily focused on the most vulnerable to alleviate impacts of healthcare budget cuts with holistic care.
- Instituted a comprehensive network of 100 program partners for service delivery, research, community engagement and economic development.
- Created career opportunities for
- low income individuals interested in nutrition coaching, maternal child health, herbalism and peer counseling.
- We have produce 4 major research studies that have lead to the development of the Berkeley Health Zones Initiative.
- Development of a blockchain project for public health that has partnerships with 2 clinic networks, 3 public health departments and 2 hospitals.
- The creation of a trauma in schools assessment in collaboration with UC Berkeley

Historically Based Adverse Experiences

Adverse experiences include abuse, neglect, household dysfunction, living in high poverty areas etc. These interpersonal dynamics are influenced by policies and institutions that then influence community cohesiveness and resources.

Disrupted Psychological & Neurological Development

The adverse experiences create a disruption within the psychological and neurological functioning of the individual.



Disease Onset & Early Death

Due to maladaptive "lifestyle choices" individuals then develop preventable diseases which predispose them to early mortality.

Adoption of High Risk Behavior & Maladaptive Coping Mechanisms

In order to cope with the high levels of stress and trauma from adverse experiences, individuals develop "lifestyle habits" which are counterproductive to their health

Social, Emotional & Somatic Impairment

Disrupted development then creates cognitive and somatic impairments. Leaving individuals in a constant state of stress which impacts DNA, the nervous system and organ function.

Transformative Systems Change

Technology is only half as effective unless paired with intentional strategies for transforming systems. The following is an overview of the benefits health systems receive for engaging in our system.

Integrative Data Analytics



Promote understanding
of intergenerational
trauma as causative
factor for chronic illness

Provide health systems
with integrative
understanding of factors
influencing health
expenditures.

Utilize qualitative data to
promote improvement
of health system
practices and culture.

Health Education



We provide health education rooted in the lived experience of the communities we serve in order to improve knowledge of factors that influence health and empower individuals to take charge of their health.

Workforce Development



We provide training certification programs that allow individuals to obtain the credentials necessary to enter into the healthcare field.

Holistic Health Services



Our online platform allows for individuals experiencing chronic illness or seeking preventative services to easily book the care they need.

Technical Assistance



We support institutions and organizations with the following:

- Program development
- Project management
- Curriculum Development
- Evaluation and reports
- Research Support

Blockchain for Public Health

Below is an overview of the Resilient Wellness platform and its functions.



1.) Stakeholders invest funds into system. Funds are then dispersed to patients with highest risk for mortality



2.) Decision Intelligence is used to source culturally appropriate providers and holistic service specific to the patients chronic illness. They are then allocated an "allowance" to cover service cost.



3.) Patients are incentivized via coins to reduce their disease metrics on a group and individual level. These coins can then be utilized within the health market or transferred into various currencies (BTC, ETH, etc)



5.) Patient metrics are then used to support data analysis and cost analysis for stakeholders.



4.) incentives dispersed based on "proof of healing" and need western and eastern providers to confirm reduction in disease metrics.

Thank You

Daisy Ozim

Director, Resilient Wellness

Dozim@Resilientwellness.org



Community Health Commission

ACTION CALENDAR

September 13, 2018

To: Honorable Mayor and Members of the City Council
From: Community Health Commission
Submitted by: Nuha Afzal Khalfay, Chairperson, Community Health Commission
Subject: A Public Health Approach to the Proposed Cannabis Ordinance(s)

RECOMMENDATION

We recommend that the City Council delay the development timeline, approval, and implementation of the proposed cannabis ordinances for the City of Berkeley until the health protection and promotion measures outlined in this document have been fully integrated into the proposed ordinances, and take appropriate measures such as a moratorium to assure that the state does not issue licenses to businesses in Berkeley until such time as local policy is defined.

SUMMARY

California Proposition 64, the Adult Use Marijuana Act, permits local governments to establish regulations for the production, sale, marketing, and cultivation of marijuana for recreational use. On July 25, 2017, Mayor Arreguin and the City Council referred the development of local ordinances of non-medicinal cannabis to the City Manager and the Cannabis Commission, in order to protect public health, safety, and welfare.

Recent study findings indicate that legalization of recreational cannabis should be carried out cautiously, to prevent undue exposure of youth, pregnant women, and the expansion of problem use; that unfettered expansion and diversification of products and of marketing are not prudent; and that, like tobacco and alcohol, cannabis use may pose significant risks to public health, especially when initiated early.

In this document we take the lessons learned from the public health responses to tobacco and alcohol use and recommend limits on cannabis access, cultivation, sales and marketing in the City of Berkeley, as well as methods for investment in addressing problem cannabis usage and promoting the public's health.

FISCAL IMPACTS OF RECOMMENDATION

Limited loss in local tax revenue from the delay in implementing the relevant cannabis ordinances. Long-term savings to the Police, Fire, and Health, Housing & Community Services Departments, as well as the Berkeley Unified School District, from decreases in problem use among youth and pregnant women.

CURRENT SITUATION AND ITS EFFECTS

Based on the most reliable and up-to-date scientific evidence, while legalization can help mitigate the negative social effects of the war on drugs, excessively rapid introduction of newly legalized recreational cannabis (“cannabis”), presents a significant potential threat to the public health, safety, and welfare of the residents of Berkeley, and particularly to youth and pregnant women.

Even before legalization of adult use of cannabis, the perception of risk from cannabis consumption has dropped from 58.3% to 31.1% among youth nationally between 2000 and 2016;¹ and use during pregnancy has risen substantially between 2000 and 2014, increasing the risk of low birth weight.² Between 2009 and 2016 use in Northern California pregnant women increased from 4.2% to 7.1, in teen mothers the increase was from 12.5% to 21.8%, and in young mothers ages 18 to 24 years use rose from 9.8% to 19%.³

In 2013-2015, the prevalence of lifetime marijuana use (7 or more times) among 11th graders in the Berkeley Unified School District (BUSD) was 38%, almost double that of the state as a whole (19.2%) and substantively more than for Alameda county (22.0%),⁴ indicating that Berkeley youth have not had difficulty obtaining marijuana for recreational use. For BUSD 11th graders, 11.4% of boys and 4.4% of girls used marijuana on more than 10 days in the previous month, vs. 8.6% and 4.7% respectively, in Alameda County.⁵

In 2017, the National Academies of Sciences, Engineering and Medicine (NASEM) reviewed the available scientific evidence on the health effects of cannabis and cannabis-derived products, and while noting substantial evidence of therapeutic effectiveness of medicinal cannabis for a limited number of indications, noted evidence

¹ Johnston LD, O'Malley PM, Miech RA, Bachman JG, Schulenberg JE. *Monitoring the Future National Survey Results on Drug Use, 1975-2016: Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute for Social Research, The University of Michigan; 2017.

² Brown QL, Sarvet AL, Shmulewitz D, Martins SS, Wall MM, Hasin DS. Trends in Marijuana Use Among Pregnant and Nonpregnant Reproductive-Aged Women, 2002-2014. *JAMA*. 2017;317(2):207-209. doi:10.1001/jama.2016.17383.

³ Young-Wolff KC, Tucker L, Alexeeff S, et al. Trends in self-reported and biochemically tested marijuana use among pregnant females in California from 2009-2016. *JAMA*, 318(24): 2490-2491.

⁴ Kidsdata.org. *Marijuana use in lifetime, by grade level*. Accessed 12 March 18.

⁵ *Ibid.*

of association of cannabis use with harm in a wide range of areas.⁶ The NASEM study found “substantial evidence”⁷ to support the following conclusions:

- a) Initiation of use at an earlier age or more frequent use is a risk factor for the development of problem cannabis use;
- b) Maternal cannabis smoking during pregnancy is associated with low birth weight in offspring;
- c) Cannabis use is associated with increased risk of motor vehicle crashes;
- d) Cannabis use increases the risk of development of schizophrenia and other psychoses, with the highest risk among the most frequent users;
- e) Long-term cannabis smoking is associated with worse respiratory symptoms and more frequent chronic bronchitis episodes; and
- f) Increases in cannabis use frequency are associated with developing problem cannabis use.

The NASEM study found that less conclusive, but still worrisome, emerging evidence exists for a wide range of other harms, including impaired academic achievement and educational outcomes, development of substance use disorders, suicide completion, high blood pressure and increased unemployment, among others.

An additional concern is that even in states that have legalized adult use of marijuana, Federal immigration authorities are deporting immigrants (documented or undocumented) for cannabis possession, use, or working in the industry. At a time of heightened risk to the immigrant community, alerting immigrants to this additional legal hazard is important.

In light of these issues and other health effects, the Community Health Commission recommends setting a prudent and thoughtful approach to the complex issues surrounding legalization that should include strengthening the protection of youth and informing pregnant women and others on the foreseeable impacts of the legalization of adult use of recreational marijuana.

BACKGROUND

California Proposition 64, the Adult Use Marijuana Act, permits local governments to establish regulations for the production, sale, marketing and cultivation of marijuana for recreational use. On July 25, 2017, Mayor Arreguín and the City Council referred the

⁶ The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research | The National Academies Press. <https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>. Accessed July 12, 2017.

⁷ **The Academies defined Substantial Evidence as follows:** *There is strong evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest.*

development of local ordinances of non-medicinal cannabis to the City Manager and the Cannabis Commission, in order to protect public health, safety, and welfare.

The Community Health Commission wants to assure that the local ordinances put in place to regulate cannabis in Berkeley reflect a public health approach. We propose that the City of Berkeley's cannabis ordinances address the following issues to make sure the public's health is being protected:

RETAIL OUTLETS

- Limit retail outlets to six. Existing regulation for retail sales of medicinal marijuana limit the number of locations to six. As these six have been allowed to sell adult recreational as well as medicinal marijuana, we recommend that the City limit the total number of retail outlets for both medicinal and adult recreational use to six. For comparison, the City of Berkeley currently has approximately 11 grocery stores.⁸ We also know from tobacco that outlet density is positively correlated with youth cigarette smoking.⁹ Thus, for a city the size of Berkeley, with a population of approximately 121,240, six retail outlets are sufficient to provide a ratio of 1 outlet per 20,206 people.¹⁰ Los Angeles County is recommending 1 storefront outlet per 52,000 residents and Washington State started with 1:22,000 residents. If even 1-2 new retailers are allowed, they should be limited to "equity applicants."
- Community input is needed on the decision to open any additional outlets and where these should be situated. We recommend a Conditional Use Permit to assure that the community is heard and so that the burden of retail outlets is not concentrated on one area of the City.
- Delivery-only retail establishments should only be allowed for delivery of medicinal marijuana. To reduce youth access, no additional delivery-only businesses should be allowed for adult recreational use. All sales and dispensing of Cannabis and Cannabis Products shall be conducted in-person on the Premises of the Cannabis Retailer. Off-site Delivery to the Consumer of adult use Cannabis or Cannabis Products is not allowed. Cannabis Retailing by means of Internet ordering or telephone ordering and Delivery to the Consumer service is prohibited in Berkeley.
- Any new retail outlet should have a 1,000 feet buffer from any school providing instruction in kindergarten or grades 1 through 12, Day Care Centers, parks, Youth Centers, libraries, junior colleges, colleges, or universities. The distance

⁸ Safeway (3), Berkeley Bowl (2), Whole Foods (2), Traders Joes, Berkeley Natural Grocery, Monterey Market, Star Grocery.

⁹ Finan LJ, Lipperman-Kreda S, Abadi M, et al. Tobacco outlet density and adolescents' cigarette smoking: a meta-analysis. Tobacco Control. Published Online First: 08 March 2018. doi: 10.1136/tobaccocontrol-2017-054065

¹⁰ United States Census Bureau. Quickfacts: Berkeley city, California.

www.census.gov/quickfacts/fact/table/berkeleycitycalifornia/PST045216. Accessed 14 March 18.

shall be measured by a straight line from the nearest point of the property line of the parcel on which the youth-serving facility is located to the nearest point of the property line of the parcel on which the applicant's business is located.

- Cannabis Retailers should sell only Cannabis and other Cannabis Products, produced and distributed by persons licensed by the State of California, and Cannabis Accessories. They may not sell other goods, including but not limited to food; tobacco products; alcoholic beverages; non-cannabis medicines or supplements, or items of clothing. The Cannabis Retailer shall not hold or maintain a permit as a food service establishment or cottage food establishment from the City of Berkeley. A Cannabis Retailer may not hold or maintain a license from the State Department of Alcohol Beverage Control to sell alcoholic beverages, or operate a business that sells alcoholic beverages. A Cannabis Retailer may not hold or maintain a license to sell tobacco products from the City of Berkeley or the State of California. A permit shall not be issued to authorize Cannabis Retailing in a Pharmacy.
- Lounges and other methods of on-site consumption of recreational marijuana should be prohibited. No Cannabis Product shall be smoked, ingested or otherwise consumed on the premises of a permit holder or in the public right-of-way within twenty-five feet of a Cannabis Retailer. Cannabis Retailers shall post a sign near their entrances and exits providing notice of this policy.

RESTRICTIONS ON ADVERTISING AND MARKETING

- Mirror the current BMC 20.66.030 Tobacco product advertising: No person shall place or maintain, or cause or allow to be placed or maintained any cannabis product advertising in any publicly visible location within one thousand four hundred feet of the perimeter of any school.
- No claims may be made in Advertising or Marketing materials in Berkeley for Cannabis or Cannabis Products or brands that assert such products are safe because they are regulated by the state or local licensing authority (e.g., "state-approved" or "state-licensed"). This restriction does not apply to the display of license or permit numbers where required.
- Advertising and Marketing materials in Berkeley for adult-use Cannabis or Cannabis Products or brands may not include claims of therapeutic or curative effects.
- Products that may not be sold in Berkeley may not be Advertised in Berkeley.
- Advertising and Marketing materials in Berkeley for Cannabis and Cannabis Products or brands may not be Attractive to Children or Youth.
- Advertising and Marketing materials in Berkeley may not depict activities or conditions considered risky when under the influence of Cannabis, such as operating a motorized vehicle or boat, being pregnant, or breastfeeding.

PROHIBITED PRODUCT TYPES

- (a) Cannabis Retailers should not offer for sale, or possess with intent to sell or offer for sale or use:
- i) Any Cannabis or Cannabis Product that is Attractive to Children or Youth.
 - ii) Any Cannabis or Cannabis Product with Packaging or Labeling that is Attractive to Children or Youth.
 - iii) Synthetic cannabinoid containing products.
 - iv) Cannabis flower with potency in excess of 20% THC content.
 - v) Cannabis Products with THC content in excess of 50%.
 - vi) Cannabis flower to which a Characterizing Flavor has been added.
 - vii) Cannabis Products, other than those Edible Cannabis Products noted in (b) below, to which a Characterizing Flavor has been added.
 - viii) Cannabis or Cannabis Products whose Packaging, Labeling, or Marketing materials include claims of health, therapeutic or curative effects, or claims related to “potency” (beyond listing of cannabinoid content), “strength,” “high,” or being “natural.”
 - ix) Cannabis or Cannabis Products that contain any noncannabinoid additive that would increase potency, toxicity or addictive potential, or that would create an unsafe combination with other psychoactive substances. Prohibited additives include, but are not limited to, nicotine, caffeine and alcohol [excepting a minimum of alcohol that is residual from manufacturing or required solvents for the cannabis containing product if the product’s Packaging, Labeling and Marketing make no other reference to alcoholic beverages].
 - x) Any Cannabis Product that would otherwise be classified as a potentially hazardous food (as defined in the Health and Safety Code 113871), including a food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.
 - xi) Any Cannabis-infused ready-to-drink beverages, powders, gels or other concentrates with instructions for the preparation of Cannabis-infused beverages.
 - xii) Any Cannabis product that the Health, Housing and Community Services Department determines is easily confused with a commercially available food without Cannabis.
- (b) A Cannabis Retailer may sell no more than 10 (ten) product variations (SKUs) of Edible Cannabis Products, with or without Characterizing Flavors, in the form of hard lozenges, or chocolates with no additional flavors, with individually wrapped

servings not exceeding 10 mg THC, and packages not exceeding 100 mg per package.

- (c) Tinctures and other non-Edible Cannabis Products may not have Characterizing Flavors, may not exceed 1,000 mg THC per package for adult-use, and must have clear instructions and dispensing mechanism such as a marked dropper or other device for dispensing doses of 10 mg THC or less.
- (d) Cannabis or a Cannabis Product is presumed to have a Characterizing Flavor if a Manufacturer or any of the Manufacturer's agents or employees has:
 - i) Made a public statement or claim that the Cannabis or Cannabis Product has or produces a Characterizing Flavor, including, but not limited to, text and/or images on the product's Labeling or Packaging that are used to explicitly or implicitly communicate information about the flavor, taste, texture or aroma of a Cannabis Product; or
 - ii) Taken actions directed to consumers that would reasonably be expected to result in consumers believing that the Cannabis or Cannabis Product imparts a Characterizing Flavor.

Every Cannabis Retailer shall maintain on the Premises the original Labeling and Packaging provided by the Manufacturer for all Cannabis Products that are sold or offered for sale by the establishment separately from the original Packaging designed for retail sale to the consumer. The original Labeling and Packaging from which the contents are sold separately shall be maintained during such time as the contents of the package are offered for sale, and may be disposed of upon the sale of the entire contents of such package.

WARNING LABELS

- The "exit packaging" for cannabis products, including edibles, should have large warning labels.

Any Opaque Exit Package provided by the retailer for Cannabis or Cannabis Product purchased by a customer must carry one of the following warnings in a black-outlined yellow box covering 20% of the front panel of the exit packaging and using at least 12 point font. Each of the warnings should be provided on an equal proportion of exit packaging provided. The Department of HHCS should review and update warnings as needed based on current scientific evidence at least every three years. Stickers are acceptable.

- a. **Are you pregnant or breastfeeding?** According to the Centers for Disease Control and Prevention (CDC), marijuana use during pregnancy can be harmful to your baby's health, including causing low birth weight and developmental problems. **GOVERNMENT HEALTH WARNING.**

- b. **Driving while high is a DUI.** Marijuana use increases your risk of motor vehicle crashes. **GOVERNMENT HEALTH WARNING.**
- c. **Not for Kids or Teens!** Starting marijuana use young or using frequently may lead to problem use and, according to the Centers for Disease Control and Prevention (CDC), may harm the developing teen brain. **GOVERNMENT HEALTH WARNING.**
- d. Marijuana use may be associated with **greater risk of developing schizophrenia** or other psychoses. Risk is highest for frequent users. **GOVERNMENT HEALTH WARNING.**
- e. Smoking marijuana long term may **make breathing problems worse.** **GOVERNMENT HEALTH WARNING.**

PRICING AND DISCOUNTING

- **PROHIBITION ON THE SALE OF CANNABIS FOR LESS THAN THE LISTED PRICE.** No Cannabis Retailer shall: (1) honor or accept a Price Reduction Instrument in any transaction related to the sale of Cannabis or Cannabis Products to a consumer; (2) sell or offer for sale Cannabis or Cannabis Products through any multi-package discount or otherwise provide to a consumer any Cannabis or Cannabis Products for less than the Listed Price in exchange for the purchase of any other Cannabis or Cannabis Product; (3) sell, sell at a discount, offer for sale, or otherwise provide any product other than Cannabis or Cannabis Products in exchange for the purchase of Cannabis or Cannabis Products; or (4) otherwise sell, offer for sale, or provide Cannabis or Cannabis Products for less than the Listed Price. In addition, Cannabis Retailers must sell, offer for sale, or provide Cannabis or Cannabis Products for the same listed price every day of the week in a given week.
- **PRICE FLOOR FOR CANNABIS AND CANNABIS PRODUCTS.** The Department of HHCS is authorized, but not required, after 5 years from the effective date of this measure, to establish minimum prices for Cannabis and Cannabis Products. If such a Price Floor is established, Cannabis Retailers may not sell Cannabis or Cannabis Products below the minimum price; City of Berkeley Department of HHCS must review the appropriateness of the Price Floor at least every two years and may adjust the Price Floors at that time to account for changes in the consumer price index, or other considerations related to reducing illegal commerce. The Department of HHCS may promulgate such rules as may be necessary for the purpose of carrying out this section.

REQUIRED IN-STORE SAFETY INFORMATION

- A Cannabis Retailer must display a warning sign prominently behind the main dispensing counter. The sign must be at least 3 feet by 3 feet and be displayed at

eye height (i.e., with mid-point 5 feet above the floor).

WARNING:

1. **Are you pregnant or breastfeeding?** According to the U.S. Centers for Disease Control and Prevention (CDC), marijuana use during pregnancy can be harmful to your baby's health, including causing low birth weight and developmental problems.
2. **Driving while high is a DUI.** Marijuana use increases your risk of motor vehicle crashes.
3. **Not for Kids or Teens!** Starting marijuana use young or using frequently may lead to problem use and, according to the CDC, may harm the developing teen brain.
4. Marijuana use may be associated with **greater risk of developing schizophrenia** or other psychoses. Risk is highest for frequent users.
5. Smoking marijuana long-term may **make breathing problems worse.**

THIS MESSAGE IS PROVIDED AS A PUBLIC SERVICE BY THE CITY OF BERKELEY

- A Cannabis Retailer must display each of the following three warning signs, which are (i) at least 2 feet wide by 1 foot tall; (ii) posted at eye height (i.e., with mid-point 5 feet above the floor); and (iii) posted prominently and conspicuously facing consumers in a location where it will be seen by all customers, such as behind a dispensing counter, check-in or check-out counter, stating in English and Spanish:
 - **ARE YOU AN IMMIGRANT? Using or possessing marijuana or working in the marijuana industry is legally risky for any noncitizen, even in California.** This includes lawful permanent residents, undocumented persons, student with visas, and others. Marijuana is illegal under federal law, and federal law controls immigration. If you need to take medical marijuana, see an immigration attorney for advice. THIS MESSAGE IS PROVIDED AS A PUBLIC SERVICE BY THE CITY OF BERKELEY
 - **ARE YOU ON PROBATION OR PAROLE?** If you are prohibited from using drugs as a condition of your probation or parole, then possession or use of marijuana could violate your probation or parole. THIS MESSAGE IS PROVIDED AS A PUBLIC SERVICE BY THE CITY OF BERKELEY
 - **ARE YOU A MEDICAL MARIJUANA CUSTOMER 18-20 YEARS OLD?** If you are caught possessing marijuana without medical authorization, you could face legal consequences. THIS MESSAGE IS PROVIDED AS A PUBLIC SERVICE BY THE CITY OF BERKELEY

- The Department of HHCS shall review and, if necessary, update the text of the required warnings as needed, but no less than once every three years, based on current scientific evidence and legal information.

RESTRICTIONS ON BRANDED MERCHANDISE

- No Cannabis Business or Cannabis or Cannabis Product brand identification, including logos, trademarks or names, may be used or licensed for use on clothing, toys, games, or game equipment, or other items that are typically marketed primarily to or used primarily by persons under the age of 21, or that are Attractive to Children or Youth.

TAX PROPOSALS AND USES FOR SAID TAX

- The City of Berkeley recently reduced the tax on adult use cannabis from 10% to 5%. To be most effective at addressing the harms caused by the past criminalization of marijuana possession and to promote the public's health, we recommend in one year that the City Council raise the tax, with a ceiling of 15% of gross receipts, and an additional tax of up to one percent (1%) of the gross receipts from high potency cannabis and each high potency cannabis product cultivated, manufactured or sold by the taxpayer, multiplied by the percent of tetrahydrocannabinol (THC) content of the product above 17%. Experience from other states has shown a rapid fall in price in the first two years post-legalization, which will be likely to increase youth consumption.
- Building on the success of the Sugar Sweetened Beverage Tax and its board, we recommend that the City Council establish a Cannabis Tax Community Advisory Board of nine residents of the City of Berkeley to recommend use of tax proceeds and priorities for funding, make annual recommendations on the spending of tax proceeds, recommend appropriate efforts to evaluate previous expenditures, and to review the annual report. Spending decisions would remain with the City Council, which may choose not to accept any particular recommendation of the Cannabis Tax Community Advisory Board.
 - The Board shall have at least one public health professional, one expert in addiction or substance use prevention and treatment, one physician, a representative of a community based organization, a representative of community clinics, a school nurse or school-based mental health professional, a representative of a community based organization serving low income people, the city health officer or his or her designee. At least

two members shall be residents of communities disproportionately affected by drug-related incarceration.

- The Board shall advise and make recommendations on how to best to spend funds to the City Council, to:
 1. Prevent cannabis consumption by youth, during pregnancy or in excessive or harmful ways;
 2. Prevent other forms of substance abuse or addiction;
 3. Prevent other leading causes of illness, injury and premature death in the community whether or not arising from cannabis use; and/or
 4. Promote wellness and reduce inequity in health conditions;
 5. Reduce negative social impact of substance abuse;
 6. Reduce drug-related incarceration, including, for example:
 - i. Support to reduce new drug-related incarceration;
 - ii. Programs to assist residents in expungement or reclassification of records of marijuana convictions allowable pursuant to MAUCRSA;
 - iii. Re-entry programs for those released from incarceration to avoid recidivism; and
 - iv. Job training programs and other community-based and educational programs, especially those that will minimize drug-related incarceration.
- Recommended activities may include promoting or implementing policy, systems or environmental changes to create a healthier community or to reduce drug-related incarceration, providing education, or community-based programs serving residents of the City of Berkeley with a focus on low-income communities

RATIONALE FOR RECOMMENDATION

We are making these recommendations as we have learned from the public health experience with tobacco and alcohol that products intended for adults are often marketed and accessible to children and youth. We have also learned from the other states that have recently legalized adult use of marijuana that changes in consumption patterns and pricing may put the public's health at risk. Therefore, the Community Health Commission is making the above recommendations to safeguard the health, safety and welfare of the residents of the City of Berkeley.

ALTERNATIVE ACTIONS CONSIDERED

The alternative action is to allow the current discussion to go forward without the input of the Community Health Commission; this is not a viable option.

ENVIRONMENTAL SUSTAINABILITY

These measures are likely to reduce second hand smoke exposures from marijuana, exposure of cannabis business employees to second-hand smoke, and to delay or decrease water and electricity consumption related to cannabis production or sale.

CONTACT PERSON

Robert Terrones, Secretary, Community Health Commission, (510) 981-5324

Attachments:

- 1: *Monitoring the Future National Survey Results on Drug Use, 1975-2016: Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute for Social Research, The University of Michigan; 2017.
2. Trends in Marijuana Use Among Pregnant and Nonpregnant Reproductive-Aged Women, 2002-2014. *JAMA*. 2017;317(2):207-209. doi:10.1001/jama.2016.17383.
3. Trends in self-reported and biochemically tested marijuana use among pregnant females in California from 2009-2016. *JAMA*, 318(24): 2490-2491.
4. Kidsdata.org. *Marijuana use in lifetime, by grade level*.
5. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research | The National Academies Press.
<https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>. Accessed July 12, 2017.
6. The Academies defined Substantial Evidence as follows: There is strong evidence to support or refute a statistical association between cannabis or cannabinoid use and the health endpoint of interest. ¹ Safeway (3), Berkeley Bowl (2), Whole Foods (2), Traders Joes, Berkeley Natural Grocery, Monterey Market, Star Grocery.
7. Tobacco outlet density and adolescents' cigarette smoking: a meta-analysis. *Tobacco Control*. Published Online First: 08 March 2018. doi: 10.1136/tobaccocontrol-2017-054065
8. United States Census Bureau. Quickfacts: Berkeley city, California.
www.census.gov/quickfacts/fact/table/berkeleycitycalifornia/PST045216. Accessed 14 March 18.

**Descriptions of ordinance sections with alternate recommendations from commissions
(CHC recommendations are highlighted)**

- 12.21.040.G.1- Security and 12.21.040.H.1- Neighborhood Compatibility. *Description:* Requires all retailers, distributors and cultivators to have security guards in addition to security cameras, alarms and lighting.
Rationale (Alternative A): This language matches the State requirement for security guards at these businesses. Guards will be required at these businesses regardless of the language adopted by Council.
Alternate recommendation and reasoning (Alternative B): The Cannabis Commission recommended removing the security guard requirement from distributors, cultivators and delivery-only retailers, reasoning that since these businesses are not open to the public, they will not have the same level of security as a retailer.
- 12.22.040.G.2 – Consumption of Cannabis
Description: Allows consumption of cannabis and cannabis products at retailers that allow customer visits, with the exception of smoking. Also considered lounges
Rationale (Alternative A): Cannabis consumption is prohibited in public, in most businesses, and in many apartments. Providing a place to consume cannabis legally is important for patients who have no other options.
Alternate recommendation and reasoning (Alternative B): The CHC recommends that cannabis consumption should not be permitted in any businesses as this will contribute to the normalization of cannabis use.
- 12.22.040.H – Delivery Requirements
Description: Establishes requirements for retailers (storefront and delivery-only) that deliver medicinal and adult-use cannabis to customer residences.
Rationale (Alternative A): The state allows retailers to deliver cannabis and cannabis products to physical addresses in California, as long as those addresses are not on publicly-owned land or in a building leased by a public agency.
Alternate recommendation and reasoning (Alternative B): The CHC believes that cannabis deliveries should be limited to medicinal cannabis to reduce youth access to cannabis.
- 12.22.040.H.1.g – Delivery Requirements
Description: Limits cannabis deliveries to the residence of a customer, and prohibits deliveries to parks, schools, hospitals and all non-residential locations.
Rationale (Alternative A): Prohibiting deliveries to businesses will limit problems with deliveries to locations that do not permit cannabis per the business or property owner and to locations where cannabis would not be permitted per State law (bars, restaurants, schools).
Alternate recommendation and reasoning (Alternative B): The CC voted on June 1, 2017 to allow deliveries to addresses throughout the City, with the exception of parks, schools and hospitals. The Commission believed that the staff recommendation was too

restrictive and that cannabis deliveries should be allowed at businesses like other deliveries.

- 12.22.040.I.6 – Medicinal Cannabis for low-income persons

Description: Requires Medicinal Retailers to provide at least 2% of product sold at no cost to very-low income Patients.

Rationale (Alternative A): The Council approved this language in 2014.

Alternate recommendation and reasoning (Alternative B): The CHC believes that promotions to encourage cannabis sales should be prohibited. However, the Commission did not specifically discuss whether distributions to low-income patients that are required by the City should also be prohibited.

- 23C.25.010.B – Retail buffers

Description: Requires buffers between Retailers and the following uses:

Public or private elementary schools (K-5) = 600 feet

Public or private middle or high schools = 1,000 feet

City-operated community centers and skate parks = 600 feet

Other Retailers = 600 feet

Rationale (Alternative A): This language incorporates direction received from the City Council at the October 2018 work session. Larger buffers were developed for middle schools and high schools because those students are more likely to experiment with cannabis. A buffer was added for the five City-operated community centers and the skate park because children are often at these facilities without adult supervision.

Alternate Recommendation and reasoning (Alternative B): The CHC recommends a 1,000-foot buffer from all schools, including colleges and universities, as well as buffers around additional uses. These additional restrictions are designed to limit cannabis in places that children and youth might frequent.

Alternate recommendation and reasoning (Alternative C): The CC and PC agreed with the original staff recommendation, and did not consider the expanded buffers for middle and high schools or buffers from community centers and the skate park.

- 23C.25.010.F.1 – Cannabis Retailers

Description: Maintains the existing storefront Retailer quota of six, and will not allow additional storefront Retailers.

Rationale (Alternate A): This language incorporates direction received from the City Council at the October 2018 work session. Currently, only four of the six approved Retailers are open. The Council expressed a desire to hold off on any expansion plans until all six are operational, and to make a decision regarding further expansion based on the consequences of the six storefront Retailers.

Alternate Recommendation and reasoning (Alternative B): The CC recommended expanding the quota to 32 storefront Retailers, with quotas distributed throughout the City by zoning district. The Commission believes that the cannabis industry should be treated like other businesses. Excessive limits on the numbers of businesses which can operate in the City will hinder the growth of the cannabis industry in Berkeley and limit customers' access to product.

Alternate Recommendation and reasoning (Alternative C): The PC recommended expanding the quota to 18 storefront Retailers, which would allow for up to 12 additional retailers in Berkeley. The Commission was interested in allowing additional opportunities for Retailers in Berkeley, but not an unlimited number.

2019

African American Holistic Resource Center FEASIBILITY STUDY

An assessment of the viability, sustainability, and feasibility of the development of an African American Holistic Resource Center (AAHRC) in South Berkeley

Prepared for:

The City of Berkeley, the African American Holistic Resource Center Steering Committee, and the African American Holistic Resource Center Community Leadership Committee

Prepared by:

Neguse Consulting

Babalwa Kwanele, MS, LMFT – AAHRC Steering Committee Member, and
Barbara Ann White, MA – AAHRC Steering Committee Member



African American Holistic Resource Center



ACKNOWLEDGMENTS

This feasibility study would not have been possible without the input and support of the African American Holistic Resource Center (AAHRC) Steering Committee, the AAHRC Community Leadership Committee, the Berkeley NAACP, City of Berkeley Mayor and Councilmembers, City Manager and Deputy City Manager, City of Berkeley Community Health Commission, Peace and Justice Commission, City of Berkeley Department of Health, Housing, and Community Services, Subject Matter Experts, and members from the Berkeley community.

EXECUTIVE SUMMARY**INTRODUCTION**

The purpose of this Feasibility Study is to assess the viability, sustainability, and feasibility of developing an African American Holistic Resource Center (AAHRC) in South Berkeley. This study provides a community assessment, highlights similar models, and identifies potential funders. The report outlines options for financing construction of the facility, and includes an analysis of the technical and financial feasibility of the project. The findings and recommendations in this study offers guidance to the City of Berkeley (COB), the AAHRC Steering Committee, and the AAHRC Community Leadership Committee, in order to assist them with making informed decisions regarding next steps in the development of the African American Holistic Resource Center and the creation of a Culturally Centered Engagement System of Care for African Americans in the city.

BACKGROUND

In April 2011, the African American/Black Professional & Community Network (AABPCN) crafted the report titled *A Community Approach for African American/Black Culturally Congruent Services*. In the AABPCN report it identified challenges that the African American community face in areas of education, employment, health, and mental health, housing, and community relationships. The report also provided recommendations that included the use of culturally congruent practices embedded in an integrated service delivery system, which would help to decrease inequities and disparities in the African American community in Berkeley.

Members from the AABPCN and Berkeley NAACP (BNAACP) have been advocating and leading the efforts in the city for the past 8 years for the creation of the AAHRC. Members of the AABPCN shared the vision of the AAHRC and began gathering information from the community via focus groups, town hall meetings, small group discussions, and formal presentations to several Berkeley Commissions, the Berkeley City Council, and other stakeholder groups.

The 2016 City of Berkeley Community Health Commission report, strongly recommends the City of Berkeley “Take immediate action steps towards the development and support of the African American Holistic Resource Center in South Berkeley”¹. The Peace and Justice Commission also submitted a letter of support to the City Council on behalf of the creation of an AAHRC. Following the commission reports and community advocacy, councilmembers responded with overwhelming support for the development of an AAHRC and they allocated funding for a feasibility study, as well as other required activities needed for the establishment of the facility.

The AABPCN created the AAHRC Steering Committee. The AAHRC Steering Committee developed the AAHRC Community Leadership Committee, in order to include additional community voices in the project. The City Manager supported the AAHRC project by adding the African American Holistic Resource Center in the City of Berkeley’s Strategic Work Plan; the AAHRC is also included in the Mayor’s and Councilmember of District #3 work plans. The Department of Health, Housing, and Community Services provided funding to start the AAHRC feasibility study. In February of 2018, the City of Berkeley’s Health, Housing and Community Services entered into a contract with a consultant to complete the AAHRC feasibility study.

The AAHRC Community Leadership Committee developed the mission statement for the AAHRC; see below.

The African American Holistic Resource Center Mission Statement

The mission of the African American Holistic Resource Center (AAHRC) is to eliminate inequities and disparities by using community-defined best practices and approaches. Culturally responsive services are offered in order to address social determinants of overall health, mental wellness and equity across the life span. The AAHRC provides advocacy, support and referral services for an array of educational issues, legal matters and programming and services for cultural, social and recreation. A strong focal point is on promoting self-awareness and strengthening connections by fostering unity in the African American community.

STATEMENT OF PROJECT NEED

The African American/Black community in Berkeley has the highest rate of morbidity and mortality of any racial/ethnic group. According to the City of Berkeley's *Health Status Summary Report 2018*, "African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites"². The report further indicates that "The risk of an African American mother having a low-birth weight (LBW) rate baby is 2.5 times higher than the risk for White mothers"¹.

In comparing 2013 and 2018 COB Health Status Summary Reports, the rate of poverty among African American families has quadrupled. During a five-year period the poverty rate for African Americans has gone from two times more likely to live in poverty to eight times more likely to live in poverty in the City of Berkeley. According to both Health Status Summary Reports, children under the age of eighteen are seven times more likely to live in poverty. Unfortunately, this implies that White wealth is increasing, while Black wealth is rapidly decreasing in the city. This level of wealth inequity has numerous negative implications for African Americans, as it relates to, but is not limited to, housing, mental health, physical health, education, criminal justice, social and recreational activities, and overall community sustainability.

It is well documented that poverty is linked to poor quality health outcomes and shorter life expectancy for African Americans. Middle class and affluent Black people's health is worse compared to their white counterparts in Berkeley. The intersectionality between wealth, race/ethnicity and class has a small positive effect on the health status of African Americans, due to institutionalized racism and implicit bias. Unfortunately, the Black community in Berkeley is experiencing poor quality outcomes in terms of adverse health indicators across the life span.

The data indicates that health inequities disproportionately impact the Black community in the city and have persisted for a long period of time. As suggested in the AABPCN report, "Health inequities and disparities have been caused by entrenched social and racial injustices in American systems. It has been stated that every social determinant, including but not limited to education, employment, physical and mental health and housing, is impacted by the rules of law and the institutions that uphold the laws"².

Socioeconomic factors, birth outcomes, and morbidity rates that stretch across the life span of African Americans indicates they are *not* thriving in the City of Berkeley. The results clearly illustrate in this feasibility study that Black individuals and families in Berkeley are not experiencing optimal life outcomes in all areas. Therefore, it is essential that a paradigm shift take place for this population in the delivery of care and services. Culturally appropriate services and

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

community-defined practices that are imbedded in the creation of a Culturally Centered Engagement System of Care that is effective in welcoming, supporting, healing, and empowering the Black community in the City of Berkeley must be developed. *Insanity* is defined as doing the same thing and expecting different results; the time for a new integrated holistic approach to care and services for Berkeley's African American community is long overdue.

The AAHRC facility is slated to be a state-of-the-art green building ranging in size of 5000 - 6000 square feet, that includes but is not limited to a multipurpose room, library, medical screening room, two therapy offices, two classrooms, dance studio, game room, kitchen, and an office with a reception area. The delivery of culturally congruent services at the AAHRC will provide African Americans with the support they need to decrease inequities and disparities in their community.

OBJECTIVES

The overall goal of the feasibility study is to offer guidance to City of Berkeley staff, the AAHRC Steering Committee, and the AAHRC Community Leadership Committee to assist them in making an informed decision regarding the next steps in the development of the African American Holistic Resource Center.

The six contractual objectives that Neguse Consulting was responsible for completing are outlined below:

Objective 1: Conduct a community assessment to gather feedback and input from various stakeholders in Berkeley, as they relate to the development of the AAHRC.

Objective 2: Explore existing programs and/or models with similar geographic dynamics, demographic populations, and economic stratifications to those within the City of Berkeley.

Objective 3: Research and assess potential funding opportunities from public and private sector organizations.

Objective 4: Identify options for facility location and financing. Investigate requirements for construction or rehabilitation of a building, inclusive of completion timeline and projected annual operational budget for the AAHRC.

Objective 5: Provide a comprehensive report that outlines the findings and recommendations of the overall assessment of the feasibility study for the development of the African American Holistic Resource Center.

Objective 6: Consultant will work closely with City staff and the AAHRC Steering Committee in order to maintain fidelity to the process and final outcome for the successful development of the AAHRC in the City of Berkeley.

Meetings with City staff, the AAHRC Steering Committee and the AAHRC Community Leadership Committee were held to discuss expectations, gather information, design the survey tool, and administer focus groups. The community survey was created and administered with input and support from committee members, focus groups were held, and community outreach to various stakeholders was done.

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

In addition, an examination of similar community program models was completed, and potential public and private funding organizations were researched, and options for constructing and financing the facility were investigated. The completion of all aspects required to prepare a comprehensive feasibility study was accomplished and includes floor plans, summary of a cost analysis, and findings and recommendations for the project and next phase of development of the African American Holistic Resource Center.

RECOMMENDATIONS

Based on the findings of the AAHRC feasibility study, below are recommendations for next steps for the development of the AAHRC in South Berkeley. The City of Berkeley will need to invest additional funding and support to this project, in order for it to come to fruition.

Acquisition of Professional Expertise in the Areas of Funding and Building Design

- Hire a Fund Developer and/or Grant Writer
- Obtain a Real Estate Agent/Broker to assist with securing building
- Secure an Architect to draft facility design/blueprints

Secure Physical Location for the AAHRC

- Identify location to house the facility (*Recommended Property-People's Bazaar*)
- Decide if an existing building will be rehabbed or a newly constructed facility will be built

Fundraising Campaign

- Establish a building fundraising campaign
- Engage community members in fundraising activities
- Contact local Berkeley businesses for donations and support

Marketing and Promotions

- Secure professional support in marketing and branding for the AAHRC
- Use social media such as but not limited to Facebook and Instagram for effective communication and outreach
- Create a website for the AAHRC

Continued Community Engagement

- Provide ongoing updates to community survey respondents
- Continue to engage community members and leaders in the AAHRC project process
- Conduct ongoing community presentations and forums about the AARHC

CONCLUSION

In summation, most African American/Black community members who live, work and/or have a connection to Berkeley believe that the City of Berkeley needs to show their community a sign that they are valued citizens and that *their lives matter*. Currently, in the City of Berkeley African Americans represent approximately 7% of the population, yet they have the worst outcomes and/or highest penetration rates in areas such as Health, Mental Health; Homelessness; Unemployment; Displacement out of Berkeley; Living in Poverty; Racially Profiled by BPD; Failing Students in BUSD; as well as, a Shorter Life Expectancy than any other racial or ethnic group in the City of Berkeley.

An investment in the Black community in the City of Berkeley is needed and required, in order to address the issues associated with inequities and disparities for this population. Advocacy and

**African American Holistic Resource Center
Berkeley, California****Feasibility Study, 2018**

funding for the development of an African American Holistic Resource Center should be a top priority for every city official, city department head, and all large-scale organizations and corporations in the city. With financial support and collaboration from all the aforementioned entities the AAHRC could be built and operational within the next two years, which would allow for the healing and restoration process to begin for African Americans in the city. The City of Berkeley should take every step possible to build an African American Holistic Resource Center and have it be a beacon of light and hope for Berkeley's Black community.

-
1. City of Berkeley Community Health Commission Recommendation to City of Berkeley City Council, September 27, 2016, Action Item
 2. A Community Approach for African American/Black culturally Congruent Services; ABPCN 2011

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Table of Contents

ACKNOWLEDGMENTS	II
EXECUTIVE SUMMARY	III
INTRODUCTION.....	III
BACKGROUND.....	III
STATEMENT OF PROJECT NEED	IV
OBJECTIVES	V
RECOMMENDATIONS	VI
CONCLUSION	VI
<i>Culturally Centered Engagement System of Care</i>	1
AFRICAN AMERICAN HOLISTIC RESOURCE CENTER	2
INTRODUCTION	2
BACKGROUND.....	2
STATEMENT OF PROJECT NEED	3
<i>Table 1: Health Status Summary Report 2018</i>	5
<i>Table 2: Health Status Summary Report 2013</i>	6
OVERVIEW OF OBJECTIVES	6
OBJECTIVE 1: COMMUNITY ASSESSMENT	7
OVERVIEW OF SURVEYS ADMINISTERED	7
<i>Table 3: Survey Distribution Data</i>	8
<i>Table 4: Demographic Snapshot of Survey Respondents</i>	9
SURVEY FINDINGS	9
OBJECTIVE 2: INVESTIGATE SIMILAR AFRICAN AMERICAN RESOURCE CENTERS	13
OBJECTIVE 3: POTENTIAL FUNDING SOURCES AND OPPORTUNITIES	17
OBJECTIVE 4: BUILDING AND CAPITAL EXPENDITURES	17
COST ANALYSIS AND BUILDING DESIGN.....	17
METHODOLOGY	18
OPTIONS FOR BUILDING AND FINANCING THE FACILITY	19
ZONING CONSIDERATIONS	21
<i>Table 10: Zoning Districts and Types</i>	21
<i>Floor Plans</i>	23
<i>Table 11: Estimates for New Construction vs. Rehabilitation (Project Cost In Millions)</i>	26
POTENTIAL LOCATIONS FOR THE AAHRC (FURTHER CONSIDERATION AND DISCUSSIONS NEEDED).....	29
OBJECTIVE 5: FEASIBILITY FOR AN AFRICAN AMERICAN HOLISTIC RESOURCE CENTER IN SOUTH BERKELEY	31
RECOMMENDATIONS	31
OBJECTIVE 6: CONSULTANT WILL WORK CLOSELY WITH CITY STAFF AND THE AAHRC COMMITTEES TO MAINTAIN FIDELITY TO THE PROJECT	32
<i>Culturally Centered</i>	33
APPENDIXES	34

African American Holistic Resource Center

Culturally Centered Engagement System of Care



**African American Holistic Resource Center
Feasibility Study**

INTRODUCTION

This Feasibility Study was commissioned to assess the viability, sustainability, and feasibility for the development of an African American Holistic Resource Center (AAHRC) in South Berkeley. A community assessment was completed with the use of a survey, focus groups and a community forum. Research with agencies and services that represent a similar model to that of the AAHRC was investigated and potential funders were identified.

The report also outlines options for building the facility and it provides an analysis for technical and financial viability of the project. The findings and recommendations in this feasibility study will offer guidance to the City of Berkeley (COB), the AAHRC Steering Committee, and the AAHRC Community Leadership Committee, in order to assist them with making an informed decision regarding next steps in the development of the African American Holistic Resource Center and the creation of a Culturally Centered Engagement System of Care for African Americans in the city.

BACKGROUND

The African American/Black Professional & Community Network (AABPCN), established in 2010, believes that culturally congruent services are vital in order to reduce inequities and disparities for African Americans. The report, *A Community Approach for African American/Black Culturally Congruent Services*, was written in April 2011 by members of the AABPCN. The document defines the delivery of culturally congruent services as providing appropriate efficacy and support to clients, respecting cultural traditions of African Americans, and recognizing the effects of institutionalized racism and historical trauma in the lives of Black people.

The AABPCN report identifies numerous challenges that African Americans face in the areas of education, employment, health, mental health, housing, and in community relationships. The report outlines recommendations for culturally congruent and integrated services that can be used to help African Americans to overcome barriers and increase the quality of their lives.

A vision and framework were provided in the report for the development of an African American Holistic Resource Center in Berkeley. Members from the AABPCN and BNAACP have been advocating and leading the efforts in the city for the past 8 years for the creation of the AAHRC. The AABPCN created the AAHRC Steering Committee and that group formed the AAHRC Community Leadership Committee, in order to include additional community voices in the project and to broaden support and advocacy for the center.

The AAHRC Community Leadership Committee members developed the mission statement for the AAHRC; see below.

The African American Holistic Resource Center Mission Statement

The mission of the African American Holistic Resource Center (AAHRC) is to eliminate inequities and disparities by using community-defined best practices and approaches. Culturally responsive services are offered in order to address social determinants of overall health, mental wellness and equity across the life span. The AAHRC provides advocacy, support and referral services for an

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

array of educational issues, legal matters and programming and services for cultural, social and recreation. A strong focal point is on promoting self-awareness and strengthening connections by fostering unity in the African American community.

The AAHRC Steering Committee garnered community support through various community meetings and forums in Berkeley. They received support for the development of the AAHRC from the Mayor, numerous Councilmembers, the area's Board of Supervisors, the Berkeley NAACP, the Peace & Justice Commission, the Community Health Commission, Parents of Children of African Decent (PCAD), Healthy Black Families, Black Lives Matter, Friends of Adeline, the East Bay Northern Chapter ACLU, and other community stakeholders and residents.

In a 2016 report, the Community Health Commission strongly recommended that the City of Berkeley "Take immediate action steps towards the development and support of the African American Holistic Resource Center in South Berkeley."¹ This recommendation led to an overwhelming response of support and funding for a feasibility study from the City Council. Subsequently, the City Manager added the African American Holistic Resource Center to the City of Berkeley's Strategic Work Plan, and the Mayor and the Councilmember for District #3 (South Berkeley) also put the AAHRC in their work plans. In addition, the Department of Health, Housing, and Community Services (HHCS) allocated funds to commission a feasibility study for the development of the AAHRC. Financial support from the department of HHCS allowed city staff and AAHRC Steering Committee members to submit an RFP to hire a consultant for the AAHRC project. A consultant was selected to perform the feasibility study for the AAHRC in February of 2018.

STATEMENT OF PROJECT NEED

The African American/Black community in Berkeley has the highest rate of morbidity and mortality of any racial/ethnic group. According to the City of Berkeley *Health Status Summary Report 2018*, "African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites"². The report further indicates that "The risk of an African American mother having a low-birth weight (LBW) rate baby is 2.5 times higher than the risk for White mothers"¹.

In comparing 2013 and 2018 COB Health Status Summary Reports, the rate of poverty among African American families has quadrupled. During a five-year period, the poverty rate for African Americans has gone from two times more likely to live in poverty to eight times more likely to live in poverty in the City of Berkeley. According to both Health Status Summary Reports, children under the age of eighteen are seven times more likely to live in poverty. Unfortunately, this implies that White wealth is increasing, while Black wealth is rapidly decreasing in the city. This level of wealth inequity has numerous negative implications for African Americans, as it relates to but is not limited to housing, mental health, health, education, criminal justice, social and recreational activities, and overall community sustainability.

It is well documented that poverty is linked to poor quality health outcomes and shorter life expectancy for African Americans. Middle class and affluent Black people's health are also worse compared to their white counterparts in Berkeley. The intersectionality between wealth, race/ethnicity and class has a slight positive effect on the health status of African Americans, due to institutionalized racism and implicit bias. Unfortunately, the Black community in Berkeley is experiencing poor quality outcomes in terms of adverse health indicators across the life span.

The data indicate that health inequities disproportionately impact the Black community in the city and have persisted for a long time. As suggested in the AABPCN report, “Health inequities and disparities have been caused by entrenched social and racial injustices in American systems. It has been stated that every social determinant, including but not limited to education, employment, physical and mental health and housing, is impacted by the rules of law and the institutions that uphold the laws”².

Socioeconomic factors, birth outcomes, morbidity and mortality rates that stretch across the life span of African Americans indicates that they are *not* thriving in the City of Berkeley. The results from this feasibility study clearly illustrate that Black individuals and families in Berkeley are not experiencing optimal life outcomes. Therefore, it is essential that a paradigm shift in the delivery of care and services for this population takes place. Culturally appropriate integrated services and community-defined practices that are imbedded in the creation of a holistic system of care that is effective in welcoming, supporting, healing, and empowering the Black community in the City of Berkeley must be developed. *Insanity* is defined as doing the same thing and expecting different results; the time for a new integrated approach to care and services for Berkeley’s African American community is long overdue.

Socioeconomic Factors ↔ Racism, Institutional Racism, and Structural Racism ↔ Health

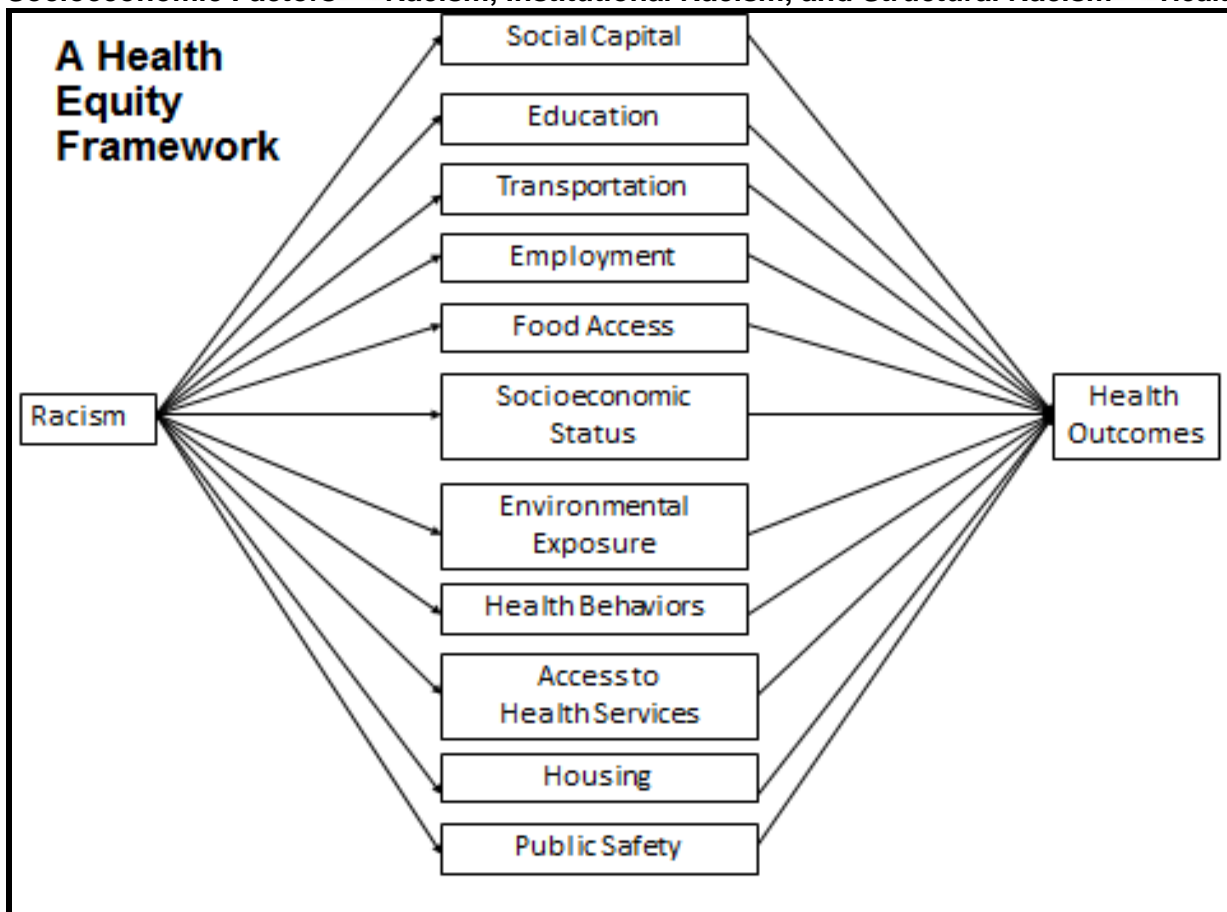


Table 1: Health Status Summary Report 2018

HEALTH INEQUITIES IN BERKELEY				
Chapter 1: Sociodemographic Characteristics & Social Determinants of Health	Chapter 2: Pregnancy & Birth	Chapter 3: Child & Adolescent Health	Chapter 4: Adult Health	Chapter 5: Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.

Source: Health Status Summary Report 2018, City of Berkeley

Table 1 captures data from the *Health Status Summary Report 2018* which illustrates health inequities that plague the Black community in Berkeley. As indicated in the table, various inequities disproportionately impact the health, wealth, education, and safety of African Americans across their life span. This report is a clear illustration that Black individuals and families in Berkeley are not experiencing optimal life outcomes. The systems of care and services in the city are failing this population.

-
- 1 City of Berkeley Community Health Commission Recommendation to City of Berkeley City Council, September 27, 2016, Action Item
 - 2 City of Berkeley Health Status Report, 2018
 - 3 City of Berkeley Health Status Report, 2013
 - 4 A Community Approach for African American/Black culturally Congruent Services; ABPCN 2011

**Table 2: Health Status Summary Report 2013
Health Inequities in Berkeley**

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

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

Source: Health Status Summary Report 2013, City of Berkeley

Table 2 highlights data from the *Health Status Summary Report 2013*. The health indicators compare White and Black residents in Berkeley. Black residents are disproportionately impacted by negative birth outcomes and higher rates of poverty, cardiovascular disease, and their life expectancy is shorter than that of their White counterpart in Berkeley.

OVERVIEW OF OBJECTIVES

The study included a community assessment, a detailed analysis about the technical and financial viability for the facility, research about similar models, findings, and recommendations. The primary goals of this feasibility study were to measure the community's need and desire for an AAHRC in Berkeley and provide guidance to City staff, the AAHRC Steering Committee, and the AAHRC Community Leadership Committee in regard to the type and size of a facility, funding potential, possible locations for the center within the City of Berkeley, and future direction for the project.

The six contractual objectives that Neguse Consulting was responsible for completing are outlined below:

Objective 1: Conduct a community assessment to gather feedback and input from various stakeholders in Berkeley, as they relate to the development of the AAHRC.

Objective 2: Explore existing programs and/or models with similar geographic dynamics, demographic populations, and economic stratifications to those within the City of Berkeley.

Objective 3: Research and assess potential funding opportunities of public and private sector organizations.

Objective 4: Identify options for facility location and financing. Investigate requirements for construction or rehabilitation of a building, inclusive of completion timeline and projected annual operational budget for the AAHRC.

Objective 5: Provide a comprehensive report that outlines the findings and recommendations of the overall assessment of the feasibility study for the development of the African American Holistic Resource Center.

Objective 6: Consultant will work closely with City staff and the AAHRC Steering Committee in order to maintain fidelity to the process and final outcome for the successful development of the AAHRC in the City of Berkeley.

Source: AAHRC RFP Objectives

Meetings with City staff, the AAHRC Steering Committee, and the AAHRC Community Leadership Committee were held to discuss expectations, gather information, design the survey tool, and administer focus groups. The community survey was created and administered with input and support from committee members, focus groups were held, and community outreach to various stakeholders was done.

Also, an examination of similar community program models was completed, and potential public and private funding organizations were researched, and options for constructing and financing the facility were investigated. The completion of all aspects required to prepare a comprehensive feasibility study were accomplished and include floor plans, summary of a cost analysis, and findings and recommendations for the project and next phase of development for the African American Holistic Resource Center and creation of a Culturally Centered Engagement System of Care.

OBJECTIVE 1: COMMUNITY ASSESSMENT

Methodology

The community assessment process for the AAHRC Feasibility Study consisted of the development and administrating of a survey, hosting community forums, and getting input from various stakeholders. Qualitative information was collected, analyzed and tabulated; see Table 3. Corresponding raw survey data and a list of community stakeholders is in the appendixes.

Overview of Surveys Administered

A total of 133 surveys were completed and submitted. Of those, 28 surveys were administered digitally online and the other 105 surveys were hard copies. Table 3 list the events and platforms

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

where the surveys were administered, the format by which they were done, and the total number of surveys completed. Also, documented is the percentage of surveys completed, per the different formats and administration sites. Overall, the survey response rate was 53% and the qualitative data that was collected provided a wealth of information.

Table 3: Survey Distribution Data

Survey Distribution Events/Platforms	Survey Format	# of Surveys Completed	% of Surveys Completed
Berkeley Juneteenth Festival (June 2018)	Hard copies	50	38%
State of Black Berkeley Forum (May 2018)	Hard copies	35	26%
Black Organizing Project – Berkeley Community Listening Session (May 2018)	Hard copies	9	7%
Parents of Children of African Descent (PCAD) Meeting (May 2018)	Hard copies	11	8%
Online Surveys (May-June 2018)	Digital	28	21%
Total Number of Surveys Administered		133	100%

Survey Respondents

The survey was tailored for individuals who are intimately connected to the City of Berkeley and that fit into one of the following stakeholder categories. The connection data points measured individuals that are currently or were previously a city resident, have family members that reside in the city, those that work, worship, attend school or have children in school in Berkeley, a member of an organization or association in the city and/or own a business in the community. Some respondents selected multiple responses related to their connection to Berkeley. It was also important to include survey questions about business ownership and the faith community, in order to capture information related to these two elements. It is worth noting that 11% of respondents indicated that they worship in Berkeley and 5% own a business in the city.

Survey participants varied by race and ethnicity, gender, age, sexual orientation, housing status and group affiliations in Berkeley. Demographic highlights are reflected in Table 4 (gender and age were not captured in this survey).

Table 4: Demographic Snapshot of Survey Respondents

- **81%:** African American/Black (N=108)
- **34%:** Current Berkeley residents (N=45)
- **29%:** Former Berkeley Residents (N=33)
- **39%:** Work in Berkeley (N=52)
- **17%:** Have a child in Berkeley schools (N=23)

Survey Data Points and Questions

The survey format was designed to elicit yes or no responses and short written comments to questions. It consisted of nineteen questions. The first five questions attained the participant's contact and demographic information. The other questions explored familiarity with the AAHRC, the need for an AAHRC, types of services respondents would like the AAHRC to provide, and community support and concerns. A full list of the survey questions is located in the appendixes.

SURVEY FINDINGS

Survey Respondents Familiarity with the AAHRC Plans

35% stated "yes" they are familiar with the AAHRC plans. Of those who answered "yes," their replies varied, per responses below:

- **Berkeley NAACP**
- **AAHRC Steering Committee Members**
- **African American Black Professionals & Community Network**
- **Healthy Black Families**
- **Through a Friend**
- **The Community Health Commission**

“The data proves there is a need to address the crisis Black people face every day.”

Survey Respondents Attendance at a Meeting and/or Forum

17% responded that they attended a community meeting or forum pertaining to the development of the AAHRC. Data suggest that a marketing and mass media campaign may be worth utilizing as a method of outreach for future community meetings and forums to increase attendance.

Awareness of the Leadership Groups of the AAHRC Project

14% indicated that they were aware that the African American/Black Professionals & Community Network and the Berkeley NAACP were leading the efforts to develop an AAHRC. Due to limited public awareness of the AAHRC leadership teams, it may be worthwhile to identify members of the groups at future community engagements and events and highlight the organizations as the leads on this project.

The Need for an AAHRC in South Berkeley

95% replied that there is a need to have an AAHRC in South Berkeley. The responses varied, however there was strong support for the creation of a center.

Table A.1 provides a comprehensive list of responses to this question in the Appendixes. Below are the themes that emerged.

Black-Centered Space with Culturally Appropriate Services

Respondents conveyed the need to have spaces that offer culturally-appropriate services that focus on the needs of the African American/Black community. Notable survey comments:

“The African American community needs a space to concentrate and meet to develop strategies to support its members. The stresses of living/working in an urban area necessitate it.”

“Berkeley’s Black/AA’s residents are being displaced, mistreated from police, facing major health disparities, and generally not treated like valuable members of the city by non-Black residents. This center, like other existing programs like Healthy Black Families, has the potential to support [the] decrease [of] health disparities by providing culturally-based services.”

95%

**Indicated the need for
an African American
Holistic Resource
Center.**

Haven for the African American/Black Community

The assessment identified the need to have a haven or safe space for members of the African American/Black community to gather and unwind from the daily stressors of being Black in America. Survey respondents expressed the need to have a safe healing space to address the traumas and challenges of life. Notable survey comments:

“Need a place to de-stress and place to keep up the spirit and energy to struggle.”

“The data proves there is a need to address the crisis Black people face every day.”

As indicated in the 2013 and 2018 Berkeley Health Status Reports, there are numerous stressors associated with health, housing, employment, education and other socioeconomic indicators that disproportionately impact the wellbeing of African Americans. Therefore, it is essential to have places for community members to de-stress, de-compress, and be supported and valued.

Autonomy, Collective Power and Visibility

Respondents expressed a need to have a place where they can gather and organize in order to develop leadership skills and improve community engagement. It was evident from the data collected that respondents want a place for the Black community, where they can unite, organize, and develop action plans, as it relates to uplifting the African American community. The information shared in this category appears paramount in terms of Black people wanting to problem-solve for themselves and find solutions to issues that negatively impact their community. Notable survey comments:

“We need an autonomous space and collective power to keep even a small African-American community footprint in Berkeley.”

“There needs to be a central place that Black community organizations can offer their services as a unified front and meet in a culturally-relevant environment.”

“We need a resource center in order to pool our collective efforts, pertaining to Black [people].”

Adequate Resources and Information

Resource allocation and information sharing was another area of concern for the Black community in Berkeley. Some comments addressed limited resources in the African American community in the city and the need to increase access to resources, such as, but not limited to: housing, jobs and job training, entrepreneurship, quality education, financial literacy, a framework for resource creation, and sharing within the community. Notable survey comments:

“Collectivism; Resources.”

“To create more resources for the African American community.”

Gentrification

Rapid housing development of market rate rents, the discontinuation of city-owned public housing, and limited home ownership opportunities in Berkeley have increased the displacement of African Americans out of the city. Respondents expressed concerns about the negative impact of gentrification; primarily the high cost of living in the city and the lack of implementation of initiatives and policies to decrease the widespread gentrification in South Berkeley. Some feel a sense of not belonging and being welcomed in a place that has been home to them, their families and friends for decades. Notable survey comments:

“Yes, because of gentrification, we need to hold our space in Berkeley because it’s our home and we belong.”

“My perception is that Black people in Berkeley are being pushed on by the cost of living so any initiative to alleviate those costs (healthcare, housing, etc.) would likely be very helpful.”

Need for Access to Quality Holistic Health Care Services

Survey respondents stated that current medical care agencies are not serving the needs of the Black community in a holistic manner. Some responses indicated the need for healthcare services that are respectful and welcoming to African Americans and that provide holistic services for the physical, mental, spiritual, and emotional needs of Black people that are also embed in a culturally-appropriate service delivery system of care. Notable survey comments:

“I feel [that] current medicine does not address the concerns and needs of African-Americans.”

“To help Black people feel respected and heard when seeking healthcare services and to enhance mental, physical, and spiritual health of African Americans.”

“With rampant racism in our society, we need to promote our emotional health.”

“To have a safe space to be in community where I would feel welcome and supported.”

Reason Why Survey Respondents Would Use the AAHRC

Participant comments focused on being treated with respect, being welcomed, feeling comfortable and supported by people who look like them. Safety was another area that respondents felt they were currently lacking for themselves and their children.

Table A.2 provides a comprehensive list of responses to this question in the Appendixes. Below are the themes that emerged.

Welcoming and Culturally Congruent Services and Staff

A sense of belonging and receiving culturally-appropriate services were commented on by numerous survey respondents. There was an emphasis on the significance of Black people being treated with respect and their presence being acknowledged by professional staff when they show up for services. Also highlighted was the creation of a safe space for the African American community. Notable survey comments:

“The staff and professionals would understand the needs of African Americans.”

“It would be a comfortable place to seek help.”

Community Connection and Protection

Respondents conveyed the need to have welcoming, safe spaces and environments where they can connect as a community. Having safe neighborhoods to raise their children in was stated as important, along with ensuring their children’s protection from harm and danger. Notable survey comments:

“To have a safe space to be in community where I would feel welcome and supported.”

“Much needed way to grow and protect Black community and Berkeley children.”

**Culturally Responsive
Support throughout the
life span.**

Additional Services and Activities Survey Respondents Would Like the AAHRC to Offer

Survey respondents were asked if there were any additional services and/or activities they would like the AAHRC to offer. The responses varied and touched on issues such as small businesses, healthy eating, and support at all stages in the life span, college preparation and youth mentorship, and social and recreational activities.

Table A.3 provides a comprehensive list of responses to this question in the Appendixes. Below are the themes that emerged.

Support for Small Businesses

Participants identified as small business owners and they would like to have funding and supportive spaces to assist with the development of Black-owned businesses, as well as opportunities to network with other business owners. They also specified the importance of having affordable retail rental space for Black entrepreneurs. Notable survey comments:

“Innovative Entrepreneurial/economic development programming for people of color.”

“Retail space for Black-owned businesses.”

Healthy Eating and Active Living

There were concerns about healthy eating and active living for African American people. Participants commented on the significance of having harmony of mind, body, and spirit. Outdoor activities, such as gardening and exercising with family, were also stressed. Notable survey comments:

“Food discussions to change our behavior regarding sugar.”

“Physical activity, yoga, meditation.”

In light of the findings in the 2013 and 2018 Berkeley Health Status Reports, it is evident that African Americans in the City of Berkeley have a disproportionate rate of morbidity and mortality

as compared to other populations in the city. Due to safety issues some Black people don't venture too far from their neighborhoods, thereby not allowing for things like biking, hiking, running, and even walking as forms of exercise. Therefore, having a community center that offers support for healthy eating and physical activity in a way that is culturally sensitive would be welcomed and appreciated.

Support Throughout the Life span, College Preparation and Youth Mentorship

Respondents indicated the need to have services and support throughout the different stages of the life span. The data collected specified a need to provide culturally responsive services and support for African Americans from conception to older adulthood. They also identified the necessity for youth mentorship programs and college preparation courses for students. Notable survey comments:

“Pregnant and parenting support.”

“Elder support.”

“Workshop session on attending college.”

Social/Recreational Bonding and the Arts

Participants conveyed interest in having a place to socialize with each other and increase community bonding. Creative arts as well as live entertainment and recreational activities were cited, and art therapy was also highlighted as a healing form that could be used to support the health and mental wellness of African Americans. Notable survey comments:

“Gallery or concert hall for live performance.”

“Creative writing and poetry. Black Art and photography.”

Community Willingness to Support the AAHRC

Respondents indicated overwhelming support for ensuring the successful development of the African American Holistic Resource Center. As stated in other responses, the data show there is willingness in the community to support the AAHRC project in numerous ways.

Table A.4 provides a comprehensive list of responses to this question in the Appendixes. Below are the responses in percentages to several questions:

- *Fifty-two percent indicated they would attend City Council meetings*
- *Fifty-five percent stated that they would attend community meetings and events.*
- *Seventy-eight percent expressed their willingness to share information about the AAHRC.*

Relevant Concerns about the AAHRC

Survey respondents expressed concerns about funding for the project, location of the facility, the operational budget, and they wonder if this facility *will* actually be built for the African American/Black community in the City of Berkeley.

OBJECTIVE 2: INVESTIGATE SIMILAR AFRICAN AMERICAN RESOURCE CENTERS

Examination of several agencies that provide culturally responsive services to the Black community was researched. Investigation was done via telephone interviews and online compilation. The programs vary in geographic location and service delivery. The information

African American Holistic Resource Center Berkeley, California

Feasibility Study, 2018

collected for this feasibility study from similar African American Resource Centers all seems to stress the importance of addressing inequities and disparities in the Black community. The foundation of the agencies is in delivering services that use best practices, community-defined approaches, and African-centered models of excellence; these methods and techniques provide for culturally congruent service delivery to African American/Black people.

Evaluation of Similar African American/Black Cultural Resource Centers

The emphasis of this investigation focused primarily on organizations that are similar to the City of Berkeley in relationship to geographic location and size, and population. Preliminary research of African American/Black Resource Centers nationwide found that most centers are located on college campuses or affiliated with colleges and universities. The few African American/Black Resource Centers that are not located on or in partnership with a college or university are membership-based organizations.

The African American Community Service Agency (AACSA) located in San Jose, California and the African American Cultural Center of the Capital Region, Inc., located in Albany, New York are two membership-based resource centers. The City of Portland also developed a partnership with the City's economic development agency, and a local nonprofit health institution, in order to explore the building of an African American Resource Center. They are looking to locate the center in an area of the city that has encountered historic displacement of African American residents.

The program structure of the three aforementioned African American Resource Center models focus on the holistic wellbeing of the African American/Black community. These agencies seem to understand the significance of empowering, fostering unity, self-determination, and preserving the dignity and culture of African American people. The investigation into these organizations provided insight, information about best practices, and program models of excellence that can be used in the creation of the AAHRC in the City of Berkeley. Below is information about the agencies.

These agencies understand the value of addressing inequities and disparities; preserving the dignity and culture of the community.

Organizational Profile #1: The African American Cultural Center of the Capital Region, Inc.

The African American Cultural Center of the Capital Region, Inc. is a nonprofit organization committed to educating, enriching, and empowering residents of the Capital Region; through a variety of educational, cultural and performing arts, programs, activities, and exhibits that promote awareness and raise the collective consciousness of all ethnicities to the rich and vibrant history, contribution, and culture of African Americans. The Center seeks to strengthen communities by fostering unity, self-determination, cooperative economics, collective work, and creativity. The facility is located at 135 South Pearl Street, Albany, NY and was founded by AVillage, Inc, Urban Arts Experience, Inc. and Center for Law and Justice, Inc. The Capital District, also known as the Capital Region, refers to the metropolitan area surrounding Albany, which is the capital of the State of New York. As of 2013 its population was 1,170,483 and the Capital District is the fourth largest metropolitan region in the state and the 45th largest in the country.

Source: African American Cultural Center of the Capital Region, Inc. Website

Organizational Profile #2: The Hill-Black Project

This project is a partnership between the City of Portland, Prosper Portland, the City's economic development agency, and Legacy Health, a nonprofit health institution. The proposed initiative is to build a Community-Based Center. The location for the center is set to be in the historic heart of the City's Black community and it will provide medical care services, including a surgery center with patient and family housing, as well as affordable housing, community space, and a business hub for those most impacted by gentrification. The project aims to develop the facility on a vacant lot that is 1.7 acres, located between North Russell Street and North Williams Avenue in the City of Portland. The main focus of the development is to honor Portland's African-American community, provide community housing and increase economic sustainability, and further Legacy Health's mission of promoting health and wellness for children and families. The construction phase is expected to begin in 2019. Article and Additional Information on the Hill-Black Project: "Portland Plans African-American Community Center for Neighborhood It Once Demolished."

<https://www.opb.org/news/article/portland-african-american-community-center-gentrification/>
<https://prosperportland.us/portfolio-items/the-hill-block-n-russell-and-williams-collaboration/>

Source: The Hill-Black Project Website

Organization Profile #3: The African American Community Service Agency

The African American Community Service Agency (AACSA) is located at 304 N. 6th Street, San Jose, CA. It is the only African American service/cultural agency in Silicon Valley and the East Bay area. The mission of the African American Community Service Agency is to preserve the dignity and culture of a diverse African American Community and to provide services that promote full participation of all of Santa Clara County residents and the general public. Providing quality educational, cultural, social and recreational programs, services and activities to perpetuate and strengthen African American identity, culture, values, traditions, knowledge and family life is at the heart of all programs. AACSA's membership is open to everyone, regardless of race, religion, gender, sexual orientation, age or disability.

The current location is a beautifully remodeled fire station that is owned by the City of San Jose. The agency offers the following services: AACSA Meaningful Life Initiative (AMLI); STEM, Beyond School Hours; AACSA Leadership Academy; Summer Science Camp; Kids Club; Discovering the Total Woman from the Inside Out; Young Adults Educational Workshop; a Health & Wellness Program; and a Computer Training Center. The AACSA also offers a host of activities and referral services for community members. The agency's sponsors and funders vary and include for-profit corporations and technology companies, and non-profit establishments and associations.

Source: African American Community Services Website

Overview of the AACSA

In a telephone interview with the AACSA's Executive Director, the information shared was helpful, reflective, insightful, and can inform the formulation of the AAHRC. The African American/Black population in San Jose is 3%. (The City of Berkeley's African American/Black population is approximately 7%, according to the 2018 Berkeley Health Status Report.) The AACSA provides services to the entire Black community in the City of San Jose, which is roughly 30,000 residents, and no one is turned away for services.

The size of the multi-service facility is between 5,000-6,000 square feet. The organization's programs and services highlight education, economic development, social and cultural activities, and health and wellness. The AACSA has a staff of four and a Board of Directors that consists of ten members. On November 26, 1978, twelve individuals from the Antioch Baptist Church created

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

the AACSA and this year it celebrates its 40th year anniversary of providing services to the African American/Black community in the City of San Jose.

Shared Insights:

- It is vital to have numerous community and business partnerships.
The AACSA currently has approximately 50 partnerships with fraternities, sororities, Google, Lockheed Martin, Intel, AT&T, the City of San Jose, and various other community affiliations.
- Attracting Board members and volunteers with influence from different industries and communities is necessary to sustain successful programming and services.
Board membership is strategic and includes staff from local corporations and organizations that invest in supporting establishments where their employees volunteer.
- It is important to be flexible and open to organizational changes.
The AACSA has gone through various name changes, and it has had numerous leadership transitions over its 40 years of operations.
- The AACSA facility is viewed by the community as a hub.
The branding of the AAHRC as a community space with community buy-in is necessary for the success of the project.
- The AACSA facility is currently owned by the City of San Jose, however the organization is seeking ownership of the property.
The AAHRC should consider all of the pros and cons of ownership of the facility, along with the impact on sustainability of the AAHRC.
- The AACSA engages with local businesses, agencies, and San Jose State University.
They seek and include input and suggestions from business members, seniors, and students; the AACSA also has a Student Board.
The AAHRC should consider using a similar partnership model; especially including African American/Black student and faculty populations from the University of Berkeley and other colleges in the city.
- An inter-generational service model is used at the AACSA.
The AAHRC should use an inter-generational approach, one that creates community and builds trust amongst transitional age youth and older adults, and the entire Black community at large.
- The AACSA uses a revenue-generating membership model.
Space is rented out to community groups and organizations. Venue rentals for group meetings and special events are also done and generate \$50,000-\$80,000 annually. It would be advantageous for the AAHRC to include a revenue-generating structure in its model.

Association for Black Culture Centers (ABCC)

The mission, vision, and values of the ABCC: The Association for Black Culture Centers (ABCC) is an organization that seeks to celebrate, promote and critically examine the cultures of the following ethnic groups: African Americans, Latinos, Asian Americans and Native Americans. The ABCC aims to institutionalize cultural centers, including Multi-cultural Centers in order to enhance individual, community and global development. The ABCC expects that increased understanding of the history and culture of each ethnic group will lead to authentic integration on campuses and in communities where Latinos, Asian Americans, and Native Americans have a historical and contemporary connection with African people and begin these relationships by focusing on the connections.

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

(The Association of Black Culture Centers, <http://www.abcc.net/mission>). Most of the Black Culture Centers that are members of the ABCC are affiliated with Knox College Campus in Galesburg, IL and other college campuses. The Founder and Executive Director of the ABCC is the Chair and Professor of Africana Studies at Knox College in Illinois. The ABCC national headquarters is also located at Knox College.

Below is a preliminary list of some of the ABCC-affiliated organizations. A more extensive list is at www.aabcc.net.

African American Resource and Cultural Center | UCSC Admissions
<https://admissions.ucsc.edu/publications/aarcc-guide15.pdf>

African Centered Schooling: Facilitating Holistic Excellence for Black Children
<https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1016&context=cyfsfacpub>

African American Holistic Wellness Program | Bayview Hunters Point
<https://www.ymcasf.org/programs/african-american-holistic-wellness-program-bayview-hunters-point>

OBJECTIVE 3: POTENTIAL FUNDING SOURCES AND OPPORTUNITIES

Funding Development

It is important to align the funding criteria with those of the mission and vision of the AAHRC, in order to maximize fund development efforts; a list of potential funders is in the appendixes. Financial opportunities identified for this project were derived from both public and private sources and are based on the following criteria:

- Type of funding – Private and public foundations, individual donations and government grants and contracts
- Funding limits
- Relationship and connection to funding and community Benefits Officers
- Mission, vision, and core values of organization
- Aligned funding priorities of the AAHRC
- Funding history of resource centers and/or similar services

OBJECTIVE 4: BUILDING AND CAPITAL EXPENDITURES

Cost Analysis and Building Design

The technical feasibility portion of this study is based on information obtained from interviewing experts in the fields of architecture, engineering, and construction management. The study covers information about the following aspects of the AAHRC:

- Options for building and financing the facility
- Funding requirements for construction or rehabilitation of the facility
- Timeline for building completion
- Projected annual operational budget
- Potential locations to house the facility (further consideration and research required)

Technical experts were provided with information pertaining to the requested facility size, building design, amenities, building usage, and location request. The plan is to have the AAHRC be a state-of-the-art, green building between 5,000-6,000 square feet and to include the following features:

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

- Ecologically responsible building with plenty of natural light
- Two classrooms
- Multipurpose room with dividing wall (seating for 250)
- Dance studio
- Library (will have spaces for the South Berkeley Legacy Project and a children's section)
- Children's playroom/game room
- Computer lab
- Classroom kitchen
- Medical screening room
- Two private therapy rooms
- Lockers in hallway
- Utility room
- Four bathrooms (one with a shower)
- Reception/waiting area
- Built-in projectors and AV equipment in classrooms, multipurpose room and library
- Facility completely ADA compliant

Decrease inequities and disparities in all aspects of life for African Americans in Berkeley.

The Library subdivision of the facility will house the South Berkeley Legacy Project (SBLP) and include a segment for a Children's Library. The SBLP represents a significant collection of memorabilia, photographs, and artifacts that honor the contributions of African American/Black individuals and families primarily from South Berkeley. The project acknowledges civic life, Black business ownership, and influential people from the greater African American community. In 1970, African Americans represented 30% of the City of Berkeley's population, with the majority living in South Berkeley.

The proposed AAHRC is expected to provide the following services to address inequities and disparities and support the African American/Black community in Berkeley: health education, health screenings, mental wellness services, educational support, cultural events, legal services, social and recreational programs, and other services as needed. Services at the AAHRC will be open to all. However, the primary focus will be to enhance and strengthen the lives of African Americans. The center will acknowledge and celebrate cultural values, rituals and traditions of Black people. The center will support an African American/Black way of life by using African American community-defined approaches and practices and African-centered treatment models and services, in order to decrease inequities and disparities in all aspects of life for African Americans in Berkeley.

Methodology

The purpose of interviewing technical experts was to assist with retaining fidelity to the vision, desired features, and functionality of the proposed facility. Their professional opinions, suggestions, and work on the project offered invaluable input for the feasibility study. They also helped to shape the continued process for the development of the AAHRC.

An architectural design firm was engaged to design floors plans and develop a projected cost analysis for the construction of the building; the estimates factored in new construction and a rehabbed building. Also included is relevant zoning information for the building of the AAHRC in South Berkeley.

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Interviews were held with three professionals in the fields of architecture, engineering, and design and construction. Discussions were based on a series of questions related to financing requirements for construction or rehabilitation of a building. Inquires consisted of options for building and financing the AAHRC facility, timelines for building completion, projected annual operational budget, and recommended locations to house the facility. Each expert participated in an audio-recorded interview that lasted between 45-60 minutes. Verbal consent was given prior to the recording of the interview. Subsequently, the audio recordings were transcribed, reviewed and coded to identify responses and themes.

Profile of Technical Experts

Table 9 outlines the background, education, and experience of the technical experts that were interviewed for this feasibility study. Each consultant has vast experience in their area of expertise and is well versed in the architectural, engineering, and design and construction industries.

Table 9: Technical Experts

NAME	TITLE/ROLE	EDUCATION/EXPERIENCE
Deanna Van Buren	Architect; Co-Founder and Design Director <i>Designing Justice + Designing Spaces</i> (Architecture Real Estate Development Firm) Oakland, CA	<ul style="list-style-type: none"> • 19 years of experience in the industry • Experienced in the intersection of design and culture; Lead on urban design on institutional and educational projects in the Bay Area, Europe, Asia, and the Middle East • Master's and Bachelor's degrees in Architecture; Alumna of the Loeb Fellowship at Harvard's Graduate School of Design
James Thornton	Chief Executive Officer <i>Super Construction and Construction Management</i> East Bay, CA	<ul style="list-style-type: none"> • 10 years of experience in the field • Experienced in residential and commercial design and building, as well as a realtor/broker and developer in the Bay Area • Master's and Bachelor's in Architecture, a Master's in Real Estate Development, Certified in Project Management and Construction Project Management
Ray Fambro	Project Manager <i>BDE Architecture Firm</i> San Francisco, CA	<ul style="list-style-type: none"> • 10 years of experience in the industry • Architectural experience with multi-family apartments, condos, and mixed-use projects) • Master's in Architecture
Andre King	Principal Architect <i>SABI Design Build</i> Emeryville, CA	<ul style="list-style-type: none"> • Over 20 years of experience in the field • Experience in residential, commercial, and mixed-use building design • Bachelor's and Master's in architecture

Options for Building and Financing the Facility

There are various factors to take into account when deciding if it's practical to construct a new building on a vacant lot or to rehabilitate an existing building. First, it is essential to identify the

land where the building will be located and examine the zoning regulations associated with that land usage. It is also recommended that contact is made with the Real Estate Agent/Broker who is commissioned to oversee the sale of the land or building and discuss specifics about the property in order to make sure that it is a good fit for the project.

Considering the demand for real estate in the Bay Area, it may be challenging to locate a suitable vacant site on which to build the facility. Therefore, it is more than likely the center will be a rehab construction project. The cost is also another determining factor vis-à-vis new construction versus rehabilitation of a building. Maintaining a tight timeline on a construction project is really important, because of the financing implications. Project costs can increase exponentially if major constructional changes need to be made to building plans. Floor plan changes and/or other mishaps with a construction project can add on cost that can range in the millions.

Other issues to consider with the use of an existing structure is the age, condition, and prior use of the building. Older buildings need to be seismically retrofitted to meet new upgraded building codes and regulations in California. Also, the building could be contaminated with asbestos or lead and/or it could have previously been a gas station, dry cleaners or some other chemical using site; which then factors in contamination and the cost associated with cleanup of the building.

If contaminants are found on the property, then a mitigation process must be determined to ensure that the construction team and building occupants are not affected. Also, according to Proposition 65, it is mandatory to warn individuals who live or work in or near a contaminated property or land about the risks associated with carcinogens and/or other health-related risks. In addition, the property must be further tested and pass Alameda County's Environmental Health Agency regulations for land use. The *GeoTracker* is a data management system that is used by developers to identify and track sites that are contaminated and require cleanup in Alameda County.

Another factor to consider and determine is whether it's better to buy or lease the facility where the AAHRC will be housed. If the building is to be leased, it is important to take into account that any improvements and/or renovations made to the property cannot be removed when the lease ends. Ideally, the best option is to own the property, in order to ensure a maximum return on any improvements made to the building, as well as having decision-making power regarding the overall use of the facility.

Working with a knowledgeable and experienced architect and/or engineer will help navigate the building construction process and ensure a successful project outcome. The overall responsibility of the construction project will be in the hands of the Project Manager, therefore hiring a qualified experienced professional in this field is paramount.

Key Considerations that Relate to Rehabilitating an Existing Building:

- What was the previous use of the building?
- How old is the building?
- When was it constructed?
- What codes were in place when the building was constructed?
- What are the current property zoning requirements?
- Is the land contaminated?
- What is the mitigation plan for a contaminated property?

Zoning Considerations

Zoning districts in the City of Berkeley have regulations that developers must comply with prior to moving forward on a project. In the event a Developer needs zoning enhancements for a particular project, they must request a variance and get clearance from the City. Height restrictions are zoning enhancements for which developers tend to request variances from the city. Requesting a zoning variance can impend upon a construction project timeline and possibly add on additional cost, due to time delays and other complications. Abiding by current zoning ordinances and regulations when constructing or rehabbing a building is the best course of action for a project. Table 10 lists zoning districts in South Berkeley where the AAHRC can be built, based on anticipated land use for the building. The facility will be built in one of the four zoning areas listed.

Table 10: Zoning Districts and Types

Zoning Abbreviations	Zoning Type
C-1	General Commercial
C-N	Neighborhood Commercial
C-SA	South Area Commercial

Figure 1 below lists the zoning districts in Berkeley, including single family homes, mixed-use, and commercial structures. Figure 2 below indicates the various zoning districts in South Berkeley as they relate to the respective location, use, and size of building structures, among other factors. According to the City of Berkeley’s Department of Planning and Development⁵, the zoning of property is determined by “the land use, size of the buildings, types of permits required for different building activities, changes to property, and how much parking is required.” (1) Therefore, it is important to consider the various factors that will impact zoning regulations, as they apply to the development of the AAHRC.

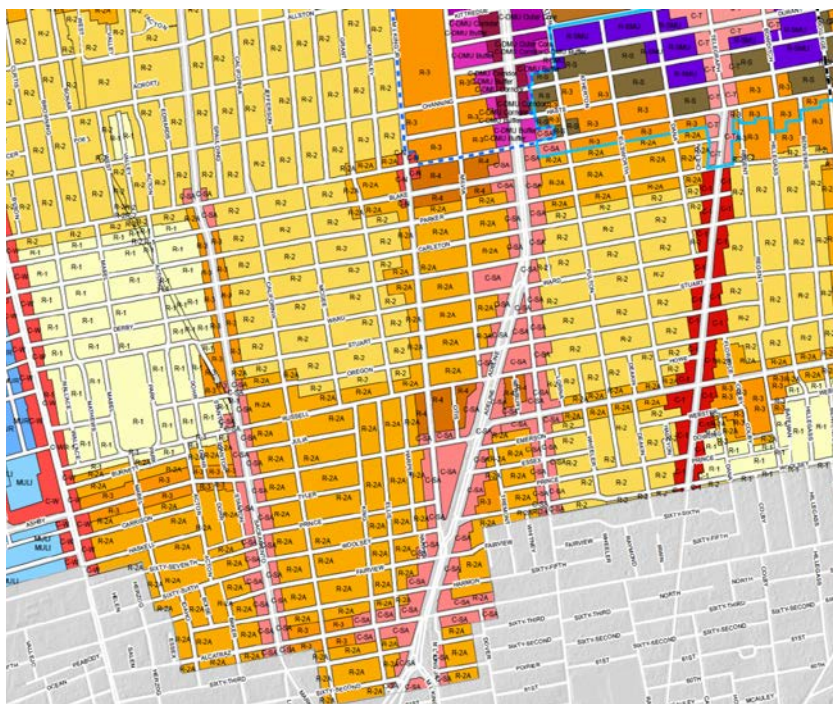
Figure 1

ZONING DISTRICTS

R-1	Single Family Residential
R-1A	Limited Two-family Residential
R-2	Restricted Two-family Residential
R-2A	Restricted Multiple-family Residential
R-3	Multiple-family Residential
R-4	Multi-family Residential
R-5	High Density Residential
ES-R	Environmental Safety-Residential
R-S	Residential High Density Subarea
R-SMU	Residential Mixed Use Subarea
C-DMU	C-DMU Core
C-DMU	C-DMU Outer Core
C-DMU	C-DMU Corridor
C-DMU	C-DMU Buffer
C-1	General Commercial
C-E	Elmwood Commercial
C-N	Neighborhood Commercial
C-NS	North Shattuck Commercial
C-SA	South Area Commercial
C-SO	Solano Avenue Commercial
C-T	Telegraph Avenue Commercial
C-W	West Berkeley Commercial
M	Manufacturing
MM	Mixed Manufacturing
MULI	Mixed Use-Light Industrial
MUR	Mixed Use-Residential
SP	Specific Plan
U	Unclassified

Figure 2

Map of South Berkeley

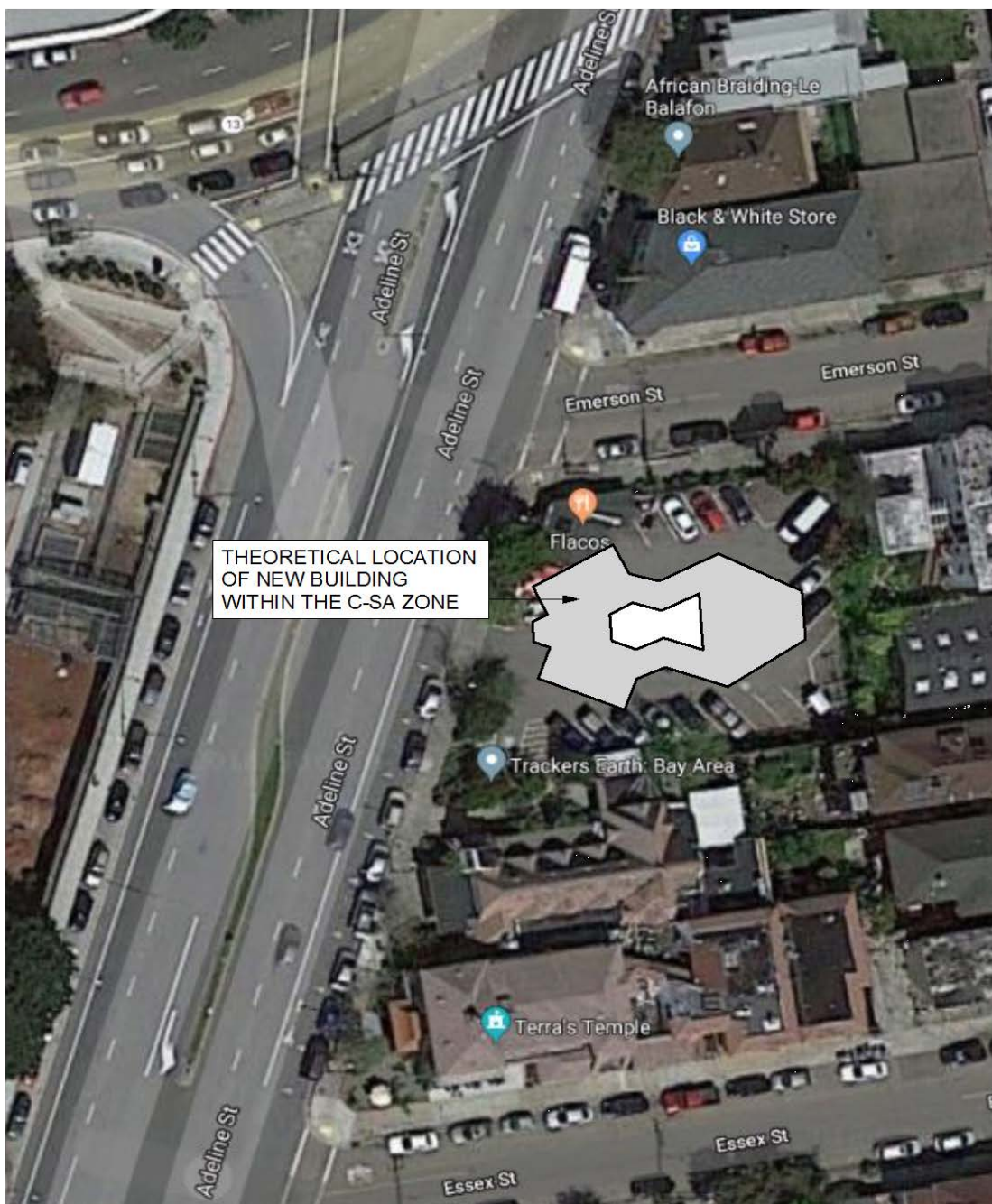


5. City of Berkeley, Department of Planning and Development Zoning Website, 2018

(The site depicted is for illustration purposes only)

The diagram below shows the location of the AAHRC in a South Area Commercial Zone (C-SA). The outlined image highlighted is projected as a newly constructed one-story building that is 5,000 square feet and plotted on a 10,000 square foot lot. The area currently functions as a parking lot and is *not presumed* to be the actual location for the AAHRC.

Figure 3 Illustration of a location for the AAHRC in a South Area Commercial Zone (C-SA)



Financing the Facility

Options for financing the facility depend on the form of funding obtained. Funding for the AAHRC can come from individual, corporate, and/or government donations, sponsorships, grants, and contracts from private and public entities. The development of joint public and private financing for the AAHRC will be the best approach to fund the project.

Public and private funding organizations requires specific guidelines and expectations for agencies seeking funds. Public funding is a good source for this type of project, because usually large dollar amounts are attached to contracts and grants for this kind of service. A lot of community members believe the City of Berkeley should allocate a large portion of the required capital needed to construct the facility and provide annual funding for the AAHRC operational budget.

It is not advisable for the AAHRC to be totally reliant on government funding and grants. It will be necessary to consider different avenues to generate revenue for the center. Creation of revenue generating activities or services will be required for the sustainability of the AAHRC. Below are some suggestions to generate revenue:

- Rent out retail space to local business (i.e. café, clothing store, gift shop)
- Rental space for events
- Creation of a membership-based fee structure
- Rent out shared office space
- Create a co-op enterprise to generate revenue and economically empower the community. Examples of co-op models: ROOTS, Clean 360, Oakland, CA; dining with Civilization, restaurant/catering, FL and Mandela Grocery, West Oakland, CA.

Floor Plans

Two sets of floor plans for the construction of the AAHRC are included, and the drawings reflect space for:

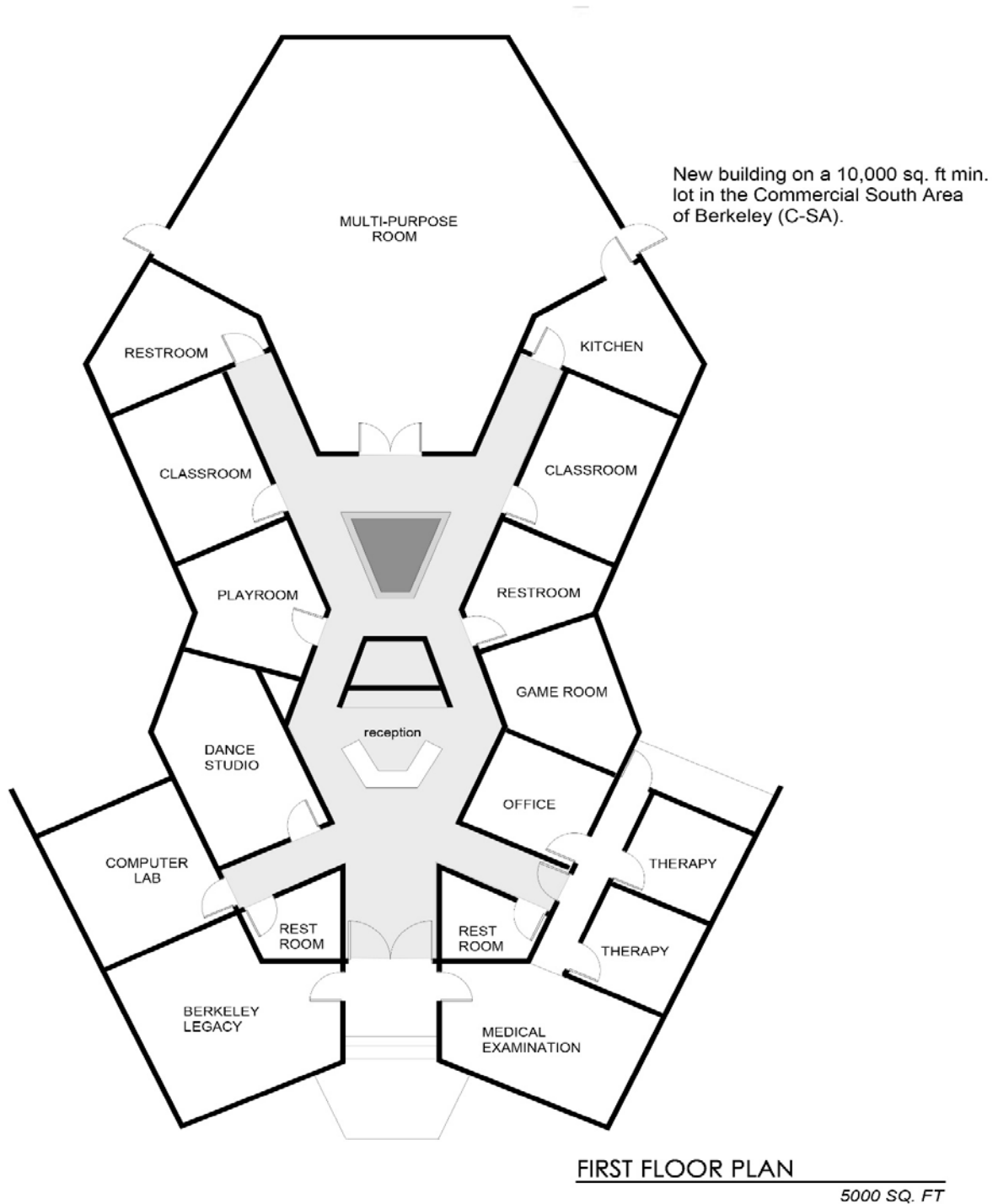
- Multi-purpose room with max. capacity of 250
- Hallway with space for 50 lockers
- Three Storage Rooms
- One Utility Room with sink
- Two Classrooms with max. capacity of 50, plus chairs and one large desk
- Two Therapy Rooms with max. capacity of 10 and 6, plus desk and chairs
- One Medical Screening Room with max. capacity of 4, plus 1 examination table, medication cabinet, small desk and two chairs
- One Dance Studio with max. capacity of 50, plus dance bar
- One Library with Skylight with max. capacity of 100, plus shelves for books and displays and built-in AV equipment, as well as a Children's Section and a subdivision for the South Berkeley Legacy Project
- Reception/Greeting area with max. capacity of 25, plus Staff Work Station
- Game Room with max. capacity of 30
- Commercial/Learning Kitchen with max. capacity of 12
- Children's Play Room with max. capacity of 25
- A Garden Patio with max. capacity of 100
- Four/Six ADA Bathrooms (one with a shower)

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Figure 4 – Floor plan A is a single-story building 5,000 square feet in size. The design of the facility is based on the shape of an ancient Ghanaian Adinkra Symbol that means Unity and Community. Rooms and spaces in the building were strategically positioned.

Figure 4: Floor Plan A

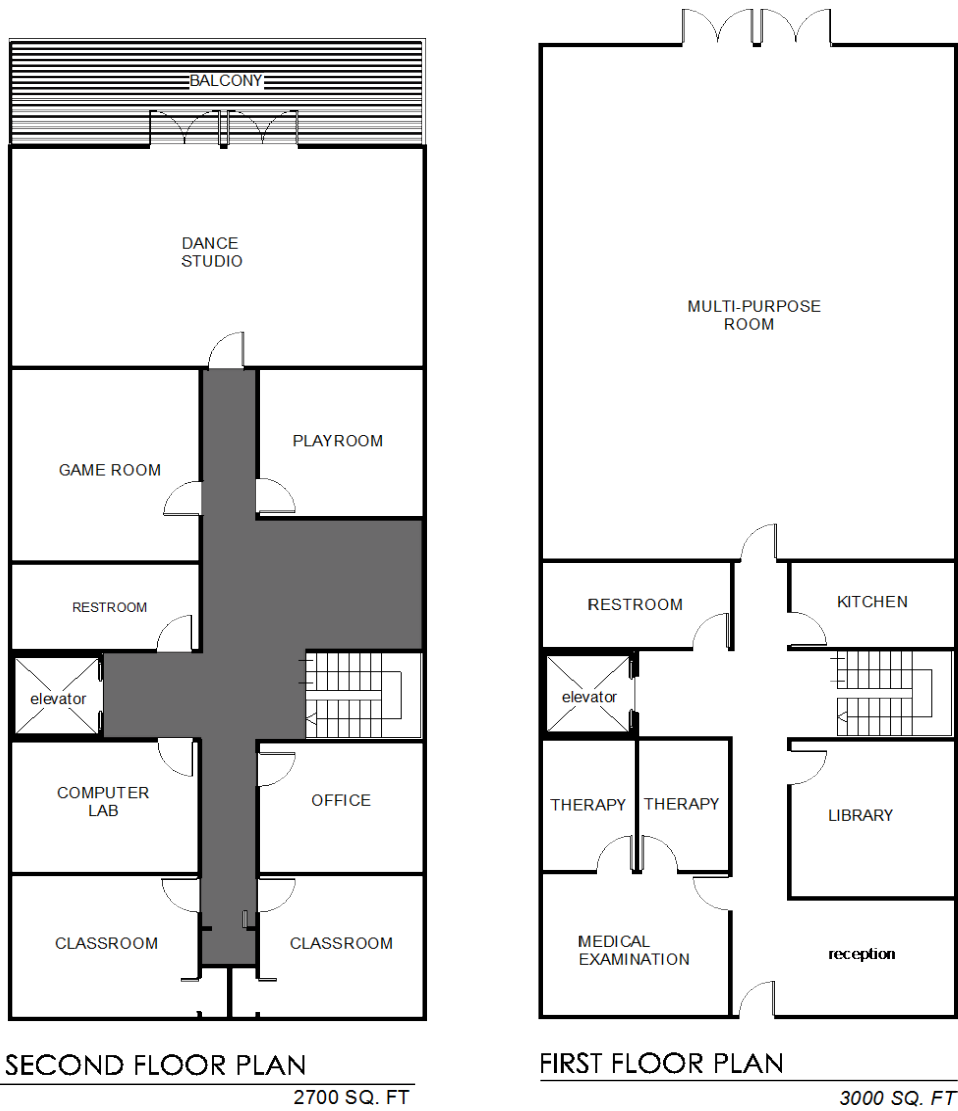


**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Figure 5 – Floor plan B is a two-story building that is 5,700 square feet in size; additional space is required to accommodate a stairwell. Rooms and spaces in the building were strategically positioned.

Figure 5: Floor Plan B



Prospective rehabilitation of an existing building on a 5000 sq. ft typical lot in the Commercial South Area of Berkeley (C-SA)

Financing Requirements, Construction, and Rehabilitation

There are numerous factors to consider regarding the financing required to build a facility of this magnitude, especially as it relates to building materials and construction charges. The AAHRC is proposed to be an environmentally-friendly constructed space and it is a known fact that green buildings cost more upfront to build, however at some point savings begin to accrue. The intent is for the AAHRC to be a state-of-the-art green building.

When projecting the costs for this project it is important to consider the size of the building construction team, timeline and completion date, and certain building codes that may impact fees and the overall costs of the construction project. Also, expenses associated with city and county regulations that involve items such as zoning, environmental health standards and annual property taxes (if the building is owned) can change the estimated cost for a project.

Expenditures associated with development of the AAHRC might consist of purchasing land and/or the soft and hard costs for the project. The soft costs are the architectural and legal fees, as well as consultants and financing charges, while hard costs relate to construction of the building. Currently, the estimated costs to build the AAHRC facility range from \$300 per square foot to \$380 per square foot. A projected space of 5,000-5,700 square feet to be used to develop the building will have a construction budget that ranges between approximately \$1.6 million to \$2 million. Seismic retrofitting of a building and any major structural changes will drive up the construction cost for this project; possibly increasing the budget by \$500,000 to complete the facility.

Table 11 outlines four building options and the estimated costs for each. Options 1 and 2 includes newly constructed one- and two-story buildings. Options 3 and 4 are rehabilitated one- and two-story buildings. The projected estimates are based on building facilities that are 5,000 square feet for a one-story facility and 5,700 square feet for a two-story facility. The purchasing of land is *not* included in these costs.

Table 11: Estimates for New Construction vs. Rehabilitation *(Project Cost In Millions)*

		Min.	Max.
Option 1	Construction (1 floor)	\$1.595	\$1.695
Option 2	Construction (2 floors)	\$1.852	\$1.905
Option 3	Rehabilitation (1 floor)	\$1.160	\$1.345
Option 4	Rehabilitation (2 floors)	\$1.311	\$1.425

Source: SABI Design Build

Option 2 appears to be the most expensive – A newly constructed two-story building.

Cost factors to consider

- Land
- Design
- Construction
- Regulations

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Option 3 is the least expensive – Rehabilitating of a one-story building.

Considering the significant demand for real estate in the Bay Area, it might be problematic to locate a vacant lot on which to build the AAHRC, and the costs associated with demolishing a structure on a site would not be cost effective compared to rehabilitation of a building. Rehabilitation seems to be the best route for this project; however, there are limitations with a rehabilitation construction project, such as:

- Constraints with the existing structure
- Required seismic upgrades
- Demolition cost cannot exceed 50% of new construction
- Design flexibility is limited
- Installation of new mechanical, plumbing, and electrical systems are more expensive

Funding and zoning regulations will determine the AAHRC's location and building design. The facility will be located in South Berkeley, in an area that is considered home to most African Americans.

Projected Annual Operational Budget

The most important elements in an operational budget are building expenses, such as heating, cooling, electrical, and plumbing. The costs associated with these operating systems need to be budgeted for at several levels, including for vendor payments for service, maintenance and repairs and replacement costs.

Providing an annual operational budget for a new agency or program requires some room for uncertainties, because there are many unknowns associated with the operation of a new agency. Sometimes operational budgets are created from a percentage of the hard cost of a construction project. The projected annual budget for the AAHRC will range from \$1.5 – \$2 million dollars.

Agency Operational budgets include, but are not limited to:

- Building use
- Hours of operation
- Solar vs. traditional electricity
- Number of personnel/staffs
- Employee Benefits
- ADA accessibility
- Equipment needed for programming/services
- Office supplies
- Communication equipment
- Utilities
- Rent/Mortgage
- Food
- Annual property tax
- Furniture
- Appliances
- Insurance

Key construction systems

- Mechanical
- Electrical
- Plumbing

- Bank fees
- Legal fees

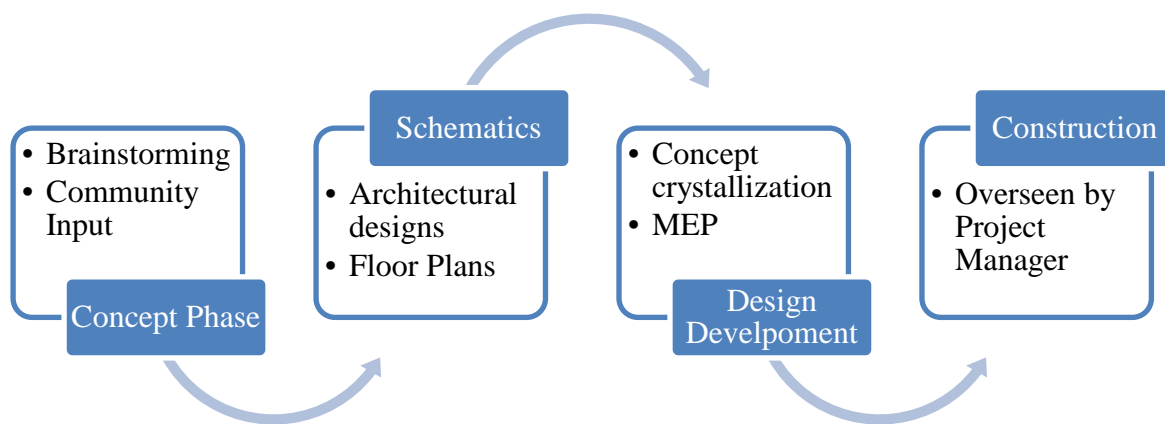
Timeline for Completion of the African American Holistic Resource Center

Completing the AAHRC can take between 18 months to 4 years. Various factors will determine the timeline for the project, such as obtaining funding for the project, securing the appropriate location and site acquisition, and construction of a new building or modifying an existing structure. As stated, current costs for this project could range between approximately \$1.6 million to \$2 million, and if too much time elapses before construction starts on the AAHRC facility the project costs will increase. It is crucial that financing for this project is secured, as soon as possible, in order to build the AAHRC within the suggested timeframe.

Below is a general process for facility development and its impact on timelines.

- **CONCEPT PHASE:** During the concept phase, ideas are conceived through a process of brainstorming sessions, research, community outreach and input, and the overall shared vision of the proposed facility.
- **SCHEMATICS:** The schematics phase is when creation takes place; architects design diagrams, graphics, floor plans, charts, and make presentations.
- **DESIGN DEVELOPMENT:** In this phase the concept crystallizes into the architectural, electrical, mechanical, and structural systems of the building and blueprints are also crafted.
- **CONSTRUCTION:** During the construction phase, the Project Manager oversees all facets of the project through completion.

Figure 6: Facility Development Process



These project stages can be sequenced or sometimes they overlap, however it is the responsibility of the Project Manager to direct and monitor the entire development of the construction project.

Factors that will Impact the Timeline for this Project:

- Obtaining enough funding for the entire development
- Hiring the appropriate professionals to oversee the project

-
- Securing property and/or land for the facility
 - Adhering to all zoning and building construction compliances and regulations
 - Additional time may be needed to address possible complications with the project

Potential Locations for the AAHRC (Further Consideration and Discussions Needed)

Technical experts who were interviewed for this project offered suggestions for location of the AAHRC. Members from the AAHRC Steering and Community Leadership Committees and other community residents also provided location suggestions for the facility. Most of the site suggestions received both pros and cons from community members. Below are the location recommendations:

- **People's Bazaar:** 3258 Adeline Street, Berkeley, CA – The AAHRC Steering Committee views this property as a perfect fit to build the AAHRC on. The size of the building is 5000 square feet with a back yard, it is located in the hub of South Berkeley's business area, and it is centrally located to buses and BART. Members from the AAHRC Steering Committee spoke with the owner of this property about the AAHRC being housed at this location. The recommendation is for the City of Berkeley to purchase the property and rehab it into the desired AAHRC.
- **Private Property:** 2901 Adeline Street, Berkeley, CA – This property was suggested for consideration by a local business owner and holistic health professional at a community meeting. This location would either need to be purchased or donated to the community in order to build the AAHRC on it. The other concern with this property is that the size is inadequate to support the required 5000-6000 square feet for the center.
- **Private Property, Euwell's Cleaners:** 1806 Alcatraz Ave, Berkeley, CA – Currently this private property is vacant. This building was used as a dry-cleaning service, therefore additional steps will need to be taken to mitigate the environmental issues. The use of this structure for the AAHRC will increase the building construction cost and timeline for the project, given the chemical contamination of the building.
- **Local Black Churches:** Berkeley, CA – A few local Black Churches may be interested in a collaborative project for an AAHRC. Along with issues of autonomy for the center, there may also be potential conflict of interest, as it relates to some of the activities that the AAHRC may want to sponsor such as parties, musical concerts, and rental space for community events.
- **Private Property:** Oregon and King Street, Berkeley, CA – At a community meeting a resident recommended that the center be built on this site. However, the property would need to be purchased and/or donated to the AAHRC.
- **The Black Repertory Group (BRG):** The BRG was suggested as a location for the AAHRC by stakeholders from outside of the Black community; people who don't understand the historical value and meaning that the BRG represents to the Black community. The BRG is a historical legacy in Berkeley, the Bay Area, and beyond. It has ties to famous Black actors, actresses, comedians and political figures in the Black community. Besides the historical context of the BRG, the African American community has other objections to the use of this location for the AAHRC and the primary reason is the Black community believes they should have more than one or two buildings dedicated

to their community in Berkeley. The AAHRC Steering Committee members and BRG representatives discussed the prospect of housing the two agencies within the BRG building and both groups agreed it would not be an ideal fit to co-locate both organizations in the one building. Not to mention the negative fallout that would more than likely occur within the Black community and throughout the East Bay, if the AAHRC was housed in and/or took over the BRG building. Dismantling of the BRG in any way would more than likely produce a strain and protest within the African American/Black community in Berkeley and the Bay Area.

- **The AAHRC and the Adeline Corridor Planning Process:** During the past 3 years members from the AAHRC Steering Committee attended various forums and meetings that were hosted by the Adeline Corridor Planning team. Members made the suggestion to include the AAHRC in the planning process for the corridor, and AAHRC members met with city staff working on the Adeline Corridor project in order to continue the discussion about the AAHRC and the city planning project for the Corridor. Also, the City of Berkeley Planning Director, who is overseeing the Corridor Planning process, attended one of the AAHRC Community Leadership meeting to hear residents' concerns about the Adeline Corridor Planning process. The AAHRC membership has at each engagement stated that they would like the AAHRC to be a part of the Adeline Corridor project in an effort to ensure that the voice of the Berkeley African American community is part of future plans for the Adeline Corridor. The AAHRC will be incorporated into the Adeline Corridor Plan; however, that is only one option for the development of the facility. The AAHRC Steering Committee is looking at numerous options to get the center built and operational by 2021.

Factors to Consider for the Location of the AAHRC

The optimal location for the AAHRC must take into account various issues associated with the facility and community members, such as cost of constructing or rehabbing a building, the facility design and space, transportation (BART and bus accessibility), parking availability, community comfortability with the space, and safety concerns.

It is important to challenge the notion that "If we build it, they will come." Case in point: a state-of-the-art development in San Francisco was built for formerly incarcerated individuals. It included a clinic, library, classrooms, and meeting space. There was a problem with the usage of the agency; anticipated use of the services was calculated to be high. However, it was discovered that the re-entry population that this service was designed for did not feel comfortable going to the facility, because it was located near the courthouse and jail. Therefore, it is vital to get input from residents, clients and/or stakeholders throughout the entire process; starting with the conception of the development through the completion of the project, and the ongoing operations of the organization or service.

The collaborative efforts of the AAHRC Steering and Community Leadership Committees, along with city staff, working with the Berkeley community will ensure that a suitable location is secured for the AAHRC in the city and that the facility is built, and culturally congruent services are delivered to the African American community in Berkeley.

OBJECTIVE 5: FEASIBILITY FOR AN AFRICAN AMERICAN HOLISTIC RESOURCE CENTER IN SOUTH BERKELEY

Based on this feasibility study the African American community, city officials, and other stakeholders in the City of Berkeley believe that the AAHRC is needed for the African American community, in order to address inequities and disparities in health, mental health, education, and other socioeconomic issues that negatively affect this population in Berkeley. The community assessment process identified the lack of effective culturally-appropriate services for African Americans and it highlighted the need for effective approaches and models.

There is no question from the findings in this feasibility study that the African American community in Berkeley wants and will use the services at the AAHRC. Survey respondents also indicated that they will support and advocate for the AAHRC at City Council meetings, attend community meetings, and they also plan to share information with family, friends, and their networks about the project.

The 2013 and 2018 City of Berkeley Health Status Reports document an ever-increasing sick and dying African American population in Berkeley. The health inequities outlined in the reports suggest that it is essential that a major paradigm shift be made in regard to improving the health and wellbeing of Black residents in the City of Berkeley. The African American Holistic Resource Center can be the catalysis needed to decrease inequities and disparities for African Americans in the city.

The AAHRC is feasible for the following reasons:

- The project has community support, as well as backing from elected officials, community leaders, and other stakeholders in the city of Berkeley.
- Potential funding sources have been identified and can support the financing needed to develop the AAHRC.
- There are several possible locations to house the Center, along with conceivable new development that may be viable where the AAHRC could reside.
- Similar African American/Black Resource Center models are currently in place within the region and can be used to help shape the AAHRC ongoing development process.
- Having the AAHRC incorporate a co-op generated revenue source can provide funding towards the operation of the agency and assist with sustainability of the center. This model can also serve as an empowerment tool for the African American community.
- The City of Berkeley is in need of an effective service delivery strategy, such as the AAHRC which can assist with decreasing inequities and disparities, as it relates to the Black community in the city.

RECOMMENDATIONS

Based on the findings of the AAHRC feasibility study, below are recommendations for next steps for the development of the AAHRC in South Berkeley. The City of Berkeley will need to invest additional funding and support to this project, in order for it to come to fruition.

Acquisition of Professional Expertise in the Areas of Funding and Building Design

- Hire a Fund Developer and/or Grant Writer
- Obtain a Real Estate Agent/Broker to assist with securing building
- Secure an Architect to draft facility design/blueprints

Secure Physical Location for the AAHRC

- Identify location to house the facility (*Recommended Property-People's Bazaar*)
- Decide if an existing building will be rehabbed or a newly constructed facility will be built

Fundraising Campaign

- Establish a building fundraising campaign
- Engage community members in fundraising activities
- Contact local Berkeley businesses for donations and support

Marketing and Promotions

- Secure professional support in marketing and branding for the AAHRC
- Use social media, such as, but not limited to Facebook and Instagram for effective communication and outreach
- Create a website for the AAHRC

Continued Community Engagement

- Provide ongoing updates to community survey respondents
- Continue to engage community members and leaders in the AAHRC project process
- Conduct ongoing community presentations and forums about the AARHC

OBJECTIVE 6: CONSULTANT WILL WORK CLOSELY WITH CITY STAFF AND THE AAHRC COMMITTEES TO MAINTAIN FIDELITY TO THE PROJECT

Throughout the process of this feasibility assessment the consultant collaborated with several members from the AAHRC Steering Committee and City Staff in order to produce this study. The consultant attended community meeting, forums, and planning sessions in an effort to include as many community voices as possible in this process. Several AAHRC Steering Committee members provided input and assisted with the writing of this feasibility report.

CONCLUSION

In summation, most African American/Black community members who live, work and/or have a connection to Berkeley believe that the City of Berkeley needs to show their community a sign that they are valued citizens and that *their lives matter*. Currently, in the City of Berkeley African Americans represent approximately 7% of the population, yet they have the worst outcomes and/or highest penetration rates in areas such as Health, Mental Health; Homelessness; Unemployment; Displacement out of Berkeley; Living in Poverty; Racially Profiled by BPD; Failing Students in BUSD; as well as, a Shorter Life Expectancy than any other racial or ethnic group in the City of Berkeley.

An investment in the Black community in the City of Berkeley is needed and required, in order to address the issues associated with inequities and disparities for this population. Advocacy and funding for the development of an African American Holistic Resource Center should be a top priority for every city official, city department head, and all large-scale organizations and corporations in the city. With financial support and collaboration from all the aforementioned entities the AAHRC could be built and operational within the next two years, which would allow for the healing and restoration process to begin for African Americans in the city. The City of Berkeley should take every step possible to build an African American Holistic Resource Center and have it be a beacon of light and hope for Berkeley's Black community.



African American Holistic Resource Center

Providing a Culturally Centered Engagement System of Care

APPENDIXES

A. Publications featuring architect expert Deanna Van Buren

Link to Article: http://www.architectmagazine.com/practice/deanna-van-buren-and-kyle-rawlins-designing-justice-designing-spaces_o

B. Profiles of Expert Architects

1. [Deanna Van Buren](#)
2. [James Thornton](#)
3. [Ray Fambro](#)
4. [SABI Design Build Architect Design Firm](#)

C. Survey Questions

1. First Name
2. Last Name
3. Best Email Address to Reach You
4. Best Phone Number to Reach You
5. How do you identify in terms of race/ethnicity? (Options provided: Black/African American, White, Asian, Latino, Mixed race, Other)
6. What is your relationship to Berkeley? (Options provided: I currently live in Berkeley, I used to live in Berkeley, I have family that live in Berkeley, I work in Berkeley, I worship in Berkeley, I attend school in Berkeley, My child/children attend school in Berkeley, I am actively involved in an organization that is based in Berkeley, I own a business that is based in Berkeley, Other)
7. If you used to live in Berkeley, what is the reason you moved out of Berkeley?
8. Are you familiar with the African American Holistic Resource Center plans? (Yes or No)
9. If you answered yes, how did you learn about the African American Holistic Resource Center?
10. Did you participate in a discussion circle? (Yes or No)
11. Are you aware that the African American/Black Professionals & Community Network and the Berkeley NAACP are leading the effort to develop the AAHRC? (Yes or No)
12. Is there a need to have an African American Holistic Resource Center in South Berkeley? (Yes or No)
13. Please explain why or why not.
14. Why would you want to use the AAHRC?
15. Which of the following services and/or activities to be offered at the AAHRC would you use? Please rate your top 5 priorities with 1 being the highest priority and 5 being the lowest priority. (Options provided: Health Education, Health Screenings, Mental Wellness Services, Educational Support, Cultural Events, Legal Support, Social Programs, Recreational Activities, Financial Education)
16. What other services and/or activities would you like to have provided at the AAHRC?
17. Which of the following ways would you be willing to support the AAHRC? (Options provided: attend City Council meetings to advocate for the AAHRC, attend community meetings related to the AAHRC, share information about the AARHC with family, friends, neighbors, and others in your network, Other)
18. What is the best way to contact you? (Options provided: Email, Phone Call, Social Media, Text Messages, Other)

19. Please include additional comments you have about the African American Holistic Resource Center.

Survey Data Tables

Table A.1: Reasons Why There is a Need for the AAHRC in South Berkeley

THEME	CORRESPONDING QUOTE
Black-centered space with culturally appropriate services	<p>“Black people need to be better served in Berkeley.”</p> <p>“The African American community needs a space to concentrate and meet to develop strategies to support its members. The stresses of living/working in an urban area necessitate it.”</p> <p>“Berkeley’s Black/AA’s residents are being displaced, mistreated from police, facing major health disparities, and generally not treated like valuable members of the city by non-Black residents. This center, like other existing programs like Healthy Black Families, has the potential to support [the] decrease [of] health disparities by providing culturally-based services.”</p>
Haven for the Black community	<p>“Need a place to de-stress and place to keep up the spirit and energy to struggle.”</p> <p>“The data proves there is a need to address the crisis Black people face every day.”</p>
Autonomy, collective power and visibility	<p>“We need a space of our own to be proud and a place to meet and organize.”</p> <p>“We need an autonomous space and collective power to keep even a small AA community footprint in Berkeley.”</p> <p>“There needs to be a central place that Black community organizations can offer their services as a unified front and meet in a culturally-relevant environment.”</p> <p>“We need a resource center in order to pool our collective efforts, pertaining to Black [people].”</p>
Adequate resources and information	<p>“Financial literacy; job training.”</p> <p>“Collectivism; Resources.”</p> <p>“To create more resources for the African American community.”</p>
Anti-gentrification	<p>“Yes, because of gentrification, we need to hold our space in Berkeley because it’s our home and we belong.”</p> <p>“My perception is that Black people in Berkeley are being pushed on by the cost of living so any initiative to alleviate those costs (healthcare, housing, etc.) would likely be very helpful.”</p>
Need for holistic health care and access to quality healthcare services	<p>“I feel [that] current medicine does not address the concerns and needs of African Americans.”</p> <p>“To help Black people feel respected and heard when seeking healthcare services and to enhance mental, physical, and spiritual health of African Americans.”</p> <p>“With rampant racism in our society, we need to promote our emotional health.”</p>

Table A.2: Reasons Why the Community Wants to Use the AAHRC

THEME	CORRESPONDING QUOTE
Welcoming and culturally congruent services and staff	<p>“The staff and professionals would understand the needs of African Americans.”</p> <p>“It would relate to me as an African American.”</p> <p>“It would be a comfortable place to seek help.”</p>
Community connection	<p>“To have a safe space to be in community where I would feel welcome and supported.”</p> <p>“To help me further connect with the Black community.”</p>
Community protection	<p>“Much needed way to grow and protect Black community and Berkeley children.”</p>
Holistic health approach	<p>“For health services in case I can’t reach my health provider.”</p> <p>“Natural whole healing.”</p> <p>“For everything holistic.”</p> <p>“To maintain balance and mental health, spiritual, and physical.”</p> <p>“Support group for grief and health issues impacting the AA community.”</p> <p>“Regular access to holistic health service.”</p>
To teach or conduct a workshop	<p>“To teach poetry; creative writing; vision board.”</p> <p>“I could teach.”</p>
Financial services	<p>“Financial health.”</p>
Events/social	<p>“Social.”</p> <p>“Meeting place for events.”</p> <p>“For networking and event rental space.”</p>

Table A.3: Additional Services Requested from the AAHRC

THEME	CORRESPONDING QUOTE
Financial services	“Life skills and money management.” “Credit support.”
Support for small business	“Innovative Entrepreneurial/ economic development programming for POC.” “Retail space for Black-owned businesses.”
Healthy eating and active living	“Food discussions to change our behavior regarding sugar.” “Gardening and family exercise.” “Physical activity, yoga, meditation.”
Support throughout life span	“Pregnant and parenting support.” “Elder support.”
College preparation and youth mentorship	“Workshop session on attending college.” “Mentorship for youth.”
Relationship bonding	“Relationship support.”
Employment support	“Employment resources.” “Job training.”
Unhoused community support	“Programs to help the homeless and alcohol/drug addicted.”
The arts	“Creative writing and poetry.” “Black Art and photography.”
Social/ recreational	“Monthly potluck and game night.” “Gallery or concert hall for live performance.”

Table A.4: Community Willingness to Support the AAHRC

Type of Support	#	Percentage
Attend City Council meetings	49	52%
Attend community meetings	52	55%
Share AAHRC information with network	74	78%

Note: The totals above are more than the total number of surveys because respondents were prompted, where applicable, to select more than one option for this question. 95 survey respondents answered this survey question (n=95).

Works Cited

1. “Community Health Commission Report.” City of Berkeley. Sept 2016 (p 1).
https://www.cityofberkeley.info/.../2016-09-27_Item_26b_Companion_Report_African.aspx
2. “Health Status Summary Report 2018.” City of Berkeley. 2018. (p 4).
https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_Public_Health/health-status-summary-report-2018.pdf
3. “Health Status Summary Report 2013.” City of Berkeley. 2013. (p 1).
https://www.cityofberkeley.info/.../Health...Health/BerkeleyHealthReport_online_FINALv2.pdf
4. “A Community Approach for African American/Black Culturally Congruent Services.” The African American/Black Professionals & Community Network (AABPCN). April 2011.
<http://www.aabpcnetwork.com/uploads/8/6/9/0/8690936/aabpcnreportapril2011.pdf>
5. Department of Planning and Development, City of Berkeley. 2018 (p 1).
https://www.cityofberkeley.info/Planning_and_Development/Home/Zoning_by_Address.aspx

ATTACHMENTS

- A. Community Survey Raw Data
- B. Community Stakeholders List
- C. Potential Funders List

Community Stakeholders List

First Name	Last Name	Title	Company/Organization	Other Affiliations
Barbara	White	Member	AAHRC Steering and Community Leadership Committees	AABPCN, BNAACP, and AASCHW
Babalwa	Kwanele	Member	AAHRC Steering and Community Leadership Committees	AABPCN, BNAACP, and PCAD
Starla	Gay	Member	AAHRC Steering and Community Leadership Committees	AABPCN and HBF, Inc.
Irma	Parker	Member	AAHRC Steering and Community Leadership Committees	AABPCN, BNAACP, and PCAD
Mansour	Id-Deen	Member	AAHRC Steering and Community Leadership Committees	BNAACP
Richie	Smith	Member	AAHRC Steering and Community Leadership Committees	Friends of Adeline, BNAACP, and PCAD
Dr. Vicki	Alexander	Former Member	AAHRC Community Leadership Committee	HBF, Inc.
Willie	Phillips	Member	AAHRC Community Leadership Committee	Friends of Adeline and BNAACP
Dr. Derethia	Duval	Member	AAHRC Community Leadership Committee	AASCHW and PCAD
Ayanna	Davis	Member	AAHRC Community Leadership Committee	HBF, Inc.
Ken	Tramiel	Member	AAHRC Community Leadership Committee	BJCC and BNAACP
Sean	Scott	Member	AAHRC Community Leadership Committee	BRG
Dr. Mona	Scott	Member	AAHRC Community Leadership Committee	BRG
Spencer	Pritchard	Member	AAHRC Community Leadership Committee	BHS/BSU and UCB
Ifechukwu	Okeke	Member	AAHRC Community Leadership Committee	BCC/BSU
Tajmac	Payne	Member	AAHRC Community Leadership Committee	Friends of Adeline and BNAACP
Calistro	Veasey	Member	AAHRC Community Leadership Committee	Berkeley Business
Tony	Chapelle	Member	AAHRC Community Leadership Committee	Berkeley Business

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Brianna Brooks	Member	AAHRC Community Leadership Committee	UCB
Jesse Arreguin	Mayor	Berkeley City Council	
Ben Bartlett	Council - District 3	Berkeley City Council	BNAACP and AAHRC Community Leadership Committee
Cheryl Davila	Council - District 2	Berkeley City Council	
Lori Droste	Council - District 8	Berkeley City Council	
Sophie Hahn	Council - District 5	Berkeley City Council	
Kate Harrison	Council - District 4	Berkeley City Council	
Linda Maio	Council - District 1	Berkeley City Council	
Susan Wengraf	Council - District 6	Berkeley City Council	
Kriss Worthington	Council - District 7	Berkeley City Council	
Max Anderson	Former District 3 Councilmember,	Berkeley City Council	
Dee Williams-Ridley	City Manager	City Manager's Office	
Paul Buddenhagen	Deputy City Manager	City Manager's Office	AAHRC Community Leadership Committee
Keith Carson	A C Supervisor, District 5	Alameda County Board of Supervisors	
Dr. Marvis Peoples	Reverend	Liberty Hills Baptist Church	
Elizabeth Coleman	Reverend	McGee Avenue Baptist	
Michael Smith	Pastor	McGee Avenue Baptist	President of BEMA - Black Ecumenical Ministers Alliance
ACRONYMS			
AAHRC	African American Holistic Resource Center		
AASCHW	African American Steering Committee for Health and Wellness		
BCC/BSU	Berkeley City College - Black Student Union		
BHS/BSU	Berkeley High School - Black Student Union		
BJCC	Berkeley Juneteenth Cultural Celebrations		
BNAACP	Berkeley, National Association for the Advancement of Colored People		
BRG	Black Repertory Group		
HBF	Healthy Black Families, Inc.		
PCAD	Parents of Children of African Descent		

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Table of Funding Sources

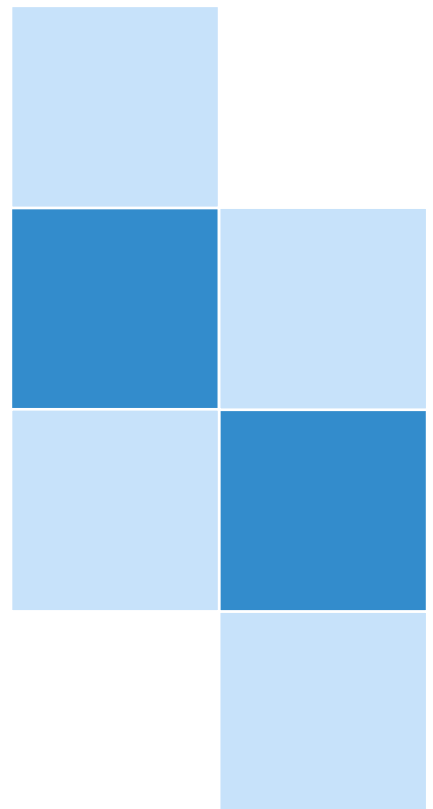
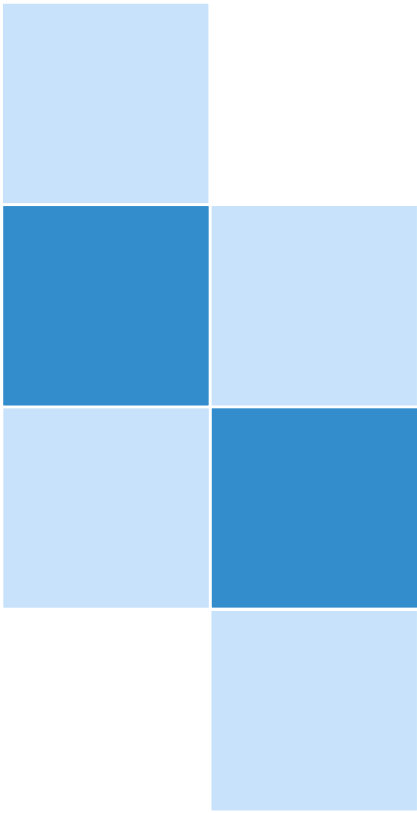
Organization	Type of Funding	Contact Department	Contact Information	Website
Alta Bates/ Summit	Non-Profit Hospital	Community Benefit Manager	Community Benefit Coordinator, at (510) 869- 8226 or send an email to landmam@sutterhealth.org	http://www.altabatessummit.org/about/communitybenefit/cb_programs.html
Bayer USA Foundation	Foundation: Non-Profit	Grants program Corporate Communications	100 Bayer Road Pittsburgh, PA 15205-9741 Telephone:(412) 777-2000	http://grantsoffice.com/GrantDetails.aspx?gid=27060
Chan Zuckerberg Initiative	Private - Foundation High capital, public following	Chief Financial Officer and Head of Operations CZI Community Fund	E-Mail: community@chanzuckerberg.com	https://chanzuckerberg.com/
City of Berkeley	Public- Government	City of Berkeley Contract Manager Vendor information	finance@cityofberkeley.info Phone: (510) 981-7200	https://www.cityofberkeley.info/Home.aspx
Community Housing Development Corporation	Private - Community, Large Development	Executive Director	1535 Fred Jackson Way, Richmond, CA 94801 (510) 412-9290 info@communityhdc.org	www.communityhdc.org/
County of Alameda	Public - Government	Alameda County GSA	1401 Lakeside Dr # 10, Oakland, CA 94612 · (510) 208-9700	https://www.acgov.org/gsa
East Bay Community Foundation	Private - Foundation	East Bay Community Foundation's portal https://eastbaycf.smapply.io/	200 Frank H. Ogawa Plaza Oakland, CA 94612 info@eastbaycf.org (510) 836-3223	https://www.ebcf.org/
Kaiser	Non-Profit Hospital	Community Benefit Manager	NCAL-CB-Programs@kp.org or call (510) 625-6370. Or Susanna Osorno-Crandall 510 752 1504 Susanna.Osorno-Crandall@kp.org	https://share.kaiserpermanente.org/community-health/communities-serve/northern-california-community/grants/#funding

**African American Holistic Resource Center
Berkeley, California**

Feasibility Study, 2018

Kapor Center for Social Impact	Private	The Kapor Center 2148 Broadway, Oakland, Ca 94612	510.488.6600 info@kaporcenter.org	https://www.kaporcenter.org/
Microsoft		Non-Profit Program Eligibility	tsisales@microsoft.com	https://nonprofitcontactus.microsoftcrmporals.com/contact-us/
San Francisco Foundation	Private - Foundation	Equity Grants Program	info@sff.org One Embarcadero Center, Suite 1400 San Francisco, CA 94111	https://sff.org/
The California Endowment	Private - Foundation	Building Healthy Communities	Oakland Office 2000 Franklin Street, 4th Floor Oakland, CA 94612 (510) 271-4300	https://www.calendow.org/
The Curry Family Foundation	Private- Non- Porfit	Grants	Steve O'Neill & Lee Ellen Curry 4900 Main St. Suite 210 Kansas City, Missouri 64112 lee@curryfoundationkc.org Steve O'Neill email steve@curryfoundationkc.org	http://www.curryfoundationkc.org/
UC Berkeley	Public- Academic Institution	Chancellor's Community Partnership Fund.	email calpartnershipfund@berkeley.edu (link sends e-mail) or contact UC Berkeley's Office of Government and Community Relations at 510-642-7860.	https://chancellor.berkeley.edu/gcr/local-community/programs-initiatives/ccpf
W.K. Kellogg Foundation	Private	Concierge Desk	conciergedesk@wkkf.org (888) 606-5905	https://www.wkkf.org/grantseekers

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Terrones, Roberto

From: J & J Schroeder <janicejimschroeder@gmail.com>
Sent: Tuesday, February 5, 2019 2:51 PM
To: Garcia, Viviana; Terrones, Roberto
Subject: Fwd: Notify Dept. of Toxic Substances of November 2018 toxic spill at Pacific Steel Casting Company

----- Forwarded message -----

From: **J & J Schroeder** <janicejimschroeder@gmail.com>
Date: Tue, Feb 5, 2019 at 2:45 PM
Subject: Notify Dept. of Toxic Substances of November 2018 toxic spill at Pacific Steel Casting Company
To: Berkeley City Manager <manager@cityofberkeley.info>, <council@cityofberkeley.info>, <mayor@cityofberkeley.info>

Mayor Arreguin, Council members and City Manager,

Please notify the Department of Toxic Substances of the toxic PSC spill of transformer fluid containing polychlorinated biphenyls (PCBs) so thorough remediation of the land can take place immediately.

According to a February 4, 2019 Berkeleyside article attorney Tracey Green is quoted, " The bankruptcy filing says that a "rigger spilled transformer fluid that contained PCBs [polychlorinated biphenyls]," and puts the clean-up cost at \$33,848. The accident happened as Pacific Steel was vacating the premises, said Green.

<https://www.berkeleyside.com/2019/02/04/pacific-steel-casting-files-for-bankruptcy-top-executives-get-paid-but-workers-dont-get-severance>

Please let me know if this remediation has been scheduled and completed.

Thank you,
Janice Schroeder
Core member
West Berkeley Alliance for Clean Air and Safe Jobs