



Office of the City Manager

INFORMATION CALENDAR

September 29, 2015

To: Honorable Mayor and Members of the City Council

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

Submitted by: Kelly Wallace, Interim Director, Health, Housing & Community Services

Subject: Public Health Priorities: Community Engagement Report

INTRODUCTION

The Public Health Division (PHD) of the Health, Housing & Community Services (HHCS) Department recently engaged Bright Research Group (BRG) to undertake a robust community engagement process to elicit community perspectives on health priorities. The resultant report and detailed appendix are attached (Attachments 1 and 2). Staff plans to follow up on this report with a Council work session later this year to discuss how the work of PHD, HHCS, the City, and our partners can be shaped by the report.

CURRENT SITUATION AND ITS EFFECTS

The BRG report represents the community stage of the Public Health Priority Setting initiative which followed release of the 2013 Health Status Report (HSR). The HSR demonstrates significant health inequities by race and ethnicity. These inequities are a long-standing feature of the health landscape in Berkeley, as they are throughout this country. They reflect long-established and deeply embedded patterns of unequal access to opportunities and resources. Despite progress in some areas, more progress is needed. The City has an enduring commitment to addressing and eliminating health inequities, and a strong foundation on which to build. The BRG report identifies three overarching themes from the community. These themes can be used to chart a path toward more effective and enduring progress.

1. Prevention and Community Conditions:

- Community members focused overwhelmingly on factors that lead to health inequities: housing, economic development, the built environment, poverty, and racism. These factors are also known as the “social determinants of health” (SDOH). Inequities in these areas underlie inequities in medical or disease conditions, as reported in the 2013 HSR.
- While the health inequity framework was viewed as neutral for some residents, for African American residents in particular it was viewed as deficit-focused and did not resonate.

- Lack of trust in the City as a whole, and belief that the City lacks concern about the well-being of their communities, was expressed by Latino and African American residents.
2. Community-Identified Health Concerns and Priorities:
 - Lack of access to caring, culturally relevant, high quality health care services was cited as a priority concern of African American and Latino residents.
 - When residents raised specific health conditions rather than the broader context of SDOH, the conditions of concern were social-emotional and mental health, asthma, diabetes, and obesity.
 - Marijuana use was identified as a concern among youth and among African American men.
 - Homeless residents expressed the need for additional substance use treatment and rehabilitation programs, while praising the quality of mental health services available to them.
 3. Partnering with Impacted Communities:
 - Residents expressed a clear desire for authentic and sustained partnership with the PHD and with the City as a whole. Community members want to be included in developing and implementing solutions. Specifically residents want to ensure that City programs prioritize:
 - Assets-based approaches
 - Culturally relevant services
 - Reinvestment in the community
 - Community capacity-building

The BRG report makes specific recommendations in two areas:

1. Align Health Inequity Priorities with Community Priorities:
 - Focus on SDOH in selecting priority areas and planning initiatives.
 - Engage other City departments in building healthy communities.
 - Identify funding for community-identified priorities and solutions, including access to community spaces where resources and services are available to residents.
 - Strengthen access to high quality culturally relevant care, especially for African American and Latino residents.
2. Enhance Ongoing Community Engagement:
 - Move toward a more collaborative partnership with the community.
 - Identify expanded communication channels, including a community center welcoming to Latino and African American residents and located in their neighborhoods.
 - Engage residents in establishing public health priorities, including sharing reports and next steps.
 - Foster and deepen relationships with community-based organizations.

PHD and HHCS propose to return to Council in November 2015 for a worksession to discuss next steps for increasing the community responsiveness and effectiveness of public health and other City initiatives, including enhancing existing partnerships and building new ones.

BACKGROUND

In response to the 2013 Health Status Report (HSR), the Public Health Division identified a preliminary set of priority health outcomes: areas in which Berkeley has significant racial/ethnic health inequities and for which the City does not fully meet national Healthy People 2020 (HP2020) goals. These areas were:

- Cardiovascular disease (heart disease and high blood pressure);
- Asthma hospitalizations in children (up to 15 years of age);
- Low birth weight and prematurity; and
- Reproductive and sexual health (including teen births and sexually transmitted infections).¹

This preliminary list came from examining health outcomes data—the data Public Health receives from hospitals and other health sources. This is an important but limited view of community health.

The input staff received from City Commissions and partner agencies was that this list was part of the story, but not all of it. The most consistent additional themes identified by these stakeholders were:

- Behavioral health, including its impact on overall health: stress, current and past trauma, anxiety, depression, and exposure to violence;
- Health needs throughout the life course, from pregnancy and birth through aging and old age;
- Focus on achieving health equity.

The BRG report represents the next—and arguably most important—step in priority-setting: what Berkeley residents themselves identify as the most important issues in the health of our community.

ENVIRONMENTAL SUSTAINABILITY

There are no specific environmental effects or opportunities associated with the subject of this report. However, PHD and HHCS are committed to identifying such opportunities. Environmental sustainability is closely linked to healthy communities.

¹ See Council Report of 6/10/14 for details:
http://www.cityofberkeley.info/Clerk/City_Council/2014/06_Jun/City_Council_06-10-2014_-_Regular_Meeting_Agenda.aspx (Agenda Item #54).

POSSIBLE FUTURE ACTION

Public Health programs can be better aligned with newly identified priorities in a number of ways. The PHD can:

- **Build and strengthen strategic partnerships.** Partnerships are an essential part of PHD work and are a path to implementing new programs. Partner organizations may be better situated than PHD to do priority work, and may have access to funding streams that the City does not. The BRG report clearly identifies community interest in focusing on this model.
- **Identify new resources.** New programs can be supported by seeking new grant funding, and establishing new sustainable funding streams. The BRG report recommends this approach as well.
- **New Measure-D General Fund revenue.** The Sugar-Sweetened Beverage (SSB) tax creates a new revenue stream. It also created the Sugar Sweetened Beverage Products Panel of Experts (SSBPPE), charged with making “recommendations on how and to what extent the City should establish and/or fund programs to reduce the consumption of sugar-sweetened beverages in Berkeley and to address the effects of such consumption.” Health issues related to SSB consumption include obesity and diabetes, both of which are of concern to the community.
- **Revise existing workplans.** Existing activities that are well-aligned with priorities, and are evidence-based or best practices, form a foundation on which to build. PHD programs that are currently less closely aligned may be able to incorporate priority work without jeopardizing their proscribed activities.
- **Re-Direct General Fund to strategic priorities.** New programs can be supported by re-directing City General Fund. This requires decreasing or giving up existing activities, and may threaten the viability of programs which rely in part on General Fund.

The BRG report has implications well beyond the PHD and HHCS. It will be shared with other City Departments, health care providers in Berkeley—especially Medi-Cal providers—and CBO’s, as well as with City commissions and the residents who participated in the town hall meetings and focus groups led by BRG. All of these partners will need to be part of the solution as Berkeley moves forward to optimize the health of our community for all residents.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Changes to Public Health programming in response to the report may include leveraging current funding in order to improve strategic alignment with priorities; shifting flexible funding toward new or different uses; and pursuing new funding sources to support additional priority work.

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Attachments:

1. Health Inequities in Berkeley: Findings and Recommendations from Community Engagement
2. Appendix

City of Berkeley Public Health Division
Health Inequities in Berkeley: Key Findings & Recommendations

Health Inequities in Berkeley: Key Findings and
Recommendations from Community Engagement

City of Berkeley
Public Health Division



Prepared by Bright Research Group
June 30, 2015

City of Berkeley Public Health Division Health Inequities in Berkeley: Key Findings & Recommendations

1. Introduction

The Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group to conduct a community engagement effort. The purpose of this community engagement effort was to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work and to share information about the Division's work to date on identifying leading health inequities. This effort is part of a larger Division objective to expand its partnership with impacted communities and work with communities to develop solutions to these health inequities. The report identifies key findings and recommendations based on the results of the community engagement effort.

1.1 Background

Demonstrating significant and measurable reductions to health inequities in the City of Berkeley has emerged as greatly important to the Public Health Division—both through internal prioritization and as a result of an external mandate from the Berkeley City Council. The Public Health Division has embarked on a Priority Setting Initiative to more narrowly and intentionally focus the efforts of the Division in a few areas where significant health inequities exist and where health outcomes are sub-optimal. Initial work under the Priority Setting Initiative has included:

- Review of the City's latest Health Status Report to identify areas where significant health inequities exist
- Division-wide staff input into which of those areas should be selected as leading health inequities
- Input from Health, Housing and Community Services Department Leadership concerning these leading health inequities
- Solicitation and collation of feedback from five City Commissions on leading health inequities.

1.2 Leading Health Inequities

This review of health inequities data and input from City staff and leadership revealed the following leading health inequities in Berkeley:

- *Cardiovascular disease*, including heart conditions, high blood pressure, and stroke. All of these diseases are closely linked to the underlying health conditions of obesity and diabetes, which in turn are related to nutrition, physical activity, tobacco use, and environmental stress.

City of Berkeley Public Health Division Health Inequities in Berkeley: Key Findings & Recommendations

- *Asthma hospitalizations* among Berkeley children under 5 years of age are higher than in Alameda County. For all children under 5 years of age, asthma hospitalizations exceed Healthy People 2020 goals.
- *Low birth weight (LBW) and prematurity* put infants at increased risk for health problems during infancy and for long-term disability. The last decade has seen significant reduction of health inequities in these areas, but African American infants are still more than twice as likely as others to be born too small or too soon.
- *Reproductive and Sexual Health* refers to family planning, pregnancy, and sexually transmitted infections (STIs). Teen births, chlamydia rates among young women and syphilis rates among men are of particular concern.

2. Findings

This section reports on key themes from focus groups, town halls, and pop-ups and associated recommendations. Please see appendix for methodology and separate summaries of each input activity.

Participants were eager for the opportunity to share their perspectives with the City and yearned for ongoing conversation and engagement with the Public Health Division and other City agencies, sharing ideas about their own vision of health, their concerns about the health of their communities and families, and recommendations to make Berkeley a healthier City. Communities engaged through this process shared a holistic vision of health—defined by spiritual, physical, and mental health and wellbeing, economic stability, access to health care, and positive and supportive relationships with family and community. When it came to health concerns, priorities and recommendations, three primary themes emerged:

- Prevention and Community Conditions
- Community-Identified Health Concerns and Priorities
- Partnering with Impacted Communities

Findings and recommendations are summarized accordingly.

Prevention & Community Conditions

- *Community members did not frame health inequities using an epidemiological framework or western biomedical model. Rather, communities prioritized addressing the conditions that lead to unequal conditions in health (Social Determinants of Health), such as housing, economic development, the built environment, poverty, racism, and zoning/planning.*

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Many respondents argued that health inequities are longstanding and mirror inequities in wealth, education, income, housing, etc. Some noted that a focus on individual services delivered by outside “experts” had not yielded measurable changes in the health of their communities. Communities recommended that the Public Health Division take a long term perspective and invest in prevention, over shorter-term interventions and services.

Participants seemed to agree that access to safe and stable housing, a clean environment, livable and walkable neighborhoods, healthy food, and economic opportunity are what they, their families and the City as a whole need to be healthy. While participants expressed diverse perspectives around the primary health issues afflicting their families and communities, responses were overwhelmingly focused on the community conditions that lead to increased risk for and prevalence of chronic and/or preventable diseases and health conditions among some groups. For example, when participants spoke about specific health conditions, such as asthma, they spoke about the poor air quality in West Berkeley that led to increased rates of asthma.

Participants strongly encouraged the City to think about primary prevention in its efforts to reduce health inequities. There was near consensus among participants that decisions related to community and economic development, the built environment, the retail environment and access to high quality healthcare all impact the health of Berkeley residents, particularly those communities that experience the greatest health inequities. Many wondered who was responsible for ensuring that the health of African American, Latino and low-income neighborhoods was represented as a consideration in City decision-making, noting that care and concern for community health appears to be absent in many recent decisions. Many residents expressed concern regarding the closure of Grocery Outlet in West Berkeley to build condominiums. What emerged for many is that if the City is truly committed to reducing health inequities, City departments and divisions that shape the health of communities and neighborhoods need to play a role and be held accountable for this goal.

- *While a health inequity framework was viewed as neutral for some, for African American respondents in particular, this framework did not resonate. It was viewed as offensive, deficit-focused, and devoid of context.*

African American respondents expressed concern about the negative depiction of their communities in the narrative surrounding health inequities. Respondents noted that African American communities and families are being displaced because of a lack of jobs, housing and community investment. Some argued that their data were used by public

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systems to garner additional funding, though those dollars rarely flowed to their communities. Others noted that health inequities are rooted in poverty, racism, inadequate access to culturally relevant and high quality health care services, and a lack of community and economic development in their communities. Many felt that a health inequity framework left these factors out of the conversation and perpetuated a “blame the victim” mentality.

- *Latino and African American residents expressed a lack of trust with the City as a whole. While some participants were concerned about de-funding of programs in South Berkeley, others felt that the City shows a lack of care about the health and wellbeing of their communities.*

For Latino residents, this showed up as unequal access to City resources and programming, disparate treatment by police, and a lack of investment in their community. For African American communities, the City was not viewed as making decisions, developing policies, or allocating funding in a way that reflected care and respect for the African American community.

For Latino participants in particular, there was concern that the problem was not a lack of resources for families in Berkeley, but rather that existing services are directed to white and high-income residents. Some participants expressed concern about disproportionate minority contact between police and Latino residents, including poor response times when Latino residents call for help. Others noted that pools and parks in South and West Berkeley are not open at times that families can easily use them; for example, some reported that an evening, family swim time is offered at North Berkeley pools, but not at West and South Berkeley pools.

Despite these critiques, many residents lauded programs like Heart 2 Heart and Black Infant Health and felt that the Public Health Division is the right City entity to take a leadership role in advocating for the health of Berkeley residents.

Community Identified Health Concerns and Priorities

- *For African American residents, the lack of access to culturally relevant, high quality health care services was cited as a priority when it comes to the health of their community. African American residents reported that they are unable to access caring and culturally relevant health care services in Berkeley.*

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African American respondents described a lack of concern for the health and wellbeing of black patients, particularly by the Medi-Cal provider network in Berkeley. Many shared stories of abuse, mistreatment, and prejudice in their interactions with the health care system and noted that this lack of care for their health had affected generations of black people. Black Infant Health was cited as a positive experience because it builds community, offers culturally relevant services and supports, and helps consumers navigate health care systems. For African American communities, exposure to racism, inter-generational trauma, and poor access to economic and educational opportunity contributes to increased stress, disease, substance use and other health concerns. Participants cited the need for trauma-informed care to strengthen the social-emotional health of African American communities.

Lack of access to high quality health care was cited as a contributing factor to health inequities. African American and Latino respondents yearned for access to alternative treatments. Both groups described the current health care system as solely focused on treatment through prescriptions. At the same time, both groups noted that individual choices lead to poor health as well and expressed support for activities that support good choices and prevention.

- *While residents generally spoke of health conditions and concerns within the broader context of community conditions, they identified several key areas with which the City should be concerned if the focus is more narrowly on disease, including social-emotional and mental health, asthma, diabetes, and obesity.*

African American, Latino, and youth respondents were concerned about social-emotional challenges and the stress afflicting families and young people. Parental stress was cited as a health concern; participants attributed socio-economic status, negative interactions and harassment by the police, racism, and concern about basic needs as the causes of increased stress. Both African American and Latino respondents cited concerns about mental health and parental stress, due to the increasing economic pressures that families are facing. Both groups expressed a desire for peer support, better access to information, and a place to get help in their community (i.e. a family resource center in West and/or South Berkeley). Both also reported relying on home remedies and family members as trusted sources of information when it comes to their health.

Young people said that challenges facing their families, such as divorce, job loss, immigration status, substance use, school challenges and other issues were negatively impacting their mental health and causing stress. Young people agreed that overall the health of teens in Berkeley is relatively good when compared to other cities. They cited

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poor access to healthy food, depression, marijuana, body image/eating disorders, and diabetes as the major health issues impacting teens.

Residents in many forums cited asthma, diabetes and obesity as health concerns, linking them to inadequate access to healthy food, exercise and a clean environment. For African American men, in particular, diabetes and marijuana use rose to the top in terms of health concerns. West Berkeley residents are concerned about asthma, linking it directly to poor air quality in their neighborhood. However, there was near consensus in each input activity that Berkeley residents have adequate information and knowledge about healthy eating; there is not a need for additional campaigning on behalf of healthy eating and nutrition.

- *Homeless residents cited the need for more substance use and rehabilitation services, noting that they often receive therapy, when what they really need is substance use treatment. However, homeless residents praised the quality of mental health services and described Berkeley as a friendly city to people without stable housing.*

Homeless residents noted that good weather, wide access to free meals, support services, and access to health care at safety net providers (Highland Hospital, Suitcase Clinic, Free Clinic, LifeLong Medical, and Alta Bates) make Berkeley an attractive place for them to live. Several respondents had been homeless in other cities or states and described Berkeley as hospitable and livable for those without stable housing. The primary health concerns were substance use and mental illness. Respondents emphasized that these issues often lead to homelessness and several praised mental health services provided by the City of Berkeley. While some participants cited the availability of free meals as a benefit to residing in Berkeley, others cited concerns about not being able to get a hot breakfast. Homeless participants suggested that the City build more affordable and supportive housing for people without stable housing, and that the Suitcase Clinic and Free Clinic needed to be open for additional days during the week and during the summer (when these clinics are generally closed) to ensure access to improve access to care for homeless residents.

Defecation in public was a concern shared by residents and homeless people alike. For residents, defecation in the parks and public spaces was described as a public health hazard. Homeless participants also cited concerns regarding the lack of public restrooms. One participant argued that because of the City's hospitality, public spaces are being used for housing, which they are not designed to accommodate. Homeless people do not like defecating in public and residents don't like it either. This participant recommended that the City build more public restrooms to accommodate the ways that people are using public spaces.

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Partnering with Impacted Communities

- *Participants expressed a desire for more authentic, ongoing and transparent partnership with the Public Health Division and the City more broadly.*

Many residents expressed a desire for the community to be included in constructing and delivering solutions, rather than having external experts bringing in services and supports. Many recommended that the City leverage the knowledge and expertise of the community, even when thinking about categorically funded services. Overall, community members wanted the city to prioritize programs based on the following tenets:

- Focus on assets instead of deficits
- Culturally relevant services are needed
- Reinvest in the community
- Build community capacity and connections

African American respondents were not aware that the city played a role in promoting the health of their communities.

3. Recommendations

Recommendations aim to provide the Public Health Division with actionable next steps to better align its efforts to reduce health inequities and strengthen ongoing partnership with Berkeley's communities.

3.1 Recommendations to Align Health Inequity Priorities with Community Priorities

- *The Public Health Division should adopt a Social Determinants of Health and equity framework when it comes to selecting priority areas and planning or organizing programs and services to address these inequities.*

While participants cited disparities in specific health conditions and diseases, responses were overwhelmingly focused on the community conditions that lead to health inequities. Participants encouraged the City to invest in primary prevention. A Social Determinants of Health (SDOH) framework connects health inequities to broader issues such as economic opportunity, housing, community investment, racism, and others that are of high concern to community members. Further, a model that looks solely at health conditions and diseases leads to interventions that focus on individual behavior and choices. Residents of all ages and demographics shared the belief that they had received enough information and education about healthy eating and active lifestyles, but didn't have access to enough affordable healthy food and exercise opportunities.

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There was broad agreement that reducing inequity in Berkeley is a long-term endeavor, requiring courage, leadership, and innovation. An SDOH framework is more appropriate to this type of community transformation effort.

- *Other City divisions and departments need to be engaged as core stakeholders in achieving the broader goal of building healthy communities, reducing inequities and promoting the health and well-being of impacted communities.*

Residents concurred that every City department has a role in creating conditions that promote community health through economic development, the built environment, and the retail environment. Many noted that the Public Health Division was an ideal and appropriate steward for community health, but that the City needed to embrace this agenda more broadly. The Public Health Division and/or impacted communities need to be at the table when it comes to decisions that impact community health, including planning, environmental health, zoning, parks and recreation, public works, and community benefits for new development. By tracking upcoming decisions and issues, the Public Health Division can ensure that the health of communities that experience the greatest inequities is valued in decision-making. The City as a whole should look at creating a shared framework for integrating health as a priority across its Departments to inform decision-making.

- *The City and the Public Health Division should identify opportunities and funding for programs that address community needs and conditions. Identify funding to address these community-identified health priorities and solutions, including access to community spaces where information, peer support, recreation, and services are provided.*

Residents wanted more opportunities to co-produce and work with the City to address the issues in their neighborhoods and communities. The Public Health Division should partner with CBOs that have access, knowledge, expertise, and are from the community when it comes to thinking about service delivery. The Division should examine the extent to which it envisions itself as a purchaser of services, as opposed to a deliverer of services.

- *The health care provider network, Public Health Division and the health care system should come together to strengthen access to high quality health care for African American residents in Berkeley beginning with an assessment of resident experiences and satisfaction with health care services.*

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African American residents described a health care system that shows disregard and lack of care for their families and communities. The top priority that emerged in the African American women focus group was access to culturally relevant and high quality care. The Public Health Division is one partner within the safety net health care system in Berkeley. To further this priority, the Public Health Division should work with other health care system partners to assess the experiences of African American residents within the health care system and to develop greater understanding of provider capacities in providing culturally relevant and high quality care.

Latino residents also described frustration with the tendency of doctors to rely solely on prescriptions to treat their concerns without attempting to get to the bottom of what was bothering them and also expressed a desire for more bilingual mental health services. Both African American and Latino populations felt that a lack of access to a broader range of treatments, including peer support and alternative therapies is a contributing factor to health inequities. There is a need for the broader health care system to examine their roles in strengthening access to high quality and culturally relevant services for African American and Latino residents, specifically:

- Assess the consumer experience within the health care system and look at how other communities have engaged the provider network in efforts to improve quality
- Identify opportunities to leverage community benefits and community health needs assessment processes to strengthen quality of care
- Identify opportunities to strengthen the capacity of the City's safety net to attract more African American and Latino doctors to Berkeley
- Consider cultural humility or unconscious bias training for the workforce
- Consider workforce development efforts that allow consumers and providers to experience each other in ways that empower patients and build trusting relationships.

3.2 Recommendations for Ongoing Community Engagement

Residents yearned for an ongoing and more collaborative relationship with the City of Berkeley. The Public Health Division should develop a vision for partnership with the community and assess the extent to which current practices align with that vision. For each of its programs, the Division should examine where programming falls on the scale of community engagement. Authentic partnership with the community requires building community capacity to engage meaningfully in public processes and demands that the public system be willing to release the traditional expert model. When public systems adopt the belief that communities are essential to solving long-standing problems in

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community health, they move from the role of an expert providing services and interventions, towards a facilitator, co-producer and investor in a broader range of activities.

Figure: Scale of Community Engagement



Additional recommendations include:

1. Identify additional channels for getting information out beyond directing people to the City website. The website is cumbersome to navigate, especially for Spanish speakers. Latino and African American residents both recommended a community center in their neighborhoods where they could access information, services, recreation and informal supports.
2. Engage the community in selecting public health priorities, versus consulting residents after decisions have been made. Utilize the existing network of community based organizations to access impacted communities.
3. Share reports and all next steps with the community. Conduct targeted outreach to the people and community-based organizations who participated. Those who participated in community engagement efforts were eager to receive the resultant report and subsequent recommendations from this process.
4. Engage community-based organizations in reaching out to impacted communities on a more regular basis. These organizations have trusted relationships with impacted communities, and a deep understanding of the communities' strengths as well as their concerns and needs. Fostering partnerships with these CBOs will allow for more authentic outreach and conversation with impacted communities.

Appendix

Methodology

- Methodology
- List of Organizations Reached through Outreach

Community Input Summaries

- South Berkeley Town Hall
- West and North Berkeley Town Hall
- African American Women Focus Group
- African American Men Pop Up
- Youth Focus Group
- Latino Family Focus Group
- Homeless Pop-Up
- African American Men Pop-Up

1. Methodology

1.1 Approach and Methodology for Community Engagement

Community health initiatives can generate greater impact when they are informed by and implemented in partnership with target consumers and communities. Direct community engagement will equip the Public Health Division with more information about community preferences, concerns, barriers, and attitudes about health. The goals and vision of the community engagement process included:

- To build the Division's capacity to engage and improve its relationships with Berkeley's diverse communities, especially in communities where trust has been lost or needs to be strengthened;
- To disseminate the City of Berkeley Public Health Division's Leading Health Inequities and provide an overview of community health and health inequities in Berkeley to residents and communities;
- To partner with Berkeley residents and communities to co-produce solutions to health inequities in Berkeley, including generating community insights for selecting final priorities;
- To expand the number of opportunities where residents can engage with the Public Health Division, and allow for a continuous feedback loop between communities and the Division;
- To support the Division's efforts to receive Public Health certification.

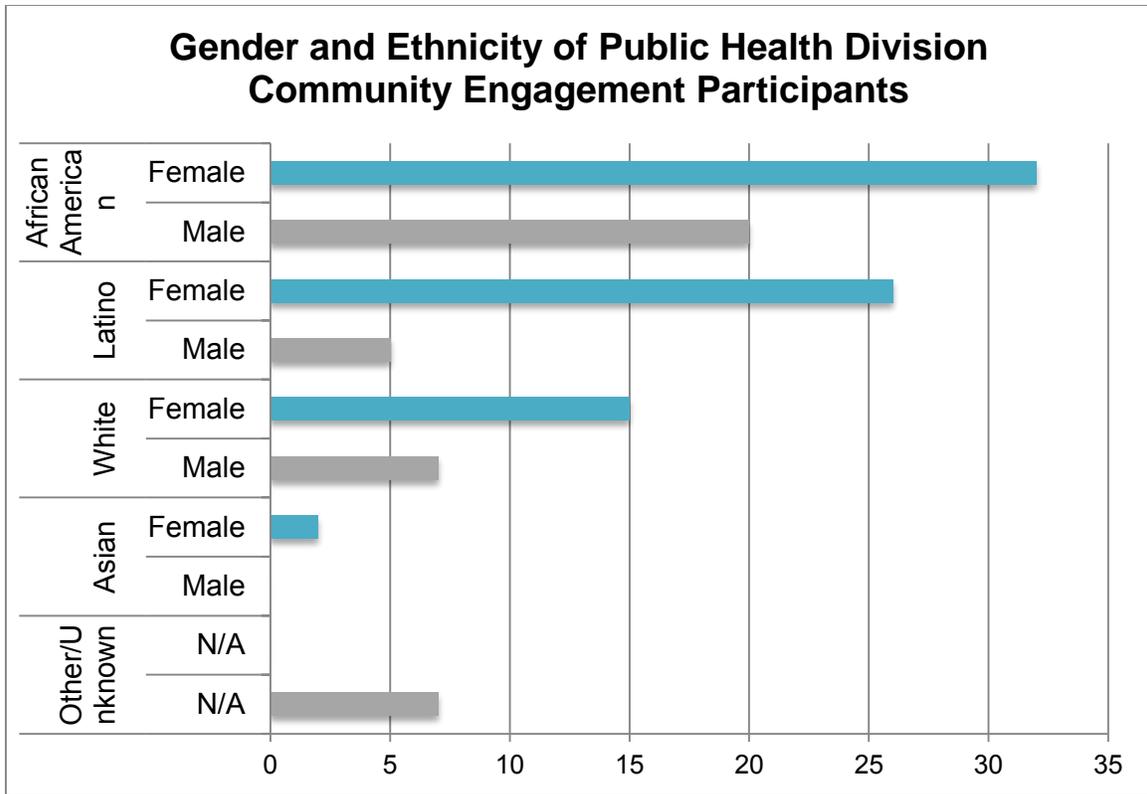
Community engagement activities consisted of two town hall meetings, three focus groups, and two pop-ups. Town hall meetings were designed to appeal to a broad diversity of residents and stakeholders, while focus groups and pop-ups focused on engaging communities that are most highly impacted by health inequities. In partnership with the Public Health Division, Bright Research Group conducted a comprehensive community engagement and recruitment effort, relying on City listservs, local media, and partnerships with community-based and faith-based organizations. Please see Community Engagement Plan and Recruitment Plan for more details.

1.2 Summary Table of Community Engagement Activities

The table below summarizes community engagement activities.

Activity	Target Population	Number of Participants	Date	Location
Town Hall	West and North Berkeley Residents	14	5/26/15	West Berkeley Library Branch
Town Hall	South Berkeley Residents	40	6/16/15	South Berkeley Senior Center
Focus Group	African American Women	12	5/28/15	GOALS for Women
Pop-Up	African American Men	8	6/23/15	South Berkeley Barber Shops
Focus Group	Latinos	17	6/12/15	Berkeley Unified School District
Pop-Up	Homeless	15	6/2/15	Berkeley Food and Housing Project: Multi-service Center
Focus Group	Youth	8	6/11/15	YMCA
<i>Total</i>		114		

The table below shows the gender and ethnicity of participants in the community engagement effort.



Community-based organizations were well represented at Town Hall meetings, as indicated in the table to the right.

1.3 Format and Content

The Town Halls, Focus Groups and Pop-Ups were structured to provide residents and community members with the information they needed to participate meaningfully, while also creating the maximum number of opportunities for residents to share their priorities and perspectives. Bright Research Group facilitated the meeting and recorded notes and input. Materials were available in English and Spanish and interpretation was available at the Latino Focus Group and Town Hall Meetings. Participants were asked to define what being healthy meant for them, to describe concerns about health in Berkeley, and provide recommendations to the City on how to strengthen community health and how they would like the Public Health Division to engage them. The Public Health Division also shared information on leading health inequities and solicited audience reactions. Please see Community Engagement Plan for additional information.

1.4 Data Analysis

Community input data were analyzed for key themes. After each input activity, Bright Research Group provided the Division with brief summaries of key findings and themes. All input was analyzed to identify themes across the various input forums and is summarized here.

Represented Community-Based Organizations and Offices

- Berkeley Pool of Consumer Champions
- Berkeley Youth Alternatives
- Church by the Side of the Road
- Friends of Adeline
- Head Start YMCA
- Healthy Black Families
- Healthy Child Coalition
- Heart to Heart
- Kaiser Permanente Oakland
- LifeLong Medical Center
- NAACP
- Oceanview Neighborhood Association
- South Berkeley Neighbors
- Sugar Sweetened Beverage Panel
- Supervisor Keith Carson's Office
- The Berkeley Free Clinic
- The Health Commission
- The Mayor's Office
- YMCA Head Start
- League of Women Voters, Berkeley, Albany & Emeryville
- St. Paul AME Health Ministry Church
- McGee Avenue Baptist Church

2. List of Organizations Reached through Outreach

City of Berkeley Community Engagement on Health Inequities, June 2015

Affordable Housing Associates
Alta Bates Family Resource Center & Lactation Room
Ashkenaz Music and Dance Community Center
Aspire School
Bahia
Baptist Rev. Stuckey
Barber Shops in South Berkeley (H2H)
Be a Star
Berkeley ACLU Chapter
Berkeley Adult School for North Berkeley
Berkeley Alliance
Berkeley Chinese Community Church
Berkeley Day Labor Center (Multicultural Institute)
Berkeley Food & Housing Project
Berkeley Free Clinic
Berkeley High School Health Center
Berkeley High School Parent Resource Center
Berkeley Methodist
Berkeley NAACP Chapter
Berkeley Parents Network
Berkeley Public Health Clinic: Ann Chandler Public Health Center (ACPHC)
Berkeley Seniors, Inc.
Berkeley United Methodist Church
Berkeley Youth Alternatives
Black Infant Health
BOCA - Berkeley Organizing Congregations for Action
B-tech (Berkeley Technology Academy)
BUSD Office of Family Engagement & Equity
Center for Independent Living
Church of God and Christ
City of Berkeley
Covenant Worship Center
East Bay Community Law Center
Ed Roberts Campus

El Centro
Ephesian Church of God in Christ
Greenlining Institute
Healthy Black Families
Heart 2 Heart
HIV and AIDS Education & Prevention
LifeLong West Berkeley
Mental Health Division
Missionary Church of God in Christ
Montessori Family School, 1850 Scenic Ave,
Mount Zion Missionary Baptist Church
NAACP Berkeley Branch
Narika
New Bridge Foundation
North Berkeley Senior Center
Planting Justice
Puente Project
Realm Charter High School
Resources for Community Development
South Berkeley Farmers Market
South Berkeley Senior Center
St. Joseph the Worker Catholic Church
Suitcase Clinic
Teen Health Educator Program
Teen Parenting (Vera Casey Center)
Tenants Together
The Berkeley School Early Childhood Center
The Pacific Center for Human Growth
WIC Program
Women's Resource Center
YEAH!
YMCA Teen Center
Young Adult Project

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative
Town Hall Summary
May 26, 2015

Introduction

The Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group to conduct a community engagement effort. The goal of this process is to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work. A town hall meeting was held on May 26, 2015 from 5:00-7:00pm at the West Berkeley Library Branch. This document reports on key findings and themes from this town hall.

Participants

Fourteen people attended the town hall meeting. Six people represented or were affiliated with community-based organizations. Two journalists, one from the Bay Area News Group (Oakland Tribune) and another from the Daily Cal were in attendance. One representative from the Mayor's office was present. A majority of participants were Caucasian women; three participants were African American women; three were Latina. Two participants were also members of the City's new advisory panel on spending the Measure D "soda tax." Four staff from the Public Health Division attended the meeting. Division staff observed the meeting, shared the leading health inequities that emerged from the Division's internal data analysis, and answered questions from community members.

Community-Based Organizations

- Oceanview Neighborhood Association
- Kaiser Permanente Oakland
- Head Start YMCA
- Healthy Child Coalition
- YMCA Head Start
- Berkeley Youth Alternatives

Format and Methodology

The Town Hall was structured to provide residents and community members with the information they need to participate meaningfully, while also creating the maximum number of opportunities for residents to share their priorities and perspectives. Bright Research Group facilitated the meeting and recorded notes and input. The meeting agenda covered the following topics:

- *Introduction and Welcome:* Participants signed in and answered the following question: *What does a healthy Berkeley look like for you?*

- *Break Out Groups:* The audience was divided into two breakout groups. Participants engaged in post-it activities and facilitated discussions covering how they defined health for themselves and their families (Being Healthy), what they viewed as the top issues of concern when it comes to health (Health Issues), and their perspectives on potential solutions to strengthen community health (Solutions). Groups reported out to the whole group.
- *Presentation on Leading Health Inequities:* The Public Health Division presented on the leading health inequities based on an analysis of disparities from the Berkeley Health Status report.
- *Public Comment:* An opportunity for general public comment and questions/answers was provided outside of the breakout group format. Residents were given the option to prioritize their primary concerns when it comes to promoting the health of Berkeley residents.
- *Close and Next Steps:* The Division shared information about how the input will be used and the timeline for updating Division priorities. Bright Research Group shared information about remaining community engagement activities, including the Town Hall on June 16th.

Summary of Community Input

Health Issues & Solutions

During break out groups and public comment, participants shared their perspectives around their primary concerns when it comes to improving community health in Berkeley, as well as potential solutions. Participants were asked: *Tell us about the health of your community or neighborhood? When it comes to the health of residents of Berkeley, what should the City's main priority be? What ideas and recommendations do you have about how to make your neighborhood or community healthier?*

Participants seemed to agree that access to safe and stable housing, a clean environment, livable and walkable neighborhoods, healthy food, and economic opportunity are what Berkeley needs to be healthy. While participants expressed diverse perspectives around the primary health issues afflicting their families and communities, responses were overwhelmingly focused on the community conditions that lead to increased risk for and prevalence of chronic and/or preventable diseases and health conditions among some groups. For example, when participants spoke about specific health conditions, such as asthma, they spoke about the poor air quality in West Berkeley that led to increased rates of asthma. Participants encouraged the City to think about primary prevention in its efforts to reduce health inequities. These conditions can be grouped into several core areas and are discussed further below:

1. *Community and Economic Development*
2. *Built Environment*
3. *Retail Environment*

4. Access to Healthcare

Community and Economic Development

Participants expressed concern about a lack of affordable housing, lack of employment, and the increasing gentrification of historically working class and African American neighborhoods. A lack of economic development leads to instability for families, contributes to the problem of homelessness in Berkeley, and contributes towards parental stress, mental health problems, and other

problems related to stress. Several participants emphasized that meeting basic needs is getting harder for families in Berkeley, which contributes to poor health outcomes.

- Increases in the cost of housing and a lack of affordable housing makes it hard for families to survive in Berkeley. Families are being displaced and do not know if they or their children will be able to stay in Berkeley. Life is getting harder for families who are in transitional housing. Taken together, parents are under a greater level of stress.
- There is a lack of affordable housing for individuals with mental illnesses, co-occurring disorders, and/or substance use issues, contributing to the problem of homelessness.
- Divestment, gentrification, lack of jobs, racism and a lack of care for African American communities leads to increased stress, decreased social-emotional well-being, and negatively impacts the individual health of African American residents. The conversation on health inequities does not capture these core issues, instead depicting the “deficits” or “behaviors” of African American residents.



Participants recommended that the city engage with communities and community-based organizations that maintain trusted relationships with African American and Latino residents in creating solutions and that the city stop using data on inequities to secure additional funding, without directing those funds to the impacted communities. In regards to the issues of homelessness, gentrification, and displacement, participants recommended that the city express greater care for marginalized communities and partner with them in the creation of solutions. Participants also suggested expanding affordable housing, reducing wait lists for housing subsidies, controlling gentrification, and prioritizing housing for families. One participant recommended that the City prioritize the needs of families instead of developers when it comes to making decisions around community and economic development.

The Built Environment

Participants expressed significant concern regarding air pollution and air quality, traffic congestion, safe-routes for children, bikers and pedestrians, and access to safe and open

spaces, often connecting increased risk and incidence of chronic health issues and disease to these conditions. According to many participants, deficiencies in the built environment and the way that the city is zoned prevent people from leading healthy and active lifestyles and result in increased risk for conditions like asthma. Participants shared the following concerns about the built environment:

- Higher rates of asthma, cancer, mental disorders, and other health issues can be attributed to the presence of Pacific Steel and other manufacturers alongside residences. Poor air quality leads to poor soil quality in West Berkeley, which means residents cannot grow or produce their own food. One resident shared a leaf from a lemon tree outside her home, which was covered in soot and dust.
- The design of city streets promote the user needs of drivers, over the needs of pedestrians, cyclists, school children, and people that use wheelchairs.
- The lack of affordable transportation for people that are disabled, wheelchair bound, or elderly results in isolation and decreased physical activity.
- Traffic, congestion, and pollution were cited as a public health concern.
- There is a need for increased access to open spaces and safe parks for children to play in. Some respondents cited encampments and defecation in public spaces as associated problems that keep them from using public spaces.

Participants offered a number of solutions, including: promoting electric cars and bikes, regulating smokestacks and factories, ending mixed-use zoning (residential and industrial), lead abatement, studying traffic pathways and designing for pedestrian and bike needs, and isolating heavy manufacturing.

The Retail and Food Environment

Participants noted that a lack of access to fresh, high quality foods and clean soil for growing produce and community gardens contributes to increased risk for disease and chronic health conditions, such as asthma, diabetes, allergies, and nutrition issues.

- Residents of West Berkeley expressed concern over the closing of the only affordable grocery store (Grocery Outlet) in West Berkeley, without adequate consultation of the community and residents. Many echoed concerns about access to good quality food at an affordable cost.
- In West Berkeley, residents cannot plant gardens or use existing plots designated for community gardens because the soil is contaminated.



- Some residents cited the need for nutrition education to parents and communities to support healthy eating, while others felt that residents should have the right to eat what they want without being asked to conform to a single diet or lifestyle. Some suggested teaching children about where food comes from through community gardening.
- Access to soda and sugary drinks was cited as the cause of dental problems, diabetes, and obesity, particularly among children. Some participants expressed concern about Berkeley's soda tax, describing it as a tax on black and brown communities and wondered whether any of these revenues will flow to the impacted communities.



A number of solutions were offered to improve the retail environment, including: reducing access to sugary beverages near schools, promoting dental health among young children, parent education, more community engagement on changes to the retail environment, more policies restricting sugary drink consumption, subsidies for affordable fresh produce, and maintaining Grocery Outlet.

Health Care and Health Care Access

Participants cited asthma, diabetes, mental illness, substance use, dental issues, obesity and social/emotional issues as the primary health conditions or diseases they were most concerned about. One participant suggested including diabetes as a prioritized health condition. As noted above, these were generally cited within the context of the broader discussion about community conditions that result in these health conditions and inequities.

- Inadequate access to health care and to a medical or health home prevents people from getting the services they need, particularly the homeless and mentally ill. One respondent suggested the need for access to shorter-term care and dental care.
- Participants were concerned about social-emotional challenges and the stress afflicting families and young



- people. Parental stress was cited as a health concern; participants attributed socio-economic status, negative interactions/harassment by the police, racism, and concern about basic needs as the causes of increased stress.
- For African American communities, exposure to racism, inter-generational trauma, and poor access to economic and educational opportunity contributes to increased stress, disease, substance use and other health concerns. Participants cited the need for trauma-informed care to strengthen the social/emotional health of African American communities.

Partnering with the Community

During the public comment portion of the agenda, participants were asked about their reactions to the leading health inequities shared by the Division and about the ways that they would like the City to partner with them going forward. Participants expressed the following concerns and recommendations for partnering between the community and the Public Health Division going forward:

- Participants would like more advance communication from the Public Health Division regarding town halls and other opportunities to partner with the Public Health Division.
- Participants noted inadequate representation of African American and Latino communities at the town hall.
- Participants recommended the integration of digital and technology-based formats for outreaching to residents. When it comes to talking with young people about health, there is a need to reframe the conversation on health to speak their language and engage them.
- There is skepticism and a lack of trust when it comes to resident perceptions of the City as a resource and partner in promoting community health. Many participants viewed the City as vested in increasing its tax base and revenue stream, instead of as an advocate for community health. Participants expressed concern about a lack of care on the part of the City for disabled residents, for working families, for young people, and/or for African American and Latino residents and communities.
- Participants, particularly African American and Latina respondents, would like a more respectful, mutual and ongoing relationship with the City of Berkeley. This means a relationship where residents and community based organizations have a more equal role in constructing solutions to community challenges and participating in decision-making, versus being a recipient of programs and services or being accessed solely for input or data.
- Some participants wanted a forum for residents to come together more regularly with the City and with each other to share information, build community connections, and learn about community-based and non-profit resources. One participant noted that communities need to become advocates for the health and well-being of their communities, instead of relying on the government to solve these problems.

- African American respondents are concerned about the negative depiction of their communities in the narrative surrounding health inequities. African American communities and families are being displaced because of a lack of jobs, housing and community investment. The narrative around health inequities does not adequately address these core issues.
- Participants suggested that the City work to engage residents on a more ongoing basis and that residents take on more of a role in advocating for their own communities. Community-based organizations are doing the work of strengthening communities, some participants argued, and should be engaged and funded for the work they do to promote community health.

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative
Town Hall Summary
June 16, 2015

Introduction

The Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group to conduct a community engagement effort. The goal of this process is to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work. A town hall meeting was held on June 16, 2015 from 5:00-7:00pm at the South Berkeley Senior Center. This document reports on key findings and themes from this town hall.

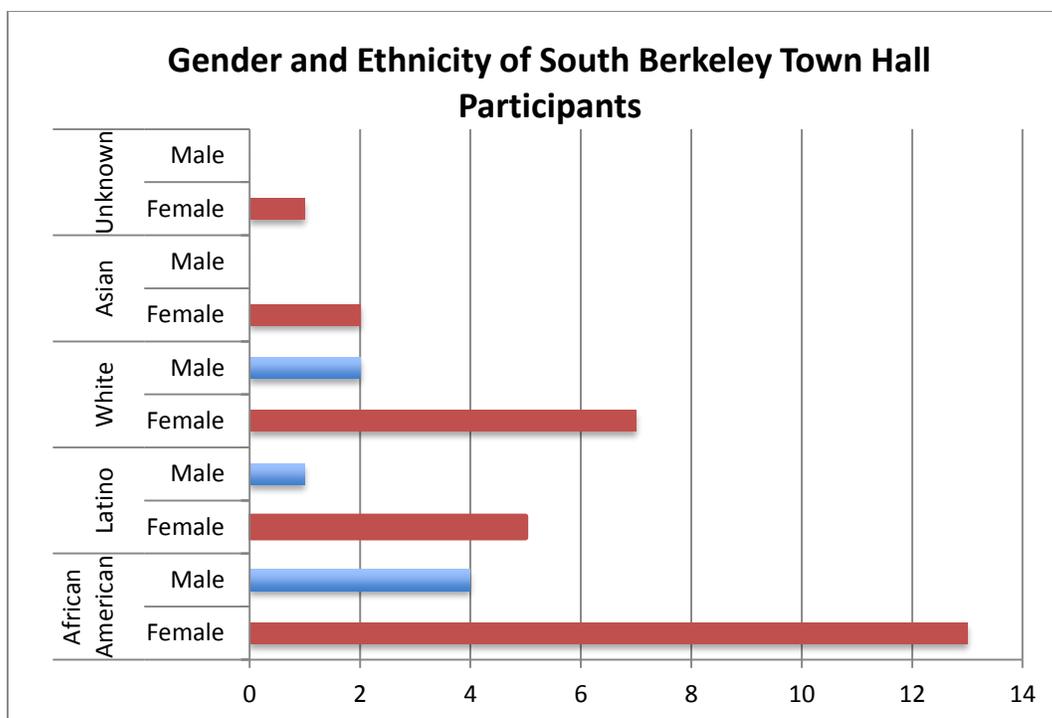
Participants

Forty people attended the town hall; of the thirty five that signed in, a majority were African American. One journalist from the Daily Cal was present. Participants represented sixteen diverse organizations, including the Heart to Heart Program, Black Infant Health, Healthy Black Families, and local churches, among others. Many resided in South Berkeley and came because they were interested in the issue of community health. One participant was a member of the City's new advisory panel on spending the Measure D "soda tax," another was a representative of Supervisor Keith Carson's office, and another was an elected official. Three staff from the Public Health Division attended the meeting. Division staff observed the meeting, shared the leading health inequities that emerged from the Division's internal data analysis, and answered questions from community members.

The demographics of the town hall meeting reflected those of South Berkeley and were predominantly female.

Represented Organizations and Offices

- NAACP
- Healthy Black Families
- Heart to Heart
- Friends of Adeline
- South Berkeley Neighbors
- The Mayor's Office
- The Health Commission
- The Berkeley Free Clinic
- Supervisor Keith Carson's Office
- LifeLong Medical Center
- Church by the Side of the Road
- Sugar Sweetened Beverage Panel
- Berkeley Pool of Consumer Champions
- League of Women Voters, Berkeley, Albany & Emeryville
- St. Paul AME Health Ministry Church
- McGee Avenue Baptist Church



Format and Methodology

The Town Hall was structured to provide residents and community members with the information they needed to participate meaningfully, while also creating the maximum number of opportunities for residents to share their priorities and perspectives. Bright Research Group facilitated the meeting and recorded notes and input. The meeting agenda covered the following topics:

- *Introduction and Welcome:* Participants signed in and learned about the purpose of the evening and the Public Health Division's community engagement effort.
- *Break Out Groups:* The audience was divided into four breakout groups. Participants engaged in post-it activities and facilitated discussions covering how they defined health for themselves and their families (Being Healthy), what they viewed as the top issues of concern when it comes to health (Health Issues), and their perspectives on potential solutions to strengthen community health (Solutions). Groups reported out to the whole group.
- *Presentation on Leading Health Inequities:* The Public Health Division presented on the leading health inequities based on an analysis of disparities from the Berkeley Health Status report.
- *Public Comment:* An opportunity for general public comment and questions/answers was provided outside of the breakout group format.
- *Close and Next Steps:* The Division shared information about how the input will be used and the timeline for updating Division priorities.

One group was facilitated in Spanish. Spanish translation was provided throughout.

Summary of Community Input

Being Healthy

Participants were asked to describe what being in good health or being healthy means for them. These questions generated a broad and diverse range of responses, which fell into five major categories:

- *Economic Security and Housing:* For many being healthy meant having access to affordable housing, transportation, and basic needs and resources. One participant noted that they did not want to have to choose between paying their rent and paying for medicine. Transportation, being in community, and safety were critical for the health and well-being of seniors.
- *Physical and Mental Health:* Many respondents defined good health as spiritual, physical, and mental wellbeing, including being free from disease, stress, and illness. Social connections, peer support, access to affordable, high quality, and culturally relevant health care were cited as the factors that support good health. Joy, laughter, play, and education were also noted. Some participants felt that the current medical system overemphasizes prescriptions and drugs and wanted alternative treatments and supports.
- *Access to Healthy Food and Exercise:* Some respondents noted that they feel healthy when they have access to healthy food and regular opportunities to exercise in their communities. Obesity and diabetes emerge when their communities do not have access to healthy food and exercise. While some participants felt that knowledge and information about nutrition were critical, others noted that their communities have the information about eating right, but have no outlets for healthy food in their neighborhoods.
- *Access to Information (Knowledge) and Being Heard:* Having access to information about community resources, parks, pools, activities that promote health, and issues in community health was important for many participants. Many participants said that having a voice, being heard, and being engaged as a co-creator and contributor towards community health solutions is critical to their community's health.
- *A Healthy Environment:* Clean air, water and soil, as well as regular open spaces are critical to being healthy. Some noted the need for more community gardens and public open spaces; others said that pesticides, factories, and pollution compromise their community's health.



Health Issues & Solutions

During break out groups and public comment, participants shared their perspectives around their primary concerns when it comes to improving community health in Berkeley, as well as potential solutions. Participants were asked: *Tell us about the health of your community or neighborhood. When it comes to the health of residents of Berkeley, what should the City's main priority be? What ideas and recommendations do you have about how to make your neighborhood or community healthier?*

Participants seemed to agree that access to safe and stable housing, a clean environment, healthy food, knowledge and information, and community and peer relationships are what Berkeley residents need to be healthy. While participants cited disparities in immunization rates, diabetes, and asthma as the primary health issues affecting their communities, responses were overwhelmingly focused on the community conditions that lead to increased risk for and prevalence of chronic and/or preventable diseases and health conditions among some groups. For example, when participants spoke about specific health conditions, such as asthma, they spoke about the poor environmental conditions. In terms of solutions, respondents emphasized the need to link funding to the goal of addressing health inequities over the long term and to partner more authentically with the community to create and implement solutions. A majority of participants were African American and a different set of priorities rose to the top in this town hall when compared to the first town hall, which was a majority white audience.



5. *Trust*
6. *Community Cohesion, Engagement and Activism*
7. *Community and Economic Development*
8. *Access to High Quality Health Care*

Trust

Throughout the town hall, in break out groups and during the public comment period, participants expressed skepticism towards the City's efforts to reduce health inequities, noting that these issues have persisted for many years. There was a shared perception among many residents that the City demonstrates greater care and concern for the wealthy, white, and newly arrived residents of Berkeley than it does for communities of color, low-income residents and those who have historic ties to Berkeley. Many attendees were concerned about the divestment of City funding to programming serving South Berkeley African American communities; others suggested that the City re-invest in programs such as Black Infant Health and the Community Action Teams, which were

described as effective programs that supported the health and wellbeing of the African American community.

Others noted that the City does not invest in long term strategies, such as prevention, community and economic development, and maintaining the City's infrastructure and public resources when it comes to African American and Latino communities. Some questioned the City's commitment to reducing health inequities, noting that significant resources had gone towards bringing in programs and services delivered by "experts" from outside the community that had yielded no change. The City's budgeting process, including the recent budgetary decision to reduce resources for South Berkeley, had also undermined trust, according to some. Latino residents cited disparities in access to public resources, such as pools and parks, a lack of accessible information about issues, events and a lack of responsiveness from City departments to their complaints, as key issues undermining trust. Participants also described a lack of transparency about the current community engagement process, how current interventions are being evaluated, and how the City makes decisions.

There was a desire for greater transparency, engagement, and partnering between the City and Latino and African American communities, as well as more equitable access to government services and resources. While some input was clearly directed towards the Public Health Division, other comments were intended for the City of Berkeley more broadly.



Community Cohesion, Engagement and Activism

There was general consensus around the desire for more intentional inclusion of communities that experience the greatest inequities in health in the planning, development, implementation and evaluation of community solutions. Many proposed solutions focused on creating better two-way communication with the public, increasing community-building (to help establish trust), and giving voice to groups who are represented among those experiencing worse disparities in health outcomes. While some participants were grateful for the opportunity to share their perspectives through the town hall meeting, others emphasized the need for more authentic and ongoing engagement, dialogue and partnership.

As noted above, some residents were concerned that the City focuses too much on delivering services to treat disease and health conditions, versus empowering communities as partners, resources, and co-producers of the services the City delivered. An outcome of

services delivered by “experts” is a lack of culturally relevant and appropriate services and supports, a deficit focus, and sustained inequities in health. One participant noted that communities themselves know what they need and should be viewed as a resource, versus a deficit. One participant recommended that the City engage communities and community-based organizations that serve impacted communities in assessing currently funded services and developing new interventions. Another argued that the City needs to come to view the community as having solutions to promoting community health.

There was a clear desire for greater partnership between the Division and impacted communities. Latino and African American respondents alike recommended that the City support the development of community centers, where residents can access information, peer support, trauma informed services and supports, and recreation. Such centers could serve as a place for communities to get informed and engaged in the issues impacting their communities as well as a hub for communities to build relationships and informal supports outside of receiving a service. Respondents also recommended the use of promotoras and ethnically specific peer health outreach that share the same background as Latino and African American communities. Latino respondents wanted information to be shared in more ways than just the City website, such as a resource center, a telephone number, a YouTube video or other innovative methods. The City website was described as difficult to navigate, inaccessible, and lacking in up to date information.

Others who had spent many years delivering health care services or serving impacted communities emphasized the value of community capacity building, community organizing, and social activism as strategies to improve the health, resource and development of their communities. Engaged and empowered communities lead to more cohesive communities, which in turn brings more support and resource to the neighborhood and supports community health over the long term.

Prevention and Community Development

Community input reflected a recognition of Maslow’s hierarchy of needs: addressing safety and basic needs first, creates the ability to focus on other things. Basic needs like affordable housing, healthy food, and access to healthy exercise/recreation were described as fundamental to good health. Trauma and racism were called out as factors affecting health disparities in multiple ways, including how they lead to drug/alcohol abuse, mental health needs, poverty, unemployment, lack of access to culturally relevant services and supports, etc. Participants recommended that the Public Health Division make long term investments in creating the community conditions that support health and wellbeing, including supporting economic development, addressing issues related to housing affordability,



promoting access to healthy food and opportunities to exercise. Participants expressed concern about a lack of affordable housing, lack of employment, institutional racism and the increasing gentrification of African American neighborhoods.

Several participants recommended re-distribution of wealth, noting that disparities in income and wealth lead to disparities in health. The City, they recommended, should focus on eliminating gaps in wealth and looking more closely at the Social Determinants of Health (SDOH) framework as the lens for eliminating health inequities. Many argued that the City should focus on changing the conditions, such as inadequate access to healthy and affordable food and exercise, insufficient park and open spaces, homelessness, congestion, traffic and pollution. Latino residents were concerned about access to public spaces to maintain a healthy and active life style.

Mental Illness
Drop In Hours
Alternative Care
Access
Prevention
Bilingual Services
Elder Care
Affordable Coverage

Access to High Quality Health Care

Participants cited diabetes, asthma, mental illness, immunizations, dental, elder care, tobacco use, and reproductive health as the health issues they were most concerned about. Many comments focused on improving *access* to services that were affordable and culturally relevant and *appropriate*. Latino respondents wanted more bilingual providers and outreach and information in Spanish. Many wanted increased support for the elderly. Several solutions focused on increasing access to care. Others were concerned about ensuring affordable access to health insurance for all Berkeley residents. Participants offered a range of solutions to improving health care access and quality, including:

- Offering alternatives to traditional medical treatment, which over-emphasizes prescriptions
- Evaluating what is working (e.g., CAT teams)
- Building an understanding of trauma among community providers
- Access to groups to resolve underlying issues for drug abuse (including trauma) – some people won't go see a clinician for one-on-one treatment
- Expanding the accessibility of clinics with additional drop in hours
- Mobile holistic care that would allow more residents to access preventive care
- Family-oriented events like Humanitarian Day, where community members feel welcome, access supports, and learn about how to access ongoing services/supports
- Preparing to fill the gaps that will emerge with the Alta Bates ER closure.

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative
Focus Group Summary
Target Population: African American Women
May 28, 2015

Introduction

The City of Berkeley Public Health Division has engaged Bright Research Group to conduct a community engagement effort that informs the City's priorities to reduce health inequities. As part of this effort, the City is holding focus groups with target communities who experience the greatest health inequities and are underrepresented in public input forums. A focus group with African American women was held on May 28, 2015 from 6:00-8:00pm at GOALS for Women in South Berkeley. This document reports on key findings and themes from this focus group.

Participants

Twelve people participated in the focus group. Participants were from diverse age groups. Four participants were African American women in their late 20s and early 30s; six were in their 40s; and two were in their 50s. All women were mothers of one or more children, of varying age ranges. At least two women had grandchildren.

Format and Methodology

Participants were recruited through Healthy Black Families, a Berkeley-based non-profit organization. The focus group was held during the regular monthly meeting time of the STEP program—a support and capacity-building group of African American women and mothers in Berkeley.

Participants were asked the following questions by a facilitator. A recorder took detailed notes.

1. What does being healthy mean to you?
2. If you had to tell a story about the health of people in your family and community, what would that story be? What story would you tell about the health of African American women in Berkeley? What about for your family or loved ones?
3. Do you, your family, or your community have what you need to be healthy? If not, what gets in the way of your family or community being healthy? What ideas and recommendations do you have about how to make your neighborhood or community healthier? What would make the biggest difference?

4. What are your biggest concerns about your child's health, and their ability to grow into healthy adults? What about when they are teenagers? What concerns do you have for the health of your parents or older folks in your family or community?
5. What should Berkeley be concerned about when it comes to the health of the African American community? What should they focus on? Why?
6. Who do you trust with your health? Who do you go to for information and questions about your own health or the health of your family?
7. How familiar are you with the City of Berkeley Public Health Division and the programs they provide? What thoughts come to mind when you think about the city working to improve the health of the African American community?
8. What, if anything, do you expect from the city when it comes to improving the health of the African American community in Berkeley? What advice do you have for the city around how they could support your goals and vision for a healthy family or community?

Participants were also presented with the Divisions' four leading health inequities and asked for their comments, reactions, and additions.



Summary of Community Input

Participants were grateful to share their stories, experiences, and perspectives about the health of African American women, families and community in Berkeley; they were eager for further engagement efforts, for the city to hear their voices, ideas and solutions when it comes to promoting community health. For many, it was the first time they were asked about their perspectives. For most, being healthy meant feeling physically, mentally, and spiritually balanced and having their basic needs met. Among the women who participated, concerns around access to quality, culturally-relevant healthcare rose to the top in terms of priorities. Participants reported that the network of providers accessed by participants is motivated by a different set of interests (i.e. reimbursements from Medi-Cal), instead of the health and wellbeing of African American patients. This lack of care and concern has led to profound mistrust between African American patients and the health care system. Participants also shared concerns about stress, social-emotional wellbeing, and mental health, which they attributed to economic challenges, broken families due to incarceration, the cost of housing, and lack of community and economic development. Participants have information about health in general and a desire to be healthy, but yearned for greater access to healthy food, opportunities for peer support, positive youth development opportunities for young people, and affordable options for exercise.

Healthcare System

Quality of Care: There was near consensus on the lack of access to quality, culturally-relevant medical care in Berkeley for African-American patients. Participants identified several barriers in the healthcare system that made it difficult to maintain and improve their health. Participant experiences with doctors in Berkeley were characterized by a lack of care for African American patients- doctors either allowing patients to go undiagnosed or untreated, or—on the opposite extreme—they over-prescribed medications that had serious side effects. Negative experiences with treatments provided by doctors in Berkeley have bred mistrust among the participants. Participants reported that doctors in Berkeley were embedded in a system riddled by institutional racism.

“They keep trying to give me medication and send me to a neurologist, and they gave me medication that made me lose my motor skills. I felt like a zombie. I don’t want western medicine. I don’t want to take anything heavy. I don’t want to be a guinea pig for trial medications.”

Participants seemed to agree that the quality of care provided by doctors has decreased significantly in recent years. Most participants were patients at LifeLong clinics.

“I’m surprised by how well people are doing in my family given how terrible doctors are now. [The clinic] needs to be investigated. I was injured in March and went to the ER, but they wouldn’t treat me because I had the baby with me in a stroller. They sent me away. I finally got a doctor’s appointment, they ordered X-rays, told me to go get fitted for this brace, and I’ve had the brace since March. I’ve called to make appointments many times and they have not been able to see me. I can’t feel my toes and can’t walk without my brace.”

“With my last pregnancy, one of the doctors told me that I would be lucky to have a miscarriage. I reported that doctor to Ramona with Black Infant Health, and she reported him.”

“We are not being treated fairly. I told the doctor that it feels like they want all Blacks to die. We don’t get care like how we used to get. They give medications to stop the pain, they want people to keep coming back and giving them money.”

“I don’t trust doctors. I go to my older aunties. They know more. They’ve been on this earth longer. They know home remedies... I feel discriminated against by doctors.”

Overall, participants pointed to these barriers as signaling a lack of culturally competent care in Berkeley—where the unique qualities and needs of Black health are met and treated using culturally relevant and preventative treatments. Participants pointed to the Black Infant Health program as a model for providing culturally competent settings to promote health.

"I was born and raised in Berkeley. Ramona [at Black Infant Health] has been a big impact in a lot of our lives, helping us navigate our lives. Everyone is very grateful for Black Infant Health. It's been an amazing experience to be born and raised here in Berkeley, grow up in Berkeley Unified School District, and to be able to work with the people that I've grown up with. We've had children together, been pregnant together. We have to be our own advocates at the doctor's office. We need the resources to be able to advocate for ourselves."

"We need programs that are specific for Black people. Health is not the same for white people; we have different needs than white people and different treatments."

Access to Care: Participants reported great difficulty with accessing care when they need it. Long lead times for appointments create pain, suffering, and greater risk for patients with untreated or chronic conditions. Participants reported that doctors do not follow up to provide the next level of treatment for patients—leaving the onus on the patient to understand how to navigate a treatment plan or to take the initiative to identify next steps. Finally, participants reported difficulty getting to their appointments because of the lack of access to affordable paratransit options.

Alternative Treatments: In addition, participants expressed strong interest in alternative medicine, holistic treatments, and other preventative measures that could promote their general health and well-being. As the primary point of health care, clinical settings do not provide access to these solutions in Berkeley.

"I used to think the difference in health care was if you had Medical v. employer sponsored health care. Now I have Kaiser through my employer. They are always just dope pushing. I have bad migraines and headaches, and they are always pushing the medicine on me. I do not want to pollute my body with these strong medications. Are there other alternatives? For me, there are no alternatives, but for others, they have acupuncture or other holistic methods."

Access to Healthy Foods

Participants highlighted the importance of staying healthy by eating healthy, fresh, and nutritious foods. However, participants reported a lack of access to affordable retail or restaurant establishments that provide healthy foods in South Berkeley. Participants pointed to Walgreens as one of the few establishments where produce can be purchased affordably. Participants identified a need for the City to continue to promote healthy retail sales at existing establishments in Berkeley.

"Our community prevents us from being healthy. I'm over in South Berkeley area near Ashby and San Pablo. There are no healthy choices there as far as being able to get a snack or lunch. They have an expensive Whole Foods or Berkeley Bowl. If you are on a fixed income and you don't have enough money and several mouths to feed, that's not going to cut it. Walgreens just barely started having healthy food."

They set us up for failure... There are not enough cost-effective healthy food opportunities."

While many felt they had basic information about staying healthy and expressed a desire to stay healthy, parents wanted more information and support in helping them navigate healthy choices for their families when they are shopping or cooking. Several participants highlighted their concerns for stress-related eating behaviors exhibited by their children, and the associated risk of obesity and diabetes. Participants were highly concerned with having the information they need to ensure that their children are developing healthy diets and eating habits. Food provided at Berkeley Unified School District was described as unappealing by their children.

"It's really overwhelming when you go to a store, and even when you think it's healthy, you don't know how much sugar there is in it. Juice has sugar and you don't realize it. One day your kid gets bigger and you worry. Is my child healthy or is she obese? The doctors tell me she's in the 90th percentile and she's ok but is she going to have something that is going to affect her later on."

Mental and Emotional Health

Participants reported that they are under increased levels of stress due to the lack of affordable choices when it comes to basic needs such as housing and food. Section 8 options are limited and rarely available. Rents have skyrocketed. Healthy food is difficult to access. Participants reported that this leads to level of stress and isolation that make it difficult for them to maintain or promote their health or the health of their families. Participants also pointed to the need to support single mothers in the community.

"All around, we need to care about the health and safety for the moms in the family and especially single moms. Single moms sometimes are down and out; they need more care. They are caring for a whole community. You take care of her, then you are reaching a lot of people. If she doesn't feel safe, then a whole family will fall down."

Participants also pointed to familial or community pressures that lead to stress and trauma in their children. Participants felt that violence was increasing in the community, and that they were increasingly becoming victims to theft, muggings, and other forms of crime in Berkeley. Participants also pointed to absences in their families due to incarceration as a significant trigger for stress and trauma in their children.

"I'm worried about my daughters' mental and emotional health. Her dad is in and out of her life, and I don't want her to look for love in men when her father isn't around. I see her stress eating in response to this stress. I worry about her mental health and if she is going to find love in men and make the same mistakes I made."

"I used to feel like I was in a safe haven in Berkeley. It does not feel safe anymore. I got robbed while at the ATM recently. I don't feel like I can walk down the street the way I used to. We need to feel more safe and supported in this community."

Participants reported the need to feel supported in navigating their children's physical and emotional health in group support settings such as the STEP Program. Participants were also concerned with the limited capacity of public systems to understand and treat the trauma experienced by their children. Participants want to be the leaders in promoting their children's social and emotional health.

"Violence and dads going to jail is a big deal. It creates stress for kids and what they see around, what they see on TV. Parents need to be in control and they need to support kids. We need to explain to our kids why people make wrong mistakes, and why they have negativity. Or else someone else is going to tell them and they won't be able to process it."

Community Building and Strengthening

Participants identified the need to build community access to culturally relevant, place-based safe spaces that strengthen protective factors. Participants' suggestions pointed to support for a Family Resource Center model in Berkeley. Participants yearned for a respite from stress and isolation, such as opportunities for peer support that strengthen family functioning and enhance community connections. Participants prioritized the need for culturally competent services and supports that reflect the needs, wants, and strengths of the community and span a broad continuum, from prevention to early intervention to safety-net services.

"There does not seem to be as much community support as there used to be. I think about me and my family—I work and go to school and volunteer, and I have to wonder how much support I'm giving to my family. I know I do these things for my family, but what does that mean for their mental health."

"Technology is a babysitter, a comforter when you're mad or upset. I'm in a world where stress is all around me, and I don't know how to comfort my daughter all the time. Sometimes the TV has to babysit my child because I'm so overwhelmed. I know I have to find ways to be entertained with one another outside of technology but that also supports the family. We need to focus more on each other."

Participants identified several areas where they wanted peer support in health including access to information about healthy behaviors, assistance with navigating the health care system and treatment options, and breastfeeding support. Participants also identified a need for African American-specific youth development activities that allow opportunities for their children to build community and engage in civic and community life.

"There are kids who are too young to go to school, but they still need things in the community to interact with so that they can have human relationships and learn together and be healthy together."

Participants pointed to the central role that African American-serving community-based organizations play in the health of the community, and the lack of support that these organizations have from the city.

"I just think we should have more programs, even just once a month for people to build communities for young kids. In grade school, if you can't afford to put them in afterschool, they are just out there, on their own sometimes. Parents are working. They can be home alone. We need Boys and Girls Clubs that support black kids in the community and places where they live."

"The cost of exercising is too high. We need lower fees at the YMCA. I would love to teach my kid how to swim at the Y, but I can't afford it."

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative

Pop-Up Summary

Target Population: African American Men

June 23, 2015 and June 30, 2015

Introduction

The City of Berkeley Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group (BRG) to conduct a community engagement effort. The goal of this process is to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work. A significant part of this effort is to hold focus groups with target communities who experience health inequities and are traditionally underrepresented in public input forums. A pop-up with African American residents of South Berkeley was held on June 23rd, 2015 and June 30, 2015 at three barber shops, including Johnson's House of Style, Just Cuts Barber Shop and DnD on Sacramento Street. The pop-up was organized in partnership with Heart-to-Heart. This document reports on key findings and themes from the pop-up.

Participants

Eight individuals participated in the pop up. All but one of the participants were African American men in their 30s-60s. One woman who was an African American student studying at UC Berkeley was also interviewed. While people were familiar with Heart-2-Heart and spoke positively about it, many declined to participate, noting that they had already shared their ideas about health with Heart-2-Heart.

Format and Methodology

Facilitators engaged individuals in brief 5-10 minute conversations about health, the health needs of African American men and their communities, and what they view as the City of Berkeley's role when it comes to supporting their health. Participants were asked the following questions:

1. Tell me a little bit about yourself. Do you live in Berkeley, how long have you lived here?
2. If you had to tell a story about the health of people in your family and community, what would that story be? What story would you tell about the health of African American men in Berkeley?
3. Do you, your family, or your community have what you need to be healthy? What should Berkeley be concerned about when it comes to the health of the African American community?
4. Who do you trust with your health?

5. What, if anything, do you expect from the City when it comes to improving the health of the African American community in Berkeley? What advice or recommendations do you have for the City?

Summary of Community Input

- Diabetes was the top health condition mentioned as concern to African American men and their families. Other concerns included asthma and marijuana (substance use).
- Many respondents held a cautionary view of the health care system, describing it as lacking in care for their health and wellbeing. Respondents said that providers showed a lack of investment in their health outcomes on the part of providers. Most respondents trusted their family and home remedies with their healthcare, though one reported a positive relationship with their physician at Kaiser. Some noted that years of mistreatment, abuse and neglect by health care providers bred an intergenerational distrust.
- Many respondents emphasized the importance of individual choice and freedom when it comes to health, noting that an individual's health depends on their overall choices to be healthy.
- Some respondents spoke of the inequities facing the African American community, noting the lack of resources, care and investment in their community.
- Some respondents cited the need for more resources and positive activities for young people in their community, including education.
- One cited the lack of jobs as a contributor to health inequities, while another felt that the University had a greater responsibility to care for African American students in particular.
- Many emphasized the lack of access to healthy food, green spaces, and places for families to congregate. Some reported traveling outside their neighborhood to be able to access healthy food.
- Respondents were not aware of the Public Health Division and did not share expectations regarding how the City should promote their health or communicate with them, focusing instead on the individual choices that people make to be healthy.

Raw Notes

49yrs old

- Lived in Berkeley all his life.
- Health of people in your family?: generally healthy, live to be fairly old, 1-2 people have diabetes mother's side, people are healthy, family originally from Texas.

- Story about health AA men in Berkeley: generally people are in fairly good health, men he's grown up with, seen them over the years, community, generally good, some people clearly don't take care of themselves, a lot of it is individual choice.
- Does your community have what it needs to be healthy: generally, yes, open question, compared to downtown Berkeley/UC Berkeley area (contextualizing the question), when compared, there's not enough resources in this area, we could use more resources, need options for stores, grocery stores, etc. people can then make healthier choices,
- Berkeley concerned about with AA men?: no general answer, perplexed with this
- Who do you trust with health: born in Alta Bates, family has a good association with Alta Bates, Kaiser is his current hospital, rarely uses Kaiser now, only for annual appointments, leaning towards family remedy before going to the doctor, dealing with old family remedies before the doctor
- Expectation from the city: perplexing question- public space, green space, where families can congregate

32yrs old, born in Berkeley

- Q#2: Very similar answers to first respondent- people are healthy, it's very individual, it's a choice to take care of themselves and some did not make the choice to take care of themselves
- Q#3: what are the needs? Berkeley be concerned with?: we don't have enough healthy options in terms of grocery stores, has to go extra distance to trader joe's or whole foods
- City with AA community: education and resources, we need to re-educate the younger kids so they aren't making the same mistakes as the adults are making
- Who do you trust with your health: Kaiser or Highland, but raised utilizing home remedies
- Recommendations: having better recourses and programs for kids and adults, health related programs, and more public spaces would help shift the mentality of community members, freedom of choice promotes health

32 yrs old, lived in Berkeley, family history has every health problem, physical health to mental health, due to combination of genetics, lifestyle and history

- a. General health of AA men in your opinion: generally good but university doesn't do a lot to support AA students, part of this due to small numbers of students there, invisible, more AA women than men in Berkeley, assumption women are healthier than men, think that AA men are ok, men are not seen
- b. Who do you trust with health: trusts herself and trust her family with her health first

- i. University can make more of a commitment to students of color, particularly AA in making their experience better, demonstrate to them that they're seen and recognize their contribution to campus culture
- ii. Provide more resources and more autonomy to come up to solutions to their health issues

45yrs old, wife is from West Berkeley

- General health of AA men: what he's seen in West Berkeley: owned business for one year, bad health due to lack of employment, better jobs=better resources, better jobs=healthcare benefits
- Berkeley needs to do: job opportunities
- Trust with health: himself
- Recommendation: more fairness about resource distribution, make a point that AA population are the residents that have been here the longest but lowest in health level, due to lack of fairness of resources, not anti-immigrant but folks been here long time, they should have better outcomes

64 yrs old, retired from job in Berkeley:

- Battling colon cancer; now retired; mother had ovarian cancer; two sisters both have breast cancer; one passed away
- Hasn't been around a lot of black men in a professional context
- Black folk/men don't talk about health with each other; not part of generation
- Had very bad experiences with the healthcare system; had gotten rid of two doctors
- Interfaced with doctors when he was battling cancer; felt like doctors weren't worried about his health and wellbeing; they weren't concerned with him getting better. Interfacing with the doctors when he had cancer was the worst experience of his life. It's like being on an assembly line; felt like he was more interested in his own health outcome than the doctor was. Doctor wasn't worried about me, worried about getting paid.
- No ideas about role of city in promoting health

35 yo,

- lives in Berkeley
- Family health- uncle died from diabetes; grandmother was diabetic (passed); many issues of diabetes affecting family and community
- A lot of health issues have to do with diet- poor choices in his family; they are from the south and eat a lot of soul food from the south (oil/fat etc.)
- Yes, get what we need, but made bad choices; a lot of people/men are used to not seeing a lot in their community
- A lot of black folk are not doing well wherever you go, but you kind of have low expectations because black people are living with less wherever you go

- I'd like to see more parks and rec. programs; more programs for kids; there was a time when there was more exposure to different opportunities for young people; need to have more open space for kids to stay active; more programs focusing on promoting safe sex
- Generational trauma- parents have had bad experiences with health care system; our community had bad experiences with health care for many years; so, we trust each other; people come out worse than they were before seeing doctor. We use home remedies. Feel cautious about using health care.

36 yo,

- Born in South Berkeley; now back in South Berkeley
- Family has dealt with diabetes a lot; some have gout- big issue in our community; gout is common in my family; related to diabetes; dad also had diabetes; mom too; he has diabetes
- Friends are smokers- smoke weed, don't take care of themselves; make poor choices; also they are doing what their environment tells them to do; following what is socially acceptable; need more information about the dangers of eating fast food, not taking care of self;
- People are dying from unnatural causes- getting shot
- Being diabetic forces me to look at this.
- Berkeley could be more concerned with grocery stores and farmer's markets
- Would like son (5 yo) to have more fresh vegetables and stuff like that
- Would like to be seen as a priority- equal priority; Berkeley is diverse, but resources are needed; we have fewer resources for south Berkeley. Resources go to downtown and north Berkeley.

42 years old

- Stays with girlfriend in Berkeley
- Family is relatively healthy; we're in good health
- Relatives have died from gunshot wounds
- Black men need jobs; is unemployed; want to improve health of black men, get us jobs; if you had a job, you take better care of yourself and have access to health care
- City should be focused on promoting healthy lifestyles in schools; smoking marijuana is not healthy; need to start focusing on this younger; drugs have physical effect; when people are using drugs, they don't look healthy, they don't look good.
- Used to play sports when younger; life got in the way;
- Trust- trust family and home remedies. Health care providers- doctors- they are not concerned for the health of black people; doesn't trust them.

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative
 Youth Pop-Up
 June 11, 2015

Introduction

The City of Berkeley Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group (BRG) to conduct a community engagement effort. The goal of this process is to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work. A significant part of this effort is to hold focus groups with target communities who experience health inequities and are traditionally underrepresented in public input forums. A pop up with Berkeley teens was held on June 11th at the Berkeley YMCA's Teen Center. This document reports on key findings and themes from this focus group.

Participants

Eight Berkeley teens and young adults who attend the YMCA participated in this pop-up. The majority of participants were Latina, ages 14-16. All but one attended Berkeley High School. While many were born in Berkeley, several noted that they recently moved to Pinole or Albany. Two respondents were African American; six were Latina/o. All but two were female.

Format and Methodology

A pop-up was held during the drop-in hours from 1:00-3:00pm. A facilitator circulated the room and engaged individuals or pairs in brief 5-10 minute conversations about health, the major health issues impacting young people, and recommendations for improving the health of young people in Berkeley.

Young people were asked the following questions:

1. *What do young people need to be healthy? What does being healthy mean to you?*
2. *Do you have what you need to be healthy? Do young people in Berkeley have what they need to be healthy?*
3. *How healthy are teens in Berkeley? What are the biggest health issues or concerns that young people face when it comes to staying healthy? What are the issues affecting teens in Berkeley?*
4. *What ideas or recommendations do you have for the City that might help young people or teens stay healthy?*

Summary of Community Input

Key Themes:

- Young people concurred that access to healthy food and exercise is what makes one healthy. Some people felt that positive peer and family relationships were also important.
- Young people agreed that overall the health of teens in Berkeley is relatively good when compared to other cities. They cited poor access to healthy food, depression, marijuana, body image/eating disorders, and diabetes as the major health issues impacting teens.
- When asked about whether STDs or teen pregnancy were concerns impacting teens, respondents concurred that these were not major issues. This may have been due to the relative young age of respondents (most were 14-15 years old).
- Access to healthy foods rose to the top in terms of issues impacting health. Some cited the need for more affordable gym memberships or places to exercise. Others noted the need to reduce availability of sugary beverages.
- A couple participants spoke about the stresses facing their families, as factors that impact their health and emphasized the fact that “white kids at Berkeley High” do not face these same issues. One young woman spoke of the stress of living in a small one-bedroom apartment and not having anyone who can help her with her homework. She expressed concern about being ready for adulthood.
- Young people concurred that most students in Berkeley know about healthy eating and how to stay healthy, noting that living in Berkeley, the importance of eating fruits and vegetables, avoiding sugary drinks, and eating organic is “drilled into you.” Young people emphasized that knowledge is not the issue, rather expanding access to healthy foods. Most recommendations on how to help teens stay healthy focused on improving the quality of foods available around Berkeley High School and in their communities.

Notes

Need to be healthy:

- Lunches for school; a lot of kids don't eat; wait until they get home; don't eat, then go smoke. They are gross; that's why kids don't eat them
- Not using drugs.
- Exercise
- Go to the doctor
- Me and my family have what we need to be healthy.
- Exercise
- Good diet
- Good breakfast
- Yeah, I have what I need
- Water
- Food
- Vitamin D
- Exercise

- Yes, young people are pretty healthy; there are a good amount of students who are fit; there are some that are obese and eat junk food.
- Healthy food needs to be more accessible; you go to whatever store; we don't have a lot of money; what is cheaper is junk food.
- Easy access to gyms; not having to pay so much for a membership; we only have PE classes at school; alternatives- I do dance instead. It is more interesting than running around in circles (PE)
- Compared to a lot of other places, our class coord. Said there was no access to healthy food in New Orleans; Berkeley is a bit healthier because of how much they promote healthy food and eating; specifically here in Berkeley we do know; we are constantly told about diabetes and obesity; if we know all of these things; it's impossible if we don't have the money to stick with it.
- A good environment
- Positivity
- Good people
- Most teens that I know; my group of friends are really healthy; I choose really good people; Berkeley high – I feel like they are trying to grow up too fast; the group of friends, the environment is not as good; I haven't seen any bullying and put downs.
- Their actions- people interact negatively with people; who they are trying to be.
- Eat well; be healthy in their brain and their mind
- Young people we are pretty healthy

Youth worker: What do youth need to be healthy

- Access to resources in their communities- school gym, parks etc.
- Need to be able to pull away from their cell phones
- (Health issues): for the most part, a lot of teens don't know what a nutritional diet is- they have a bag of chips and soda pop for lunch (not nutritional)- healthy eating- what do you need to have in a meal so that you are energized throughout the day.
- Health issues/conditions: I haven't met a lot of kids that are considered obese; I've met a bunch with asthma; respiratory conditions; young kids that suffer from migraines (a lot of young people);

Biggest Health Issues affecting teens:

- Can't focus at school; a lot of people are high; skip class; getting enough sleep.
- Teen health- I'm not sure
- I'm not sure
- Obesity; a lot of kids not exposed to having nutrients
- Me personally, it's harming kids- weed; I haven't seen people dying from it; but, mixing can lead to overdose.
- Most people would go to their parents; their teachers; counselors if they have a health care need.
- Sugary drinks are biggest issues- they are a lot cheaper; in CA, they are cheaper than water because we don't have water. It is always going to be about the cost.

- I don't hear about teens having health issues; it's personal. Maybe diabetes is the big issue; I had a presentation that said that by drinking a sugary drink a day, it puts you at higher risk of diabetes; being a person of color, we tend to go for those kind of things.
- Health issues are more visible; we are pushed towards ghettos, instead of grocery stores, we have liquor stores (for people of color)
- Depression is a big thing; eating disorders.
- It's really hard for kids of color (Latinas); you know, this is a predominantly white school- the white kids, they have all kinds of privilege; their parents have been paying for tutoring for years; they have been reading to them for years; they have so much more to start with. I don't understand my homework, I can't go to my parents for help; my mom didn't graduate from high school; that is why it is really frustrating when it comes to going to college, getting ahead.
- I was living in a one room apartment with all these kids screaming running around; it was so stressful; I couldn't do homework; teachers think you are making excuses, but it is really hard.
- STDs and Pregnancy not real issues at BHS (Repeated)
- Kids get depressed because of family stuff; family stress.
- I'm scared about graduating. I have one more year. I don't know if I will be ready.
- My situation is different; my grandma is American born, but yeah, we have been dealing with a lot of family stress; my sisters are crazy.
- I would say it's the people they are around; people trying to fit in, become something they are not; they get influenced
- I haven't seen any big health issues impacting teens. No- STDs/Pregnancy aren't big issues here.
- Body image issues, not approving of how they look because of what guys say.

Ideas or recommendations for how to make teens healthier:

- Better lunches; provide better lunches
- Have more programs that help youth; they don't go and get help
- Drugs, for example, people don't go and get help; they try to stop
- There doing pretty good
- Young kids- access to meals at school- healthy food- nutritional; at Berkeley High they are allowed to go out and buy their lunch; I don't know, asking restaurants to carry certain meals at lunch time; healthier food options; farmers markets is a good way of promoting healthy eating and diet.
- Off campus lunch- Walgreen's, Target, CVS, we are surrounded by those food options; there should be more nutritious food places. In North Berkeley they have Whole Foods and Trader Joes. In the ghettos where a lot of people of color live, there is none of that. We are living on limited income and we are going to buy what is cheap and what is there.
- At BHS, they also have food there. I don't eat the school lunch. The looks of it; it looks healthy, but sometimes it looks like mush.

- Educate us on being healthy, though most of us already know. It's going to have to be making food more accessible.
- This is a dark way, I feel like we need to get the consequences out there of what is going to happen to our bodies; if something bad is going to happen, I try to change it and avoid it as much as possible.
- I don't know.
- Talking about what they have; ask someone for help.

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative

Focus Group Summary

Target Population: Latino Men and Women

June 12, 2015

Introduction

The City of Berkeley Public Health Division has engaged Bright Research Group to conduct a community engagement effort that informs the City's priorities to reduce health inequities. As part of this effort, the City is holding focus groups with target communities who experience the greatest health inequities and are underrepresented in public input forums. A focus group with African American women was held on June 12, 2015 from 6:00-8:00pm. This document reports on key findings and themes from this focus group.

Participants

Seventeen participants attended the focus group. Fifteen women ranging from their mid-twenties to mid-sixties were in attendance. All women were mothers of one or more children, of varying age ranges. Several participants also had grandchildren. The two men in attendance accompanied their wife or sister to the meeting and were in their 30s or 40s. Participants reflected diverse ages and experiences within the Latino community. Some were professionals, born and raised in Berkeley and currently raising their own children in the City. Many had immigrated from other countries and have lived in Berkeley for at least ten years. While the original intent was to facilitate two separate meetings for each gender, the groups were combined and facilitated as a single meeting. Participants were recruited through the Berkeley Unified School District Office of Family Engagement. Robo-calls and text messages were sent out to Latino families announcing the focus group. All participants, except for one spoke Spanish. Many also spoke English fluently.

Format and Methodology

The meeting was facilitated in Spanish. One participant spoke English only and was African American. Her daughter spoke Spanish and translated for her mother. Public comments by this participant were translated back to Spanish. Participants were asked the following questions by a facilitator. A recorder took detailed notes.

1. If you had to tell a story about the health of people in your family and community, what would that story be?

2. Do you, your family, or your community have what you need to be healthy? If not, what gets in the way of your family or community being healthy?
3. What are your biggest concerns about your child's health, and their ability to grow into healthy adults? What about when they are teenagers? What concerns do you have for the health of your parents or older folks in your family or community?
4. What should Berkeley be concerned about when it comes to the health of the Latino community? What should they focus on? Why?
5. Who do you trust with your health? Who do you go to for information and questions about your own health or the health of your family?
6. How familiar are you with the City of Berkeley Public Health Division and the programs they provide? What thoughts come to mind when you think about the city working to improve the health of the Latino community?
7. What, if anything, do you expect from the city when it comes to improving the health of the Latino community in Berkeley? What advice do you have for the city around how they could support your goals and vision for a healthy family or community?

Summary of Community Input

Latino participants were grateful for the opportunity to share their perspectives on community health with the City of Berkeley's Public Health Division. There was consensus that being healthy meant having access to healthy food, exercise, and family and community support and love. For many, being healthy is physical and emotional health and wellbeing. Participants shared a range of concerns when it comes to the health of the Latino community.

Concerns were concentrated in the areas of: access to healthy food, inequitable access to public services, and community and economic development. Participants emphasized the desire for greater access to healthy food in their neighborhoods, schools and communities. Many also expressed concern regarding inequitable access to public services, noting that the City appears to prioritize services for North Berkeley and higher income residents over low-income communities of color in South and West Berkeley. Finally, participants described the connection between the health of the Latino community and access to employment, healthy air, affordable housing, homelessness, and economic development in



their neighborhoods. Participants wanted to be included as active participants in promoting the health of their neighborhoods.

Healthy Food and Exercise

When asked about the primary health concerns affecting their families and communities, participants emphasized the need to promote access to healthy food. Most concurred that most Latinos in Berkeley know about healthy eating and a good diet; some noted that they had struggled with their weight and wanted support around maintaining a healthy diet and exercising on a regular basis.

Grocery Outlet
Sugary Beverages
Exercise
Healthy Eating
Healthy food
Fast Food
Healthy Weight
Cooking Matters

Others noted that many Latino families are working multiple jobs, and that having the time or money to eat healthy food is a barrier and leads families to eat at fast food restaurants. One daycare provider noted that many of the two and three year olds in her program already know the “M” for McDonald’s and how to read Jack-in-the-Box. As in other forums, residents of West Berkeley expressed concern about the closure of Grocery Outlet. Asthma and diabetes were cited as two health conditions that are afflicting the Latino community at high rates and could be prevented through access to healthy food and exercise.

Inequity in Access to Public Services

For many participants, there was concern that the problem was not a lack of resources for families in Berkeley, but rather that existing services are directed to white and high-income residents. Some participants expressed concern about disproportionate minority contact between police and Latino residents, including poor response times when Latino residents call for help. Others noted that pools and parks in South and West Berkeley are not open at times that families can easily use them; for example, an evening, family swim time is offered at North Berkeley pools, but not at West and South Berkeley pools. For many Latino families, summer camps and programs are prohibitively expensive and inadequate information is made available about financial aid and program registration.

Police
Racism
Public Pools
Parks & Recreation
Summer Programs
Displacement

Community and Economic Development

For many participants, there was concern about how hard Latino families are having to work to be able to afford to live in Berkeley; consistent with other forums, participants are concerned about gentrification, affordable housing, access to employment and jobs, noting that when families are struggling to meet their basic needs, they experience greater mental health challenges and stress and must prioritize affordable food over healthy food. Some recommended that the city change its policies on affordable housing to increase the number of available units. For families living in multi-unit housing, secondhand smoke (tobacco and marijuana) was of significant concern, impacting the health of elders and young children. Others were concerned about the problem of homelessness in Berkeley and wanted greater investments in infrastructure. City parks, for example, were described as being over-run with dog and human excrement; one father expressed concern about letting his daughter go to the park because of the number of homeless people there. Air quality, congestion, and traffic were also cited as issues impacting the health and safety of their community.



Families do not know where to go to find out about available services, including peer support, mental health services, housing, jobs, legal services, or to offer their services to other residents when they move to Berkeley. Many Latinos have valuable skills- from babysitting, gardening, construction, computers, and so on that new residents may have a need for. One recommendation supported by most in the room was to create a community center for Latino residents in West Berkeley where people could share information, access recreation and peer support, be in community, organize their community, and offer skills and services. No such Center currently exists; some families cited Bahia, a child care program, as the primary source of information for Latino families. The City's website was described as inadequate and difficult to navigate.

Health and Health Care Services

Latino residents expressed distrust with the quality of health care services. When asked who they trusted with their health, many cited their families and expressed frustration that doctors only have medicine, prescriptions and drugs to offer. There was a perception that the quality of care had declined over time. One participant suggested that when it comes to seeking health care, residents need to educate themselves and bring the information to the doctor. Diabetes and asthma were the health conditions some participants were concerned about, though these were cited within the context of the community conditions described above that either lead to or prevent good health. One participant cited the need for more culturally-relevant, bilingual mental health services, available in the community.

Raw Notes

Introductions:

- Interested in learning more about education in Berkeley; interested in bilingual education.
- Interested in health and preoccupied with issues of health with her family
- Interested in health and found out about it through a phone call from the school district
- Interested about eating more healthy food; losing weight;
- Interested in health care services; but, also interested in parks, access to healthy food, pollution- those kinds of issues as well.
- Worried about West Berkeley and how to get information to Latino families
- West Berkeley; interested in mental health; social worker; 3 kids here in Berkeley; interested in the services that the city offers

What does it mean to be in good health:

- Being able to breathe; being able to exercise; I have asthma; access to parks; access to healthy food;
- Value myself- nothing gets in my way; being able to do what I need to do everyday, without having pain
- Having energy throughout the day; being able to do exercise
- Having good vegetables and fruits; the Latino community, our diet has a lot of fried food, oil, etc.
- Being alive; having love; being healthy; everything comes from there
- Being in community; we have a lot of issues around trauma- violence; I'm going through it right now; grieving families; need support around mental health
- Self-esteem- having self-esteem- if you love yourself
- It's important to have security; they are building new houses; the cost of living is going up; we aren't able to afford housing.
- Clear air
- Not getting sick
- Having energy
- Access to the parks
- Wellbeing, being in good health, mentally, physically, emotionally, and in your environment
- Self-love/Self-esteem
- Being in good health, being able to eat well and exercise
- Exercise
- Having community
- Mental health; trauma
- Life, love, health, money
- Not having lice; no carpets, not in home
- No asthma- no carpet or dust

- Good health; food for school lunches
- Eating vegetables and health food
- Eating vegetables and exercise
- A healthy diet, mental health, family and support
- Being able to value myself and being free of pain and suffering
- Physical health and emotional health
- Not having any sickness; being without pain
- Having a healthy diet
- Eating healthy food; having rest; and, being able to exercise
- Having access to healthy food
-

Health in Berkeley: What is the health in Berkeley like for Latino families?

- Drugs; I see a lot of people who are smoking; smoking marijuana; that concerns me.
- I live on a single block- there are 5 or 6 people on my block that have anxiety and I was wondering if there is something in the environment; we all have the same illness; in my building there are three people; I go to therapy; but, I am not sure what is going on.
- People smoking- cigarettes and marijuana, but it is impacting children; especially, young children; they are being exposed to cigarette and marijuana; we live in a large complex and everyone is smoking there; I have gone to the city; and we are exposed to second hand smoke; we have called the police because it feels that it is entering into my house; the signs everyone ignores; our neighbors are not worried about our health; the old people live there too; the system isn't functioning
- Our health is deteriorating. I am looking for a place without second hand smoke. There is a lot in our building.
- I am concerned about sugary drinks; I have seen that we have diabetes in our community; you try to control it; but, I see that in my community, at a certain point, a certain age, we get diabetes. It puts our children in danger. Food is very expensive; childhood obesity; I am worried about the quality of food here. They are shutting down the Grocery Outlet.
- We know about healthy eating, but it is hard when you can't get it in your neighborhood.
- The city offers many things; there are many services for North Berkeley, fewer for West Berkeley and South Berkeley; what it offers to us is traffic; I live in West Berkeley on 6th Street; the leaves on the trees are black; I leave my grandchildren's toys out and they are black; my son has asthma; my daughter has anxiety; I think there is not igualdad (equality).
- We also want access to high quality food; not whole foods- whole paycheck; we finally have grocery outlet, but it is closing. They put the announcement about the zoning in the back where we couldn't see it. It is the only place that we can buy healthy food in West Berkeley; there is so many people moving in to West Berkeley that are interested in the fast commute to SF. People are getting displaced. The price of rent is going up and people are getting pushed out.

- The swimming pools; I bring my grandchildren to the pools; the most important for health is moving around. Our pool is closed at 6:00; they use the pool between 4-6 for the swimming team so that the pool can be used in North Berkeley for families. In North Berkeley, they have lap swim for 5-8:30. We do not have equity; why do we not have access to the swimming pool after work the same as they do in North Berkeley.
- The parks- they have a joint use program- when school is out of session, it needs to be accessible to the community; They close it all the time with lock; I call over and over again so that our children can play; they leave it for three weeks, then they do it again (lock it up); concerned about policies that are inequitable in access in West and South Berkeley (Rosa Parks) and swimming pools.
- We don't have things that can prevent illness.
- It feels like the city is focused on the rich and the wealthy. The city has a lot of beautiful, great programs; I am coming from San Francisco; you can't afford a 2 bedroom apt. Programs are \$365 a week. It is affecting the Latin community; we need our kids to be in positive programs; concerned about violence; we are seeing displacement and condos that are happening in SF happen in Berkeley; what are they doing to people of color; They are not directing the list of services to people without money.
- There is a perception that services are being directed to north Berkeley; there is not a lack of resources, it is where they are directed.
- Latinos, we need to get organized and have our voice heard; let them know that we have a voice to be heard. We need to be a part of creating solutions.
- I have been here in Berkeley for 30 years; I am very concerned about what is happening here in Berkeley. The park in front of Berkeley is full of homeless people, they are using the restrooms in public places; what are they doing with our taxes; they spend millions of dollars on the homeless. Why are they not investing in the infrastructure; I come from a third world country. Why are we having so many homeless; if my daughter goes to the park and there are people that are sick, she
- I want to see more connection between the parks and recreation dept. and the school system and the mental health system; Latino families don't know where to go during the summer; if they are not in Bahia, then they don't have access to summer programs.
- I would like Berkeley to change the policies about the number of affordable housing units; the developer has the option to pay a fine or have affordable housing units; I would like them to remove that option. And, increase the number of affordable housing units; there is not enough space for people to share information.
- There are so many unused business spaces in south Berkeley; why can't we have a Latino community center there so that we can have services for our community; give information; we also need to connect our skills with the new people who are coming here- babysitting, cleaning housing, gardening, construction, computers etc. all the new people who are coming into Berkeley, we have services to offer them in West Berkeley.

- Homicide services for victims and families
- The new businesses that come; they should give them an incentive to employ people that live in Berkeley. In south Berkeley, there is a lot of vacant, unused spaces.
- Pets- the city should fine people that don't pick up after the dogs. When I go out running, I come in with dog poop on my feet. (Others agree).
- There is a park up in the hills; it is near Indian Rock; it is a park for children; it was full of dog poop. There is not inequity in dog poop.
- The children can't enjoy being outside because of the dog poop.
- I am concerned about the traffic; there are a lot of Latino walking to Mi Tierra; it is very dangerous; there is a crosswalk, but the cars do not respect it.
- There should be support groups in Spanish for Latino families. The mental health division doesn't support the Latino families. They need more groups in trauma in English and Spanish; they need to connect more with the schools. Many people don't have transportation to go to mental health in South Berkeley. That is most important for me.

What should the city focus on?

- I am very concerned about the health of our young children; a lot of our Latino children are vaccinated; I am concerned that they die at higher rates from whooping cough; I read that 70% of those that die from whooping cough are Latino. It doesn't make sense.
- My daughter went to Bahia; Marta Cuevas gave us a lot of information; she gave us cooking matters; and we learned about how we were selecting food; unfortunately cooking matters was a great program, but the Latino community didn't go. I don't know why the Latino community doesn't come out. The participation of the Latino community is almost null. We don't put a lot of attention on the resources that are offered.
- Many of the sicknesses we have is because we don't know how to eat. There is Jack in the box on the corner; one of my nieces, at two knew how to read the M from McDonalds; when we pass by jack in the box they want a hamburgers (runs a daycare); we need to change our diet. We need more attention on the diet, nutrition.
- For Latinos, if we don't recognize a number on our phone, then we do not answer. There are many people that do not see the sun because we are working- our children are in school, in after care, and then the uncle goes and picks them up. The idea about a space where people can go for information is great.
- The website on health that the city of Berkeley has is very complicated; it is very difficult to find the information we need. We have lots of parks, but they close, or there are people that are homeless; or people that are attacking. They put out messages that create panic. The culture is changing- that you can't trust anyone- you can't
- Lunch at the schools is terrible- it is not healthy.

- I have a constant fight to lose weight. I try, but it bothers me that they go to school and they have a lot of unhealthy food. It is very economical what they put in the schools
- We also need to model in the home, healthy eating.
- I don't know what they are doing with the West Berkeley Senior Center; Richmond has the Latino Center; we need something similar. Why can't we copy that. They don't use it. It is always closed; Why can't we have a space to go to receive services, groups, classes, zumba, where someone can go to get information and learn how to navigate. It should be in West Berkeley. We need something on this side for Latinos.
- We need a space in our community; we need something that is more supportive of our children who are not performing academically.
- Some of us are not here legally, people need access to legal services so they can get healthcare; to have access to basic needs; need bilingual services. Services for non-citizens.
- We eat a lot of sugar and we have all the negative health outcomes. We need to break cycle of diabetes. We need language services.
- We need more support with developing economically; we are working very hard; we need to build our own businesses; we need a subsidy to rent a space to open a business on San Pablo- low interest loans, for example. We are working very hard. Something to help us develop economically. Many of us are working two or three jobs.
- Catholic Charities is an organization that gives a lot of support (legal- especially immigration, health care enrollment).
- Lack of economic development.
- Doesn't know where to go to advocate, where can she have a voice; City Council; I don't know how to navigate those spaces. It is intimidating. We also need to be able to identify the issues we are concerned about. Alone we can't do it. We need to be able to advocate.

Who do you trust with your health:

- I go to my doctor
- I have a book that I read; it has all the information that I need.
- I call the doctor- the doctor only has 5 minutes; you have to be equipped with as much information as possible.
- Look at the internet. The doctor has 100 possibilities; you need to arrive with some information.
- You can help yourself
- A question- the program on health; Covered CA- they charge us an enormous deductible; we pay a large amount each month. We are having a huge payment each month.

- I would like to direct a complaint to the police; they take a long time to get there where I work at the Laundromat; when I had a white person call, they come in 15 minutes, but it takes hours when I call.
- I live on 6th St. There are lots of police that circulate there; they are driving around in circles. They pulled me over. Four more arrived. They are racist and seem like they are targeting the Latino people. It was scary; I was a few feet away from my house.
- When my kids are sick, they just want to give drugs. I call my mother in law or my mother.
- I go to LifeLong and they treated me well there; but, it has gone downhill. The new psychologist they told me I didn't qualify.
- I trust in my mother; thankfully, we are very healthy; my daughter gets sick; it is always a virus. My daughter had a fever 102-105 and I called. I don't trust them. I was worried that she was dying. They don't seem concerned at Kaiser. Finally, the fifth day it went away.
- I was concerned about the health system. They are following a protocol, but I don't trust the doctor. Emergencies- every time we call 911, they send such a response inordinate to the level of concern- disproportionate response—firetrucks, ambulance, police- it doesn't make sense that they say they can't respond, but then send 10 cars for a single thing.
- I am worried about homicide. I lost my son to violence in SF last year; I want to make sure that we have support, therapy; we are losing our children. We need to get programs in there for our communities. I went to Oakland to get services. It was very hard for me to get the support I need.

Feedback on Priorities:

- Hospitalization due to asthma is not a good metric; they should focus on prevention rather than looking at hospitalization.
- I have a treatment for asthma- the told me that I put fresh garlic and ginger and it helped me; with lemon, honey, and ricola; then it cured my children of asthma. Home remedies.

City of Berkeley: Public Health Division

Community Engagement for Priority-Setting Initiative

Pop-Up Summary

Target Population: Homeless

June 2, 2015

Introduction

The City of Berkeley Public Health Division has undertaken an initial process to review health data to identify the leading health issues in Berkeley where different racial/ethnic communities face disparate outcomes (Health Inequities). To better inform these priorities, the Division contracted with Bright Research Group (BRG) to conduct a community engagement effort. The goal of this process is to hear from Berkeley residents and community members about what they see as priority areas where the Division should focus its work. A significant part of this effort is to hold focus groups with target communities who experience health inequities and are traditionally underrepresented in public input forums. A pop-up with homeless residents was held on June 2, 2015 from 3:30-5:00 during the daily meal services provided by the Berkeley Food and Housing Project at its Multi-Service Center, 2362 Bancroft Way. This document reports on key findings and themes from this focus group.

Participants

There were approximately fifty individuals who received meal service at the service center. The majority were men between the ages of 40-60, though a few were in their twenties. The room was ethnically diverse. All but one of the individuals who were interviewed reported that they did not currently have stable housing. Interviews were conducted with 15 people.

- 14 male
- 1 female
- 6 White
- 9 African-American

Format and Methodology

A pop-up was held during the meal service from 3:30-5:00. Facilitators circulated the room and engaged individuals or pairs in brief 5-10 minute conversations about health, the needs of individuals without stable housing, and how they would like to hear from the City about their efforts to engage the community.

Summary of Community Input

- There was general consensus among respondents that food and shelter are what people need to be healthy. In general, people reported having what they need to

- be healthy, including access to health care. Some felt that they could live without shelter, or that they preferred to live on the streets instead of the overnight shelters that were available to them. Respondents pointed to the threat of violence or theft and the lack of privacy as reasons why they did not want to sleep in shelters.
- Although a majority of the people interviewed were not stably housed, a couple of individuals were living in small studio apartments or other short-term housing that did not have kitchen facilities. While some participants cited the regular availability of free meals as a benefit to residing in Berkeley, others cited concerns about not being able to get a hot breakfast.
 - Respondents relied on the Suitcase Clinic and the Free Clinic to receive non-emergency medical care and treatment. Respondents rated their experiences with these clinics very highly, however, they agreed that they have limited opportunities to access health care at these clinics because of their limited hours. Without additional hours or days where these clinics could be open, respondents felt that they were unable to effectively treat chronic conditions or momentary lapses in illness. Respondents felt particularly concerned about accessing health care services during the summer months when UC Berkeley volunteers were not available to staff the clinics. Overall, respondents overwhelmingly felt that dental care was impossible to access.
 - Several respondents were interested in enrolling in health care, and in three cases, thought that interviewers were there to help enroll them in health care. A few respondents shared that they had received assistance enrolling in Medi-Cal, which had been very helpful to access treatment for chronic conditions. Others noted that they were able to receive the healthcare services they need because they have Medi-Cal.
 - Respondents described Berkeley as a friendly city to people without stable housing, due to the good weather, wide access to free meals, support services, and access to health care at safety net providers (Highland Hospital, the Suitcase Clinic, LifeLong Medical, and Alta Bates). Several respondents had been homeless in other cities or states and described Berkeley as hospitable and livable for those without stable housing.
 - The primary health concerns were substance use and mental illness. Respondents emphasized that these issues often lead to homelessness. Several respondents exhibited symptoms of mental illness. Respondents noted the gaps in rehab and substance use treatment, noting that people are often treated for mental illness with therapy when the real issue is substance use.
 - Several respondents shared praise of the mental health services provided by the City of Berkeley, and wanted to ensure that the City continued to fund and support mental health services for people living on the streets.
 - Respondents suggested that the city build more affordable and supportive housing for people without stable housing.
 - They also cited concerns with the lack of public restrooms. One participant argued that because of the City's hospitality, public spaces are being used for housing, which they are not designed to accommodate. Homeless people do not like

defecating in public and residents don't like it either. This participant recommended that the city build more public restrooms to accommodate the ways that people are using public spaces.

- Respondents felt that their time on the streets lent them to bear witness to violence, theft, and drug sales. Respondents felt that they knew the handful of people committing criminal acts in the streets. Some respondents shared the need to have liaisons with the police department, mental health department, and other city services to report violence, criminal activity, or the need for mental health support for people experiencing psychotic breaks.

Notes

1. What do people need to be healthy? Do you and/or your family or friends have what they need to be healthy?
 - Yes, I have what I need to be healthy
 - I have disability/SSI- that provides me with an income- something to live on; I can go to LifeLong Medical if I need it; if I need health care
 - It is very tough for people who do not have SSI, everyone needs a check to live on.
 - I've lived all over the Bay Area, but been in Berkeley for several year now; I don't have stable housing; the good thing about Berkeley is all of the services- you can always get a meet
 - There are practical consequences to not having shelter; you are less healthy when you don't have that.
 - Getting services to people that need them;
 - Yes, I have what I need to be healthy; people need healthy food, a place to clean up (i.e. shower). When you don't have those things it's hard to be healthy.
 - We have a lack of stable housing here in Berkeley it becomes more challenging
 - I got to Highland Hospital if I need help. You have to wait all day, but they treat you really well.
 - I've been in Berkeley five years; no, I don't have stable housing.
 - Yes, I have what I need to be healthy. I decided today not to smoke cigarettes. It hurts my chest; I need to quit.
 - No, I don't have stable housing. But, it is okay. You can be okay in Berkeley with a sleeping bag and a cardboard box; At the beginning people don't feel safe, the first few nights they are out there. But, here in Berkeley, you feel safe over time. It's a good place to be homeless- it is safer than Oakland. There is a good climate. The lack of rain has been good for us. And, in Berkeley there is always a place for a hot meal; you can get that all day. So, really, if Berkeley wanted to stop the issue with homelessness maybe they should offer less food, less services.
 - The climate in Berkeley draws us, makes it a good place to be homeless.
 - Need to have a job, a check coming in in order to survive.

- People need sleep and food and an opportunity to be active to be healthy. In Berkeley we have extremes- either people sitting around all day/working all day not moving or people being really active.
- I've lived in Berkeley for three years; it is the easiest place to be if you don't have stable housing in the Bay Area.
- If I need healthcare, I go to Alta Bates or Highland. I have my health care needs met.
- I'm from UK- being homeless there is a death sentence; in the US, they will feed you, they will give you shelter. There, there is nothing.
- I've lived in Berkeley for 15 years; I'm on my own; I don't have stable housing. For me being healthy is being able to exercise, having food, eating your vegetables. I exercise and walk a lot. I need better health care.
- People can live without shelter; I've seen a family raise two babies outside, without shelter; people can survive.
- It's been hard living without shelter.
- I was looking for a change of pace. I came today for the Suitcase clinic.
- Berkeley has a lot for homeless people. There is the clinic where I can get health care; there is always a place to get fed; the weather is warm. It is much easier to be without housing here than there. In Iowa, you freeze to death. I have to say as a middle class black man, it is shocking to see the number of people pushing shopping carts. It is a moral outrage.
- To be healthy, people need food, shelter, love
- I've lived in Berkeley since 1964; I live in senior housing.
- To be healthy you need a warm place to sleep; food provided for you. And yes, thankfully, I have what I need to be healthy.
- Seniors, we tend to live by ourselves; I go to the North Berkeley Senior Center to take classes; people come in, they have readings there, activities; it is a second home; I have friends there.
- Seniors need a place to feel safe to meet other people, to take classes etc.
- Elder voices is an organization that a friend of mine started; it's about seniors having a voice, talking about things they are concerned about, what we care about, our passions and dreams. In this country, we think that old people don't care about anything and that's not true.
- Medi-cal is a problem- you can't have more than \$2000 in the bank to qualify. So because I saved, I can't get it. I have Medi-Care. But, I live on \$390/month, but am considered to make too much money. This is a problem for seniors.
- I have hypoglycemia, so I exercise to burn off the sugar; seniors need to exercise; you actually have more energy if you exercise. Some elders don't get that concept. Exercising makes you feel better.
- I'm also concerned that N. Berkeley senior center has donuts out and that is very unhealthy. They have sugar, fat, wheat flour...
- Dental care is terrible. I'm on medi-cal but they don't cover implants. Also, I need care for my vision. I need glasses.

- Clinic next door, Suitcase Clinic, should be open more often, M-F, Free clinic, so it's there at times of need.
- They don't pick us up when I called ER. Told me to go to drop in clinic and had to wait for over an hour.
- Need access to longer hours at the clinic.
- I'm on the streets. Can't remember last time had housing. I need to get SSI so I can go back to school.
- After getting enrolled in Medi-Cal, I accessed a primary care doctor recently—only once though—because I have lupus and many serious allergies. The doctor gave me an epi-pen for free.
- I have to reapply for Medi-cal. Approved it a month ago but I need to get my card.
- Impossible for people on the streets to go to the bathroom comfortably. We need more portable toilets. Facilities are few and far between, need to be at locations with high traffic or close to where we congregate.
- My doctor at LifeLong is fly by night guy. Interested in his \$\$\$. When I have a problem, he doesn't seem to be interested.
- Basic needs can be covered by Suitcase clinic and Free clinic when they are open.
- I had a good experience at Alta Bates. Alta bates was receptive even though I had no insurance and I was on my way to jail. Treated me well. Could've been worse.
- I haven't had stable housing in over a year. But I love Berkeley. It's an understanding, nurturing place.
- My insurance is an HMO in SF, very difficult to get there.
- I have to go to court date, it takes so much energy, so depressing to try to go.
- Sick, mentally ill are taken advantage of in the streets. We are preyed upon for our SSI checks.
- Dental at Highland is terrible. My teeth hurt.
- LifeLong medical, I had an excellent experience for health care but dental is terrible. They can't do anything until August. They take the first 50 people who are there and that's it.
- Salt Lake City is the only city in country that knows what they are doing when it comes to helping homeless people get healthy. First, you have to build housing—I'm talking good housing that is not institutional. It feels permanent and safe. Then you provide drug and alcohol abuse treatment for those people.
- The thing I need the most is food. It's paramount that this meal service at Berkeley Food and Housing stays open.
- Need to be housed. Housing is the main problem.
- Housing is a big priority.
- Hot breakfast is unavailable. There hasn't been a place to get it in Berkeley in years.
- Clinics open until 10pm. Keep a few open overnight. For people who can't get to the ER in time.
- Transportation to anywhere. Bus tickets are hard to get.
- In a studio for Benvenue/Parker for 22 years but no sink/oven. Nowhere to cook. I have to eat out. It's very expensive. This meal service is a lifeline.
- We need a flyer that promotes all the places you can access food

- No housing. Everyone in the middle gets screwed- even having a pizza job- puts you above affordable housing. 1 bedroom apartments for \$700-\$800. It's obvious that housing costs are trying to eliminate
2. Ideas to improve the health of homeless people?
- People need basic health care; they could do more outreach to let people know
 - Getting services to people can be hard.
 - Housing – the affordability of housing in Berkeley is a big issue
 - It would be good to do outreach to people to let them know where to get food.
 - They could build more affordable housing; then take the utilities and other costs out of people's general assistance. But, then you get the issue of Not In My Back Yard. No one wants it in their back yard.
 - Being homeless is a condition; it doesn't impact your health. People that are homeless have one of two issues- health concerns- either we are mentally ill or we have a substance use issue. Those concerns lead to homelessness. If you want to treat the health of homeless people, then you need to treat those issues. There are plenty of mental health treatment programs, but not enough rehab available to accommodate the need. Need to get to the addiction. There needs to be some mandatory drug treatment programs. People who have trouble with addiction get therapy; that doesn't help if you are an addict. Physical health is a side issue and there are options for healthcare- you can get Medi-Cal. I have Medi-Cal and can get those needs met. Mental health issues are also at the root.
 - Mayor needs to be more compassionate; he doesn't want to build more shelter for us.
 - Berkeley mental health provides great, supportive, essential services. Need additional funding. When people are aware of it, they access it. I tell my friends all the time. Need additional funding/outreach to people in streets for mental health services.
 - Alcohol abuse is a huge problem. Liquor store should not be selling to homeless people who are clearly alcoholic. They should outlaw liquor stores. You need to live in this neighborhood and buy it. It's costing the city a phenomenal amount because they have psychotic breaks, or they make a mess of the city. The city can't keep putting them in jail. It costs a lot for everyone.
 - We need support groups for people with mental health issues or for people who are in drug withdrawals.
 - The city creates homelessness with all the services they have
 - People who are without housing have poor health because of the choices we make. I choose to do drugs; I choose to abandon my family; we make bad choices; most of these choices lead to poor health. When it comes to dealing with the homeless, we need a tourniquet, not a bandaid.
 - Society has a role- love thy neighbor. It's hard to love thy neighbor when they're a crackhead. Obama talked about that. Can Berkeley love thy neighbor when they're homeless, when they're defecating in the parks.

- If Berkeley wants to improve public health, they should put porta-potties or build more toilets/public bathrooms. No one likes to have someone crap in their lawn, or on the side of their house or in the park. The issue is that public spaces are designed for other uses; they are not designed for people to live in them. But, in Berkeley you have a lot of factors that make it appealing for people who don't have housing to be here- you have the weather, you have all of these services and supports, it is safe. So, people are using your public spaces for housing. You need a toilet in those spaces now. People don't want to defecate on the lawns or near someone's house. You need to adapt the public space to accommodate the ways that people in Berkeley are using it- as housing.
- I would say don't criminalize homelessness; that is not okay; it doesn't gain anything.
- Psych evaluation out on the street providing services would be great.
- We need a part-time/on-call doctor at Suitcase clinic. You just wait for hours, and they are rarely open.
- Homeless people need back up/support so they can call police and tell them about drug dealers and what they are doing. Or if someone we know is having a psychotic episode.
- Grassroots service is needed. Create an advisory for homeless people- support us in supporting each other. There are a lot of homeless people who are against drugs. Support us to be advocates for ourselves. Give us t-shirts. Show a different attitude and side of homeless people
- Need more housing. Different levels. I won't sleep at the shelter. People are snoring. They get in your face. You need people/friends to come together. At least a 4 bed bunk room with good ventilation. I just feel like I'm going to get robbed when I'm there.
- We need a neighborhood call in/reach line for neighborhood ambassador. To provide support when homeless people are going through trash, or falling sick, or whatever.
- Fund Suitcase clinic more
 - Longer hours
 - More than 1 day/week. At least 2 days/week
 - Only during school semester
 - More specialists

