



Office of the City Manager

INFORMATION CALENDAR

June 10, 2014

To: Honorable Mayor and Members of the City Council

From:  Christine Daniel, City Manager

Submitted by: Jane Micallef, Director, Health, Housing & Community Services

Subject: Public Health Priorities and Budgeting

INTRODUCTION

In response to Berkeley's Health Status Report 2013 (HSR 2013), presented at the October 29, 2013 Council worksession, City Council asked the Public Health Division (PHD) to ensure that the City's public health activities effectively address health inequities identified in the report. Council suggested a priority-based budgeting approach. The Public Health Division and Health, Housing & Community Services (HH&CS) Department fully embrace the need to focus their work, maximize their impact, and improve their accountability for health outcomes and have embarked on a comprehensive initiative to do so. The initiative is called "Health Happens in Berkeley." This report presents staff work to date, including:

- I. Preliminary list of health priorities,
- II. Analysis of a priority-based budgeting approach, including assessment of funding and programmatic flexibility,
- III. Timeline, and
- IV. Program examples.

Spurred by Council's call to action, the Division is assessing what is already working well, which programs have the strongest basis in evidence, and how resources can be directed to have even more impact going forward. The work may include both fortifying existing efforts which have proven effective and initiating new efforts to close identified gaps.

SUMMARY

On October 29, 2013, City Council asked the PHD to ensure that the City's public health activities effectively address health inequities identified in the HSR 2013. PHD has begun work on an initiative to identify community-established health priorities, align PHD activities to these priorities using evidence-based practices, and establish outcome measures to gauge its impact.

Since the October meeting, PHD completed an internal priority-setting process in order to prepare for engaging the community in refining and/or confirming these priorities. Initially identified priorities described in more detail in the report are summarized below. Each of these is a health outcome for which Berkeley has significant racial/ethnic health inequities and for which the City does not fully meet national Healthy People 2020 (HP2020) goals:

- **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.
- **Asthma hospitalizations** among Berkeley children under 15 years of age are higher than in Alameda County. For all children under 5 years of age, asthma hospitalizations exceed HP2020 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.

Once the priorities have been established, PHD will identify upstream factors that help determine health outcomes, and then identify evidence-based practices for addressing those factors. The priorities will inform which current PHD programs will be retained and strengthened, and where activities should be expanded to maximize impact. This work will leverage existing resources and will require new resources to fund new or expanded activities. The goal will be to incorporate evidence-based practices into all PHD programs to improve outcomes in the identified priority areas.

An example of this strategy is as follows: If cardiovascular disease were adopted as a priority, PHD could focus division activities on preventing overweight and obesity, since these are known to increase the risks of cardiovascular disease. Evidence shows that improving access to affordable, appealing, fresh produce improves healthy eating and helps prevent obesity and overweight. PHD could use existing resources to continue and strengthen its related work in WIC, Heart 2 Heart (H2H), and the Nutrition Education/Obesity Prevention programs, while seeking opportunities for funding and partnerships to expand H2H to additional neighborhoods.

The PHD currently provides services related to all of the priority areas outlined above, but the HSR 2013 shows that there is much more work to be done. PHD's ability to re-focus its efforts on the selected priorities is limited by certain constraints:

- Categorical (non-flexible) funding and programs, with narrowly defined eligible activities established at the State and Federal levels;
- Mandated activities (including unfunded mandates) required of all local health jurisdictions; and
- Labor agreements and the civil service context in which the City operates.

Due to the constraints outlined above, a wholesale restructuring of PHD activities is not feasible. But the re-focusing of Public Health programs incrementally can occur in many ways. In order of increasing time and effort to implement, these steps are as follows:

- Revising workplans in existing categorical programs;
- Re-directing General Funds to strategic priorities;
- Building strategic partnerships; and
- Identifying new resources.

It is important to note that all PHD funding is fully allocated to the Division's twenty programs. Any redirection of those funds will require reduction or elimination of an equivalent level of current services.

PHD plans to return to Council in October 2014 for a worksession to further discuss the Health Happens in Berkeley priority-based budgeting approach and to finalize the community-identified priorities.

CURRENT SITUATION AND ITS EFFECTS

Public Health Priorities

Since the October 29, 2013 Council worksession, Public Health completed an internal priority-setting process in order to prepare for engaging the community in refining and/or confirming these priorities. The top four public health priorities the Division identified are:

- 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).

All PHD staff participated in the process to select these priorities, which included an analysis of where, according to the HSR 2013, Berkeley is falling short of the national HP2020 goals and where significant health inequities exist. Clear consensus about these four priority areas arose out of the many areas of concern considered. A brief discussion of each priority follows.

Cardiovascular disease includes 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. Cardiovascular diseases are a leading cause of death in Berkeley, and are areas of significant health inequities. The HSR2013 shows health inequities in high blood pressure, heart disease, stroke, diabetes, and tobacco use. Berkeley's death rates from stroke and coronary heart disease in the African American population do not meet HP2020 goals. Over 40% of BUSD 9th graders are overweight—setting the stage for cardiovascular disease in adulthood.

Asthma hospitalizations among Berkeley children under 5 years of age, and school-aged children from 5 to 15 years of age, are higher than in Alameda County. For children under 5 years of age, asthma hospitalizations exceed HP2020 goals for all children. Hospitalization rates are higher for African American and Latino children and youth than for other racial/ethnic groups, with the largest inequity being among African American children younger than five. Poorly controlled asthma affects school attendance and performance, physical activity, and daily quality of life.

Low birth weight (LBW) and prematurity put infants at increased risk for health problems during infancy and for long-term disability. Berkeley has made significant improvement in this area, with marked decreases in the rates of LBW and premature infants and a narrowing of the gap between African American infants and others. Nevertheless, African American infants are more than twice as likely as others to be born too small or too soon. African American infants do not meet the HP2020 goal for preterm births.

Reproductive and Sexual Health refers to family planning, pregnancy, and sexually transmitted infections (STIs). Although the number of births to teen mothers in Berkeley is consistently among the lowest in the State, the vast majority of those births occur among African American young women. Teen mothers and their infants in Berkeley do not meet HP2020 goals for prenatal care and birth weight. STIs, and particularly chlamydia infections, disproportionately affect young women of color. These infections can affect future fertility and reproductive health. Rates of new syphilis infections among men in Berkeley do not meet HP2020 goals.

Although existing public health programs target many aspects of these priorities and serve the populations bearing the burden of health inequities, it is clear that their impact has not been as great as hoped and that more progress is needed. See **Attachment 1** for a brief description of current PHD programs.

PHD staff-developed priorities are a first step in setting City public health priorities. In the coming months, the Division will seek input from City Council, relevant

Commissions, partner agencies, and other stakeholders via a series of Commission presentations, partner meetings, and a Community Health Forum. Input will be sought within the same framework the PHD used: a focus on the data, informed by the experiences in and of the community. PHD plans to return to Council for a worksession in October 2014 to confirm the priorities identified.

Priority-Based Budgeting

Given a number of constraints, PHD cannot approach this work with a clean slate. Public Health programming and budgeting limit the ways available resources can be directed to locally determined health priorities. These constraints are:

- Categorical (non-flexible) funding and programs, with narrowly defined eligible activities established at the State and Federal levels;
- Mandated activities (including unfunded mandates) required of all local health jurisdictions; and
- Labor agreements and the civil service context in which the City operates.

The PHD has been successful in leveraging categorical funds and in working within program constraints to provide services appropriate to Berkeley. The Division commits General Fund to the support of these programs, as explicit matching funds, as in-kind administrative and management support, and to meet personnel costs which exceed levels allowed by funders. As the City re-focuses its priorities and strategies it will seek funding to support new programs and initiatives.

The PHD has a successful track record raising funds to support its work, and this effort takes time. Interim steps are necessary to ensure progress in addressing health inequities and will involve assessing the flexibility of existing funding sources and the activities they support, so that resources can be allocated for maximum impact. This effort includes determining how best to:

- Focus resources on priorities while ensuring mandated functions;
- Enhance or incorporate priority area work in existing categorical programs;
- Leverage categorical funding to meet priority needs;
- Assess appropriate levels of mandated activities.

Funding Assessment

The annual PHD budget is \$8.7 million for twenty programs. City General Fund and State Realignment funds together account for approximately \$4.3 million of this budget. Special funds including State grants, Alameda County grants, and other program grants make up the remaining \$4.4 million of the budget. For the most part only City General Fund and State Realignment are flexible in the programmatic activities they support. The bulk of the special funds are categorical, meaning they only support specific

activities. Within categorical grants, there are varying—but limited—degrees of local flexibility at the program level.

City General Fund and State Realignment in the PHD budget support a variety of specific functions.

- First, they provide the matching local expenditures required to leverage State and other categorical funds. For example, the City receives approximately \$430,000 in State funds for Targeted Case Management annually, and must spend an equal amount in local funds as match.
- Second, these funds cover the costs of unfunded mandates that the PHD is required to meet as a public health jurisdiction. For example, communicable disease control is a mandatory function costing approximately \$600,000 annually. Only \$42,000 of these annual costs are covered by categorical funding sources.
- Third, City General Fund supports Council-identified priority programs, such as Hypertension and Health Disparities (the Heart 2 Heart program), and the Black Infant Health program.
- Finally, City General Fund is used to provide \$150,000 in annual public health grants to community agency programs. These grants are \$50,000 each to the Berkeley Free Clinic, the NEED needle exchange program, and the Oral Health program at Berkeley Unified School District (BUSD) schools.

The level of General Fund and State Realignment support varies significantly from program to program, but when the full costs—including Division management and administration—are taken into account, every PHD program relies on these non-categorical funding sources. The following table provides examples of the extent to which PH programs require General Fund and State Realignment support.

**Public Health Program Examples
by Proportion of City General Fund/State Realignment Support**

General Fund/Realignment Support	Program Examples
<u>High</u> General Fund/Realignment (>80%)	<ul style="list-style-type: none"> • Heart 2 Heart hypertension and cardiovascular disease prevention program • <i>Communicable disease, Tuberculosis, and STD control (mandatory function)</i> • Immunization Clinic
Mix of Categorical Grants and City General Fund/Realignment	<ul style="list-style-type: none"> • Public Health Clinics (Ann Chandler, Berkeley High School, Berkeley Technology Academy) • Public Health Emergency Preparedness • <i>Vital Statistics¹ (mandatory function)</i>
<u>Low</u> General Fund/Realignment (<20%)	<ul style="list-style-type: none"> • Women, Infants, and Children (WIC) • Tobacco Prevention • Nutrition Education and Obesity Prevention

General Fund and State Realignment are essential to the support of priority Berkeley programs and mandated PHD functions. State Realignment funds supplement City General Fund in supporting PHD mandates and priorities. Although City General Fund and State Realignment are flexible sources of funding, it is important to note that all PHD funding, including these flexible sources, is fully committed to existing programs. Any redirection of those funds will require reduction or elimination of an equivalent level of current services.

Program Flexibility

PHD programs have varying levels of flexibility in the activities they undertake. The degree of flexibility influences the PHD's ability to tailor programs to address locally identified priorities.

- **Highly flexible programs** present opportunities to respond to emerging needs by re-focusing the scope of work. For example, the School Linked Health Services (SLHS) program, supported by funds from Alameda County to enable PHD to work with BUSD on public health issues, allows PHD complete discretion over the scope of that work. In consultation with BUSD, the scope of work can change year-to-year and can be tailored to address local priorities. Recent SLHS efforts to bring the Breathmobile asthma clinic to BUSD students by facilitating

¹ Vital Statistics is fully funded out of City General Fund, and it generates revenue that covers approximately 35% of the cost of providing the service. Reducing costs in this program would necessitate significant reductions in local birth and death certificate services, such as increased wait times, elimination of same-day service option, and/or fees for mailing or expedited services.

collaboration between BUSD and the Prescott-Joseph Center exemplify this flexibility.

- **Somewhat flexible programs** have more constraints on the scope of work, but do include opportunities to shape proscribed activities to align with local priorities. For example, the Nutrition Education/Obesity Prevention program offers a selection of workplan options for delivery to eligible populations, allowing Berkeley to participate in the State and National “Rethink Your Drink” campaign for healthier beverages. Thus the PHD took advantage of an opportunity to align the program with local priorities.
- **Programs with no flexibility** are not amenable to adaptation to fit local priorities. Public Health Emergency Preparedness grants are an example of highly proscribed programs, with very little room for local flexibility. The annual scopes of work are set by the State and must be met in order to receive local funding.

Over time the number, complexity, and specificity of mandated tasks in the Division’s funding portfolio have increased while the number of staff in the PHD has decreased. Despite dramatic cuts in funding, the PHD has strived to continue to meet the public health needs of the community. The result is that today half of PHD programs have 2.0 or fewer FTEs to provide direct services, and fewer administrative staff to assimilate new and increasingly strict programmatic regulatory requirements, as well as to explore and implement opportunities to adapt scopes of work to changing priorities.

Some categorical funds can be passed on to community partners. The PHD is experienced at taking advantage of such opportunities. Examples this year are \$70,000 contracted to Berkeley Youth Alternatives for tobacco prevention work with Berkeley youth and \$100,000 contracted to BUSD for school-based nutrition education and obesity prevention.

Timeline

The following table shows the PHD's proposed timeline for this initiative:

Proposed Timeline for *Health Happens in Berkeley*

Summer 2014	Community input into PH Priorities
Fall 2014	Finalize PH Priorities; Council Worksession October 2014
Winter 2014	Select upstream factors to target with PH interventions
Remainder FY2015	Identify evidence-based and best practices Identify measurable indicators and outcomes Identify and enhance existing PH program work that aligns with priorities
FY2016/ FY2017	Identify opportunities to implement and fund evidence-based and best practices to fill program gaps Strengthen outcomes measures and indicators Further focus and enhance priority work within existing PH programs. Re-direct resources as necessary to support priority work.

Program Examples

Once priorities have been determined, PHD will propose intervention strategies by analyzing upstream factors, then identifying evidence-based interventions, possible program changes, and outcome measures that can be used to evaluate their effectiveness. Following is an illustration of this work, based on the example of cardiovascular disease:

Health Priority Illustration: Cardiovascular Disease²

Upstream factors influencing priority area:	Evidence-based practices which affect each factor	Current Public Health Programs	Opportunities to add or enhance program activities	Outcome Measures and Indicators³
Overweight & obesity , in childhood and adulthood, increase the risk of cardiovascular disease	<ul style="list-style-type: none"> • Ready access to affordable, appealing fresh produce • Safe and walkable neighborhoods and parks • Breastfeeding for the first year of life decreases lifetime risk of obesity and overweight 	<ul style="list-style-type: none"> • WIC • Nutrition Education/Obesity Prevention • Heart 2 Heart (H2H) • Black Infant Health • Nursing Case Management 	<ul style="list-style-type: none"> • Expansion of H2H place-based work to all Berkeley neighborhoods bearing burdens of health inequities • Community-based physical activity initiative • Healthy food & beverage/healthy procurement policy for City-sponsored events and city-funded community agencies • Community based breastfeeding peer support program 	<ul style="list-style-type: none"> • Overweight & obesity in Berkeley youth & adults • Indicators of healthy diet: rates of consumption of sugar-sweetened beverages, fresh fruits & vegetables, whole grains, etc. • Rates of breastfeeding among Berkeley infants from birth to 1 year of age
Poorly controlled diabetes increases the risk of cardiovascular disease	<ul style="list-style-type: none"> • Early screening and intervention • Ready access to affordable, culturally and linguistically appropriate primary health care 	<ul style="list-style-type: none"> • Heart 2 Heart • Nursing Case Management linkage to care 	<ul style="list-style-type: none"> • Diabetes registry for tracking all Berkeley residents with diabetes • Community-based diabetes management collaborative including health care and education partners 	<ul style="list-style-type: none"> • “Medical homes” among residents with diabetes • Rates of diabetes screening in the population • Diabetes rates among Berkeley youth & adults
Tobacco use & exposure increase the risk of cardiovascular disease	<ul style="list-style-type: none"> • Smoke-free multi-unit housing • Smoking cessation counseling by health care providers • Healthy Homes initiatives 	<ul style="list-style-type: none"> • Smoke-free multi-unit housing ordinance effective 5/1/14 • Free smoking cessation classes • Smoking assessment & brief counseling at PH clinic visits 	<ul style="list-style-type: none"> • Restrict tobacco sales and marketing near schools • Regulate e-cigarettes as other forms of tobacco use • Tobacco cessation initiatives specifically designed for vulnerable populations 	<ul style="list-style-type: none"> • Rates of indoor smoking or exposure to 2nd hand smoke • Tobacco cessation program completion and “quit rates” • Tobacco use among residents (youth and adults)

² This table contains examples only. These are not final recommendations or plans.

³ Data sources and data collection methodologies need to be developed for most measures. Outcomes will be selected to measure the impact of selected interventions.

The selection of specific evidence-based or best practices in each priority area will require consideration of a number of factors, including:

- Anticipated impact in Berkeley
- Fit with existing programs and staffing
- Fit with work of partner organizations
- Fit with regional initiatives
- Impact on more than one priority
- Cost
- Expertise/experience in Berkeley

Conclusion

Due to the challenges outlined above, a wholesale restructuring of PHD activities is not feasible. But the re-focusing of Public Health programs incrementally can occur in many ways. In order of increasing time and effort to implement, these are as follows.

- **Revise existing workplans (in categorical programs).** Existing activities that are well-aligned with priorities, and are evidence-based or best practices, form a foundation on which to build the priority work. See column 3 in the above table for examples. Additionally, some existing programs are flexible enough to allow the incorporation of new activities related to priorities. For example, the Public Health Clinic has incorporated tobacco cessation assessment and referrals into its baseline reproductive and sexual health services. Other PH programs can incorporate priority work without jeopardizing their proscribed activities.
- **Re-Direct General Fund to strategic priorities.** One option to support new programs is to re-direct City General Fund from lower priority work. Re-directing City General Fund will require decreasing or giving up existing activities. In addition, freeing up and re-directing General Fund could undermine the viability of existing programs which rely on General Fund as required match or to support the actual cost of program delivery.
- **Building strategic partnerships.** Partnerships are an essential part of PHD work and are another path to implementing new programs. Partner organizations are in some cases better situated than PHD to do priority work, and may have access to funding streams that the City does not. Health Happens in Berkeley will provide direction for health interventions by all sectors in the City.
- **Identifying new resources.** Implementing new programs requires sustainable funding streams. New programs can be supported by seeking new grant funding. The funding climate is improving, and the Health Happens in Berkeley initiative, along with HSR 2013 data, put Berkeley in a strong position to seek new sources of grant funding for programs to address priority health inequities.

FISCAL IMPACTS

The approach described for Health Happens in Berkeley is budget neutral. Current funding will be leveraged so that its use is more strategic and is aligned with public health priorities. Shifting funding toward new uses and priorities may mean decreasing or giving up existing activities that are less directly connected with or not as effective at addressing the priorities identified. New funding sources to support additional priority work will be actively pursued.

BACKGROUND

The HSR 2013 shows striking health inequities. Health inequities by race and ethnicity are a consistent feature of the health landscape in this country, reflecting long-established and deeply embedded patterns of unequal access to opportunities and resources. Berkeley has a long commitment to addressing and eliminating health inequities. Existing public health programs, and indeed programs throughout HH&CS, serve the populations identified in the HSR 2013 as bearing the burden of health inequities. These programs address issues identified in the report: heart disease, nutrition and obesity, health during pregnancy and infancy, asthma, reproductive and sexual health, and more.

There has been improvement in many of these areas: most notable is the narrowing of the disparities in rates of low birth weight infants. Despite the City's commitment, programming, and progress to date, it is clear that the impact has not been as great as hoped and that more progress is needed.

The City has a long history and strong public health and community foundation on which to build. Thus the City is positioned to make sure that "Health Happens" for everyone in Berkeley. The City Council asked the division to reconfigure its work to address these findings. This report is the initial response to the directive. In recent years the PHD has had considerable experience with priority-setting and re-configuration, driven by budget reductions. It welcomes the opportunity to apply that experience to enhancing the impact and effectiveness of the Division's work.

ENVIRONMENTAL SUSTAINABILITY

There are no specific identifiable environmental effects or opportunities associated with the subject of this report. However, PHD and HH&CS are committed to identifying such opportunities as Health Happens in Berkeley evolves. Environmental sustainability is closely linked to healthy communities.

CONTACT PERSON

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Attachments:

1. Public Health Program Summary

**Attachment 1:
Public Health Division Programs FY 2014
by Program Goal and Full Time Equivalents (FTE)**

Program	Goals	FTE
Public Health Clinic: Reproductive & Sexual Health	Provide pregnancy testing/counseling, birth control, reproductive health exams; sexually transmitted infection testing, diagnosis, treatment, and prevention; and HPV and Hepatitis (A & B) vaccinations	6.65
High School Health Centers	Provide BUSD high school students access to first aid; reproductive and sexual health services; medical care and insurance referrals; and Mental Health services provided on-site by HHCS Mental Health Division	5.25
Nursing Case Management	<ol style="list-style-type: none"> 1) Home-based case management for underserved and underinsured individuals and families 2) Nurse of the Day telephone service 3) Surge capacity for the communicable disease and emergency preparedness programs 	5.15
Women, Infants and Children (WIC)	Provide supplemental food, nutrition education, breastfeeding support, and referrals for low-income women and their children under 5 years of age	3.85
Child Health and Disability Prevention	<ol style="list-style-type: none"> 1) Quality assurance and follow-up for pediatric well care for Medi-Cal and Medi-Cal eligible children 2) Assure access and continuity of care for foster youth 	3.63
Communicable Disease, Tuberculosis & Sexually Transmitted Disease Control	Track and control the spread of communicable diseases, including tuberculosis, sexually transmitted diseases, HIV/AIDS, and other reportable and novel conditions.	3.10
Public Health Emergency Preparedness	<ol style="list-style-type: none"> 1) Plan for public health emergencies such as pandemic influenza and health aspects of a natural disaster such as earthquake, fire, or flood. 2) Ensure coordination with health care providers, clinics and hospitals on issues such as emergency surge capacity and distribution of medications or vaccines. 3) Build and maintain capacity of the HHCS Department Operations Center 	2.95
Vital Statistics	Register all births and deaths occurring in Berkeley; issue birth and death certificates; collect and analyze related data	2.60

Program	Goals	FTE
Tobacco Prevention	Prevent tobacco use and its health consequences	2.24
Black Infant Health	Improve Perinatal health and birth outcomes among African American mothers and infants and achieve health equity in pregnancy outcomes	1.85
Nutrition Education & Obesity Prevention	Provide nutrition education and obesity prevention to residents in income-qualifying census tracts or equivalent populations	1.15
Measure GG (Emergency Preparedness)	Improve disaster preparedness in the Community, with specific focus on vulnerable populations.	1.10
Maternal, Child & Adolescent Health	Identify and link eligible populations to Medi-Cal services and providers; Perinatal services coordination and SIDS prevention	1.10
School Linked Health Services	Partner with Berkeley Unified School District to improve health and education outcomes in BUSD Kindergarten through 5 th grade students	1.05
Hypertension/Heart 2 Heart	Eliminate cardiovascular disease health inequities by focusing on community health improvement in a south Berkeley neighborhood	0.95
Immunization Clinic	Provide immunizations to adults and middle- and high-school age youth; provide seasonal influenza vaccine and tuberculosis testing; provide immunizations to control disease outbreaks.	0.90
Be A STAR	Ensure periodic, standardized developmental screening of infants and toddlers ages birth to 5 years	0.80
Lead Poisoning Prevention	Prevent lead poisoning in high-risk populations, and provide nursing case management for individuals determined to have lead poisoning	0.78
Epidemiology and Surveillance	Monitor community health status and maintain awareness of local public health conditions, such as health inequities and disease outbreaks	0.45
Immunization Program	Provide immunization resources to Berkeley health care providers and assess immunization rates among Berkeley preschool and school-age children	0.25