CHANGING CULTURE & BUILDING POWER

EVALUATING A DECADE OF BERKELEY'S SUGAR-SWEETENED BEVERAGE (SSB) TAX

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Shayla Spilker Consulting

the praxis project

EXECUTIVE SUMMARY

The environments where people are born, live, learn, work, play, worship, and age influence our health and wellbeing on multiple levels. Nearly a decade ago, and after recognizing the urgent need to address long-standing inequitable health outcomes among communities of color, residents in the City of Berkeley set out to influence one aspect of their environment: reduce consumption of sugar-sweetened beverages (SSBs) and increase consumption of water. Community residents, leaders, academics, and national partners came together to organize against the beverage industry. This landmark effort culminated in the passage of Measure D in November 2014, establishing a tax on SSB distributors. This initiative not only aimed to reduce consumption of sugary beverages in Berkeley, it also sought to promote health and racial equity, cultivate a culture a health, and build community power to sustain a long-term commitment to achieving health justice.

To date, the anticipated effects of the tax on the retail prices of sugary beverages sold in Berkeley have been well documented, leaving room for an evaluation that explores and captures a more expansive and inclusive story of the work being supported by Measure D. This is a story that comes from Berkeley leaders and residents most proximate to efforts on the ground. This evaluation used a culturally responsive and equitable evaluation (CREE) approach, prioritizing the learning interests of program implementers to ensure that the evaluation was relevant and useful to those directly impacted by efforts made possible by Measure D. This involved forming and engaging an Evaluation Advisory Group throughout the evaluation process to center community voices and shape the design and focus of the evaluation. As a result, this evaluation shares stories of impact, transformation, and community power building from the perspectives of Berkeley leaders and residents.

This evaluation applied a community-focused lens to understand how Measure D contributed to:

1. **Strengthening organizations and the ecosystem of partners working to make Berkeley a healthy place to live.**
2. **Providing direct health benefits to community members, advancing systems-change, focusing on racial equity and justice, and promoting a culture of health.**
3. **Building community power to advance health justice.**

In interviews with leaders from grantee organizations and those involved in the campaign, and story-telling sessions with Berkeley youth and adults involved in and supported by Measure D-funded work, the evaluation team identified six key system and community impacts that resulted from this initiative, as well as examples of how racial equity and community power building were centered in the efforts to build a healthier community overall. These impacts are outlined in the pages that follow.

"[Measure D] was not about taking money for the sake of taking money. This was an investment in our community's public health through garden and nutrition programs and other programs that would focus on the communities most targeted by the beverage industry." – Landscape Interviewee

SYSTEM IMPACTS

"[The grant] really built up this shared network of folks who are invested in the health of community from a food, nutrition and water standpoint... The grant has built up the capacity of organizations to support each other in the work in a way that would be more difficult if we didn't have a shared space." – Grantee

SYSTEM IMPACTS

Organizational & Program Capacity

Expanding staffing, operations, and infrastructure. Funding helped build organizational capacity, allowing grantees to expand their reach and spread health education and direct services to their priority populations.

Enhancing program offerings to build trust. Organizations developed new health programming, with a specific emphasis on building connection and trust with communities who may have deep distrust of traditional systems.

Paying volunteers and supporting involvement of the broader community to lead the work. Funding enabled some organizations to compensate youth and community residents for their labor and engagement in program activities, ensuring inclusivity and accessibility.

Ecosystem Capacity

Building bridges between community-based organizations and local government. Grantees shared knowledge, established relationships, and found opportunities to collaborate. Some grantees developed stronger relationships with local elected officials and other city departments.

Fostering shared learning and collaboration. Convenings created a sense of unity among grantees, leaving them feeling that they were a part of a "network" striving to achieve a common goal. The initiative supported new partnerships inside and outside of the grantee circle, and it strengthened partnerships where organizations had pre-existing relationships.

Policy, Systems, & Environments

Changing the built environment. Indoor and outdoor refillable hydration stations were installed in priority locations throughout the city to improve access to water.

Changing norms via organizational wellness and procurement policies. Grantees and the City of Berkeley adopted internal organizational policies to limit consumption of sugary beverages in the workplace. Some grantees encouraged their partners to adopt and implement similar policies to promote health.

Building momentum and support for health policy efforts. Measure D helped pave the way for the City of Berkeley's Healthy Checkout Ordinance, which was passed in September 2020. The ordinance requires retail establishments to limit the sale of foods and drinks with high sugar and sodium content in checkout aisles.

COMMUNITY IMPACTS

[Something important] “is the youth advocacy that [the program] promotes and tries to nurture and grow. I never encountered those opportunities in my upbringing and to see how much they care about teaching us about advocacy in your community is special.” - Youth Leader

COMMUNITY IMPACTS

Community Knowledge & Education

Providing culturally responsive education and awareness-building. Grantees brought information to communities that are often overlooked in Berkeley, building trust and helping community members make the connection between beverage choice and health.

Building community awareness of health inequities. Grantees embedded health equity messaging into their broader health programming, motivating and empowering residents to become agents of change in their community.

Education went beyond SSBs, promoting a more holistic view of health. Grantees incorporated nutrition and overall health with water promotion to reflect healthy living. Some grantees coupled education with providing free, fresh groceries.

Participant Leadership Development

Building community capacity to engage in advocacy and activism. Funding supported leadership development programs to engage youth, families and other residents and foster leadership at the local level. Activities included train-the trainer programs, parent advocacy and policy councils, and youth-focused leadership programming.

Growing youth leaders from pre-K to high school and beyond. Funding developed leaders in Berkeley by engaging children and youth at different steps in their lives. Consistent messaging in the community and within the school setting is building a culture of health for children, an appreciation of water and healthy snacks, and a desire to make healthier choices.

Emerging leaders are having influence. Program participants have become paid staff, and some staff were selected to serve as Commissioners for the SSB Product Panel of Experts. For some young people, participation opened doors to new, paid positions within different organizations.

Health & Wellbeing

Providing access to care and critical preventive services. Some grantees played an important role providing primary and oral health care services to residents and partnerships between grantees expanded the reach of clinical services to vulnerable populations.

Increasing access to food and meeting other basic needs. Many grantees did not initially provide direct food support as part of their grants, yet the onset of COVID-19 and increase in emergency food needs prompted many to prioritize food access.

Promoting a culture of health. The combination of educational strategies, programming, environmental changes, and organizational policy changes are slowly moving the needle in Berkeley, shifting norms and behavior around sugary beverages.

Measure D, from the initial campaign to its implementation, has contributed to fostering a culture of health in Berkeley. It has impacted residents of all ages, with a specific focus on the low-income and communities of color most targeted by the beverage industry. Moreover, it has enhanced essential capacities that contribute to community power-building. For example, investments were made to (1) deepen equity, (2) educate residents, which supports effective community organizing, (3) cultivate leaders, (4) nurture a network of organizations committed to health and racial equity, and (5) advance advocacy and policies that create healthier environments. As the sunset of the ordinance approaches, community leaders and residents are optimistic that they are poised to carry on Berkeley's legacy of social and political activism in their continued pursuit of health justice. They are prepared to challenge the beverage industry once more by building on the lessons they learned from the campaign, including:

1

Being intentional and focused on centering equity and racial justice.

This includes funding community-based organizations trusted by and with access to segments of the community most impacted by health equity issues. It also involves investing in Berkeley's leaders of color, who leverage their lived experiences and knowledge to advance change.

2

Building the organizational capacity of Berkeley's nonprofit sector focused on promoting health equity.

Providing multi-year, general operating funding expanded health programming and services and strengthened organizational capacity and strategies to the meet the needs of the community.

3

Strengthening the ecosystem of cross-sector partners by creating dedicated space and time to convene grantees and allies across different sectors.

This supports trust-building, information sharing, relationship development, partnership formation, and collaboration, which leverages the collective capacity of grantees. It requires a dedicated lead entity that can convene stakeholders, bridge relationships, and catalyze partnerships.

4

Articulating a clear strategy and aligning grant-specific funding with a broader movement for achieving health justice.

With the understanding that funding was time-limited and achieving health justice is an enduring effort that requires multiple strategies, it is important to integrate SSB efforts into a cohesive strategy, including narrative change, to achieve Berkeley's short- and long-term health equity goals.

5

Engaging in ongoing and long-term planning work to sustain efforts.

This includes ongoing research and evaluation to measure health equity indicators and outcomes, to assess progress, and to build the evidence base demonstrating the tax's effectiveness. It also involves ongoing planning work to sustain programs, capacities, and the momentum developed with grant funds, and to support grantees as they evolve into the next chapter of work.

1. INTRODUCTION

"Berkeley has a wonderful way of standing up to the rest of the United States. I really like how we don't take crap from anybody and how we actually create our own laws and set trends for the rest of the nation to follow. One of the beautiful things that Berkeley has always offered is their own original voice, that gives other people inspiration to do things that they wouldn't think are possible." – Youth Leader

Recognized as a vibrant and thriving community with a rich history of activism, the City of Berkeley is not impervious to the social, economic, and environmental conditions that create and perpetuate health inequities for its most vulnerable community members. Communities of color—particularly Black and Latinx communities—and those living in poverty continue to bear the impacts of the underlying social determinants of health[1] that lead to higher incidence of disease.

Nearly a decade ago, Berkeley became the first jurisdiction in the nation to successfully push back against the beverage industry's aggressive targeting of communities of color, where they aimed to maintain the popularity of sugary beverages.[i] This initiative was part of broader efforts to ensure all residents have the opportunity to lead healthy lives and flourish. The consumption of sugar-sweetened beverages (SSBs) is a public health and racial equity imperative because it is associated with higher risk of type 2 diabetes, heart disease, stroke, cancer, and dental caries.[ii]

In November 2014, leaders, advocates, and community members worked together to pass Measure D, a key piece of legislation to levy an excise tax on the distributors of SSBs in Berkeley, and address health disparities and promote more equitable outcomes for all. The distributor tax enabled the City of Berkeley to create the **Healthy Berkeley** program, whereby the city council allocated funding to community- and school-based strategies to reduce the consumption of SSBs and raise awareness about the harmful health impacts on children, youth, and adults. More than just a strategy to promote healthy choices and behaviors for Berkeley individuals, the funding from the tax enabled efforts to (1) promote racial equity, (2) create broader community and systems impacts, and (3) continue to build a culture of health and community power to fight for health justice.

Sugar-sweetened beverages and sugary drinks are leading sources of added sugars in the American diet and are disproportionally consumed by Black youth and youth from low-income families.

Source: Centers for Disease Control and Prevention

In Berkeley, the proportion of Black (~45%) and Latinx children (~40%) that are overweight and obese is over double that of white children.

Source: 2018 Berkeley Health Status Report

Berkeley's adult Black population experiences inequitably high rates of hospitalizations due to uncontrolled diabetes.

Source: 2018 Berkeley Health Status Report

[1]Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Five key components include: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context

Evaluation Purpose

As the first jurisdiction in the nation to pass a tax on the soda industry and as the sunset of the ordinance quickly approaches (December 31, 2026), it is critical to learn from Berkeley's implementation and share lessons and stories that inform and inspire similar efforts. This evaluation—commissioned by the Praxis Project and conducted by Shayla Spilker Consulting—aimed to understand how the investments made possible by the soda distributor tax contributed to broader change efforts in Berkeley (see Appendix A: Learning Questions).

The evaluation team prioritized a **culturally responsive and equitable evaluation (CREE)** approach to ensure that the evaluation was responsive to community culture, addressed the expressed learning interests of grantees implementing healthy beverage and nutrition programs, and is ultimately useful to the broader community as it seeks to advance ongoing racial equity and advocacy work.[iii,iv] To this end, we formed an Evaluation Advisory Group and engaged the group throughout the duration of the evaluation to ensure that community voices were centered and the evaluation held relevance to those working on the ground. This group played an important role in shaping and grounding the evaluation design and focus, emphasizing that existing evaluations have documented the tax's impact on product pricing, consumption, and other measures.

To increase the breadth and depth of learning from Berkeley's SSB industry tax implementation, the Advisory Group stressed the importance of centering community voices and capturing learnings and lessons from the experiences of those most impacted by this work. This resulted in adjustment and refinement to the learning questions, ultimately strengthening the evaluation overall. This evaluation focused on capturing an expansive and inclusive story of the health equity work supported by the tax.

From the perspective of **organizational leaders working on the ground** and **Berkeley residents involved in this work,** the evaluation applied a **qualitative, community-focused lens** to understand how the soda distributor tax:

1. **Strengthened organizations and the ecosystem of partners working to make Berkeley a healthy place to live.**
2. **Provided direct health benefits to community members, advanced systems-change, focused on racial equity and justice, and promoted a culture of health.**
3. **Contributed to community power building to advance health justice.**

The report summarizes key themes and findings from qualitative data collection (see exhibit 1) a review of the literature, and a review of existing reporting data collected by the City of Berkeley (see Appendix B: Methods).

EXHIBIT 1.

STRATEGIES TO CENTER COMMUNITY VOICE

CENTERING COMMUNITY VOICES

Grantee & Commissioner Interviews

Grantee leaders (10), staff and Commissioners (4) were interviewed to ensure that the evaluation centered and reflected their voices and perspectives.

Avisory Group

Grantee leaders (3) joined an evaluation advisory group to provide input on evaluation design and implementation, engage in joint reflection and learning with the evaluation team, and ensure evaluation activities resonate with the work taking place in Berkeley.

Storytelling Sessions

Storytelling sessions were conducted to provide space for community residents (18) involved in and supported by the SSB distributor tax-funded work to share and reflect on their experiences. One session was facilitated in Spanish.

While this report integrates findings from prior evaluation efforts, it primarily aims to tell the story and capture the impact of nearly a decade work in Berkeley—made possible through the soda distributor tax—through the voices and perspectives of those directly involved. This report is organized into the following sections:

Background

In this chapter, we provide (1) a brief history of the Berkeley soda distributor tax, (2) a summary of how funding was allocated, and (3) context for situating this evaluation among other SSB studies.

Findings

Themes from data collection are organized into three categories– (1) System Impacts, (2) Community Impacts, and (3) Racial Equity and Power-Building

Looking Ahead

This chapter contains key lessons to inform future work in Berkeley and other regions and summarizes Berkeley's outlook for the future as the ordinance sunsets.

2. BACKGROUND

Centering Community and Building on its Legacy

In 2014, Berkeley wasn't the only jurisdiction in the nation to attempt to levy a tax on the distribution of SSBs, but it was the first to successfully pass legislation which would pave the way for other neighboring cities in California (Albany, Oakland, and San Francisco) and localities across the nation to achieve similar wins. To many people involved in the Measure D campaign, it was a fight reminiscent of "David versus Goliath," pitting the small, but mighty, residents of Berkeley against the formidable, well-resourced beverage industry that had yet to be successfully challenged. **On November 4, 2014, a broad base of Berkeley voters, led by the Berkeley Healthy Child Coalition, passed Measure D by a 75% majority.** Reflecting on this historic victory, leaders close to the campaign attributed its success to the following three factors.

1

Community-centered, grassroots effort. Building on Berkeley's legacy of social and political activism, volunteers organized, educated, and inspired youth, parents, neighbors, and families across the city to support Measure D. They door-knocked, tabled, created educational materials, sent letters, and hosted events. Most importantly, they engaged and centered those most affected by SSBs – youth and communities of color.

"[The campaign] was groundbreaking in how communities mobilized to pass it. There were a lot of churches involved, a lot of young people, a lot of immigrant communities and the communities that the soda industry targets." – Landscape Interviewee

2

Broad-based coalition and cross-sector alignment. Led by the Berkeley Healthy Child Coalition the campaign brought together a broad base of supporters including residents and families, teachers and school officials, the faith community, public health and healthcare professionals, government leaders and policy experts, and CBOs committed to addressing health disparities in the city.

"A very important turning point for Berkeley's [campaign] was pulling people together, from scholars to activists to politicians... It was an important step forward in community organizing. The school district coming together with the health department was a big deal... it was the first time I'd ever participated in something with such a broad coalition." – Landscape Interviewee

3

Strategically structured legislation with an equity focus. The campaign developed legislation to generate funds for Berkeley Unified School District's (BUSD) cooking and gardening program, a well-regarded and important educational resource facing funding cuts. The campaign galvanized the community around the role SSBs played in contributing to chronic disease, and drafted legislation to increase the possibility of it passing. This included (1) structuring a general tax and not a specific tax, (2) including equity as an explicit goal, and (3) building in accountability mechanisms via a governance body to ensure reinvestment in the community.

"We were very community-focused and we always had an equity lens... We were looking to serve the population in Berkeley that was most negatively impacted by the marketing and consumption of low-nutrient, high-sugar foods and drinks. We put a lot of thought into how to make sure that those communities were recipients of the [SSB distributor] tax revenues and that those revenues were spent in a way that would benefit the community." – Landscape Interviewee

Funding Community Equity

Measure D created a $0.01 per ounce excise tax on the distributors of SSBs, which includes drinks high in added sugar such as soda, energy and sports drinks, sweetened water, coffee/tea, and syrups used to make SSBs. Initially, the tax was intended to raise the cost of SSBs to reduce consumption and mitigate the wider health and social costs of diseases such as diabetes and obesity (see Appendix C: Logic Model).

Recognizing the potential inequity of imposing such a tax, which could disproportionately affect low-income families and communities of color by transferring the tax burden to consumers without significantly impacting the profits of retailers and manufacturers, the ordinance was deliberately designed to **reinvest resources back into the community.** It required:

- Revenue to be used for school- and community-based initiatives designed to reduce SSB consumption and promote healthy behavior. Initiatives were prioritized for populations that are intentionally targeted by the beverage industry and that disproportionately experience the worst health outcomes associated with SSB consumption.
- The establishment of the SSB Product Panel of Experts (the "Commission") to provide implementation oversight and ensure that effective programs were recommended to the city council for funding.

PRIORITY POPULATIONS

- Children and young adults living in households with limited resources.
- Black and Latinx residents because they have higher rates of type 2 diabetes, heart disease, obesity, and tooth decay.
- Black, Latinx, and low-income communities and teens because these are all groups disproportionately targeted by industry marketing.
- Berkeley-based organizations that serve any or all the above populations.
- Pregnant women.
- Children and their families who are in the process of forming lifelong habits.

WHO'S BEING SERVED?

New Healthy Berkeley participants in FY 2022:

74% **Low-income**
(Income below half of the City of Berkeley Area Median Income - about $46,000 in 2021)

62% **People of color**

Source: Healthy Berkeley Evaluation (Internal Report – ACDPH)
Note: The percentage of people of color served is likely higher due to reporting limitations.

Grantmaking

From 2016 to the current grant cycle (FY2024-25), the SSB distributor tax generated over $11.9 million for grantmaking through the Healthy Berkeley program to be reinvested back into the community. Forty-eight percent ($5.7M) was allocated to BUSD and 52 percent ($6.2M) went to community-based organizations (See Grantee Snapshot on page 10 and Appendix D for a detailed funding breakdown).[2] In the process of awarding grants, the Commission focused on Berkeley's youth and priority populations. This involved funding the BUSD cooking and gardening program that is integrated into children's daily lives and resourcing CBOs that support priority populations and offer programs promoting health, racial equity, and community power. Funding was used to holistically advance:

- Programming (e.g., education and direct services) designed to improve access to and change norms around healthy food, beverages, and habits.
- Changes in predatory SSB marketing and retail environments (e.g., advertising and product placement) that disproportionately target priority populations.
- The transformation of policies, systems, and environments (PSE) that encourage and facilitate easy SSB consumption.
- Community capacity and power (e.g., organizational capacity, leadership development of community members and young people) to improve health outcomes through transformation of PSEs and norms.

SPOTLIGHT

Focusing on Impacted Communities

"[Measure D] was not about taking money for the sake of taking money. This was an investment in our community's public health through garden and nutrition programs and other programs that would focus on the communities most targeted by the beverage industry." - Landscape Interviewee

"We're trying to make sure that young people have the tools to organize and that they have the tools to turn things that they care deeply about into tangible action. So many of us have passions for things, but we don't quite know how to take that passion to the next step, right? It's really about helping young people identify that they need to turn something they're passionate about into something that they're actually doing." – Grantee

[2] Any amounts not allocated to BUSD and grantee organizations supported the City's program administration costs.

GRANTEE SNAPSHOT:

PROJECT SUMMARY AND FUNDING (FY16-25)

GRANTEE:
Berkeley Unified School District (BUSD)

PRIMARY PROJECT FOCUS:
Health & nutrition education

TOTAL FUNDING:	YEARS FUNDED:
$5,694,008	**10** (2016-25)

PROJECT SUMMARY

BUSD's Cooking and Gardening program was expanded to reduce the number of students with nutrition related illnesses, especially among Black and Latinx students. The program engages all students in preschool through high school with hands-on instructions in science, language arts, environmental and nutrition education.

GRANTEE:
Healthy Black Families

PRIMARY PROJECT FOCUS:
Health & nutrition education; Leadership development

TOTAL FUNDING:	YEARS FUNDED:
$2,006,579	**9** (2017-25)

PROJECT SUMMARY

Thirsty for Change! is a partnership created by Healthy Black Families and faith organizations. The program engages African-American Berkeley residents in a broad array of fun activities such as gardening, shopping at farmers' markets, collectively cooking and eating nutritious foods, and training youth and young adult water ambassadors.

GRANTEE:
Ecology Center

PRIMARY PROJECT FOCUS:
Health & nutrition education; Leadership development

TOTAL FUNDING:	YEARS FUNDED:
$1,014,812	**9** (2017-25)

PROJECT SUMMARY

For Thirst - Water First! increases awareness about the health risks of SSBs and promotes water consumption among Berkeley youth ages 14-22 who are most vulnerable to health problems caused by SSB consumption. Ecology Center leveraged its programs, influence, and knowledge to provide resources for Berkeley youth to make healthier choices and to develop better food and beverage environments.

GRANTEE:
YMCA of the East Bay

PRIMARY PROJECT FOCUS:
Health & nutrition education

TOTAL FUNDING:	YEARS FUNDED:
$2,006,579	**9** (2017-25)

PROJECT SUMMARY

The YMCA's Diabetes Prevention Program educates adults vulnerable to developing Type 2 Diabetes through healthy lifestyle behavior techniques. A trained lifestyle coach facilitates a small group of adults to discuss behavior changes that can improve the health of participants. The Healthy Me! Program targets high need populations including those at higher risk for diabetes, obesity, and tooth decay. It serves low-income children, birth-five years of age, and their families.

GRANTEE SNAPSHOT:

PROJECT SUMMARY AND FUNDING (FY16-25)

GRANTEE:
Lifelong Medical Care

PRIMARY PROJECT FOCUS:
Healthcare provision

TOTAL FUNDING:
$945,591

YEARS FUNDED:
9 (2017-25)

PROJECT SUMMARY

LifeLong Medical Care's Chronic Disease and Oral Health Prevention Project reduces health inequities by reducing the number of patients with hypertension, diabetes and dental caries, using evidence-based practices to expand access to hypertension and oral health screening, and prevention education and treatment for low-income Berkeley residents.

GRANTEE:
Berkeley Youth Alternatives

PRIMARY PROJECT FOCUS:
Health & nutrition education; Leadership development

TOTAL FUNDING:
$405,750

YEARS FUNDED:
7 (2017; 2020-25)

PROJECT SUMMARY

Berkeley Youth Alternatives implemented the Urban Agriculture and Team Nutrition program. Activities include training Youth Educators to promote healthy alternatives to SSBs and conduct interactive workshops for youth; engaging Youth Educators to re-launch a free Community-Supported Agriculture Program that provides boxes of fresh fruits and vegetables; and engaging in a campaign to convert unused land into a community garden.

GRANTEE:
Bay Area Community Resources (BACR)

PRIMARY PROJECT FOCUS:
Leadership development; policy change

TOTAL FUNDING:
$337,745

YEARS FUNDED:
6 (2020-25)

PROJECT SUMMARY

BACR's Healthy Options at Point of Sale (HOPS) project was designed to build knowledge and power within communities to decrease sugary product placement and marketing at checkout and to build a food landscape that improves access to healthy foods for all families across the Bay Area. HOPS engages transitional-aged youth in Berkeley in a community action research and advocacy project to reduce the marketing and placement of sugar-sweetened beverages and foods at checkout.

GRANTEE:
Multicultural Institute

PRIMARY PROJECT FOCUS:
Health & nutrition education; Access to health services

TOTAL FUNDING:
$145,000

YEARS FUNDED:
8 (2018-25)

PROJECT SUMMARY

Through its Life Skills/Day Laborer Program, Multicultural Institute offers the Healthy Activity Program to provide health awareness and prevention resources to monolingual Spanish-speaking Latinx families in Berkeley. This program offers health awareness on conditions related to SSBs, prevention resources, connects families to key services, and implements policy and system changes aiming for overall wellness.

GRANTEE SNAPSHOT:

PROJECT SUMMARY AND FUNDING (FY16-25)

GRANTEE:
Community Health Education Institute
PRIMARY PROJECT FOCUS:
Narrative change

TOTAL FUNDING: **$124,776**

YEARS FUNDED: **4** (2020-23)

PROJECT SUMMARY

Community Health Education Institute's Artists Against Soda project created and hosted anti-SSB art contests and exhibits at Berkeley City College to support nutrition and chronic disease prevention.

GRANTEE:
Spiral Gardens
PRIMARY PROJECT FOCUS:
Health & nutrition education; Food access

TOTAL FUNDING: **$80,000**

YEARS FUNDED: **2** (2020-21)

PROJECT SUMMARY

Spiral Gardens' mission is to improve community health and sustainability by providing access to nutritious and affordable produce, promoting a strong local food system, and encouraging productive use of urban soil. Spiral Garden will expand Their work included expanded community farm engagement and plant production, outdoor classroom and cooking facility improvements, stipends for teachers, staff expansion, and installing a water hydration station on site.

GRANTEE:
Fresh Approach
PRIMARY PROJECT FOCUS:
Health & nutrition education; Leadership development

TOTAL FUNDING: **$70,392**

YEARS FUNDED: **4** (2020-23)

PROJECT SUMMARY

Fresh Approach implemented a train-the-trainer program with LifeLong Medical Care's volunteers and staff to incorporate a robust education program on nutrition and healthy beverages into their health classes. The program provides patients a comprehensive behavior change education program focused on improving diets and reducing SSB consumption through standardized and ongoing nutrition education.

GRANTEE:
18 Reasons
PRIMARY PROJECT FOCUS:
Health & nutrition education

TOTAL FUNDING: **$70,392**

YEARS FUNDED: **4** (2020-23)

PROJECT SUMMARY

18 Reasons is a nonprofit that increases food security through the power of cooking. Funds were used to expand the organization's reach to Berkeley residents giving kids, teens, parents, families, and seniors access to nutrition education programs that use hands-on cooking practice and weekly nutrition discussions to help build healthy habits

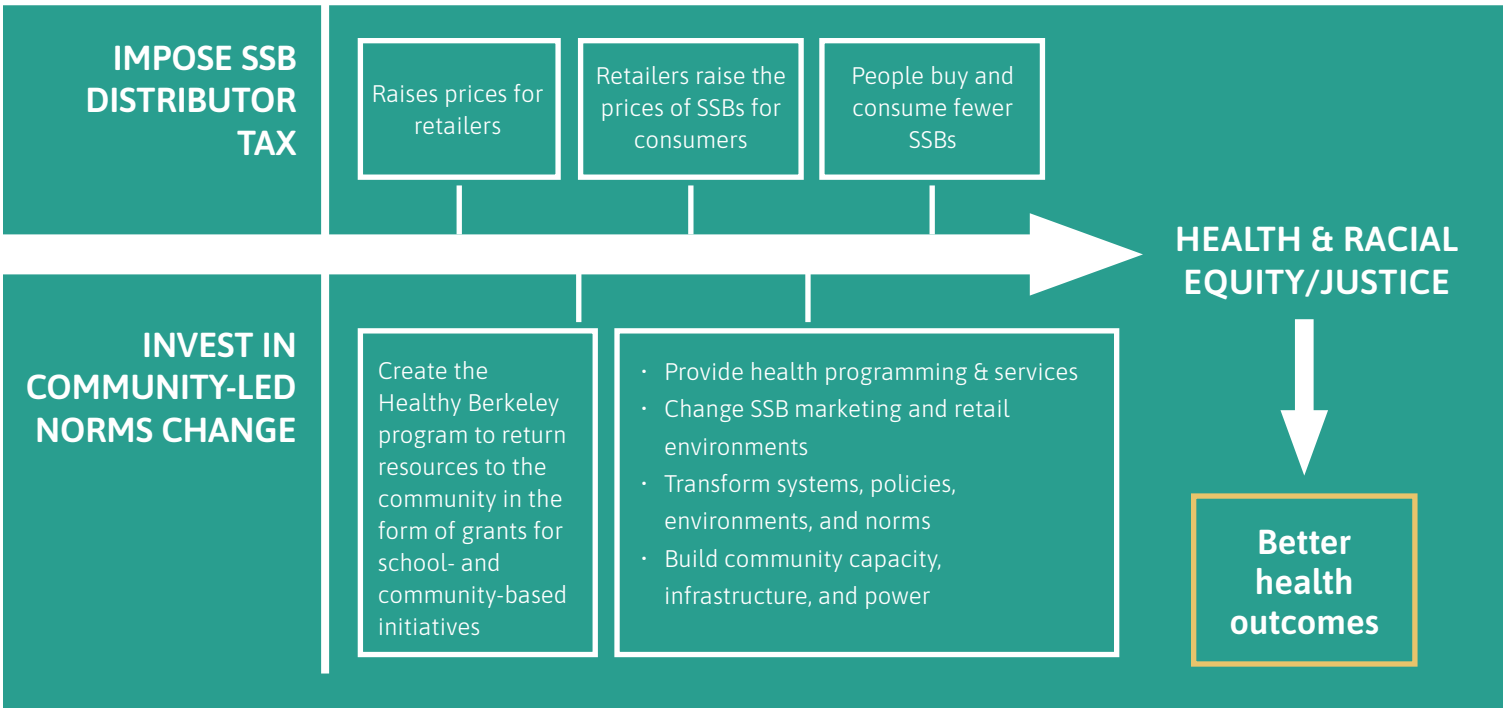
Note: Since July 2015 (FY 2016), Healthy Berkeley implemented six cycles of grant-making. The first two cycles (FY16 and FY17) were one year in duration. In FY16, only BUSD was funded. The last four cycles (FY18-19; FY20-21, FY21-23 and FY24-25) were two years.

LEARNING FROM THE SSB DISTRIBUTOR TAX JOURNEY

As the first jurisdiction in the nation to pass a tax on SSB distributors, there have been several research and evaluation efforts to capture learnings over the course of Healthy Berkeley's nine-year history, most of which focused on impacts directly related to imposing the tax. In its initial phases, studies investigated whether imposing the tax effectively influenced market dynamics to reduce the consumption of SSBs. This included the extent to which (1) distributors increased the price of SSBs for retailers, (2) retailers increased shelf prices for customers, and (3) higher prices deterred customers from buying and consuming SSBs (exhibit 2).

EXHIBIT 2.

Paths to Learn from Imposing the SSB Distributor Tax and Investing in Community-Led Change



Studies, to date, have confirmed that:

- **The prices of SSBs have increased in Berkeley.** After three months of implementing the SSB distributor tax, sugary beverage retail prices in Berkeley increased compared to neighboring cities.[v]

- **The consumption of SSBs in Berkeley declined after the distributor tax was imposed[vi] and has been sustained over time.**[vii] In the one-year period from before the tax to after the tax, SSB consumption in Berkeley's low-income neighborhoods declined by 21 percent. Furthermore, there was a greater increase in water consumption in Berkeley compared to neighboring cities. The greater than predicted reductions in SSB consumption may have reflected consumers' early reactions to the distributor tax (i.e., SSB price increases), as well as positive effects from the campaign that contributed to shifts in social norms. In a follow-up study, reductions in SSB consumption were sustained in demographically diverse Berkeley neighborhoods over the first three years of the tax, compared to neighboring cities.

LEARNING FROM THE SSB DISTRIBUTOR TAX JOURNEY

Additionally, other research and evaluation efforts are beginning to explore outcomes related to reinvesting SSB distributor tax revenue back into the community, including (1) the type of grantee activities enabled by the distributor tax, (2) the reach of programs, (3) early successes and challenges in implementation, and (4) grantees' progress in achieving annual performance measures. These studies are referenced in the ensuing sections of this report and can be found in Appendix E.

During our initial discussions with the Evaluation Advisory Group, leaders recognized the significance of these evaluation efforts to understand the effects of the distributor tax on SSB prices and consumption and to take stock of the programs and activities made possible by the tax. They also highlighted that this was an opportunity to seize the moment to incorporate community narratives and voices to convey the true ethos of this endeavor. The distributor tax was not just about altering market dynamics to reduce SSB consumption and generate revenue for health-promoting programs. It was also about impacting the lives of Berkeley residents, transforming established practices, structures, and systems, and perhaps most importantly, building a culture of health and community power to sustain long-term commitments to health and racial justice.

This report aims to build on and complement prior and ongoing evaluation efforts by sharing stories of impact, transformation, and community power building from the perspectives of Berkeley leaders and residents.

3. FINDINGS

The Healthy Berkeley program has and continues to be the focus of various research and evaluation studies. Significant effort has gone into collecting and analyzing grantee programmatic data and population health data to understand the impacts of the funding. Less has been done, however, to examine the ways the initial campaign and subsequent funding have contributed to power building within the community, particularly among Berkeley's communities of color and those impacted by SSB consumption.

Through our analysis of the Healthy Berkeley journey and engagement with key stakeholders, the evaluation team identified **six system and community impacts** associated with grantees' work (exhibit 3). Interviewees and community residents also shared examples of how racial equity and community power building were centered in the efforts to build a healthier community overall. As the Healthy Berkeley logic model shows (see Appendix C), the SSB distributor tax was not initially designed or conceptualized as an initiative that would build community power directly. However, many grantees, along with the processes and outcomes associated with almost a decade of work, have steadily contributed to community power building.

"Achieving health equity requires shifting the social determinants of health as well as multiple systems of distributing power and resources. These shifts cannot be achieved without building community power among those who are most impacted."

- USC Equity Research Institute, *Story of Place: Community Power and Healthy Communities*

EXHIBIT 3.

System & Community Impact Framework

This chapter organizes findings and themes along three areas of focus:

1. **System Impacts**
2. **Community Impacts**
3. **Racial Equity & Community Power Building**

We present these in distinct sections; however, it is important to name how these impacts intersect and influence one another in complex and nuanced ways. For example, the organizational capacity building and program expansion funded by the SSB distributor tax created new opportunities for some organizations in almost every impact area. Stronger organizations were better equipped to fully engage in partnerships and could identify roles for themselves to advance changes in policies, systems, and environments (PSE). Their work also had tangible effects on community residents' lives— building knowledge and skills, improving health and wellbeing, and most importantly, building residents' belief in themselves and their ability to effect change.

"Most of our young folks don't view policymakers as accessible people, and they don't necessarily see policy as something that they as an individual have the ability to change. Coming out of our programs, one of the things we hear, particularly from the Berkeley young folks, is 'I know how to move policy in my city.' The reason that's important is because, yeah, healthy checkout's important, but more important is that the community has the capacity to advocate for other things it cares about when we're no longer there." – Grantee

SYSTEM IMPACTS

System impacts associated with the SSB distributor tax in Berkeley fell across three categories—organizational and program capacity, ecosystem capacity, and PSE change. These impacts created a solid foundation for the community impacts, which we present in the next section.

Organizational & Program Capacity

The SSB distributor tax made possible the funding of BUSD and 11 CBOs that served different priority populations across Berkeley, from Black families, to youth of color, to Latinx day laborers. Total grant amounts varied across organizations, with some being relatively small. Yet interviewees shared different ways they were able to leverage the investment to expand operationally and build program capacity.

- **Expanding staffing, operations, and infrastructure.** Funding allowed grantees to expand their reach and spread health education and direct services to priority populations. Several spoke about how the funding allowed them to expand by formalizing and hiring new leadership and program staff positions, including new gardening teachers, in the case of BUSD. One founding executive director shared how the funding provided critical start up support that allowed for the launch and expansion of the organization, stating "If we hadn't had this funding, we may not have had [our organization]."

- **Enhancing program offerings to build trust.** Several organizations who had never focused on SSBs used the funding to develop new programs and materials to reach communities of color disproportionally impacted by SSBs and chronic disease. Some grantees expanded their strategies to incorporate nutrition and health for the first time, while others embedded a focus on SSBs into existing nutrition-related work. Others focused on increasing physical activity, youth engagement and leadership development, bridging health with the arts, and advancing local policy. A common emphasis regardless of program focus, was on fostering community connection and trust with communities that have deep distrust of traditional systems.

"Back in 2017, I was the only health manager and did some health and nutrition, and we had a nutrition specialist. But now we're able to have a health and nutrition manager, a nutrition coordinator, and a nutrition specialist. So, at that level, our organization has been able to grow our org chart with a really good focus on nutrition." – Grantee

One impact was "being able to build the nutrition program and food program. It's not a whole lot of money, but it inspired these programs to start when they weren't there before. We had a food pantry before, but it wasn't a healthy food pantry."– Grantee

Our program engages"Brown and Black men that do not trust the medical industrial complex. It gives us a chance to not only give information and do health education, but also to build community."– Grantee

- **Paying volunteers and supporting involvement of the broader community to lead the work.** A few interviewees shared that funding also helped to address equity concerns by allowing them to compensate youth and community residents for their labor and engagement in education and outreach activities. Paying people ensures inclusivity and accessibility for a more diverse group of individuals who may not have the means or time to volunteer extensively. Some organizations created new, paid leadership opportunities with the funding, while others provided stipends for youth and community leadership activities, with a specific focus on residents not typically involved in this work.

"A chunk of our grant goes into $2,000 a year per young person. It's sort of a workforce model where they're paid for their time. That's important for us, particularly because we are trying to recruit young folks that have historically had less access to opportunities like policy and civic engagement...or leadership opportunities." – Grantee

Challenges & Opportunities: Grantees shared deep gratitude for the continued investment but also named organizational capacity related challenges. Some shared that there may have been missed opportunities to fund other CBOs that are missioned-aligned with the goals of the SSB distributor tax, but had limited capacity to seek out these types of funding opportunities. Other grantees noted that funding amounts were generally small for most organizations and some of the partnerships and programs established were reduced in scope or discontinued because funding either decreased or ended as revenue from the tax decreased over the years.

Ecosystem Capacity

Measure D set the stage for ongoing collaboration. As noted earlier, the campaign united a wide array of residents, families, and other professionals to advance a shared health and racial equity goal. Notably, it was also a bipartisan effort. The initial campaign infrastructure and trust-building supported an ongoing focus on collaboration and networking which carried through the life of the initiative.

- **Building bridges between CBOs and local government.** The City of Berkeley played an important convener role early on by hosting quarterly joint meetings where grantees learned about other organizations' work, shared knowledge, established relationships, and found opportunities to collaborate. Several grantees described stronger relationships and partnership with local elected officials, and other city and public health department staff. The connections allowed grantees to not only strengthen their own SSB-related programmatic work, but to also identify other ways to leverage city resources to support the communities they serve.

- **Fostering shared learning and collaboration.** Grantees reflected that the intentional space for collaboration created a sense of unity and feeling that were a part of a "team" or "network" working on these issues together. The initiative supported new partnerships inside and outside of the grantee circle, and it strengthened partnerships where organizations had pre-existing relationships. A few examples of how grantees partnered included collaborating on additional funding opportunities, forming CBO partnerships with LifeLong Medical to provide onsite mobile health care, and working together to provide cooking classes for food pantry recipients.

"Our partnership with the City of Berkeley has been amazing. I've been in this role for about a year now, and any questions and trainings I needed, whether it was reporting numbers, a question about this grant in general, they've been very helpful and very welcoming to me." – Grantee

"Our relationship with the health department has improved a lot. We have a lot more connection and conversations with them, not just about the soda tax, but other health areas as well." – Grantee

"I'm really proud of some of the partnerships that we developed with organizations in Berkeley and how we were able to adapt our programming and be flexible to meet the needs of our partners." –Grantee

Challenges & Opportunities: Due to the COVID-19 pandemic and shifts in city staffing, the quarterly meetings were not sustained. Grantees raised this as a missed opportunity to build strategic partnerships and leverage the collective capacity of grantees. This discontinuation led to a sense of disconnect among grantees, and resulted in communication gaps. One clear example of this is that, when we spoke to them, some grantees were unaware that the SSB tax is sunsetting in 2026, despite that having clear implications for their programming. Additionally, as SSB funding decreased over time, grantees felt a lack of communication and transparency regarding the strategic allocation of existing funds, including information about who was funded and the rationale for funding decisions.

Policy, Systems, & Environmental Change

A core activity of the Healthy Berkeley program included grantees' work to advance broader PSE change. The tax enabled policy and practice changes at the CBO and citywide levels, laying the groundwork for additional local policy efforts. These efforts are shifting norms to promote a culture of health among organizational staff and residents alike.

- **Changing the built environment.** The primary strategy to improve access to water was installing indoor and outdoor refillable hydration stations. From 2016-2022, 16 clean and attractive hydration stations were installed in public settings and at school sites. CBO sites were prioritized if they served a vulnerable population and if the water station would increase public access to water for people of color, among other criteria. Many CBOs and BUSD gave out free reusable water bottles to support community access and water station use. Grantees would like to see additional water stations installed, with one stating that there is still not enough access to water. Another grantee noted the need to be mindful about lead exposure and tap water safety in older Berkeley homes, given what has been learned in Detroit, Michigan.

- **Changing norms via organizational wellness and procurement policies.** The Healthy Berkeley program required grantees and the City of Berkeley to adopt internal organizational policies to limit consumption of SSBs in the workplace, including banning SSBs onsite and removing them from vending machines. Some grantees went beyond, encouraging other unfunded partners to adopt and put into practice similar policies to promote health. The city took similar steps, adopting onsite and vending policies banning SSBs. While the initial reaction to some of these policies was not always positive, particularly within city agencies less familiar with public health practice, many organizations shared that perspectives have slowly changed among their colleagues, many of whom are now water champions themselves.

Improving the Environment

16 filtered tap water stations installed across Berkeley

77,890 plastic water bottles saved

9,736 gallons of water consumed

2,445 agencies, stores, & community members collaborating on local policy

"We can't just say, we're going to tax stores and discourage people from drinking sugary beverages when they live in places that don't have access to clean water or drinking water fountains when they're out and about." – Landscape Interviewee

"Thanks to the grant, we created an organizational policy to not have SSBs at any of our events or any of our offices. It extended, not just here in Berkeley, but to our Richmond office and to our San Mateo location."
– Grantee

- **Building momentum and support for health policy efforts.** The SSB distributor tax helped pave the way for the City of Berkeley's Healthy Checkout Ordinance, which was passed in September 2020 and requires retail establishments to limit the sale of foods and drinks with high sugar and sodium content in checkout aisles. Funding supported Bay Area Community Resources, whose youth leaders helped conceptualize and spearhead the effort by engaging with retailers, educating the community, and meeting with local elected officials. The distributor tax has also prompted the City of Berkeley to adopt SSB policies related to city contracts, vendors, and events to ensure that large scale city-run events are environments that support healthy choices.

"If we're taking soda [distributor] tax funds, we really want to represent that, so we made that part of our wellness policy - we can only have water at work and water bottles on the floor with children. And if you're going to consume [SSBs], it's almost like taking a smoke break. You need to take it out in your car or somewhere off of our campus." – Grantee

Challenges & Opportunities: Interviewees did note ways the Healthy Berkeley funding could have been used more strategically to advance broader PSE change. Some grantees indicated the need for an external communication and narrative change strategy to support and catalyze the programmatic work happening on the ground. This included developing a social media toolkit and sustaining a coordinated media campaign to show how the funding has supported health. Others suggested more intentionally connecting the Healthy Berkeley work with other related efforts. This includes leveraging SSB funding: (1) to support economic development efforts that advance the economic wellbeing of vulnerable residents, and (2) developing a robust business-facing strategy that focuses on shifting the marketing behavior of small retail stores.

COMMUNITY IMPACTS

By building the capacity of community-serving CBOs, strengthening health programming, and enhancing partnerships, the SSB distributor tax funding has bolstered the community in tangible ways. Program participants have increased knowledge and education, and are building their leadership around SSB topics and more broadly. These changes support improved health and wellbeing for Berkeley residents, especially those most effected by SSBs.

Community Knowledge & Education

In the early days of the distributor tax, SSB consumption was more ubiquitous and communities were less informed about the associated health risks. Many grantees developed new SSB, nutrition education, and health promotion materials and strategies to build individual knowledge and skills, promote behavior change, and build relationships with Berkeley residents.

- **Providing culturally responsive education and awareness-building.** Grantees shared different ways that they brought information to often overlooked communities in Berkeley. One organization presented Rethink Your Drink exercises with day laborers in Spanish, while another set up blood pressure checks at Black barbershops in South Berkeley to build trust and help community members make the connection between beverage choice and health. Program participants shared extensively about what they have learned through their involvement with the Healthy Berkeley program, including how sugar impacts health and contributes to chronic disease and poor oral health. RBA data from 2018 to 2022 confirmed this, showing an increase in knowledge gained among participants across various programs ranging from 70% to 94%.[viii]
- **Building community awareness of health inequities.** A core message of the initial Measure D campaign involved building awareness of SSB-related health inequities and the beverage industry's predatory marketing tactics. As grantees were funded, some continued to focus on raising awareness of these topics by embedding them into their broader health programming. Some participants joined the program to learn about water or to get new recipes. However, they also found that exposure to different advocacy topics and the knowledge they gained to improve their own community through information sharing served as additional motivation for ongoing participation.

Funding Supports:

Health & Nutrition Education

Youth Leadership Development

Health & Dental Care Access

612,118
community members served (duplicated)

59,386
community members served (unduplicated)

Improving the Community

77,890
health & dental screenings

31,180
community workshops, classes, and events

25,257
hours of training and 634 train-the-trainer events

3,111
food assistance touchpoints (e.g., food pantry, grocery boxes)

- **Education went beyond SSBs, helping participants and organizational staff take a more holistic view of health.** Several grantees prioritized broader nutrition and overall health education, with SSB reduction and increased water intake reflecting one piece of a healthy lifestyle. The BUSD cooking and gardening program has educated over 40,000 K-12 students and parents.[ix] Additionally, other grantees have complemented this effort by providing nutrition education alongside food distribution, via adult cooking classes, or offered other strategies to help low-income Berkeley residents to make healthier shopping choices. Recognizing that food cost can be a barrier for many low-income residents, grantees coupled education with access by providing free, fresh groceries or grocery gift cards.

"[We provided] direct education where people attended a shopping or cooking class, trained with the water ambassadors or received a presentation... [and] specifically we brought up predatory marketing and the health equity impacts on our community." – Grantee

"Being able to have that gift card [as part of the healthy food workshops], it made it where we could be a little bit more luxurious with our choices of healthy options because you got a $30 gift card." – Community Resident

Challenges & Opportunities: Although the program supported trusted CBOs to deliver crucial services to affected communities, some grantees expressed a desire for additional support in developing and coordinating **culturally appropriate, multi-lingual educational materials** and collateral. The city could have worked with all grantees to ensure greater alignment and consistency across messaging and to reduce duplication of effort.

Participant Leaadership Development

Leadership development was not initially stated as a Healthy Berkeley activity (as documented in the year 1 evaluation), but it has always been embedded in the work of some of the of grantees.[x] Recent Healthy Berkeley RFPs now call for leadership development as a key strategy to improve health and transform systems. Unfortunately, leadership development was not consistently tracked in prior evaluation activities; however, themes from qualitative data show several impacts of this work since 2016.

- **Building community capacity to engage in advocacy and activism.** Some grantees created leadership development programs to engage youth, family and other residents, and to foster their leadership at the local level. Activities included train-the trainers, where community members were equipped to lead Rethink Your Drink activities and health promotion sessions themselves; parent advocacy and policy councils; and youth-focused leadership and policy advocacy programs. In three of the four story sessions, program participants reflected on their own experiences of leadership development, such as having enough knowledge to present new information to others, building their confidence speaking publicly, and engaging with local policymakers for the first time in an advocacy role.
- **Growing youth leaders from pre-K to high school and beyond.** The SSB distributor tax is fostering leadership development in Berkeley by engaging Berkeley children and youth at different steps in their lives. Grantees interact and provide health messaging and skill development with children in pre-K (YMCA), through elementary and middle school (BUSD), to high school (Ecology Center) and into community college and beyond through narrative change, advocacy, and research work (CHEI and BACR). Grantees may not interact with every child at every point, but consistent messaging coming from many organizations and within the school setting is building a culture of health for children, an appreciation of water and healthy snacks, and a desire to make healthier choices.

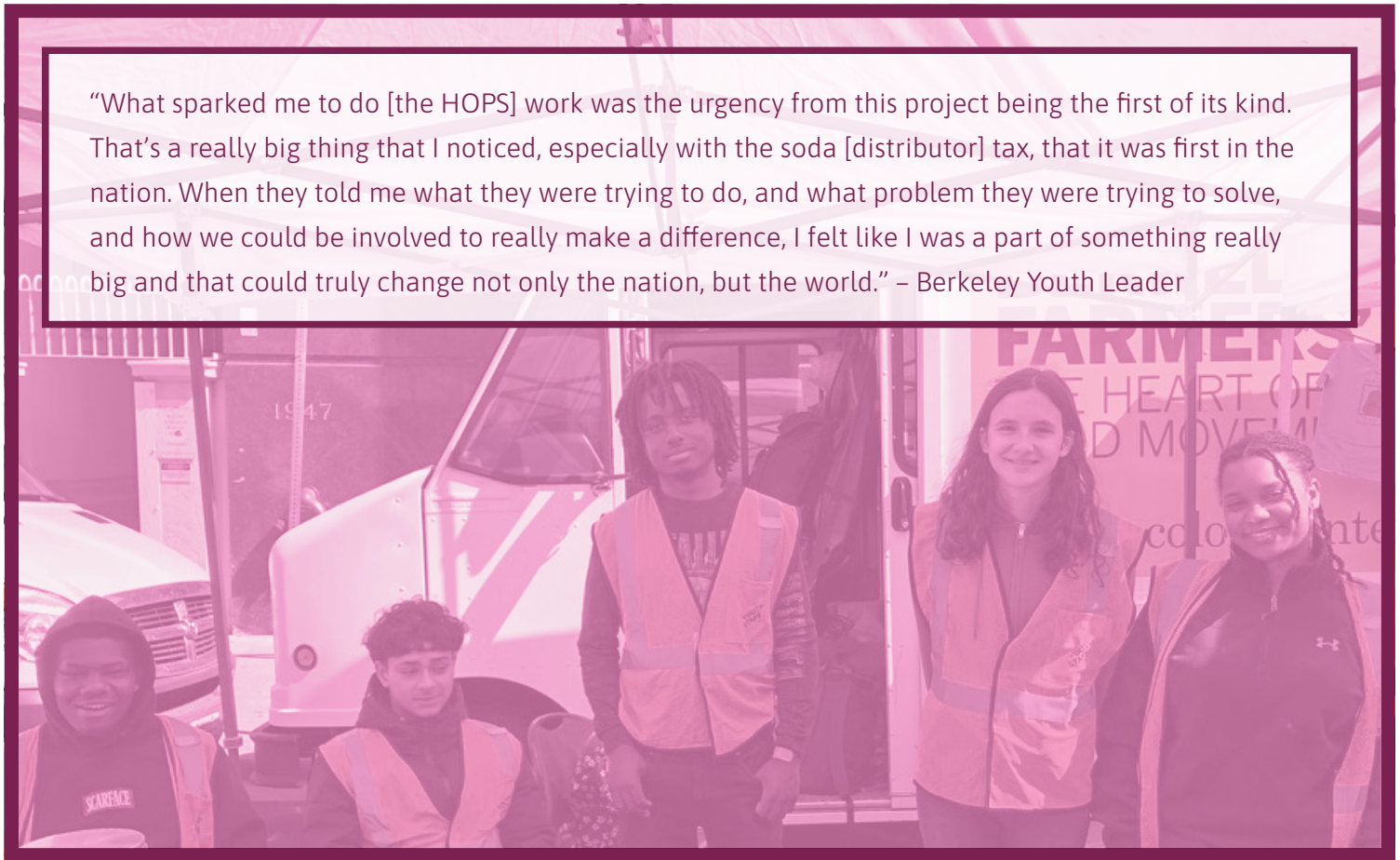
"I like in the [Thirsty for Change] program when we have to present at the different forums. It gives us a chance to lead the conversation and set the tone when we do our water [presentation]. I like being put into that role, being able to control the conversation and talk about water how I want to." – Community Resident

"I've had parents tell me, 'I told my kid we were going to go out for donuts, and they told me we really shouldn't eat donuts all the time because they're high in fat and they're high in sugar…' So that's a form of activism. On a small scale." – BUSD Interviewee

- **Emerging leaders are having influence** Some grantees shared examples of their staff's own career development internally, with some serving initially as SSB program participants or volunteers, and later joining organizations in paid part- or full-time roles. One organization's staff person who has been involved with the grant-funded work was selected to serve on the SSB Commission, while other staff members within the organization have been selected to serve in leadership and commissioner roles in other settings. For some of the young people, Healthy Berkeley opened doors to new, paid positions and skills development within different grantee organizations.

"One of our Water Ambassadors just became a commissioner, our Step Coordinator, is now a commissioner with the Women's Commission. Part of what our training is, is leadership on all levels. When you come in as a Water Ambassador, you're not just trained to talk about SSBs. You're trained to lead." – Grantee

"What sparked me to do [the HOPS] work was the urgency from this project being the first of its kind. That's a really big thing that I noticed, especially with the soda [distributor] tax, that it was first in the nation. When they told me what they were trying to do, and what problem they were trying to solve, and how we could be involved to really make a difference, I felt like I was a part of something really big and that could truly change not only the nation, but the world." – Berkeley Youth Leader



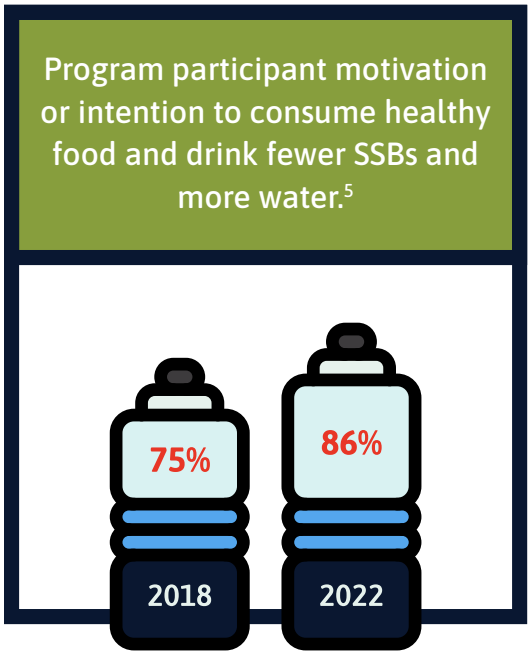
Challenges & Opportunities: Program participants from two grantee organizations identified a need for stronger outreach and engagement to expand awareness of the programs and to continue building community leadership capacity. They also highlighted ongoing diversity needs to continue building inclusive and inviting spaces for all. Unfortunately, as funding has dwindled with lower SSB consumption in the City of Berkeley, some grantee programs have had to shift, causing them to reduce or eliminate components of their programming, or reduce outreach to new participants.

Health & Wellbeing

Better population health, with a focus on improving type 2 diabetes oral health, hypertension, and heart disease, is the Healthy Berkeley program's ultimate goal. As is common with population-level health-focused initiatives, the time horizon for change and the combination of factors that influence health can make it difficult to measure success or attribute change to any one intervention.[3] At the same time, evidence from grantee Results-Based Accountability (RBA) data and grantee stories suggests interesting health and wellbeing impacts at both the individual and community levels. These include changes in behavior, increased access to care, shifts in the built environment, and a growing "culture of health" among community members.

- **Providing access to care and critical preventive services.** LifeLong Medical played an important role providing primary and oral health care services utilizing SSB distributor tax funding. As grantee partnerships grew, some organizations, such as Multicultural Institute and Healthy Black Families, collaborated to expand the reach of clinical services via onsite and mobile visits. For Multicultural Institute, this partnership meant that critical services came directly to day laborers, who often wait for work near the office. From 2018 to 2022, 20,000 primary care referrals and 9,032 dental referrals were made because of the Healthy Berkeley program (with 31% and 15% of patients completing the referral, respectively).[4] For many of the organizations and their clients, a discussion about healthy drinks had a "domino effect" leading to conversations about oral health, chronic disease prevention, and in some cases, linkages to medical care.
- **Increasing access to food and meeting other basic needs.** Many of the grantees did not initially provide direct food support as part of their grants, yet the onset of COVID-19 and increase in emergency food needs prompted many to prioritize food access. This included expansion of food pantries (BUSD, Berkeley Youth Alternatives and Multicultural Institute), and prescription vouchers for farmers' markets (Fresh Approach), to name a few examples. In addition to food, some grantees provided masks and other personal protective equipment, COVID-19 vaccine clinics and education, and other forms of aid when possible.

Program participant motivation or intention to consume healthy food and drink fewer SSBs and more water.[5]



"I've had issues with high blood pressure and the organization provided me with a machine to check my blood pressure daily. I have something to be thankful for as well, as many of us are benefiting."
– Community Resident

[3] Additionally, limitations in the type and consistency of data collected from Healthy Berkeley grantees and at the city and county level have made it difficult to document health trends at the population-level.

[4] The ACDPH Healthy Berkeley Evaluation report analyzed RBA data, which was collected by the City of Berkeley in a grantee reporting database. The completion program goal for both primary care and dental referrals was 25%. Referral completion rates in 2021 were lower than other years where data was provided, which may reflect effects from the COVID-19 pandemic and national trends related to healthcare avoidance.

[5]Data is from the ACDPH evaluation and the percentage of people reporting increased motivation depends on grantees reporting on the indicator annually."

- **Promoting a culture of health.** The combination of educational strategies and programming are slowly moving the needle in Berkeley by encouraging individuals to drink more water, consume less sugar, and eat more whole, nutritious foods. Interviewees shared how structural changes, such as the installation of water stations and organizational policy changes to transform the food and beverage environment, have steadily contributed to observable changes. While grantee leadership experienced some initial pushback to internal policies more than five years ago, these changes have gradually contributed to norms change.

"I had dental problems. Here, they fixed my teeth... I'm totally grateful because I've received that care...I truthfully saved [thousands of dollars] when they fixed my teeth. They put in fillings, everything."
– Community Resident

"[There's] the sense of getting healthy as a community, even internally, just among the staff. Staff are encouraging each other to drink their water throughout the day. They're coming in with their big water bottles. The way that they were encouraging each other, it gave it that sense that we were in this together and we knew the value of this."
– Community Resident

"It's given thousands and thousands of students the experience of what [healthy food] can do. Not only in that immediate moment of having an epiphany of, wow, a cherry tomato is actually delicious, but also it comes along with the culture of eating healthy food as well, and getting to share that with their friends and then bringing that home to the family. It really soaks in and has a broader effect than just the time that the students are in the garden class." – Grantee

Challenges & Opportunities: The City of Berkeley employed an RBA framework to gather annual data from grantees. However, grantees voiced the limitations of this data, stating that it alone did not reflect the true impact of their work and it did not offer meaningful insights for guiding their ongoing efforts. Moreover, several grantees and leaders emphasized the necessity for a thorough study on the current population health status of Berkeley residents, pointing out the absence of any such efforts since the release of Berkeley's Health Status Report in 2018.

RACIAL EQUITY & COMMUNITY POWER

The case for community power building to support transformational community change is well-documented, yet measuring this change (while doable) must be done intentionally.[xi,xii] Importantly, how one defines successful power building and sets metrics must be informed by grantees on the ground doing the work.[xiii] Rather than attempt to arbitrarily measure power building at the end of the Healthy Berkeley Program and without considering grantee input, our approach was to illustrate how the funding itself, coupled with grantee programs and activities—ranging from direct service provision to leadership training—is actively generating momentum and building the capacities for a more powerful and equitable Berkeley moving forward.

We draw on a subset of Change Elemental's ten Essential Capacities for Equitable Communities, which offers lessons from 40 power-building organizations across the US about what it takes to cultivate community power (for a full list of the capacities and their definitions, see Appendix F).[xiv] While most Healthy Berkeley grantees did not explicitly refer to themselves as power-building organizations, many were driven by principles and engaged in activities (e.g., leadership development, civic engagement, and activism) that are aligned with the capacities to build community power.

Here, we outline five essential capacities that the SSB distributor tax enhanced in Berkeley, all of which contribute to the process of community power-building.

1

The Measure D campaign started as a grassroots initiative, with a focus on organizing and engaging the community to explicitly deepen equity in Berkeley. In addition to continuing to fund the BUSD cooking and gardening program, the campaign focused on righting historical wrongs and disinvestment in Berkeley's communities of color by putting critically needed resources back into the hands of organizations best suited to decide how to do the work. Furthermore, the Healthy Berkeley program explicitly articulated its focus on racial equity, prioritizing meeting the needs of Black and Latinx communities in the grantmaking process.

"There was the Commission and the commitment that all of us had towards health equity, making sure that the funding went to support groups that were working to address health disparities that were caused in part by diet-related disease and other things." – Landscape Interviewee

2

Some Healthy Berkeley grantees developed political education and helped people see the connections between their individual lives and broader systems. Understanding those connections supports effective community organizing. The programmatic focus on education has gone beyond nutrition and water promotion. It has built a deeper awareness among Berkeley residents about predatory marketing and how inequity in the environment affects individuals' health. With access to clear, easy-to-digest, and culturally relevant information, it is possible for Berkeley residents experiencing a host of barriers to participate in advocacy work that might otherwise feel disconnected from their lives.

"I wanted to say what motivated me to join the program. For one thing, I needed to have more water myself and also learn about why water is important. Also, one of the biggest motivations is the advocacy part of it because I learned that not everybody has access to water like I do. So, it became a little emotional at the same time." – Community Resident

3

Healthy Berkeley funded organizations are collectively working to cultivate residents' leadership through diverse strategies. Some grantees focused on increasing the number of individuals in Berkeley who understand the impact of SSBs on their personal and community health. These individuals play a vital role in engaging others in crucial conversation, disseminating essential information, and inspiring fellow residents to take action. Additionally, other organizations are dedicated to developing the advocacy and leadership skills of residents across different age groups to influence policy and produce change.

"It's fulfilling to see people from my peer group and my friends showing up to these events when previously nobody would. We're the next generation and the kids that are under us are the ones that are going to have to put these things into change because my mom is 70 years old, I'm 40, I have a son who's 18.Teaching these kids that are around his age and a little older about health and even just about being involved in your community and doing whatever you can to give back keeps me motivated." – Community Resident

4

By establishing and facilitating a collaborative meeting space, the City of Berkeley prioritized nurturing and sustaining a network of organizations committed to health and racial equity. Most of the grantees stated how integral the space was for them to meet new partners, learn about relevant work, problem-solve, and identify ways to strengthen the overall community impact. Commission meetings also played an important role in strengthening the grantee ecosystem by creating access to local elected officials and building grantee capacity and confidence to advocate for their work and the importance of their SSB programs.

"The grant has built up this shared network of folks who are invested in the health of community from a food, nutrition and water standpoint... There's a camaraderie. It's easy to get each other's support or suggestions on who we might be reaching out to... the grant has built up the capacity of organizations to support each other in the work as well in a way that would be more difficult if we didn't have a shared space. – Grantee

5

The Healthy Berkeley program's prioritization of PSE change encouraged some grantees to consider different strategies to advance research, advocacy, or policy implementation. Bay Area Community Resources' engagement of youth of color in Berkeley, and the subsequent passage of the HOPS ordinance, is one concrete example of how Berkeley residents successfully drove and won a policy agenda. Other examples shared by interviewees provide evidence of how this capacity continues to grow among grantees and residents, including one organization's focus on advancing affordable housing policies by leveraging their Healthy Berkeley community engagement, and another prioritizing parent voices through a policy council.

"I think something that's really unique about HOPS is the youth advocacy that it promotes and tries to nurture and grow. I feel like I never encountered those opportunities in my upbringing, and to see how much they care about teaching us about advocacy in your community, and sort of lighting that spark to make us want to go out and do something good for the world." - Berkeley Youth Leader

The literature on power building emphasizes the inherent presence of power in all communities, but it often remains nascent if it's not nurtured.[xv] While funding can support effective power-building programs, the true realization of power requires dedicated time, resources, and intentional effort to strengthen networks, cultivate leadership, organize communities, and establish shared advocacy goals. In the case of Berkeley, there is an opportunity now for partners and grantees to assess the development of collective power and explore how it can be harnessed to achieve the next legislative milestone.

4. LESSONS & LOOKING AHEAD

The field continues to learn from jurisdictions across the nation implementing taxes on the distributors of SSBs. These efforts aim to understand policy effectiveness in creating positive health outcomes and advancing health equity. This evaluation builds on this broader learning effort by centering the voices and perspectives of Berkeley leaders and community members who have been at the forefront of implementing this strategy to advance health equity. In this section, we outline lessons learned across four thematic areas that Berkeley leaders highlighted as important to inform and inspire future efforts within and beyond the bounds of Berkeley.

> "If the city has another ballot measure, we have to do something like this again to educate the population. But we're in a different space now. People know a lot; they've heard a lot; they've seen a lot of programs in Berkeley happening. They've seen that their children benefited from it. So, it's a different moment right now in time to organize, but it's time." – Landscape Interviewee

1. Funding & Working with Community

It is critical to fund CBOs that have the trust and reach into communities most impacted by health equity issues. Many of the CBOs who received funding in Berkeley already work closely with community members, are equity-centered, and provide culturally aligned services to those who are often skeptical of government programs. The SSB Commission – comprising leaders from the community – played an important first step in building trust by ensuring that funding was allocated to organizations best positioned to reach priority populations. The funding approach was intentionally designed to promote creative, equity-centered solutions to address local needs, as defined by organizations embedded in the community.

RECOMMENDATION:

Grantees emphasized the need to conduct more outreach and cast a wider net to include smaller, limited-capacity, or emerging CBOs who are often excluded from these types of funding opportunities. Supporting these types of organizations not only provides direct benefits to residents, it continues to strengthen the capacity of Berkeley's CBO ecosystem. Furthermore, funding should focus not only on building robust organizations, but on supporting and strengthening Berkeley's leaders of color. They are proximate to the issues and community members most impacted by health inequities, and can draw on their lived experiences and knowledge to advance change.

Flexible, multi-year, general operating funding supports organizational capacity building and advances work with a long-term arc. This is particularly true for smaller CBOs with less capacity and infrastructure to take on large-scale government and federal grants. Grantees expanded their health programming and services, strengthened the capacity of their organizations by hiring additional staff, and leveraged funds to adapt their strategies and services to meet immediate needs at the height of COVID-19.

Key recommendations from grantees include: (1) aligning a funding approach with a clearly articulated strategy that considers the time and financial parameters of the distributor tax, (2) increasing transparency and communication with grantees about the funding approach, and (3) providing support for grantees to prepare for reductions in funding and to find other steams of funding to sustain the capacities that were built with grant funding.

2. Coordination & Convening

Creating dedicated space and time to convene grantees is important for sharing information, building relationships, sparking partnerships, and leveraging the collective capacity of grantees. Early on, the City of Berkeley facilitated quarterly joint meetings for CBOs, which fostered collaboration, knowledge sharing, and relationship-building among organizations. This not only created a sense of unity and solidarity among partners, it also strengthened pre-existing relationships and resulted in the formation of new partnerships both within and outside the grantee circle. External factors, including the COVID-19 pandemic and staffing, have limited the frequency of these convenings more recently.

RECOMMENDATION:

Grantees highlighted the importance of having a dedicated lead to convene them and create a platform for sharing their knowledge and experiences, learning from each other's work, exchanging best practices, and staying informed about the Healthy Berkeley program. A sustained and carefully designed and facilitated space can foster collaboration between grantees to pursue common goals, navigate challenges, and encourage strategic thinking. A lead entity that can hold and strategically guide efforts, as well as bridge stakeholders across nonprofits and government, can bring to bear the powers of cross-sector collaboration. This can be designed and structured in different ways. The city could continue to play a lead role or leadership can be housed within a local nonprofit that has the capacity, as well as a resourced position, to play this critical role.

3. Strategic Approach

A strategic plan, including a theory of change that was well-socialized among incoming grantees, could have supported greater alignment on how best to use the critical, time-limited resources generated by the SSB distributor tax. While the Healthy Berkeley program, deeply grounded in principles of equity and racial justice, effectively directed resources to organizations that prioritize racial equity, the program lacked a well-defined strategic approach. Agreement around a strategic approach could have helped to clarify the utilization of time-bound funds within a broader strategy or movement for achieving health justice—an enduring effort demanding continuous focus, commitment, and funding.

RECOMMENDATION:

Grantees applauded the Commission and the city for centering racial equity and prioritizing target populations most impacted by SSB marketing and consumption in their grant-making decisions. To strengthen its funding approach, grantees shared that it is also important to align the time-limited funding approach for the SSB distributor tax with a larger, cohesive strategy to achieve Berkeley's short- and long-term health and equity goals. A shared strategy would help drive decisions on what programs and activities are funded and inform how to thoughtfully connect and catalyze the SSB work with other strategies, such as an external communication and narrative change strategy. Developing a strategic plan or theory of change could provide clarity, alignment, and transparency on how best to use valuable resources to advance long-term change efforts in a complex environment. Rather than serve as a linear or prescriptive guide for achieving change, the strategic plan or theory of change should serve as a compass for experimentation and learning. With the understanding that there is no one strategy to achieve change, it must leave room for creative and organically developed community-driven interventions that can evolve over time and, at the same time, articulate goals that can be measured to assess progress and inform strategic decision-making.

4. Ongoing and Long-term Planning

Given the time limitations of the SSB distributor tax, it is crucial to engage in continuous, long-term planning in advance of the ordinance's sunset to ensure that momentum from the initiative is sustained and the work continues to evolve in the enduring pursuit of health equity. A decade swiftly unfolds, especially in the aftermath of a persistent pandemic. The disruptions caused by the COVID-19 pandemic have, in part, led to more recent communication and coordination challenges among city staff, grantees, and advocates involved in SSB efforts. As the ordinance's sunset approaches, advocates are encouraged to promptly organize, articulate a vision, and devise a strategy to build upon and further the impactful work initiated by the SSB distributor tax.

RECOMMENDATION:

Grantees highlighted considerations that should be seamlessly integrated into the long-term planning of similar time-limited initiatives, including, but not limited to:

- **Building an evidence base.** Process and outcome evaluations are critical for developing proof-points for the distributor tax and demonstrating the tax's effectiveness to improve health outcomes. Ongoing tracking and reporting of health equity indicators related to SSBs is critical for understanding whether efforts are moving the needle. This is especially important for Black and Latinx populations, who have been historically targeted by the beverage industry and others, and bear the brunt of many intersecting health inequities. The broader public is interested in seeing compelling population-level health outcome data associated with reducing SSB consumption in the City of Berkeley. Grantees and leaders emphasized the importance of conducting a follow-up study to Berkeley's 2018 Health Status Report to understand the current health status of residents.
- **Strategic communication and narrative change.** Ongoing messaging about the health and racial equity issues present in the retail environment is not only important for shifting cultural norms, it is essential for building a narrative that will support a future campaign. Furthermore, it's essential for Berkeley residents to understand the purpose of the tax, including how resources were invested in the community and the resulting outcomes over the past decade.
- **Sustaining a lead entity.** It is imperative to have a dedicated lead or backbone that can provide clear communication, convene and steward a network or coalition of organizations and leaders, foster collaboration and partnerships, and, overall, hold the work together.
- **Sustaining capacities and evolving into the next stage of work.** When faced with factors like a time-limited fund, a change in strategy, or a reduction in funding, it is essential to support grantees to sustain their work and evolve their strategies. As the SSB distributor tax revenue decreases and the tax sunset quickly approaches, it is vital to explore ways to help grantees evolve into the next chapter of work. The beverage industry continues to evolve its own tactics and strategies to inundate communities with unhealthy products, and undoing generations of health injustice requires dedicated, ongoing work. The objective is to avoid the loss of programs, capacities, and momentum that have been developed through grant funding and find additional revenue sources to continue the work.

"[The young people we work with] can be capable of leading the advocacy work if they were given the opportunity or invited to the table to mobilize community... I think if they had the interest, which I think our young people would, they could really share stories and engage a different population of folks who aren't as civically engaged around other issue." – Grantee

LOOKING AHEAD

The SSB distributor tax, from its campaign to the implementation of the Healthy Berkeley program, contributed to building a culture of health in Berkeley. It has left a lasting imprint on its young and adult populations, as well as the leaders and organizations that serve them. The distributor tax revenue enabled investments in the community to educate residents, transform organizational practices and strategies to include a nutrition and health focus, shift organizational and city policies, develop leaders, strengthen the Berkeley nonprofit ecosystem, and transform norms to support healthy living. While the depth of these impacts and the extent to which they will withstand the test of time after the tax funding ends is still an open question. Community leaders and residents alike believe that these efforts have set the foundation for a sustained pursuit of health and racial equity. As the sunset of the ordinance draws near, the leaders who have been at the forefront of the health equity fight expressed a sense of optimism that they are being well-positioned to challenge the beverage industry once more, and that the residents of Berkeley will continue the city's legacy of social and political activism.

APPENDIX

APPENDIX A. EVALUATION LEARNING QUESTIONS

Domains	Learning Questions
Organizational Capacity	• How do grantees use revenues made possible by the SSB distributor tax? • How have investments helped strengthen grantee capacity to educate/inform the community? • In what ways have investments impacted grantees' capacity to engage with new and existing clients and/or community members?
Community Power	• How are grantees collaborating to improve health and racial justice? What is the impact? • How are historically disinvested communities being engaged in SSB ordinance-related efforts? • How do grantees build community power? What are barriers and facilitators? • How are grantees influencing health-related programs, policies, and/or practices?
Field Building	• What are Berkeley grantee organizations and the SSB Commission learning about SSB distributor tax implementation that could benefit the broader field?

APPENDIX B. METHODS

The team conducted data collection in two distinct phases. Phase 1 included (1) completing a **literature review** of SSB-related studies and evaluations; (2) conducting **landscape interviews** with former SSB Product Panel of Expert commissioners, City of Berkeley staff, and leaders (n=5) involved in the Measure D campaign to develop a stronger understanding of historical and current SSB efforts and context; and (3) creating and engaging an **Evaluation Advisory Group**, comprised of three current grantees, to provide input on the design and implementation of the evaluation, engage in joint reflection with the evaluation team, and ensure evaluation activities resonate with the work taking place in Berkeley.

Phase 2 of the evaluation included (1) conducting semi-structured **grantees interviews** with 10 of the 12 funded organizations, which included 15 people (list below) and (2) facilitating **storytelling sessions** with 18 Berkeley community members that were involved in SSB-funded activities across four different grantee organizations. The purpose of the grantee interviews was to develop a rich understanding of how the SSB distributor tax is contributing to broader change efforts within Berkeley. The primary aim for the storytelling sessions was to ground the evaluation in the voices and perspectives of community members impacted by the work. One of the storytelling sessions was conducted in Spanish to facilitate broader community inclusion.

LIMITATIONS

- The Healthy Berkeley work unfolded over almost a decade, with several grantee and landscape interviewees having been involved since 2014. Some of the interview questions asked them to retrospectively reflect on activities and lessons learned, and as a result, may have been subject to recall bias.

- This evaluation leveraged primary qualitative data collection methods; however, we utilized quantitative RBA data reported by grantees and analyzed by the Alameda County Department of Public Health's Community Assessment, Planning and Evaluation unit. This provided greater context and data to inform the System Impacts and Community Impacts section of the report. Limitations in the RBA data include 1) it is self-reported by grantee organizations, 2) there were changes to some of questions administered over time as grantee activities changed, and 3) it included missing data for grantees in some years.

LANDSCAPE INTERVIEW LIST

Name	Role
Vicki Alexander	Former Executive Director of Healthy Black Families, and Measure D Campaign Co-Chair
Holly Scheider	Former Commissioner and Measure D campaign partner
Dechen Tsering	Former City of Berkeley staff
Bobbie Rose	Former Commissioner

GRANTEE INTERVIEW LIST

Organization	Interviewees (* denotes an Advisory Group member)
18 Reasons	Sarah Nelson
Bay Area Community Resources	Alison Wohlgemuth
Berkeley Unified School District	Benjamin Goff
Berkeley Youth Alternatives	Simone DaSilva
Community Health Education Institute	Laura Miller
Healthy Black Families	Ayanna Davis*
Lifelong Medical Care	Smita Dey, Sabrina Valadez-Rios, Luz Garcia, Adrienne Hillis, Dr. Marion Parker
Multicultural Institute	Mirna Cervantes*
The Ecology Center	Martin Bourque*
YMCA - Central Bay Area/of the East Bay	Shannon Edwards, Nicole Stovall

APPENDIX C. LOGIC MODEL[6]

INPUTS

Berkeley Residents · Measure D · Ordinance - SSB · Distributor Tax increase · Other Policy, Environmental and Systems Change Initiatives · SSB Distributors and Stores · City of Berkeley Programs and Staff · Measure D Tax Revenues · SSB Panel of Experts Commission · Healthy Berkeley Programs and Grants · Funded Community-Based Agencies

OUTPUTS

Strategies to Reduce Consumption of SSBs And Increase Healthy Behaviors

Enforce SSB Distributor Tax · Develop and implement policies, systems and environmental changes within organizations & in the community · Train community members and staff as ambassadors and advocates · Deliver health education messages about SSBs · Implement social media campaigns · Provide direct services to community residents: (outreach, events, skills building, medical, dental)

OUTCOMES

Healthier Environments

- Higher SSB prices*
- Safe places for physical activity
- Healthier options at stores, community agencies and events

Decreased demand for SSBs and unhealthy Foods · **Increased access** to water, fresh produce and healthy foods · Increased access to health and social programs. · **Increased knowledge, motivation and commitment** to consume fresh produce and healthy food; reduce SSBs and sugars · **Reduced consumption** of SSBs and unhealthy foods · **Increased consumption** of water, fresh produce and other healthy foods · **Increased confidence** to make more positive changes in their communities · **Increased healthy behaviors,** such as physical activity and getting health screenings.

IMPACT ON BERKELEY POPULATION

Better Health – Reduced:

- Obesity
- Diabetes
- Oral health problems and tooth decay
- Hypertension
- Coronary Heart Disease

[6] The logic model was included in the Healthy Berkeley Evaluation Report 2018-2022, internal document, prepared by the Alameda County Public Health Department, Community Assessment, Planning and Evaluation (CAPE) Unit with assistance from Healthy Berkeley Program staff. It builds upon 2018 work from the city's community epidemiologist.

APPENDIX D. DETAILED SSB TAX DISTRIBUTION

	Cycle 1	Cycle 2	Cycle 3		Cycle4		Cycle 5		Cycle 6	
Grantee	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
BUSD	$250,000	$637,500	$625,000	$625,000	$950,000	$950,000	$475,726	$475,726	$352,528	$352,528
18 Reasons	-	-	-	-	-	-	$29,750	$29,750	-	-
Bay Area Community Resources	-	-	-	-	$67,940	$67,940	$58,000	$58,000	$42,932	$42,932
Berkeley Youth Alternatives	-	$125,000	-	-	$48,500	$48,500	$38,800	$38,800	$53,075	$53,075
Community Health Education Institute	-	-	-	-	$34,664	$34,664	$27,724	$27,724	-	-
Ecology Center	-	$115,266	$135,959	$135,959	$142,500	$142,500	$121,125	$121,125	$50,189	$50,189
Fresh Approach	-	-	-	-	$16,396	$16,396	$18,800	$18,800	-	-
Healthy Black Families	-	$245,874	$255,000	$255,000	$295,000	$295,000	$222,665	$222,665	$107,687	$107,687
Lifelong Medical Care	-	$125,000	$91,504	$91,504	$135,000	$135,000	$118,575	$118,575	$65,217	$65,217
Multicultural Institute	-	-	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$27,500	$27,500
Spiral Gardens	-	-	-	-	$40,000	$40,000	-	-	-	-
YMCA of the East Bay	-	$151,360	$140,037	$140,037	$155,000	$155,000	$85,275	$85,275	$48,462	$48,462
Total	**$250,000**	**$1,400,000**	**$1,262,500**	**$1,262,500**	**$1,900,000**	**$1,900,000**	**$1,211,440**	**$1,211,440**	**$747,590**	**$747,590**

APPENDIX E. BERKELEY SSB TAX-RELATED STUDIES

The table below includes a summmary of the research related to Berkeley's SSB tax. This list is not exhaustive.

Focus	Title	Author(s)	Year
Berkeley SSB Prices	Higher Retail Prices of Sugar-Sweetened Beverages 3 Months After Implementation of an Excise Tax in Berkeley, California	Jennifer Falbe, ScD, MPH, Nadia Rojas, MPH, Anna H. Grummon, BA, and Kristine A. Madsen, MD, MPH	2015
Berkeley SSB Prices, Sales, and Consumption	Berkeley Evaluation of Soda Tax (BEST) Study Preliminary Findings	Shu Wen Ng, Lynn Silver, Suzanne Ryan-Ibarra, Marta Induni, Cory Hamma, Jennifer Poti, Barry Popkin	2015

APPENDIX E. BERKELEY SSB TAX-RELATED STUDIES

Focus	Title	Author(s)	Year
Berkeley SSB Consumption	Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption	Jennifer Falbe, ScD, MPH, Hannah R. Thompson, PhD, MPH, Christina M. Becker, BA, Nadia Rojas, MPH, Charles E. McCulloch, PhD, and Kristine A. Madsen, MD, MPH	2016
Berkeley Health Status Report	City of Berkeley – Health Status Report 2018	City of Berkeley Public Health Division	2018
Healthy Berkeley Evaluation	Evaluation of the Healthy Berkeley Program: An Analysis of Grantee Activities Funded by the Berkeley Sugar-Sweetened Beverage Tax	John Snow, Inc.	2018
Berkeley SSB Consumption	Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax	Jennifer Falbe, ScD, MPH, Hannah R. Thompson, PhD, MPH, Christina M. Becker, BA, Nadia Rojas, MPH, Charles E. McCulloch, PhD, and Kristine A. Madsen, MD, MPH	2019
SSB Tax Implementation	How sugar-sweetened beverage tax revenues are being used in the United States	James Krieger, Kiran Magee, Tayler Hennings, John Schoof, Kristine A. Madsen	2021
Healthy Berkeley Evaluation	Healthy Berkeley Evaluation Report 2018-2022 (internal document, no hyperlink available)	Prepared by the Alameda County Public Health Department, Community Assessment, Planning and Evaluation (CAPE) Unit with assistance from Healthy Berkeley Program staff.	2022

APPENDIX F. TEN ESSENTIAL CAPACITIES FOR COMMUNITY POWER

Below is a short definition for each of Change Elemental's 10 Essential Capacities. Additional analysis, research and findings on each capacity are included in their full report.[7]

Capacity	Definition
Deepening Equity	to bring about deep equity that centers Black and Indigenous peoples
Organizing Communities	to recruit, retain, and support people to develop their own leadership to actively reform systems and conditions and/or innovate transformative alternatives
Cultivating Leaders & Leadership	to develop an emergent set of people who are advancing a common vision, aligning values with actions, and continually building and sharing power
Strengthening Power-Building Institutions	to nourish and evolve equitable, sustainable, and powerful community power-building organizations (including 501(c)3 organizations, self-organized volunteer groups, fiscally sponsored groups, 501(c)4 organizations, PACs, networks, coalitions, and for-profit businesses like LLCs, among others)
Nurturing & Sustaining Networks	to nurture trusting relationships, distribute resources and power equitably, and forge enough shared identity to advance a vision to reform and transform systems and conditions over the long term
Generating Financial Resources	to expand and sustain financial resources for community power building
Working Emergently in a Complex Context	to be grounded in purpose and values while evolving emergent strategy to transform systems and conditions
Changing Culture & Narrative	to continually iterate a culture-change strategy, support community members to tell their stories to change public narratives, and partner with artists, cultural producers, and others to communicate in a variety of ways
Carrying Out Research, Advocacy, and Implementation of Policy, Regulation & Law	to ensure that the communities most impacted drive and are centered in policy research, advocacy, and implementation
Providing Services & Mutual Aid	to meet the needs of community members and create alternative systems and conditions today

[7]Change Elemental. (2020). What is Needed to Build Community Power? Essential Capacities for Equitable Communities. https://changeelemental.org/wp-content/uploads/2020/11/EssentialCapacitiesforCommunityPower_ChangeElemental.pdf

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[ix] Healthy Berkeley Evaluation Report 2018-2022, internal document. Alameda County Public Health Department, Community Assessment, Planning and Evaluation (CAPE) Unit with assistance from Healthy Berkeley Program staff.

[x] John Snow, Inc. (2018). Healthy Berkeley Program: An Analysis of Grantee Activities Funded by the Berkeley Sugar-Sweetened Beverage Tax. https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=23402&lid=3

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[xiv] Change Elemental. (2020). What is Needed to Build Community Power? Essential Capacities for Equitable Communities. https://changeelemental.org/wp-content/uploads/2020/11/EssentialCapacitiesforCommunityPower_ChangeElemental.pdf

[xv] Barsoum, G. (2023). A New Framework for Understanding Power Building. Standford Social Innovation Review. https://ssir.org/articles/entry/a_new_framework_for_understanding_power_building#