



EVALUATION OF THE Healthy Berkeley Program

An Analysis of Grantee Activities Funded by the
Berkeley Sugar-Sweetened Beverage Tax

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HEALTHY
COMMUNITIES

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Acknowledgements

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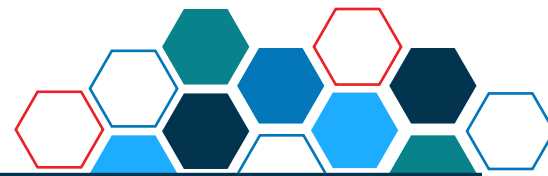
A special thanks to the Healthy Berkeley grantees, City of Berkeley staff, and representatives from the Sugar-Sweetened Beverage Product Panel of Experts Commission for their participation in the evaluation.

About John Snow, Inc. (JSI)

Founded in 1978, JSI is a public health research and consulting organization that aims to improve the health of individuals and communities worldwide. Understanding the connection between health, equity, and sustainability, JSI has identified healthy communities to be a primary focus. JSI Healthy Communities encompasses a wide spectrum of activities and focuses on promoting health and equity by using data to guide and measure efforts; addressing social determinants of health; engaging multi-sector participation; and implementing policy and environmental strategies.

JSI is nationally recognized for its community, public health, and health system expertise. Staff are experienced in a broad range of fields, including health promotion, nutrition, physical activity, obesity prevention, the built environment, tobacco-free living, and chronic disease management. With extensive work at the systems-level, JSI has a deep understanding of complex public health programs. Moreover, our broad national experience with healthy communities and health system strategic planning and evaluation projects provides an extensive knowledge base of strategies that have worked in a range of environments.

Introduction



Background

Sugar-sweetened beverages (SSBs) are the largest source of added sugar in the American diet^{1,2} and therefore a national public health concern. Efforts to reduce SSBs have become a priority because of strong evidence that SSBs increase the risk of obesity, diabetes, heart disease, and dental caries.^{3,4,5} Many state and local governments have considered pursuing SSB taxes to support health by decreasing SSB consumption and by generating monies to fund public health programs. Berkeley, California, was the first U.S. to successfully pass SSB tax legislation (Measure D).⁶

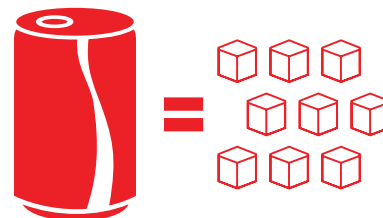
Measure D was implemented starting March 1, 2015 and imposes a one-cent-per-ounce tax on distributors of SSBs in the City of Berkeley. Revenue from the tax goes into the City's General Fund. The Berkeley City Council with guidance from the Sugar-Sweetened Beverage Product Panel of Experts Commission ("the Commission") has allocated a total of \$5 million from the General Fund for grants and City of Berkeley Public Health Division (PHD) staffing to implement programs aiming to reduce consumption of SSBs and related health outcomes as outlined in Measure D.⁷ Collectively, this effort became known as the Healthy Berkeley Program, which launched in the summer of 2016 with one-year awards to seven community agencies ("grantees"). The Healthy Berkeley Program builds upon an array of past and concurrent efforts with similar goals of preventing chronic disease and addressing health equities.

Evaluation Overview

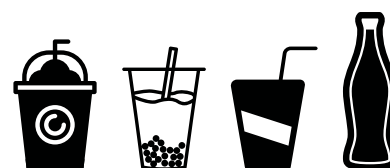
In Spring 2017, the City of Berkeley Public Health Division engaged John Snow, Inc., Healthy Communities (JSI), to evaluate the Healthy Berkeley Program. The goal of the evaluation was to gather information about the activities of Healthy Berkeley grantees during "Year 1" (July 2016 – June 2017).

Evaluation Structure

The Commission identified two focus areas for the evaluation: 1) a review of research related to Berkeley's SSB tax, and an 2) assessment of grantee activities, and requested JSI prepare a volume for each. Within each volume are subsequent "chapters" with related information (Appendix A). This volume provides the chapters focused on grantee activities (Table 1).



A 12 ounce can of soda contains about 9 teaspoons of added sugar



Most Americans drink at least one SSB a day



Table 1. Volume 2 chapter title and purpose

Chapter Title	Purpose
1. Grantee Activity Categories	To describe grantee activities by category (e.g., educational programming, organizational policy development)
2. Description and Map of Reach	To describe the reach of grantee activities
3. Strength of Interventions	To assess the ‘intensity’ of grantee work in terms of attributes that contribute to long-term outcomes of interest
4. Implementation of Grantee Work	To summarize the implementation of activities, including challenges, successes, deviations from proposed activities and solutions
5. Alignment of Projects with Measure D Goals	To summarize how grantee projects did/did not align with Measure D goals
6. Conclusion	To highlight key takeaways and recommendations

Evaluation Questions

Healthy Berkeley grantees were responsible for conducting their own evaluations to assess the impact of their individual efforts. Therefore, the Healthy Berkeley evaluation considered the Healthy Berkeley Program as a whole, leveraging—rather than duplicating—the grantees’ evaluation efforts. Through this evaluation, JSI aimed to answer the following questions:

- ▶ Has the organizational capacity of grantees to implement strategies intended to support Measure D goals increased as a result of the Healthy Berkeley funding?
- ▶ Do grantee activities reinforce each other, or are they simply disparate parts?
- ▶ To what extent do the funded programs demonstrate characteristics likely to impact long-term outcomes?
- ▶ How do results inform future strategies and activities?



In Spring 2017, PHD adopted the Results Based Accountability (RBA)⁸ framework for measuring impact and implementation. RBA focuses on three questions:

- ▶ How much did we do?
- ▶ How well did we do it?
- ▶ Is anyone better off?

Although JSI's evaluation was an independent process, JSI has attempted to speak to the RBA questions throughout this report.

Evaluation Methods

JSI implemented a qualitative, mixed-methods evaluation. PHD and a Commission representative instructed JSI to focus on collecting and compiling data from grantees, rather than from program participants. This decision stemmed from several factors, such as the size and timing of the Healthy Berkeley evaluation relative to the scale and spread and timing of grantee activities.

Figure 1 provides a summary of the data collection efforts. A more detailed description of the methodology is provided in Appendix B.

Figure 1. Overview of data collection efforts



Interviewed 25 people including grantees and researchers.



Reviewed over 100 documents including grant proposals, program reports, websites, and press coverage.



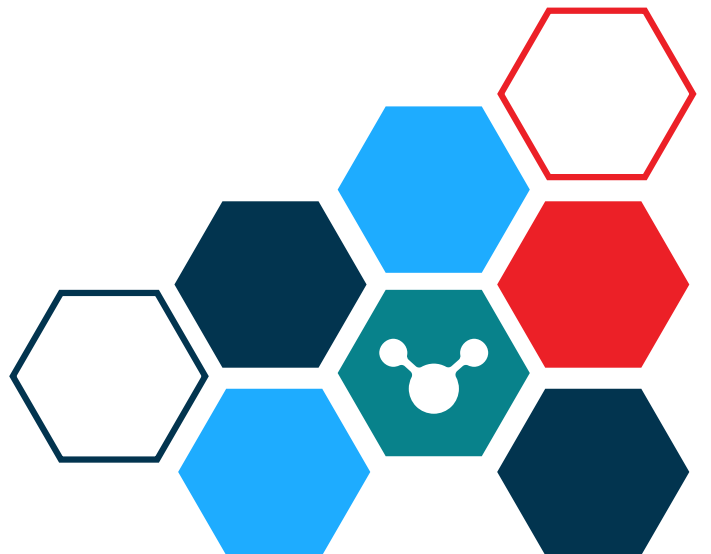
Conducted an online survey of 7 mini-grantees.





CHAPTER ONE

Grantee Activity Categories



Grantee Activity Categories



Overview

Healthy Berkeley funding was intended to increase the capacity of grantees to implement strategies that provide information; enhance skills and services; increase access and opportunities; and modify policies and broader conditions to help Berkeley residents achieve and maintain optimal health.

This chapter provides a brief description of each grantee's activities, followed by a high-level examination of the activity categories that were represented in Year 1 across the entire Healthy Berkeley Program. Appendix C provides additional detail about each grantee's primary activities.

Summary of Grantee Activities

The Healthy Berkeley Program funded six community organizations (one of which had two independent programs) for the 2016-2017 funding year. While each funded program's target audience and activity focus varied, the overarching goal of all programs was to decrease the availability of SSBs on site and provide education and resources around proper nutrition and SSB alternatives through a health equity lens. The seven funded programs are summarized in Table 2 and are described more fully in the text that follows.ⁱ

Program Goals



Decrease the availability of SSBs on site



Provide education and resources around proper nutrition and SSB alternatives through a health equity lens.

Table 2. Overview of grantees⁹

Grantee	Funded Amount	Activity Categories	Stated Goals
Berkeley Unified School District	\$637,500	Educational, organizational programming	Reduce nutrition-related illnesses (obesity, diabetes)
Berkeley Youth Alternatives	\$125,000	Educational, organizational programming, organizational policy and environment	Reduce obesity and diabetes, improve overall health
Ecology Center	\$115,266	Educational, organizational programming, organizational policy and environment	Reduce obesity and diabetes, improve overall health
Healthy Black Families	\$245,874	Educational, organizational programming, organizational policy and environment	Reduce health inequities resulting from consumption of SSBs
LifeLong Medical Care	\$125,000	Educational, organizational programming, organizational policy and environment	Reduce obesity and diabetes, improve overall health
YMCA-Central Bay Area Diabetes Prevention Program (DPP)	\$51,360	Educational, organizational programming, organizational policy and environment	Diabetes prevention
YMCA-Central Bay Area Head Start	\$100,000	Educational, organizational programming, organizational policy and environment	Reduce obesity, increase physical activity and healthy nutrition habits

ⁱ YMCA received a single grant that funded two independent programs; given the distinct nature of the programs, this report describes them separately.

► **Berkeley Unified School District (BUSD)**

BUSD's program spanned 17 schools and included a gardening curriculum, after school program lessons, participation in school-wide events, and family nights. The lessons included traditional presentations, discussions, and a hands-on opportunity to practice making nutritious foods. The after school program curriculum was piloted at four schools, with the intent to refine the curriculum, develop a set of best practices, and expand the program to additional schools in the future.



► **Berkeley Youth Alternatives (BYA)**

The cornerstone of Berkeley Youth Alternatives' activities entailed training four youth interns to provide education to Berkeley Youth Alternatives' clients and partners, as the interns simultaneously developed job and leadership skills. The interns, along with Berkeley Youth Alternatives staff and clients, also worked on several communication initiatives, including newspaper articles, social media content, and a smartphone app to disseminate educational information on SSBs and nutrition. In addition, Berkeley Youth Alternatives upgraded internal systems and worked with community partners to promote water and healthy nutrition at community events.



► **Ecology Center (EC)**

Ecology Center trained youth interns in a nutrition- and SSB-focused curriculum and supported them to conduct peer education with other youth. Additional activities included school assemblies, field trips, tabling at local community events, diabetes screenings, and community outreach, such as social media posts and a community-wide event that featured poetry and a movie on the dangers of SSB consumption.



► **Healthy Black Families (HBF)**

Healthy Black Families focused on creating long-term cultural shifts in SSB consumption. The Thirsty for Change (T4C) program included nutrition and SSB education throughout different events. Healthy Black Families also engaged Water Ambassadors, who used the Rethink Your Drink curriculum to educate others on SSB consumption. Some of the Water Ambassadors also provided peer education on issues such as access to housing, education, job training, school readiness, and health information. In addition, the organization offered a monthly class, which enabled families to shop for and cook a healthy meal with a professional chef. Healthy Black Families has also partnered with The Center for Food, Faith, and Justice to introduce students to gardening and healthy cooking.



► **LifeLong Medical Center**

LifeLong Medical Center oversaw a mini-grant program, in which seven organizations received \$9,000-\$10,000 to provide nutrition and SSB education. The mini-grantees included:

- **Bay Area Hispano Institute for Advancement (BAHIA)**, to conduct English- and Spanish-language workshops for children and parents on the importance of safe water;
- **Community Adolescents Nutrition Fitness (CANFIT)**, to develop a training and educational module for dissemination to community organizations;
- **Community Child Care Council of Alameda County (4Cs)**, to train ten family child care providers on the importance of healthy beverages for young children;
- **Inter-City Services, Inc.**, to host an infomercial contest for youth;
- **Multicultural Institute**, to educate day laborers on nutrition and SSB consumption, as well as to connect day laborers to health services;
- **Options Recovery Services**, to educate clients on the importance of safe water and provide water filters, water coolers, and water bottles as an incentive to drink more water; and
- **Youth Spirit Artworks**, to engage local residents to create a community mural comprised of 300 individual tile “sugary beverage reduction pledges.”

► **YMCA Diabetes Prevention Program**

The YMCA implemented the intensive National Diabetes Prevention Program (DPP) curriculum developed by the Centers for Disease Control and Prevention. The goals were to reduce participants’ weight by 7% and increase their physical activity to 150 minutes per week by the end of the year. The curriculum covered strategies for eating healthy and being active in daily life, and also included maintenance sessions, designed to help participants apply the material they learned to real world situations. Participants met once weekly for sixteen weeks and then monthly for eight months. Three cohorts of classes were launched over Year 1.

► **YMCA Head Start**

The YMCA designed and implemented a nutrition program with lesson plans, resources, and newsletters. The program was implemented at both YMCA Head Start locations and BUSD Head Start locations. In addition, a nutrition specialist hosted monthly parent workshops with a lecture, food demonstration, and dinner. Head Start parents were also engaged in a peer education initiative in which parents were trained in a nutrition curriculum and then trained other parents during workshops.



Categories of Grantee Activities

Grantees' activities spanned four categories, each with the potential to support Healthy Berkeley goals in different ways. Activities that involve education and organizational programming have the potential to increase knowledge and promote behavior change, while possibly motivating participants to support broader policy and environmental changes. Activities that involve practice, policy and environmental changes can enhance access to healthy food and beverages, while reaching entire populations of people (e.g., those served by an organization or in the broader community). These efforts can be understood on a continuum where practice changes can become more sustainable as an adopted policy or environmental change.

Using the complete list of activities reported by grantees, JSI categorized the activities implemented as part of the Healthy Berkeley program (Figure 2).ⁱⁱ Examples of activities in each category are described below. Figure 3 provides the distribution of activities by grantee.

Activities spanned four categories



Educational



Organizational programming

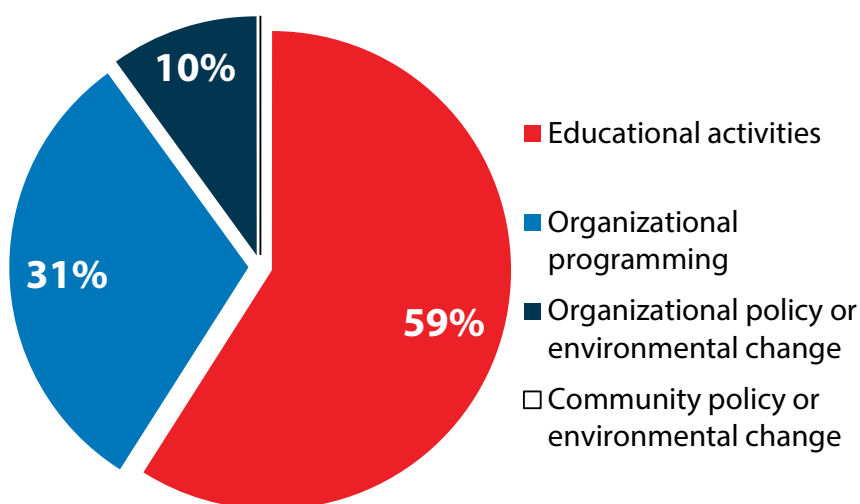


Organizational policy or environmental change



Community policy or environmental change

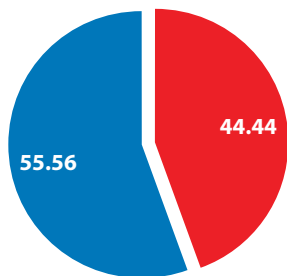
Figure 2. Distribution of Healthy Berkeley program activities



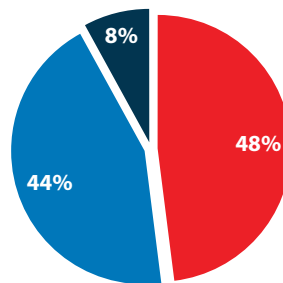
ⁱⁱ Given reporting timelines, some missing data was excluded from the calculations (e.g., for mini-grantee activities).

Figure 3. Distribution of activities by grantee

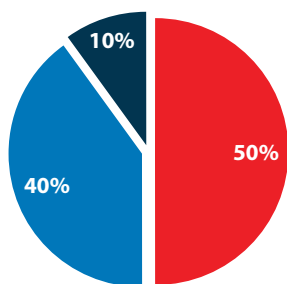
Berkeley Unified School District



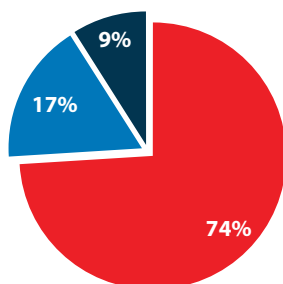
Berkeley Youth Alternatives



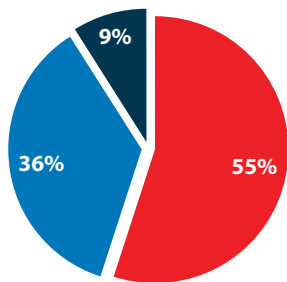
Ecology Center



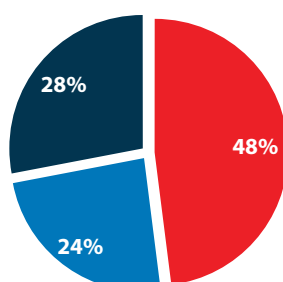
Healthy Black Families



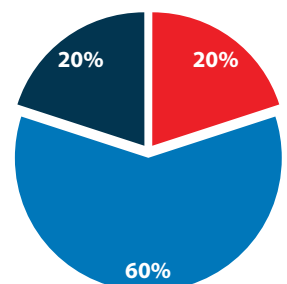
YMCA Head Start



LifeLong



YMCA Diabetes Prevention Program



- Organizational programming
- Organizational policy or environmental change
- Educational activities

Educational Activities

Fifty-nine percent of all grantee activities were educational. These ranged from one-time events to a series of classes with the same group of participants. In addition, grantees disseminated educational information through their newsletters, social media, and local press.

Multiple grantees conducted tabling at local events, such as celebrations for Juneteenth, Earth Day, Cinco de Mayo; Ashby Flea Market days; and farmers' markets and farm stands. These events allowed grantees to promote water consumption through presentations, flavored water samples, and other outreach to event participants. Many of these activities involved individuals who had been trained through organizational programming efforts (see below). In several cases, grantees described using partnerships to complete the educational activities. Among those implementing activities at schools, two grantees described establishing a relationship with key stakeholders at the school, which allowed both organizations to create additional opportunities to interact with students. In addition, two grantees reported strengthening their relationships with faith-based leaders. Through these efforts, the grantees spoke with leadership about making the church environment more supportive of healthy beverages and provided education to the congregation. Several grantees also reported collaborating with other grantees to implement their respective work plans, such as jointly held events, cross-promotion of events, and shared materials and lessons learned.



Organizational Programming

Thirty-one percent of grantee activities involved organizational programming, defined as an enhancement to existing programs or improvements to organizational practices. The program enhancements included training and enhancing skills related to SSBs among a number of individuals (e.g., youth, parents). According to grantees, this “train-the-trainer” model helped to leverage resources, increase capacity, and empower residents in the SSB movement. For example, two grantees trained adults to serve as water and nutrition ambassadors who then educated fellow residents about healthy alternatives to SSBs and other health-related issues important to their peers. Another grantee built upon its existing leadership and health education offerings to provide more targeted lessons on SSBs and healthy eating strategies for young parents. Through these efforts, peer educators received training to extend the reach of activities implemented by grantee staff.

Other organizational programming activities involved expanding the audience of activities. For example, two grantees conducted outreach to encourage local businesses to promote SSB-alternatives in their establishments. In addition, several grantees collected data to inform future activities. This included surveys to improve educational activities, as well as surveys and focus groups to better

Grantee Spotlight

YMCA Head Start provided nutrition education in the form of workshops to

123 Head Start parents

Six parents participated in a Train the Trainer initiative. Parents were individually trained and participated as nutrition education as co-leaders in the parent workshops.

understand water-related knowledge, needs, and preferences within the broader community. One grantee conducted a community survey about water access points, receiving more than 220 responses. The results were presented at a City of Berkeley Health Commission meeting to make the case for prominent placement of hydration stations in Downtown Berkeley.

Organizational programming also included the development of long-term partnerships in Year 1. Healthy Berkeley provided a platform for organizations to build trust with each other as well as with members of the community. For example, members at one church now look to a grantee as their partner to advance nutrition education. Another grantee strengthened linkages with a medical center to foster provider referrals for patients who could benefit from their programming. Finally, a small portion of activities involved changes to organizational practices. Specifically, grantees enhanced access to water through the purchase of water filters and pitchers, which were used to serve water during meetings and other activities.

Organizational Policy and Environmental Change

Ten percent of the overall activities aimed to enhance access or reduce barriers at the organizational level. Every grantee reported the successful adoption of a policy intended to limit the consumption of SSBs and promote the consumption of water. The policies included requirements such as:

- ▶ Provision of water at every meeting, activity, or event
- ▶ Limited presence (if any) of SSBs at events or social gatherings
- ▶ Prohibiting individuals from bringing SSBs on site

Several grantees also encouraged their partners to consider implementing similar organizational policies and provided assistance with policy development, although official adoption was still in progress.

Many grantees reinforced the new water access points with posters promoting water use. In addition, one of the mini-grantees installed water coolers in two City-owned buildings that did not have operable water fountains; this enabled access to fresh drinking water for their clients, as well as visitors from the community. There were also efforts to reduce the presence of SSBs on site. For example, one grantee removed SSBs from on-site vending machines.

Community Policy and Environmental Improvements

Grantees did not report any community-level policy or environmental improvements. Nevertheless, they expressed the hope that their work would help to lay a foundation for future improvements.

Although not led by grantees, a comprehensive marketing campaign which used both digital and traditional channels was implemented by the City of Berkeley to promote water as a beverage of choice. The campaign, “Let’s Drink Water,” was developed by a communications contractor and included billboards, bus ads, and bus shelter ads.



Grantee Spotlight

Healthy Black Families
implemented

8 Policies

aimed at decreasing SSBs and increasing water consumed on site/ at events. In addition, HBF worked with faith-based partners to help them develop and implement their own policies.

Community-level policy and environmental changes can be highly sustainable and effective. While the marketing campaign had a limited duration, it likely supported the work of the grantees. For instance, several grantees reported using the materials at their sites. In addition, digital advertisements targeting parents with children in Berkeley and individuals located near the UC Berkeley campus and Berkeley High received more than 185,000 impressions and 960 clicks in the month of June. Further, given the campaign's wide reach and presence throughout the entire city, the Healthy Berkeley campaign had the potential to make residents aware of both the importance of drinking water instead of SSBs and the presence of Healthy Berkeley.

Moving Forward

The majority of Healthy Berkeley activities in Year 1 were educational. The potential to sustain these educational activities varies. While many of the educational materials are now available for future use by a grantee and/or their partners, multiple grantees acknowledged the reality that educational activities are reliant on funding/resources, such as staff to implement lessons plans. Regardless, grantees who were able to begin conversations with new organizations or to enhance relationships with existing partners hope to collaborate on future efforts, including the activities proposed for Year 2 of funding.

There was also a substantial portion of activities that involved enhancements to organizational programming and practices. While such changes are likely to impact more people and have the potential to be more sustainable than educational activities, they are not necessarily permanent. Their sustainability can be supported through inclusion in organizational budgets, written policies, or strategic plans.

As for policy changes, grantees' adoption of policies was not surprising, given that it was a requirement written into the Healthy Berkeley grant. These policies have a high likelihood of sustainability because they are now part of each organization's official operations. The effectiveness of such policies, however, requires full implementation and enforcement. Although the exception, one grantee did express skepticism that the policy had been fully implemented across their organization. Continuing to build knowledge and buy-in within the organization may help to strengthen adherence to the policies.



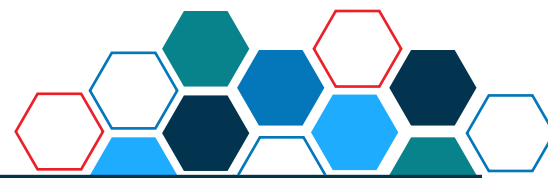


CHAPTER TWO

Description of Reach



Description of Reach



Overview

Grantees reported information on the reach of their activities. Reach can be understood as the extent to which a program attracts and engages its target population.¹⁰ The greater the number of individuals reached, the greater the exposure and the increased likelihood for positive outcomes.¹¹ Documenting reach is important for interpreting a program's success in achieving objectives and for guiding future programming.

The Commission recommended that Healthy Berkeley programming prioritize the following target populations:

- ▶ Children and their families, with a particular emphasis on young children who are in the process of forming lifelong habits
- ▶ Individuals with limited resources
- ▶ Groups exhibiting higher than average population levels of diabetes, obesity, and tooth decay rates
- ▶ Groups that are disproportionately targeted by the beverage industry marketing (e.g., youth, communities of color)

Approach

JSI estimated the reach of activities using data provided by grantees through reports submitted to the City Data System (CDS) and direct communication. The grantee-reported numbers are presented alongside population estimates for the entire City of Berkeley to provide a point of reference.ⁱ Generally speaking, 96% of grantee activities reached less than 5% of the population of Berkeley, and 4% of grantee activities reached between 6% and 20% of the population of Berkeley. For detailed information about grantees' reach by individual activities, see Appendix C.

ⁱ For comparison data, whenever possible, the latest population estimates from the US Census Bureau's Annual Estimates of the Resident Population for 2016 (AERP 2016) were used in this analysis. However, this data source does not provide disaggregated demographic data. Consequently, the demographic data for Berkeley was based on the American Community Survey, or ACS, which provides data estimates for the Berkeley population between the years 2011-2015. ACS' categorization of demographic data was not a perfect match with 2016 population estimates or CDS categorization. For example, while CDS prompted grantees to report reach data for youth ages 0-5 and 6-17, ACS divides children into four different ranges: under 5 years, 5-9 years, 10-14 years, and 15-19 years. For analysis purposes, JSI adapted ACS data to more closely match CDS categorization (e.g., combining the four ACS age groups into two groups—ages 0-9 and ages 10-19) and facilitate Healthy Berkeley data interpretation in relation to Berkeley data overall.

Reach

The extent to which a program attracts and engages its target population



Results

Summary of Clients Reached

Although it is not possible to determine an unduplicated count of the number of people reached by Healthy Berkeley funding during Year 1, grantee estimates suggest that their activities touched a large number of Berkeley residents in some way. Grantee data suggest thousands of new clients (most often identified as Berkeley residents) took part in Healthy Berkeley activities (Table 3).ⁱⁱ

Table 3. Summary of clients reached by Healthy Berkeley grantees

Client Summary	BUSD	BYA	EC	HBF	YMCA - DPP	YMCA - Head Start	Berkeley Overall
Total New Clients (Berkeley and Non-Berkeley)	464	281	11,517	416	99	1,149	
Total New Berkeley Clients Served Able to Catch Demographics	717	465	2,564	117	-	1,038	
Total New Berkeley Clients Served NOT Able to Catch Demographics	7,096	-	8,003	61	99	111	
Total New Berkeley Clients Served	7,813	465	10,567	178	99	1,149	121,240*

Source: CDS reports submitted by grantees using CDS fields.

*2016 AERP data

Grantees' proposals varied in terms of their targets for reach, reflecting differences in the design of their programming. The Ecology Center reported reaching the most individuals overall, with 10,567 new Berkeley clients and 11,517 new clients overall. BUSD, which implemented programming within 17 schools, reported reaching almost 8,000 children and Berkeley school staff members. YMCA DPP, whose intensive program required participants to make a 12-month commitment, served 99 out of the 100 individuals anticipated in its proposal.

ii As the administrator of mini-grants, LifeLong did not use CDS reporting; instead, mini-grantees reported their individual reach estimates (see Appendix C)

Demographics of Clients Reached

It appears that Healthy Berkeley funding helped grantees reach the priority populations identified by the Commission, particularly youth and communities who disproportionately face the negative health effects of SSB consumption.

The majority of individuals reached by grantees were identified as Black/African American, Hispanic, or mixed race (Table 4). Additionally, the majority of participants had incomes between 0-50% of the Average Median Income (AMI) for Alameda County.¹² In other words, the majority of individuals that participated in Healthy Berkeley programming had incomes below \$46,800. In terms of age, most Healthy Berkeley program participants were youth between the ages of 6-17. Adults ages 18-44 were the second most common group to engage with Healthy Berkeley programming. By comparison, Berkeley residents overall are predominately white (62% in 2015), have incomes above 50% of AMI (63% in 2016), and fall between 18-44 years old (56% in 2015).ⁱⁱⁱ



Table 4. Summary of clients reached by Healthy Berkeley grantees, by demographics

Population Demographic	BUSD	BYA	EC	HBF	YMCA - Head Start	Berkeley Population
RACE						
American Indian/Alaskan Native Asian	4	-	4	1	2	610
Asian	22	-	131	3	31	23,044
Black/African American	222	-	1,280	105	311	8,927
Native Hawaiian/Pacific Islander	1	-	95	2	2	249
White	118	74	516	3	52	73,255
Hispanic	209	100	452	3	312	13,434
Other Combined Race Categories	141	42	86	-	328	7,255
Total	717	465	2,564	117	1,038	117,384
INCOME						
0-50% of AMI	-	372	1,797	99	1,038	44,738
Above 50% of AMI	-	93	970	18	-	76,502
Total	-	465	2,767	117	1,038	121,240
AGE						
0-5	-	-	-	8	198	4,134
6-17	621	395	2,123	29	-	7,822
18-44	27	70	441	56	630	65,522
45 and Over	11	-	-	24	210	39,906
Unknown	58	-	-	-	-	n/a
Total	717	465	2,564	117	1,038	117,384

Source: CDS reports submitted by grantees.

*2015 ACS data; AMI—Average Median Income; Note: YMCA DPP did not report demographic data.

iii Race and age proportion estimates based on 2015 ACS data; AMI estimates based on 2016 HUD data.

Of note, several grantees mentioned collaborating with other funded agencies or engaging the same populations, such as Berkeley youth. The likely duplication of individuals among grantees suggests that at least some residents were exposed multiple times to Healthy Berkeley activities. Inasmuch as grantees adopted similar messaging, increased exposure could be mutually reinforcing. However, it is not known if the messages were consistent or how individuals responded to the multiple exposures.

Geographic Locations Reached

In total, grantees reported reaching more than 88 locations, concentrated mostly in West and South Berkeley (Figure 4). Mini-grantees, who received the small Healthy Berkeley grants administered by LifeLong, reported reaching more than 14 locations (Figure 5). Activities occurred at variety of locations including schools, farm stands, churches, and community centers.

In some cases, activities extended to adjacent areas of Oakland, Albany, and Emeryville. Besides the fact that several grantees have programming outside of Berkeley, the activities stretched across borders because Berkeley residents often work and play in the neighboring cities. This geographic span allowed grantees to reach Berkeley residents at nearby community events AND provide nutrition/water education to a broader audience. (Activities located outside of Berkeley are not pictured in the following maps).

Moving Forward

Grantee reporting indicates that Healthy Berkeley activities reached many Berkeley residents, including traditionally underserved communities. In future years, it is important for activities to continue to emphasize a health equity lens that prioritizes work with those who disproportionately face the negative health effects of SSB consumption.

Figure 4. Grantee locations in Berkeley

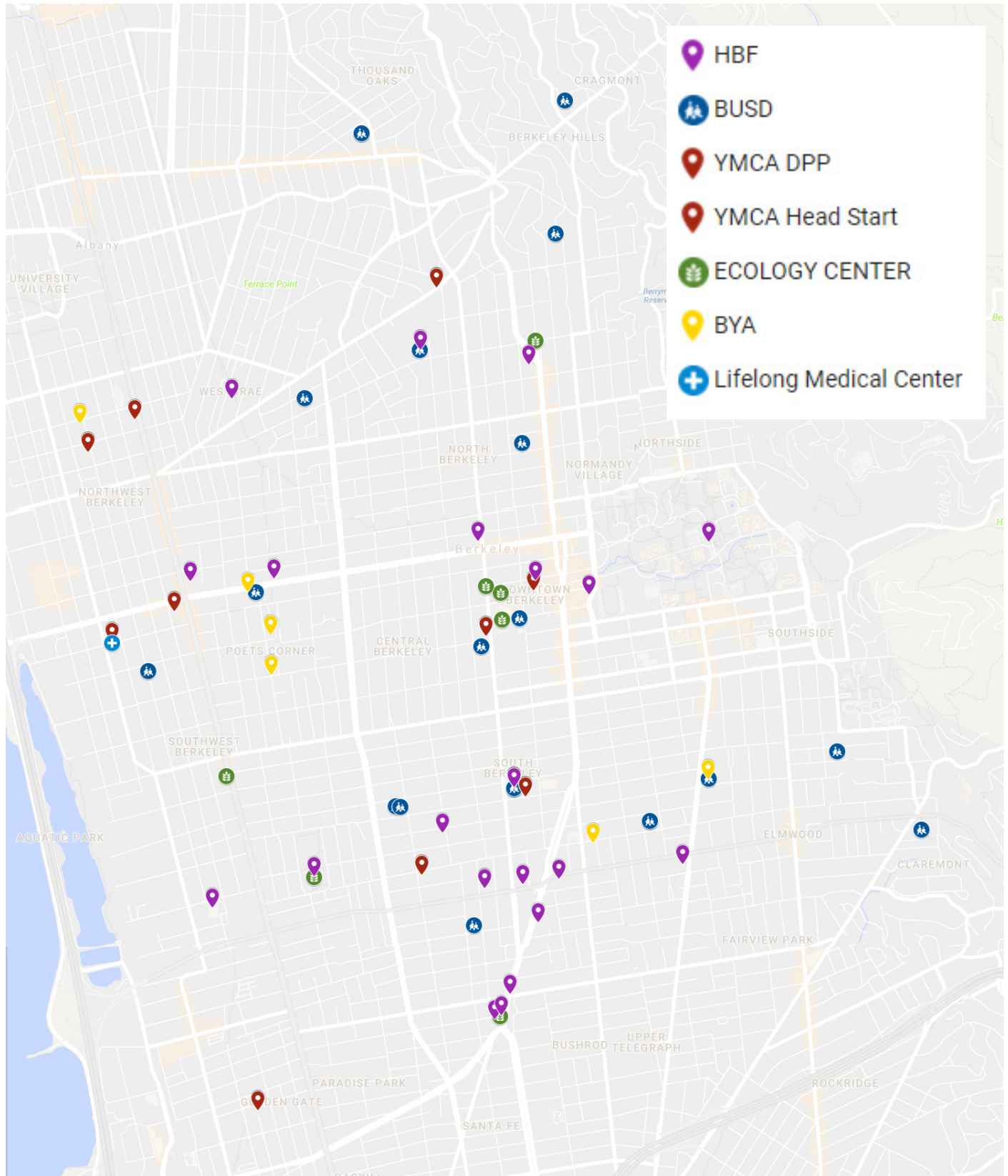
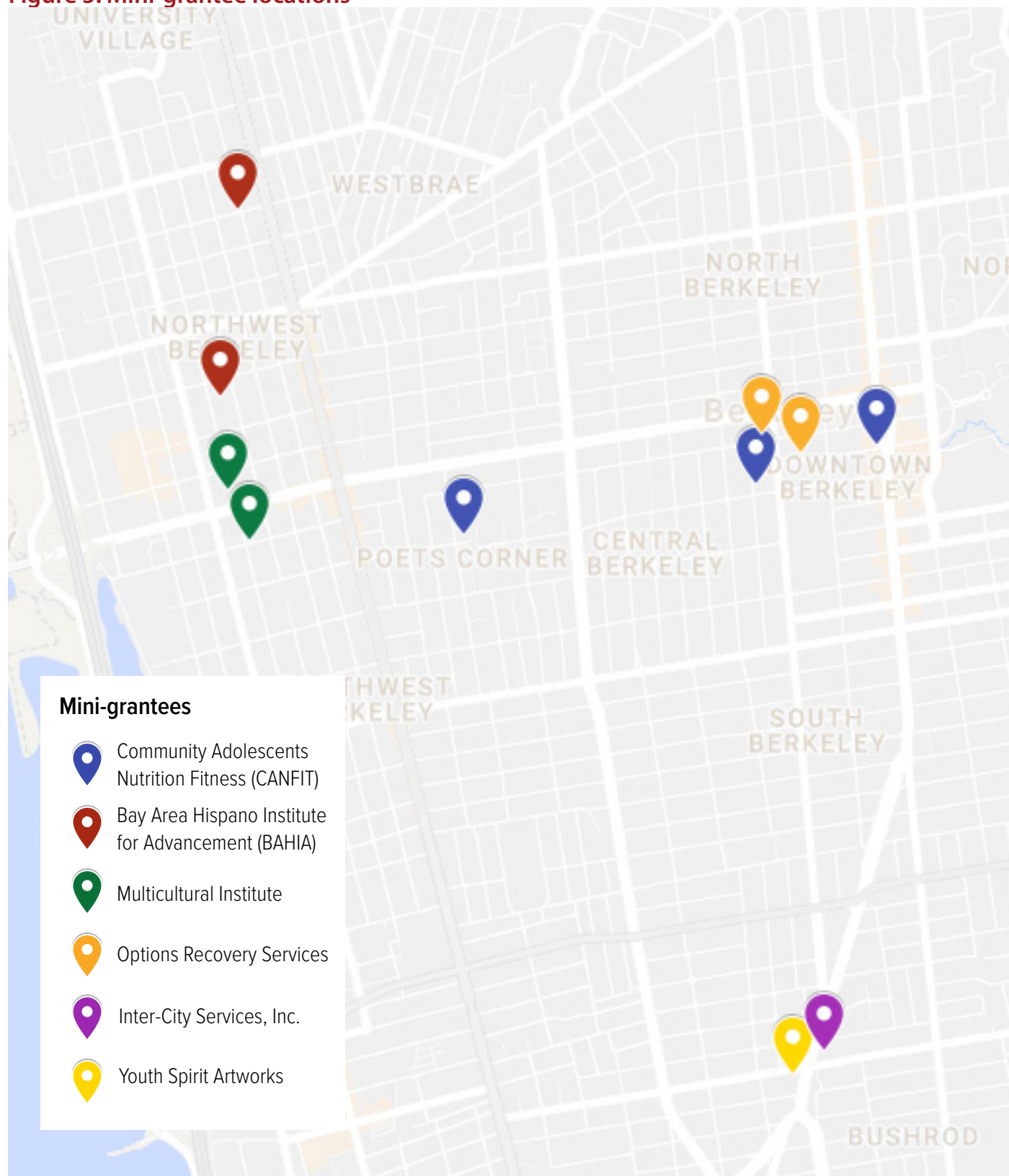


Figure 5. Mini-grantee locations



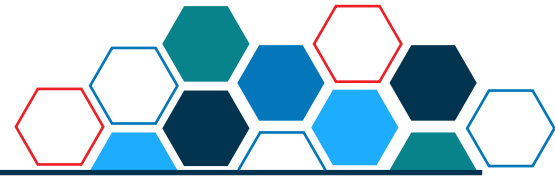


CHAPTER THREE

Strength of Interventions



Strength of Interventions



Overview

Addressing complex health conditions such as obesity, diabetes, and dental caries requires comprehensive and coordinated approaches that include multiple sectors (e.g., health, education) and strategies. While Healthy Berkeley grantees' activities were all implemented to improve population-level health outcomes, they varied in terms of what they were trying to achieve, how long they lasted, and how many people they reached. Each of these factors can affect an activity's potential to change health behaviors and related outcomes.

This chapter examines grantee activities in terms of three attributes—the change strategy used, the duration, and the reach—to determine the “strength” of the various activities. Assessing activity strength provides a way to estimate the “dose” of intervention actually delivered. Further, using these attributes to score activities provides a systematic way of differentiating those that may have less or more influence on long-term outcomes. Inasmuch as the health outcomes targeted by Healthy Berkeley will likely take years to achieve, strength measurement provides proximal estimates of the impact of grantee- and program-level strategies.

The strength of activities was based on three attributes:



Change strategy used



Duration of activities



Reach of activities

Approach




JSI used the complete list of activities reported by grantees to assess the intensity of each activity. Activities were defined as an event or action undertaken by Healthy Berkeley grantees that contributed to achieving a strategic objective, regardless of how intentional or coordinated it was. JSI determined the strength of grantee activities by coding the following attributes, according to methodology reported in previous research:^{13,14}

- ▶ **Behavioral intervention (or change strategy) used:** Evidence suggests that policy and environmental changes that modify access, barriers, and opportunities and/or modify broader conditions are more likely to impact health and achieve outcomes.¹⁵
- ▶ **Duration:** Literature suggests that exposure to activities, specifically policy and environmental changes, is important in impacting health.¹¹ The longer an individual is engaged or exposed, the greater the chance for affecting behavior change and population-level outcomes.

- **Reach:** Research suggests that the greater the number of individuals reached per activity, the greater the exposure and the increased likelihood for positive impacts.¹¹

Appendix B provides a detailed description of how strength scores were calculated. In short, JSI used a protocol adapted from the Healthy Communities Study¹⁴ in which each attribute for each activity was scored on a scale of 0.1 (minimum) to 1 (maximum) and calculated a single strength score. Total strength scores ranged from 0.3 (weakest and potentially of less influence on longer-term outcomes) to 3.0 (strongest and potentially of greater influence). Table 5 details the protocol for assigning a strength score. The strength scores for all activities funded by the Healthy Berkeley Program are described first, followed by scores for individual grantee programs.

Table 5. Protocol for assigning strength score

Dimension	Rubric for Scoring Intensity (0.1 = low; 1 = high)
 Change Strategy	High (1.0): Modifying policies, systems and access Med (0.55): Enhancing services and support Low (0.1): Providing information; enhancing skills
 Duration	High (1.0): Ongoing, throughout the year Med (0.55): More than once per year Low (0.1): One time event
 Reach	High (1.0): 21% or more of the population* Med (0.55): 6-20% of the population Low (0.1): 0-5% of the population

* Targeted population was calculated using 2015 Census data which reports an estimated 121,000 Berkeley residents.

Overall results

During the first year of the Healthy Berkeley Program, 134 activities were implemented across grantees.ⁱ

Attributes of Healthy Berkeley Program Activities

Figure 6 provides the distribution of activities for each strength score attribute.

Change strategy

Just over half of all activities (56%) aimed to increase knowledge or improve skills, 32% enhanced services or support, and 12% enhanced access or changed broader conditions.

ⁱ Given reporting timelines, some missing data was excluded from the calculations (e.g., for mini-grantee activities).

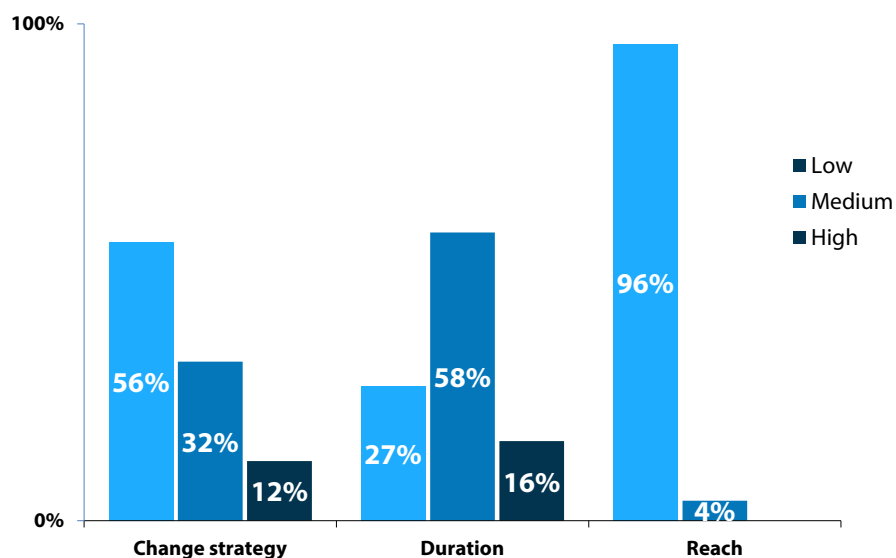
Duration

Just over one-quarter (27%) of all activities were one-time events, 58% occurred more than once, and 16% were on-going.

Reach

The vast majority of activities had low reach with respect to the total Berkeley population. Specifically, 96% of all activities reached 5% or less of the total population of Berkeley, and 4% reached between 6% and 20% of the total population.

Figure 6. Distribution of all activities (n=134) by attribute of strength score



Strength Scores of Healthy Berkeley Program Activities

Across the 134 activities, the mean strength score was 0.96, with the range of scores falling between 0.3 and 2.1 (Figure 7). Overall, six out of ten grantee activities (63%) had a score less than 1.0, and less than one in ten activities (7%) had a score that fell between 2.0 and 3.0. None of the activities received the highest possible score (3.0). Several examples of coded activities and the resulting strength scores are presented in Table 6.

Figure 7. Strength score of all Healthy Berkeley activities

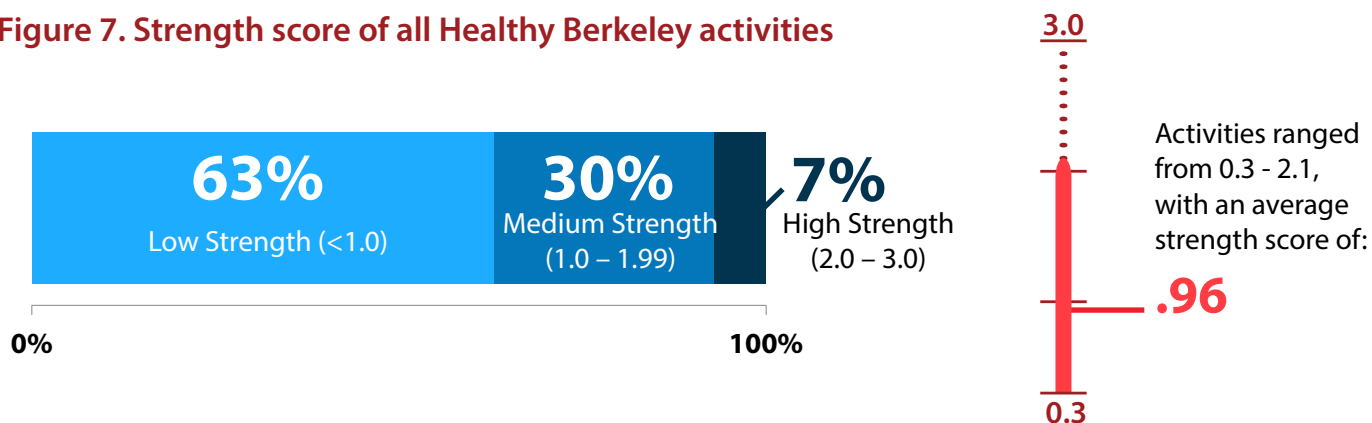


Table 6. Explanatory activities and related scoring

Activity	Change strategy	Duration	Reach	Strength score
Presentation to Berkeley pastors on the importance of reducing SSBs.	Increase knowledge	One-time event	Low	0.3
Family Nights were held across two schools. Families were taught to cook healthy foods and about drink alternatives.	Increase knowledge	Occurring more than once	Low	0.75
Conducted pre-diabetes screenings at several community events.	Enhance service	Occurring more than once	Low	1.2
A mural was created outside a pediatrics office.	Increase knowledge	Ongoing	High	2.1
Developed organizational policies on SSB and water consumption.	Modified access	Ongoing	Low	2.1
Water bottle filling station installed within an organization.	Modified access	Ongoing	Low	2.1

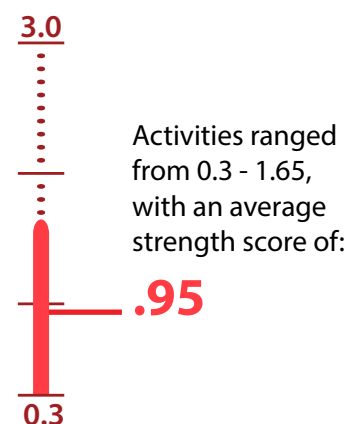
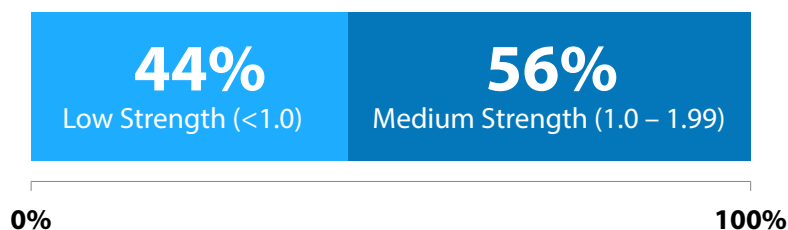
Grantee Level Results

As previously stated, the activities implemented by each grantee varied. One common characteristic, based on the distribution of grantee-level strength scores, is that most grantees primarily implemented activities with low strength scores (e.g., strength score of less than 1.0).

The distributions of strength scores for each grantee follow.

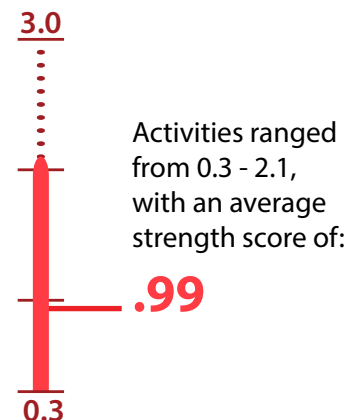
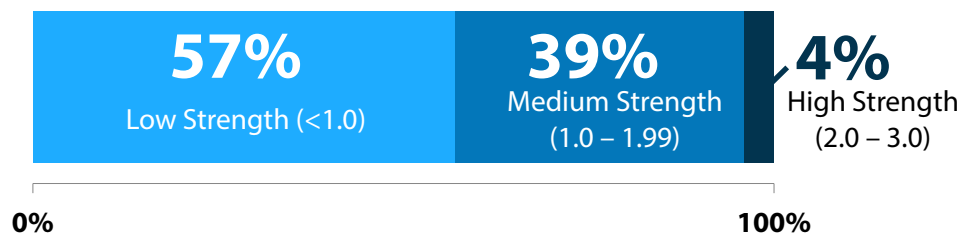
Berkeley Unified School District

Overall, BUSD activities were of low-to-medium strength in terms of impacting population-level outcomes.



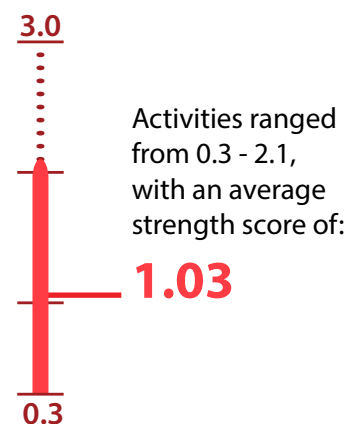
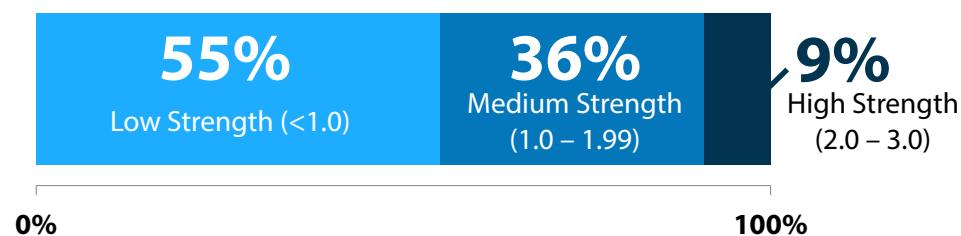
Berkeley Youth Alternatives

Overall, Berkeley Youth Alternatives' activities were of low-to-medium strength in terms of impacting population-level outcomes.



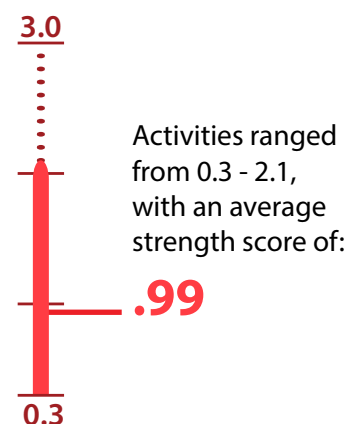
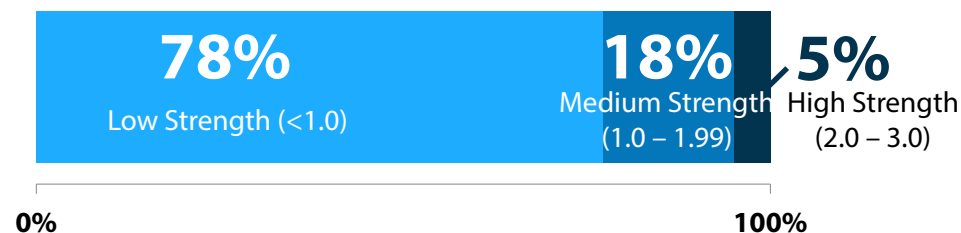
The Ecology Center

Overall, Ecology Center's activities were of low-to-medium strength in terms of impacting population-level outcomes.



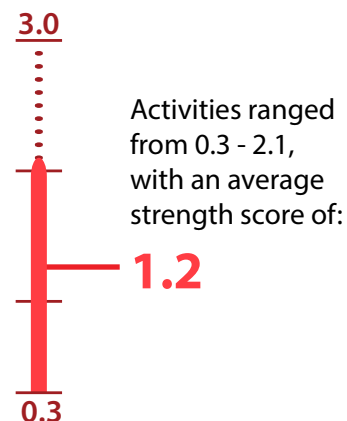
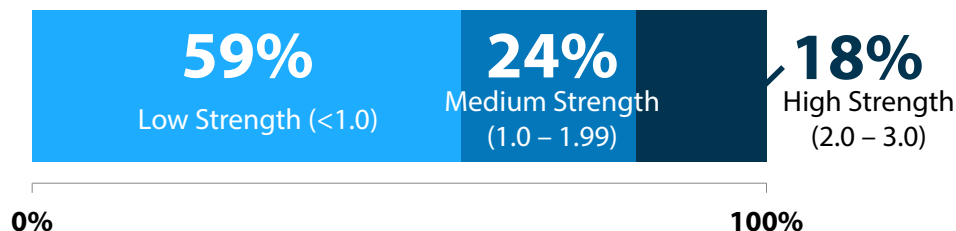
Healthy Black Families (HBF)

Overall, Healthy Black Families' activities were of low-to-medium strength in terms of impacting population-level outcomes.



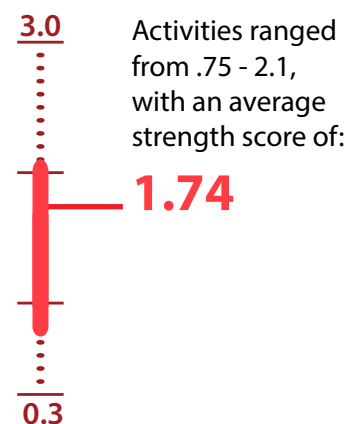
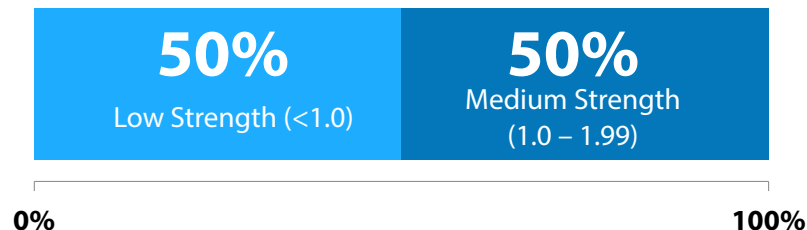
Mini-Grantees (LifeLong Medical)

LifeLong Medical provided mini-grants to a number of organizations. Each of these activities were scored and totaled as a LifeLong grant score. The strength ranged from 0.3 to 2.1 with an average of 1.2. Half (50%) of the activities had a strength score of less than 1.0; almost one-quarter (23%) had a strength score higher than 2.0. Overall, LifeLong's activities were of medium strength in terms of impacting population-level outcomes.



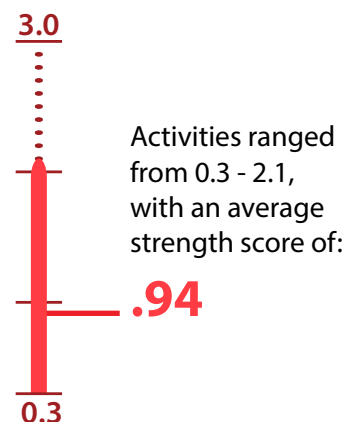
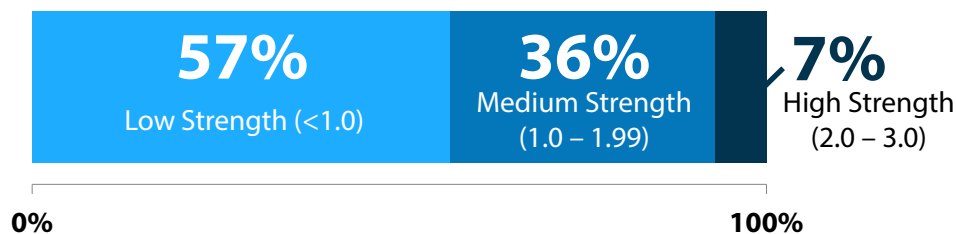
YMCA Diabetes Prevention Program (YMCA DPP)

The YMCA DPP implemented activities that ranged from 0.75 to 2.1 with an average of 1.74. Among all the grantees, the YMCA DPP reported on the fewest activities. However, the activities that were reported had higher strength scores. The YMCA DPP's activities were of medium strength in terms of impacting population-level outcomes.



YMCA Head Start

Overall, the YMCA Head Start's activities were of low-to-medium strength in terms of impacting population-level outcomes.



Moving Forward

These findings suggest greater emphasis on change strategies that target individuals rather than the community as a whole, and activities of low-to-medium strength rather than high strength. Promising practices suggest the need for comprehensive approaches, including education, but place greater emphasis on change strategies that involve enhancing access and addressing the broader conditions in which individuals live, work, and play. Although some of the activities enhanced access within a given organization, a move toward activities that improve the overall environment or community-level policies would likely extend the reach of Healthy Berkeley efforts and have greater influence on the outcomes of interest.



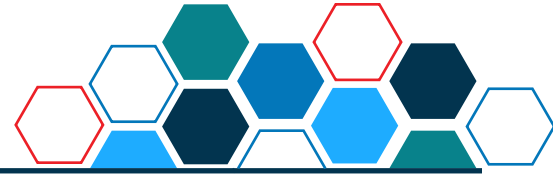


CHAPTER FOUR

Implementation of Grantee Activities



Implementation of Grantee Activities



Overview

Accomplishing the long-term goals as described by Measure D will take time. Creating an environment that is supportive of healthy behaviors is a long, complex, multi-step process that requires leadership support and multisector involvement. The process by which the community and leaders from different organizations, sectors, and levels of influence come together is incredibly important. These efforts require dedicated engagement, patience, deliberation, debate, and (occasionally) conflict. This chapter highlights the challenges, accomplishments, and sustainability efforts that grantees shared. Grantees' suggestions for the Healthy Berkeley Program are also described.

Challenges And Solutions

Although each grantee faced unique challenges, five common themes emerged. Each challenge is described below along with strategies grantees took to overcome them.

1. Unexpected delays

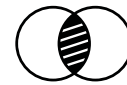
Some grantees began their Healthy Berkeley activities in June of 2016, as proposed. However, for others, activities were unexpectedly delayed due to the City contracting process. Consequently, one grantee was unable to implement their planned summer 2016 activities, which were designed for students on summer break. Another grantee faced internal delays when their Board of Directors took longer than expected to develop and approve the organization's SSB-related policies, leading to delays in the implementation of activities. A third grantee experienced delays due to the time-intensive nature of the evidence-based program it was implementing. The process of onboarding program staff and referral partners to ensure program fidelity—along with the subsequent recruitment of participants—took significantly longer than expected.

The delays affected the timeline for some grantees' activities, with subsequent contract extensions. However, despite unexpected delays, each grantee was able to adjust programming to complete their activities.

Grantees faced five common challenges



Unexpected delays



Misalignment of partner and community needs



Lack of public acceptance of Healthy Berkeley messaging



Technical difficulties



Data collection and technical assistance

2. Misalignment of partner and community needs

Both grantees and mini-grantees described challenges in balancing their proposed programming with the needs of their partners and residents in the community. Some barriers were internal to the organization as a result of some staff perceiving there to be misalignment in Healthy Berkeley Program goals and their respective organizational priorities. This challenge resulted in difficulties “onboarding” staff to readily engage and collaborate on Healthy Berkeley programming. One grantee stated that staff found it difficult to prioritize SSB education over working on other projects more central to the organization’s core mission.

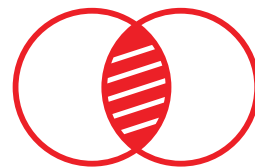
Additionally, multiple grantees cited challenges in aligning Healthy Berkeley activities with the public’s priorities, lifestyle choices, and values for healthy living. Grantees reported needing to adjust plans for educational activities to encourage participation from members facing multiple demands on their time. One grantee shared that despite their attempts to accommodate working parents, participants would often arrive late, leave early, or be unable to attend. Grantees attempted to adapt to their programming, which included modifying the duration, timing, and intensity of activities. Similarly, mini-grantees found it challenging to implement programming to student-aged participants while working within or around set school schedules.

Public priorities dictated by pressing social needs in the surrounding community also made it challenging for some grantees to implement their Healthy Berkeley programs. For example, one grantee explained that the political climate after the 2016 presidential election distracted residents. The potentially changing federal healthcare laws were bigger concerns among residents than their beverage consumptions. Another grantee described how unforeseen occurrences in youth violence and community displacement affected their partners’ ability to implement activities as originally planned:

“There were bigger issues that were starting to affect [our partners]. Then the other thing that happened is that this was an extraordinary year for our youth getting killed on the streets by our other youth. It was like, whoa, a lot of this stuff was going on. We were mourning, as were the parents in our organization.”

—Grantee Staff

In a similar vein, grantees reported that many of their priority populations were from historically marginalized communities. They cited national events (e.g., water contamination in Flint, Michigan) as underscoring the inequities that exist across communities and causes for tension and concern amongst those individuals who continue to face discrimination and marginalization in Berkeley. As a result, many grantees felt residents’ perceptions of the quality of tap water compromised progress toward goals to increase water consumption. Grantees described plans to address these concerns in future work.



Building Staff Capacity

Through the HB funding, BUSD hired Cooking and Gardening program educators and one full-time coordinator. With increased staff capacity, BUSD was able to serve more than

7,000 students



The misalignment between grantee goals and partner/community needs contributed to difficulties in advancing partnerships. Nonetheless, grantees expressed determination to continue engaging the organizations. Assuming this may continue to be a challenge, many grantees also launched plans to adjust how they introduce Healthy Berkeley programming so as to respect social issues faced by the community.

3. Lack of public acceptance of Healthy Berkeley messaging

Overall, grantees reported many anecdotes about knowledge and attitude shifts among participants with respect to the consumption of healthy beverages. However, grantees also shared that not all residents were receptive to Healthy Berkeley messaging:

“At one of the tabling events that I did, it was a challenge with people who said, ‘I ain’t changing, I just love soda’...no matter how much you tell somebody, they just shine on. There is that element, and there must be a percentage of the population that we just won’t get to.”

—Grantee Staff

This grantee also expressed the observation that for many residents, SSBs are not only a preferred beverage, but also a cultural staple that they did not want to see eliminated:

“It’s cultural to have big bottles of soda and sugary beverages at social and family activities. It’s a big thing.”

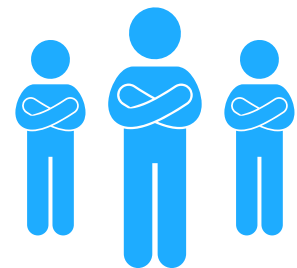
—Grantee Staff

Grantees adapted to these concerns by acknowledging them and offering suggestions that respected residents’ preferences. For example, one grantee served infused water as a healthy alternative to SSBs at a family event. Multiple grantees mentioned that residents who tasted flavored water generally enjoyed it and expressed interest in starting to swap out SSBs for healthy alternatives.

In addition to community resistance, some grantees described staff resistance when implementing their organization’s internal SSB policies. For example, some leadership and staff members expressed frustration over the elimination of SSBs on site and at staff meetings. Grantees addressed their staff needs by making water, flavored and unflavored, more widely accessible. This included providing staff with reusable water bottles and providing infused water at staff meetings.

4. Technical difficulties

All of the grantees who had planned to integrate technology into their activities reported experiencing challenges in the process. For example, two grantees needed newer technology to implement their activities. One grantee, who acquired tablets for administering surveys at outreach events, reported tablets



Agua Fresca



Several grantees offered fruit-infused water, agua fresca, at meetings and events. YMCA Head Start staff got creative with their agua fresca creations and noted that several parents shared that they swapped SSBs for infused water at home.



ended up making the process more difficult because they disrupted the natural flow of conversation. Additionally, some respondents were uncomfortable using the tablet.

Furthermore, two grantees proposed leveraging mobile health applications (apps) as part of their Healthy Berkeley efforts, yet neither were able to complete this goal during the initial funding cycle. One grantee had planned to disseminate information about water access points through an app, but the developers did not have the capacity to do so. Another grantee reported difficulties in establishing partnerships with technology companies, and ultimately deprioritized development of the app in favor of other activities.

5. Data collection and technical assistance

Multiple grantees reported challenges developing a sound evaluation plan that would provide useful information and fully executing their evaluation efforts. For example, two grantees were unable to collect or share demographic and other potentially sensitive data about participants. Another grantee reported difficulty collecting evaluation data because of inconsistent program attendance and the inability to follow-up with missing participants. Grantees expressed they would have benefited from greater guidance from the Commission on how to develop and implement an evaluation plan that was realistic, feasible, and produced valuable information.

Grantees' Key Accomplishments And Perceived Impacts

When asked to reflect on key accomplishments and outcomes, all grantees identified ways in which their activities helped to advance Healthy Berkeley goals related to SSB consumption. Many grantees also described how their activities contributed to the broader goal of promoting optimal health and well-being for Berkeley residents.

The key accomplishments and outcomes identified by grantees included:

- ▶ Knowledge and skill-building to change perceptions around SSBs
- ▶ Small shifts toward healthier behaviors
- ▶ Leadership development among Berkeley residents
- ▶ Engagement of underserved communities

Changing Participants' Perceptions around SSBs

Multiple grantees expressed that, as a result of Healthy Berkeley activities, they have observed changes in participants' perceptions about SSBs. Citing anecdotal evidence, grantees noted an increase in the acceptance of healthy water alternatives among youth, families, and their own program staff.

Together, the 7 mini-grantees:

—DISTRIBUTED—



500 water bottles

—ORGANIZED—



20 workshops on health and nutrition for children and adults

—INSTALLED—



4 water filter stations

—CREATED—



2 SSB curricula with multiple lesson plans for residents, child care providers, and organizations to use

—ORCHESTRATED—



1 water health education and awareness contest: **20** youth participants produced videos that received **3706** views

—COORDINATED—



1 mural made by **30** children for the entire community

One grantee working in schools observed measurable differences in SSB and water consumption. After receiving eight hours of nutrition education, there was a 25% increase in the percentage of elementary school students who reported drinking two or fewer SSBs a week. Among high school students, there was a 23% increase in the number of students that stated they did not drink soda between the beginning and end of BUSD programming (from 57% to 80%, respectively). Another grantee similarly described observing progress in perceptions about water among high school as a result of programming like school-wide assemblies and water bottle distribution.

According to grantees, perceptions about SSBs and water consumption changed among their staff as well. Grantees reported seeing staff and leadership who had initially resisted efforts to limit SSBs become increasingly receptive to the organizational policy changes.

Supporting Shifts toward Healthier Behaviors

In addition to promoting shifts around SSB and water consumption, Healthy Berkeley grantees felt their work contributed to small shifts toward healthier behaviors overall. In the survey of elementary school students, there was a 19% increase among students who reported eating six or more fruits and veggies between the beginning and end of BUSD programming (from 38% to 57%, respectively). Another grantee reported observing positive changes in families' shopping behaviors as a result of Healthy Berkeley programming:

"We're also seeing it in some of the choices our families are making after their shopping trips and the shopping challenges and then after the nutrition education classes where they're actually in the farmers' market and meeting the farmers, looking at and hearing about heritage and heirloom fruits and vegetables, and learning how to prepare things and getting these recipes. Some of our participants have reported for the first time really beginning to add these fresh fruits and vegetables into their nutrition, and going to places they haven't been before, and learning to shop in places they haven't been in before."

—Grantee Staff

Another grantee shared that their participants had reported engaging in more regular physical activity:

"Folks talk about trying to walk around places more, trying to get more physical activity in where they can. We talk a lot about that in this program. It doesn't have to be an hour on the elliptical to count. It can be just getting up and moving around anyway and anywhere that you can. People have really taken that to heart. I would say they definitely increased their activity level."

—Grantee Staff

“ *I'm really proud of the impact we've made at BYA. I've noticed a huge change among kids here. Kids now point out sugar-sweetened beverages and can share facts about them. I never thought that as interns we could make such a big difference."*

—Intern, Berkeley Youth Alternatives

“ *One student mentioned that after receiving materials from the campaign, her mom came home and said 'That's enough! We're not buying soda anymore.' The student mentioned this was a big change for her family, as they always served soda in their home."*

—Ecology Center staff member

Grantee staff also reported that Healthy Berkeley programming has helped some participants begin to acknowledge their rights to better nutrition and access to health, regardless of income level.

Cultivating Community Leaders

Four out of seven grantees described how they provided Berkeley residents with leadership opportunities as part of their activities. As one grantee explained their program's theory of change:

"We're building advocacy skills, community and relationship building, and the information they need to then be ambassadors at conferences, or at peer outreach, or community outreach workers. We build up their leadership and professional skills, so that then they can be active spokespeople here in our own communities."

—Grantee Staff

Key accomplishments included training several water and nutrition ambassadors who participated in outreach events and five parents who provided education to their peers.

In addition, 34 youth interns received intensive training. One intern described seeing changes in her own life and that of other youth who participated in educational sessions:

"What kid doesn't want to drink a soda? But now they're really being able to express why they choose water. It's just really amazing just to see the change that we've made with students and even in my own family. I'm seeing a change because I'm learning and doing research to teach them. I'll say, 'Mom, actually these drinks are better.' That I'm seeing a change even in my family makes me want to see even more change, maybe at my high school, and it's just spreading quickly and I'm really happy."

—Youth Intern

Spotlight: Mini-grantee: 4Cs

After 4C's SSB curricula were implemented among child care providers in Berkeley,

9 out of 10 child care providers:

- ▶ Implemented SSB policies
- ▶ Offered fruit juice 0-1x/day only
- ▶ Incorporated healthy beverage and dental care education for children
- ▶ Established water stations with pitchers and cups for children to have water access all day

Spotlight: Healthy Black Families

Healthy Black Families trained

7 water ambassadors

on the Thirsty for Change! educational curriculum. Water Ambassadors tabled at community events, conducted presentations, and served as peer educators among their families and friends.

Grantees who carried out leadership-building activities expressed the belief that one of the biggest contributions they had made was cultivating future leaders from within the community. While grantees did not measure leadership outcomes during the initial funding cycle, they shared many anecdotes, such as the one above, describing the effects of their Healthy Berkeley activities.

Engaging Difficult-to-Reach Communities

Several grantees cited a major accomplishment in engaging residents who have been traditionally difficult to reach. For example, one grantee described how their activities helped to address income disparities by providing educational extracurricular opportunities to low-income youth:

“I think middle-income kids have access to things like music and dance, and their parents take them to places where they get that stuff. Our kids don’t. And for them to have somebody come into their classroom and do this that’s geared specifically to this, they deserve it. They deserve it. It is a disparity issue, where some kids get all this extra stuff just as a result of being in a high-priced preschool, and our kids deserve it just as much and need it more.”

—Grantee Staff

Another grantee described how their efforts to train parents facilitated the spread of information to their families and other residents that did not directly receive the grantees’ services.

Sustainability

Grantees identified several ways in which they expected the effects of their activities to be sustained over time. With the educational activities, grantees hoped to lay the foundation to support behavior change among youth. Some survey data collected by grantees suggests that participants did gain knowledge and skills through the activities. Further, one grantee described the belief that their activities bolstered their reputation among residents, which could encourage greater engagement in Healthy Berkeley programming:

“Just being able to go out into the community and remind people that we’re here and ... they’re welcome here... We’re moving to not just be seen as a youth center but really a community center.”

—Grantee Staff

At a broader level, all grantees adopted policies within their organizations, and many also worked to implement environmental changes onsite. Despite some pushback from staff within their organizations, grantees described growing support and the hope for organizational policies to be implemented and enforced over time.

Spotlight: Berkeley Youth Alternatives

Berkeley Youth Alternatives trained youth interns who designed and implemented nutrition lessons among elementary and middle school students. Students learned about predatory marketing tactics used by SSB companies, healthy SSB alternatives, and how to read nutrition labels.

Spotlight: LifeLong Medical Center

LifeLong mini-grantees conducted a wide variety of activities which served youth, teenagers, parents, and elderly adults. Mini-grantee programming also served uninsured/under insured immigrants, day laborers, and low-income families by connecting them to preventative services.

Another factor critical to sustainability is collaborative partnerships. Multiple grantees established or strengthened partnerships in implementing their activities. Aside from a couple of partnerships that did not fully materialize, for the vast majority of partnerships, grantees indicated the confidence and intent to continue their work with partners.

Grantees also shared that they were already considering their activities' future sustainability, including the use of lessons learned to strengthen their programming. For example, one grantee that worked in schools shared plans to update their curriculum for the 2018 school year to support more consistent programming and greater student participation. Other grantees discussed looking to outside funding opportunities to supplement Healthy Berkeley funding. Another grantee shared plans to apply for other funding streams, such as through the Oakland SSB tax and Robert Wood Johnson Foundation grant opportunities.

Opportunities For Enhancing the Healthy Berkeley Program

The first year of the Healthy Berkeley Program brought successes, challenges, and lessons learned for grantees. Overall, grantees expressed appreciation for the experience of working with the Commission and praised their work and support thus far. To enhance the grantee experience and success, grantees offered suggestions for the Healthy Berkeley Program moving forward:

1. More, and regular, opportunities for collaboration and information sharing (peer-to-peer networking) across Healthy Berkeley grantees. Several grantees hoped to remain updated on each other's progress while also receiving up-to-date education opportunities.
2. Increased guidance from the Healthy Berkeley staff and Commission. In particular, grantees shared that more information about what the Commission looked for in grantee evaluation efforts, as well as the provision of evaluation tools, would have been helpful.
3. Revised quarterly reporting mechanism that better reflects grantee activities.
4. Greater recognition of the multi-faceted and long-term nature of community-wide obesity and health changes when determining activities to fund and expectations for their impact.

Moving Forward

Grantees can take much pride in their accomplishments over the past year. As they continue their work with Berkeley residents, grantees are poised to leverage lessons learned and build off the momentum of Year 1 to enhance future programming.

Spotlight: YMCA Diabetes Prevention Program

YMCA's Diabetes Prevention Program (DPP) coordinator credited the Healthy Berkeley funding with providing the resources needed to start up a DPP, which she had wanted to start for a long time. Now that the DPP is in place and the YMCA has developed a partnership with health care providers at LifeLong Medical Center, who provided patient referrals, the coordinator plans to locate additional funding streams and continue offering DPP at no cost to Berkeley residents.

By the Numbers

Grantee activities reached far and wide.

20,000+

Berkeley residents reached by Healthy Berkeley activities

8,500

Residents exposed to Healthy Berkeley messaging through newsletters

7,000

Residents reached by Healthy Berkeley social media initiatives

3,115

Number of times residents clicked ads to learn more about the 'Let's Drink Water!' Campaign

100

Events throughout Berkeley at which grantees delivered SSB and nutrition messaging

30

Family events hosted throughout the City

20+

Leaders trained through leadership development and nutrition education

1

City-wide marketing campaign to promote water consumption

Note: These are estimates based on data provided by grantees; it is likely that estimates may include duplication due to overlap in populations served by grantees.



Let's drink water!



Sugary drinks can lead to type 2 diabetes.

Let's fight for a Healthy Berkeley!
HealthyBerkeley.com





CHAPTER FIVE

Alignment of Projects with Measure D Goals



Alignment of Projects with Measure D Goals



Overview

As stated by the Commission, the overarching goals for implementing Measure D are to reduce SSB consumption; reduce obesity, diabetes, and dental caries; and reduce related health disparities. In an effort to accomplish these long-term goals, grantees funded by the tax were required, as noted by the City of Berkeley in the Healthy Berkeley Request for Proposal, to implement programs which addressed one or more of the following short-to-intermediate term outcomes:

1. Reduce access to SSBs.
 - a. Discourage sale and distribution by businesses, vending machines, etc.
 - b. Encourage proactive public policy measures.
2. Improve access to water.
 - a. Encourage installation of public drinking fountains.
 - b. Foster public use of drinking fountains (accessibility, proper maintenance and foster hygiene, etc.).
3. Limit marketing of SSBs to children.
 - a. Promote policy and educational efforts fostering awareness of marketing impacts on children.
4. Implement education and awareness campaigns with specific populations, including measurable outcome data.
5. Develop multi-level interventions that include education, institutional change, policy, system and/or environment change.
6. Promote consumption of healthy beverages.
7. Prevent conditions related to consumption of sugary drinks, including diabetes, dental caries, obesity, and heart disease.
8. Decrease health inequities related to diet-related illnesses.¹⁶

This section considers the extent to which grantees' activities aligned with these intended outcomes of the Healthy Berkeley Program.

Overarching Measure D Goals



Reduce SSB Consumption



Reduce Obesity, Diabetes, and Dental Caries



Reduce Related Health Disparities

Alignment Of Grantee Activities

JSI differentiated two of the Healthy Berkeley goals—developing multi-level interventions (#5) and decreasing health inequities related to diet-related illnesses (#8)—from the others. These goals are broader in nature and could be accomplished, in part, through work to achieve the other goals. For example, multi-level interventions can include education activities to increase knowledge regarding benefits of drinking water (#4) coupled with the installation of water fountains to ensure access (#2), thus promoting consumption of healthy beverages (#6), which can ultimately contribute to reducing health inequities (#8). A common way to articulate the expected pathways between activities, desired outcomes, and goals is through a theory of change. Although grantees identified the desired long-term goals and Healthy Berkeley short-term/intermediate outcomes they hoped to accomplish through their activities, a theory of change was not publicly documented.

Framing the Healthy Berkeley goals as two overarching goals with sub-goals beneath them, all of the grantees implemented multi-level activities intended to contribute toward the reduction of health inequities:

► **Education:**

All grantees conducted SSB and nutrition education through classes, workshops, and special events. Collectively, the grantees provided this education to individuals ranging from toddlers to senior citizens.

► **Institutional change:**

All grantees enhanced their organizational programming to support the promotion of water consumption and discourage SSB consumption.

► **Environmental change:**

The majority of grantees modified environments to limit SSBs and/or provide more direct access to clean drinking water.

► **Policy change:**

All grantees adopted policies prohibiting the consumption of SSBs and encouraging the consumption of water at grantee headquarters and off-site activities and events.

Table 7 provides examples of specific activities related to the Healthy Berkeley sub-goals (see Appendix C for complete list). The vast majority of grantee activities were aligned with the goals, as described by grantees. One exception is the adoption of new technology by one grantee; while intended to support organizational programming, the activity did not align closely with any of the goals.



Table 7. Alignment of grantee activities with Healthy Berkeley sub-goals

Healthy Berkeley Sub-Goals	Example Activities
Reduce access to SSBs	<ul style="list-style-type: none"> • Removal of SSBs in vending machine • Organizational policy prohibiting SSBs at staff meetings • Outreach to local businesses to promote SSB alternatives
Improve access to water	<ul style="list-style-type: none"> • Distribution of water bottles • Purchase of water pitchers • Installation of hydration stations • Research into preferences for drinking fountain locations
Limit marketing of SSBs to children	<ul style="list-style-type: none"> • Lesson plans addressing marketing practices • Creation of youth-led educational video about predatory marketing practices
Implement education and awareness campaigns with specific populations, including measurable outcome data	<ul style="list-style-type: none"> • Lesson plans addressing, the link between sugar consumption and chronic disease, and amount of sugar in common beverages. • Numerous community educational events, workshops • Grantee communication campaigns, e.g., For Thirst, Water First • Healthy Berkeley media campaign
Promote consumption of healthy beverages	<ul style="list-style-type: none"> • Lesson plans about the benefits of water • Spa water demonstrations to promote healthy alternatives • Organizational policies requiring availability of water
Prevent conditions related to consumption of sugary drinks, including diabetes, dental caries, obesity, and heart disease	<ul style="list-style-type: none"> • Lesson plans about effects of SSBs on dental health • General education around nutrition and physical activity • Preschool curriculum that combined music, movement, and nutrition education • Skills-building to support purchase of healthy food and meal preparation for the entire family • Limited diabetes screening • Evidence-based diabetes prevention program

Several grantees pursued the development of leadership skills among participants. In describing their individual program's theories of change, grantees expressed several benefits of leadership development. First, the trained leaders were equipped to provide peer-to-peer education and model healthy behaviors. This was seen as a strategy to facilitate the spread of information throughout their respective communities and peer groups. Second, by empowering leaders, especially among youth, grantees hoped to reach outside their existing communities to access new and/or hard-to-reach audiences. The underlying theory was: developing leadership capacity (short-term) would create a future generation of Berkeley leaders who are role models, health advocates, and equipped to drive long-term change in the community (intermediate), and reduce health disparities. A theory of change for the overall Healthy Berkeley Program would help to clarify whether and how these approaches fit within the vision for the program.

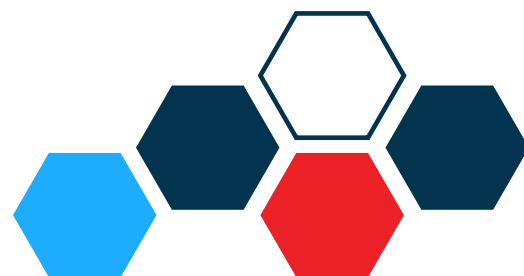
Moving Forward

There appeared to be a high degree of alignment between individual grantees' activities in Year 1 and the Healthy Berkeley goals. Further, as described in the discussion on reach, grantees largely directed their activities towards priority populations. Nevertheless, opportunities exist to ensure that funded activities are planned and implemented in a way that fully supports the identified goals.

In particular, as described elsewhere, grantee activities primarily involved educational activities aimed at increasing individual knowledge and skills, as well as enhancing services. Fewer efforts were made that aligned with the goals of reducing access to SSBs, increasing access to water (e.g., public drinking fountains), or reducing marketing to children. Looking across the range of Healthy Berkeley activities would help to identify gaps and/or redirect funding appropriately.

In addition, the stated Healthy Berkeley goals vary in their scope and level of specificity. Some overlap each other. Some describe short-term strategies (e.g., promote consumption of healthy beverages), while others are longer-term (e.g., prevent conditions related to SSBs). A refined set of goals for the Healthy Berkeley Program can help to clarify the vision for changes that are desired.

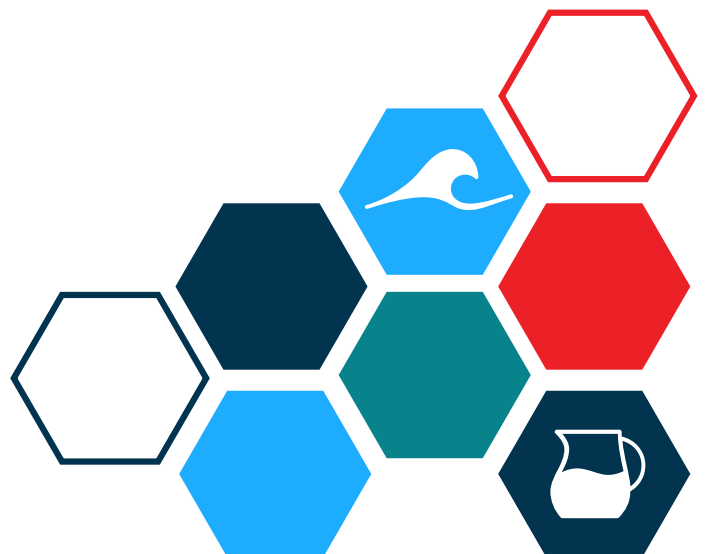
Finally, the complex problems that Healthy Berkeley is attempting to address are multifaceted and interwoven. Creating an environment that is supportive of health may take years to accomplish. A theory of change can provide a comprehensive description and illustration of how and why a desired change is expected to happen. A description of what the Healthy Berkeley Program does (including all grantee activities or interventions) and how funded activities lead to the desired outcomes, as well as a full list of the outcomes and how they relate to one another, would help to describe the alignment of grantee activities with short, intermediate, and long-term goals.¹⁷ It could also help to promote mutually reinforcing activities among grantees, fostering synergy among the funded efforts.





CHAPTER SIX

Conclusion and Recommendations



Conclusion and Recommendations



This evaluation set out to answer four overarching questions. For each question, JSI has summarized the relevant findings presented throughout this volume and provided subsequent recommendations to consider.

Question One:

Has the organizational capacity of grantees to implement strategies intended to support Measure D goals increased as a result of the Healthy Berkeley funding?

Healthy Berkeley Funding supported a range of activities from educational programs, to skill-building and leadership development, to organizational policies enhancing access to water. In its simplest form, organizational capacity increased. First, it is unlikely that the grantees would have been able to implement the activities without this source of funding. As several grantees pointed out, resources to implement public health-related efforts are limited. To put it into perspective, the Prevention and Public Health Fund, a major source of funding for public health and healthcare initiatives, granted \$61,553,706 in 2016 to organizations across California.¹⁸ This calculates to roughly \$1.57 per California resident. During this same year, the SSB tax in Berkeley generated roughly \$1,618,728, or approximately \$13.38 per Berkeley resident (a calculated 8.5 times more than the Prevention and Public Health Fund). The influx of funding to support health programming was a fundamental contribution of Healthy Berkeley, and one that benefited thousands of Berkeley residents, particularly those who disproportionately face the negative health effects of SSB consumption.

Second, every grantee reported specific ways that the funding increased their organizational capacity. In fact, about one-third of grantees' activities included at least one enhancement to existing programs or improvements to organizational practices. This ranged from new hires and staff trainings to expanded programming and new partnerships. A few activities also involved practice changes, such as enhanced access to water. Further, all grantees reported policy changes to limit SSBs and promote water consumption.

Third, evaluation findings suggest Healthy Berkeley funding helped to activate social capital—such as people's involvement in their communities, the mobilization of resources, and sharing of information—which supports organizations' capacity to implement activities. Looking at Year 1, Healthy

Evaluation questions

- ▶ Has the organizational capacity of grantees to implement strategies intended to support Measure D goals increased as a result of the Healthy Berkeley funding?
- ▶ Do grantee activities reinforce each other, or are they simply disparate parts?
- ▶ To what extent do the funded programs demonstrate characteristics likely to impact long-term outcomes?
- ▶ How do results inform future strategies and activities?



Berkeley provided opportunities for youth, parents, and other community members to become involved, such as through the use of train-the-trainer models. Anecdotes from multiple grantees supported the notion that Healthy Berkeley funding helped to build knowledge and skills among community members.

Despite increased organizational capacity, the sustainability of efforts is not fully known. Grantees expressed challenges in aligning grant requirements with the needs and desires of the community. They reported that SSB and water consumption were viewed as less important than other topics (e.g., healthcare coverage, youth violence). From an organizational standpoint, findings suggest that the Healthy Berkeley programmatic goals did not always align with those of the funded organizations. On occasion, this made it hard to obtain staff buy-in, which can jeopardize sustainability after the grant ends. In addition, organizational practice changes are not necessarily permanent. Written policies increase the likelihood of policies becoming a fixed part of the environment. It does appear that momentum is building within grantees' organizations to support healthy beverage policies; however, their long-term implementation is unknown.



Question Two:

Do grantee activities reinforce each other, or are they simply disparate parts?

By their very nature, complex problems like obesity and diabetes cannot be solved by any single organization or sector. The causes are multifaceted and interwoven, and addressing them requires coordinated actions across a range of levels: from individuals to organizations to government agencies. Those involved must actively coordinate their actions, mobilize resources, and share lessons learned. The process by which the community and leaders from different organizations and levels of influence come together is incredibly important.

Data from this evaluation suggest that, while some instances of collaboration occurred, grantees primarily worked independently on their projects. Although their activities had the potential to reinforce each other, there was no apparent overarching effort to link them. Multiple interviewees—grantees and academics researching Measure D alike—cited a lack of information about what others were doing.



In addition to the sharing of lessons learned, greater information exchange could have facilitated the efficient use of resources. Further, many grantees were implementing similar activities with similar populations, yet they typically created their own materials and curricula rather than build off of or adapt those developed by other grantees.

It is also unclear whether grantee efforts targeting similar populations, like high school students, competed with each other rather than complemented each other. For example, several grantees conducted nutrition and leadership education with Berkeley Technology Academy students. In the future, grantees could maximize their resources and expand their reach by working together

to deliver activities to the population. Further, many grantees designed and disseminated their own communications which featured their own messaging. While messaging aligned somewhat, calls to action varied among grantees. Given grantees' reach among their audiences, this could have been an opportunity for the Healthy Berkeley Program to provide messaging guidelines to ensure consistent content throughout the funding year. The lack of coordination was likely a missed opportunity to leverage grantee audiences and disseminate core messages throughout the funding year.

In short, grantee activities appeared to be more isolated than one would expect in a comprehensive approach. As such, the activities may have less of an impact than if they were part of a more coordinated approach. More fundamentally, the Healthy Berkeley program lacked an explicit theory of change to relate grantee activities to each other and their expected contribution to the Measure D goals. A theory of change could have informed decision-making about which activities to implement with which stakeholders and how to maximize synergy among related activities. Although most grantees implemented multi-level strategies, it is unclear how these strategies fit into a comprehensive effort and/or whether there are gaps that need to be addressed.



Question Three:

To what extent do the funded programs demonstrate characteristics likely to impact long-term outcomes?

Studies have associated certain characteristics (e.g., change strategy, duration, and reach) with more sustainable changes in the outcomes of interest.^{13,14} Promising practices suggest the need for comprehensive approaches that include increasing knowledge, but emphasize enhancing access and changing broader conditions.¹⁵ In addition, efforts to enhance access or change broader conditions reach greater numbers of people than individual-level educational efforts. Evidence also suggests that the greater the number of individuals reached per activity, the greater the exposure and the increased likelihood for positive impacts.¹¹ Furthermore, evidence suggests the longer an activity is implemented, the greater the potential for affecting behavior change and population-level outcomes.¹¹ Through strength scores, this evaluation examined the extent to which the funded activities had these characteristics to explore whether the programs are likely to contribute to positive behaviors/outcomes.

More than half of the Healthy Berkeley activities implemented during Year 1 aimed to increase knowledge or improve skills. Around one-third of activities enhanced organizational services. Very few activities aimed to enhance access or change broader conditions. This distribution in grantee activities suggests a strong emphasis on increasing knowledge and skills among individuals; such approaches have not been shown to lead to long-term outcomes.



With respect to reach, almost all of the activities had a fairly limited reach relative to the city population, with 97% of individual activities reaching less than 5% of Berkeley residents. Notable exceptions for total reach include BUSD's programming (estimated total of 7,813 unduplicated students), and Ecology Center's portfolio of activities (estimated total of 10,567 individuals, with the possibility of some duplication). Despite the relatively limited reach of most activities, the priority populations identified by the Commission, particularly youth and communities who disproportionately face the negative health effects of SSB consumption, were well represented among participants. In addition, across all activities, an estimated 20,000+ individuals were reached in some way.

In terms of duration, almost one-third of grantee activities were one-time events. Although around half of activities occurred more than once, very few activities were ongoing. Grantees noted difficulty in engaging participants in educational activities, especially for a period of time that would likely have an impact. One notable exception was the Diabetes Prevention Program, which lasted 12 months. Unlike one-off classes or workshops, the evidence-based program provided extensive training in diet, physical activity, and behavior modification.

Across the three characteristics, the Healthy Berkeley portfolio had primarily low strength scores. As previously discussed, a move toward activities that improve the overall environment or community-level policies would likely extend the reach of Healthy Berkeley efforts and have greater influence on the outcomes of interest.

Question Four:

How do results inform future strategies and activities?

Based on the findings from this evaluation, we provide the following recommendations for consideration.

Recommendation 1: Develop an overarching theory of change

It would be beneficial for the City of Berkeley and Commission to develop a Healthy Berkeley theory of change to demonstrate how and why the desired outcomes are expected to happen. Having a documented process can not only provide a more precise link between grantee activities and the achievement of the long-term goals but lead to better planning.

The theory of change should be documented by including diagrams that illustrate how the Healthy Berkeley Program elements fit together (both overall and at the grantee level), along with complementary text that details each element and outlines measures for evaluation. It should depict the 'big picture' view of the Healthy Berkeley initiative, outlining all elements necessary to achieve the desired vision for the program and indicating how grantee activities can contribute to the desired longer-term outcomes. A theory of change describes the vision for change that is desired and potential pathways to achieve them.



Six Recommendations

- ▶ Develop an overarching theory of change
- ▶ Modify proposal and reporting requirements
- ▶ Shift to more collaborative, place-based thinking
- ▶ Continue to place emphasis on social responsibility over individual responsibility
- ▶ Amplify grantees' efforts to advance the Healthy Berkeley goals
- ▶ Continue to provide visionary leadership

It can also provide an opportunity for determining whether a given activity may contribute to the goals and help to promote mutually reinforcing activities among grantees. Further, program evaluations can be enhanced. To articulate the theory of change, PHD and the Commission should involve stakeholders in a facilitated process of analysis and reflection to ensure better alignment with the requirements of the grant and community needs. This should not be a one-off exercise to be used in the design (or evaluation) phase, but rather an ongoing process of learning and adaptive management that continues throughout the life of the initiative.



Recommendation 2:

Enhance proposal and reporting requirements

Several opportunities exist to strengthen the infrastructure of the Healthy Berkeley Program. One opportunity is the modification of the initial application process. For subsequent funding cycles, it is recommended that applicants provide a greater level of detail about their proposed activities, including a detailed work plan and a logic model. This will facilitate the ability to determine how programs fit together as a package and within the overarching Healthy Berkeley theory of change.

In addition, it is recommended that the Year 1 quarterly and final reporting structure be modified, according to the suggestions JSI has previously made. Quarterly reports serve the important purpose of communicating progress toward stated objectives. They can help explain delays and deviations from proposed activities and raise challenges and potential solutions. In a program like Healthy Berkeley, quarterly reports can also provide an opportunity to identify and leverage synergies across different grantees' activities. As grantees develop more detailed work plans in their proposals, it is recommended that activity reports be more closely linked to grantee work plans.

Similarly, final reports provide an opportunity for grantees to describe how their activities progressed, what was accomplished, and the extent to which their activities contributed to advancing Healthy Berkeley goals. Any challenges, facilitators, and lessons learned identified by grantees can inform future implementation efforts. Although grantees were required to submit a final report in Year 1, they did not receive specific guidance about what content should be included. Consistent reporting can support the development of communication materials about the work of individual grantees and the Healthy Berkeley Program as a whole. It can also provide important insights for program modifications.



Recommendation 3:

Shift to more collaborative, place-based thinking

As previously stated, Healthy Berkeley focuses on complex public health problems, with multifaceted and interwoven causes. It is important to shift beyond traditional public health approaches (e.g., nutrition education) to approaches that include a diverse range of sectors, stakeholders, and change strategies. Programs and events that support behavior change, increase awareness, or motivate the community are important. However, if done in

isolation, they may not have the impact they could if they were part of a more comprehensive and unified approach. There is an opportunity for Healthy Berkeley-funded projects to be more strategic and comprehensive, which can increase the likelihood of sustainability and contribute to better results. Such projects are ones that:

- ▶ Reach a lot of people
- ▶ Support the work of partners (or potential partners)
- ▶ Involve a new organization or segment of the population
- ▶ Are likely to be adopted/ institutionalized by the organization with which it is being implemented
- ▶ Enhance access to healthy beverages and other opportunities for healthy living
- ▶ Change the broader conditions in which individuals live (e.g., community-wide policy)
- ▶ Help to increase awareness of a policy or environmental change



It is recommended that grantees place more emphasis on place-based efforts to ensure sustainability, change broader conditions, and reach more people. PHD and the Commission can provide technical assistance and direction to ensure grantees prioritize place-based efforts. Further, grant documents (e.g., RFPs) can further emphasize the implementation of comprehensive approaches that prioritize policy and environmental changes.

Recommendation 4: **Continue to emphasize social responsibility over individual responsibility**

Establishing equitable, healthy communities and increasing access to healthy nutrition and physical activity opportunities is complex. Public health advocates need a network of partners to adopt a shared responsibility. To garner support, behaviors such as healthy beverage consumption need to be viewed as a place-based challenge, not just a personal shortcoming. Research from the Berkeley Media Studies Group suggests most Americans believe individuals can control their own health outcomes if they make healthy choices.¹⁹ Because behaviors like healthy eating and physical activity are considered personal responsibilities, many believe hard work, discipline, and self-determination are solutions, not conditions that inhibit healthy behaviors. When the public or staff take this individualistic view, it is difficult to understand why solutions beyond behavior change are needed, the value of their involvement, or ways within which they can contribute to meaningful policy and place-based change. Reframing the conversation about SSBs around social responsibility can help to build greater support and buy-in from the public.



Recommendation 5:

Amplify grantees' efforts to advance the Healthy Berkeley goals

Developing change management skills is a high payoff investment for any organization and should be a high priority for those seeking to influence social change.²⁰ Success in a social movement requires the involvement of local communities in the formulation and implementation of the solution. PHD and the Commission could consider setting aside funding specifically for building individual and organizational capacity to create social change (e.g., skill-building on community engagement, advocacy efforts, place-based initiatives, evaluation methods). A learning community, for example, could provide grantees with an opportunity to keep up-to-date on emerging research and activities, share information and experiences, and continue to learn and grow. Whether providing a more formal training format or a platform for “peer-to-peer” exchange, it could be beneficial for the City of Berkeley or Commission to engage high-impact people, especially those in organizational leadership roles (e.g., executive directors, etc.), in addition to lower-level staff. Including a broad spectrum of individuals could help to ensure top-level commitment with those willing to do the work.

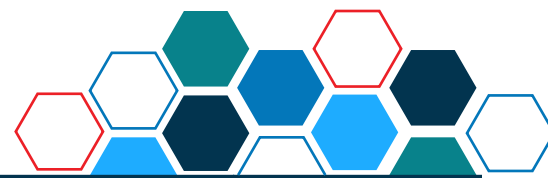
In addition to training opportunities, the Healthy Berkeley Program could designate resources to disseminating the learning and research resulting from the program. The audience for dissemination efforts could include stakeholders who span varying levels of authority including local policymakers, leaders of community-based organizations and health centers, and community members. Stakeholder collaboration has the potential to broaden the scope of action and improve problem solving beyond the capacity of an individual organization. Tools that facilitate integrated knowledge and information transfer and collaboration among multiple stakeholders are critical.

Recommendation 6:

Continue to provide visionary leadership

Ashoka Fellows coined the title “evangelist-in-chief” to describe a leader who inspires others to adopt certain ideas or approaches that advance the social change an organization ultimately seeks.²¹ The City of Berkeley and Commission are seen as “high-level champions”, or evangelists-in-chief, both within the City and around the United States. As such, it is important to prioritize internal reflection and evaluation and to create a platform to discuss timely social issues. There is an opportunity to expand efforts to involve key stakeholders—those in the best position to influence or contribute to the success of desired change—to build commitment to change and to further initiate, facilitate, and implement change. Representatives should continue to exercise their voice to further engage leaders and to build additional support.

References



1. Block G. *Foods contributing to energy intake in the US: data from NHANES III and NHANES 1999–2000*. J Food Compos Anal 2004;17:439–447
2. Reedy, J. and S.M. Krebs-Smith, *Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States*. J Am Diet Assoc, 2010. 110(10): p. 1477-84.
3. Hu, F.B., *Resolved: there is sufficient scientific evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases*. Obes Rev, 2013. 14(8): p. 606-19.
4. Malik, V.S., et al., *Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk*. Circulation, 2010. 121(11): p. 1356-64.
5. Hu, F.B. and V.S. Malik, *Sugar-sweetened beverages and risk of obesity and type 2 diabetes: epidemiologic evidence*. Physiol Behav, 2010. 100(1): p. 47-54.
6. Obesity, R.C.f.F.P.a. *Legislation database*. 2015; Available from: www.uconnruddcenter.org/legislation-database.
7. *First City in the United States: Berkeley's Tax on Sugar-Sweetened Beverages*. Healthy Berkeley. Web. <http://www.healthyberkeley.com/about-berkeleys-tax-ordinance/>
8. *What is Result-Based Accountability™*. Clear Impact. Web. <https://clearimpact.com/results-based-accountability/>
9. *Funded Organizations FY 2017*. Healthy Berkeley. <http://www.healthyberkeley.com/funded-organizations/>
10. *"Program Evaluation Tip Sheet" Reach and Impact*". Centers for Disease Control and Prevention (CDC). Accessed November 1, 2017.
11. Glasgow RE, Vogt TM, Boles SM. *Evaluating the public health impact of health promotion interventions: the RE-AIM framework*. Am J Public Health. Sep 1999;89(9):1322-1327.
12. Calculated as \$93,600 in 2016. *"FY 2016 Income Limits Documentation System"*. HUD Office of Economic Affairs. Accessed January 8, 2018. <https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn>
13. Collie-Akers, V.L., S.B. Fawcett, and J.A. Schultz, *Measuring progress of collaborative action in a community health effort*. Rev Panam Salud Publica, 2013. 34(6): p. 422-8.
14. Fawcett, S.B., et al., *Measuring Community Programs and Policies in the Healthy Communities Study*. Am J Prev Med, 2015. 49(4): p. 636-41.

15. Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. 2008: Geneva, World Health Organization
16. City of Berkeley. *Request for Proposals Specification No. 16-11079-C Addendum B*.
17. *What is Theory of Change?*. Center for Theory of Change. Web. <http://www.theoryofchange.org/what-is-theory-of-change/>
18. Centers for Disease Control. Prevention and Public Health Fund. Accessed November 11, 2017 online at: <https://www.cdc.gov/funding/pphf/index.html>.
19. Framing Brief. *What Surrounds Us Shapes Us*. Making the Case for Environmental Change. May 2009. Berkley Media Studies Group.
20. Warrick, DD. *Developing Organization Change Champions. A High Payoff Investment!* OD Practitioner (2009). Vol. 41. No. 1.
21. *Scaling what works*. A Learning Initiative of Grantmakers for Effective Organizations. Web. www.scalingwhatworks.org.



Appendices

Appendix A. List of Evaluation Topics and Chapters

Appendix B. Detailed Methodology

Appendix C. Activity Matrix by Grantee



Appendix A. List of Evaluation Topics and Chapters



Volume I: Literature Review and Reporting Guidance

This includes the literature review and recommendations for grantee reporting.

Audience: Commissioners, SSB collaborative members

Format: Succinct narrative text

Content:

- ▶ **Background:** Purpose of the literature review and reporting guidance
- ▶ **Methodology:** One overall explanation of how the literature review and reporting guidance were executed
- ▶ **Ch 1. Literature Review:** Brief summary of published literature about the tax and insights from researcher interviews
- ▶ **Ch 2. Assessment of Quarterly Report:** Review of quarterly reports and suggestions for information that grantees should include in their final report
- ▶ **Ch 3. Recommended Outline for Final Report:** Suggestions for information that grantees should include in their final report

Volume II: The “Meat” of the Report

This highlights in detail the findings.

Audience: Commissioners, SSB collaborative members

Format: Graphs, charts, some narrative text

Content:

- ▶ **Background:** Purpose of the evaluation
- ▶ **Methodology:** How information and data were collected. The document will have one overall explanation of how the evaluation was executed
- ▶ **Findings:** Lays out the funded categories, reach, strengths, mapping, etc. by chapter:
 - ▶ **Ch 1. Categorizing the Work of the Grantees:** Description of

grantee activities by category (e.g., educational programming, organizational policy development)

- ▶ **Ch 2. Describing Reach of Grantee Work:** Description of reach for grantee activities with comparison to population statistics in Berkeley as possible; visual presentation of geographic reach of activities
- ▶ **Ch 3: Strength of Interventions:** Analysis of ‘intensity’ of grantee work in terms of attributes that contribute to long-term outcomes of interest
- ▶ **Ch 4: Implementation of Grantee Work:** Summary of implementation, including deviations from proposed activities, reasons for changes, and solutions
- ▶ **Ch 5: Alignment of Projects with Measure D Goals:** Summarize how grantee projects did/did not align with Measure D goals.
- ▶ **Ch 6: Conclusion:** Summary of the key findings and recommendations

Volume III: The Dissemination Document/Executive Summary

This will provide a user-friendly, visually engaging overview of evaluation findings

Format: Similar report layout to that of the “South County Healthy Bodies, Healthy Minds” document

Audience: Community agencies, Healthy Berkeley website, public

Content:

- ▶ **Ch 1:** Executive summary with key findings from chapters 4-9, and spotlights with each funded agency highlighted in this section

Appendix B. Detailed Methodology



Evaluation Methods

JSI implemented a qualitative, mixed-methods evaluation that focused on collecting and compiling data from grantees, rather than from program participants. This decision stemmed from several factors, such as the size and timing of the Healthy Berkeley evaluation relative to the scale and spread and timing of grantee activities. A detailed description of the evaluation methods follows.

Key informant interviews with grantees

JSI conducted two rounds of semi-structured interviews with representatives from each funded organization. The first round occurred in March-April 2017. Grantees were asked to describe their activities to date and provide an overview on their evaluation efforts. In the second round of interviews, conducted in July-August 2017, grantees were asked to provide updates on their program activities and to reflect on their key accomplishments, partnerships, challenges and facilitators, sustainability, and lessons learned. After the interviews, JSI followed up with participants to request additional information or documents that had been mentioned during the interviews.

All interviews were conducted by experienced interviewers trained in qualitative methods using an interview guide (Appendix B). With the exception of one grantee who participated by phone, the interviews were all conducted in person. Informed consent was obtained before starting the interviews. Each interview lasted 45-90 minutes.

Document Review

JSI requested and reviewed a variety of documents from grantees and used a document abstraction form to extract key information. The documents were reviewed for details on activity implementation (e.g., activity description) and relevant outputs/outcomes of interest (e.g., new materials created, anecdotes from participants). The purpose of the review was to:

1. Understand the history, philosophy, target audience, and activities of each grant-funded program
2. Identify differences between formal program statements (e.g., activities stated in grant proposals) and actual implementation

3. Determine the presence/absence of evidence of progress towards Healthy Berkeley goals
4. Assess program characteristics for intensity scoring

The types of documents that JSI reviewed included:

- ▶ Grant proposals
- ▶ Logic models
- ▶ Lesson plans, handouts, and brochures
- ▶ Presentations to community leaders
- ▶ Websites
- ▶ Policies related to SSBs
- ▶ Photos
- ▶ YouTube videos and press coverage
- ▶ Data collection instruments
- ▶ Internal program reports (e.g., survey findings)

In addition, JSI reviewed the quarterly and final reports that grantees submitted to PHD through the City's reporting system, CDS. Each quarter, grantees reported the number of individuals reached within that quarter and the total number of individuals reached to date during the funding year. CDS required grantees to input program participants' demographic data including race, income, and age. In total, JSI reviewed more than 100 documents.

JSI illustrated the geographic reach of grantees by creating a comprehensive map detailing the locations of activities conducted throughout the funding period.

Survey of mini-grantees

JSI also conducted a survey of representatives from the organizations receiving the mini-grants from LifeLong Medical Center. The purpose to gather details on their activities, including reach, key accomplishments, challenges and facilitators, and sustainability. The survey had five open-ended questions to minimize the burden on grantees. The survey was conducted in November 2017, immediately after grantees submitted their final reports to LifeLong. Of seven mini-grantees, six returned their surveys. One mini-grantee was not sent a survey, as their activities were still ongoing.

Data Analysis

JSI analyzed data using the methods described below.

Qualitative Analysis

The interviews were audio recorded and later transcribed. Transcripts were supplemented by detailed notes taken by the interviewers, which captured key information. Three trained analysts, including the interviewer, reviewed each transcript, marked passages, and summarized themes. The evaluation team met regularly to discuss emerging insights and synthesize findings in an iterative process. In preparing the report, JSI chose quotes to be representative of findings and provide the reader with additional detail. The selected quotes were edited for clarity and identifying information was removed.

Intensity Scoring

JSI created a matrix for each grantee that synthesized information about their grant activities. The matrix included the following characteristics for each activity that was reported: title of activity, description of activity, duration, target population, reach, location, and stage of activity (e.g., complete, in process, and planning). JSI contacted grantees via email and phone to obtain additional information when missing, and shared the matrices with grantees for further verification. JSI integrated grantee comments to improve the accuracy and validity of the matrices.

JSI used a protocol adapted from the Healthy Communities Study¹⁴ to assess the extent to which the portfolio of grantee activities demonstrates characteristics of strategies likely to contribute to long-term outcomes of interest. Using the activity matrix, JSI created a spreadsheet that detailed each activity's description, duration (ongoing, occurring more than once, or ongoing), target population, and reach. Activities were defined as an event or action undertaken by Healthy Berkeley grantees that contributed to achieving a strategic objective, regardless of how intentional or coordinated it was.

JSI determined the strength of grantee activities by coding three specific attributes, according to methodology reported in previous research:^{13,14}

- ▶ Behavioral intervention strategy used (e.g., providing information; enhancing skills, services, or support; modifying access, barriers, and opportunities; modifying policies and broader conditions).
- ▶ Duration (e.g., description of the event as one-time, occurring more than once, or ongoing).
- ▶ Reach (e.g., proportion-high, medium, low-of the total priority population was involved in or experienced the program or policy).

Using the adapted protocol, one evaluation team member rated each grantee activity attribute on a scale of 0 (minimum) to 1 (maximum) and calculated a single strength score. A second trained evaluation team member coded a randomly selected number of activities. To ensure reliability, an interrater

agreement of at least 80% was accomplished. An activity was scored if it: 1) occurred at least once (e.g., at least one educational program implemented, one water fountain installed); 2) was defined as a program, practice, policy, or environmental change implemented during the grant period; 3) aimed to accomplish at least one of the Healthy Berkeley goals; 4) was reported by a grantee; and 5) targeted Berkeley residents. An activity was not scored if it was in the planning phase.

Scores ranged from 0.3 (weakest and potentially of less influence on longer-term outcomes) to 3.0 (strongest and potentially of greater influence). The formula used to calculate strength scores was: $\sum \text{strategy value} + \text{duration value} + \text{reach value}$. Table 2 details the protocol for assigning a strength score.

Table 2. Protocol for assigning strength score

Dimension	Rubric for Scoring Intensity (0 = low; 1 = high)	Related Examples
Behavioral Intervention Strategy	High (1.0): Modifying policies, systems and access Med (0.55): Enhancing services and support Low (0.1): Providing information; enhancing skills	High: Policy requiring student access to free drinking water throughout the school day Med: Established program to ensure culturally appropriate materials are available Low: Educational program on SSB
Duration	High (1.0): Ongoing, throughout the year Med (0.55): More than once per year Low (0.1): One time event	High: Hydration station implemented to provide continuously available free drinking water Med: Monthly lifestyle change program Low: Recruitment/media awareness event
Reach	High (1.0): 21% or more of the population* Med (0.55): 6-20% of the population Low (0.1): 0-5% of the population	High: Soda tax Med: Curriculum change to include nutrition for all student in public school system Low: Water awareness activity in one classroom

* Targeted population was calculated using 2015 Census data which reports an estimated 121,000 Berkeley residents.

Limitations

Several limitations to the evaluation should be noted. First, the evaluation launched several months after program implementation began. This timing limited the ability to collect data on activities that grantees had already implemented. Second, grantees' activities varied widely due to the involvement of diverse stakeholders with different resources, needs, and values. Both circumstances contributed to the need for JSI to rely heavily on data collected by grantees, as opposed to data collected by JSI. This reliance on data from grantees was an additional limitation, as JSI could not inform the methods used or validate the data reported by grantee. Further, due to a reporting request from the Commission, JSI's analysis included only data received as of October 31, 2017; thus, a related limitation was a degree of missing data from grantees (e.g., quarterly and final reports).

Reach estimates were self-reported and contain several limitations. Limitations of the data include contradictory data (e.g., number reported for new Berkeley clients served exceeds number reported for total new clients served) and missing data (e.g., only data for Q2 was available for one grantee, and data for Q3 for a second grantee). Also, demographic data was not universally collected due to feasibility and privacy constraints. In addition, grantees were not always able to share conclusive data for every activity they completed. For example, it was not always feasible for grantees who participated in tabling to document the number of individuals that approached their tables. Moreover, reach data could not be interpreted to determine an unduplicated count of Berkeley residents served by grantees. For example, multiple grantees worked in schools and it is likely that some students were counted multiple times. Finally, current demographic data for Berkeley overall, such as population numbers and AMI measures, were estimated based on most current available data, which did not always align with CDS inputs.

With respect to outcomes, another limitation is that the types of activities being implemented—programs, policies, and environmental changes—by their very nature can involve a lengthy process in which individual and health-related outcomes may not emerge over the short-term. This may have affected grantees' ability to capture individual-level outcomes within the 12-month span of the grant. Moreover, Healthy Berkeley exists within a broader context of past and concurrent efforts to reduce SSB consumption and related health outcomes. This history hindered the ability to directly attribute grantees' Healthy Berkeley activities to changes in individual-level outcomes. A final limitation is the Healthy Berkeley evaluation's narrow focus on only the topics selected by the Commission.

Addendum: Healthy Berkeley Grantee Interview Questions

Program Implementation

1. Please tell us about your program. Specifically, the activities funded under Healthy Berkeley.
2. How did these fit in with what you were already doing?
3. Who are your program participants?
4. Do your activities involve any changes in policies?
5. Do your activities involve any environmental changes?
6. Are there any partnerships between these program activities and outside organizations?
7. From your perspective what is your overall assessment of the program activities to date?
8. Are any of the program activities designed to address health equity?

Evaluation Efforts

1. From your perspective, how are you defining 'success' for the project?
2. Does your organization have a logic model or outcome map related to the program activities?
3. Please describe any tracking or evaluation efforts around the program activities.

Review of Activities

1. Generally, what went as planned? What did not go as planned?
2. What is the status of each activity? (completed, in progress, not started)
3. Were there any factors that helped facilitate your progress?
4. What barriers, challenges, if any, were encountered? How were they overcome?
5. What was the intention (change strategy) of the activity? Duration? Reach?
6. How would you describe your partnerships in terms of your funded work? How have the partnerships developed over the past year?
7. What would you say are the key accomplishments from the past year?

Outcomes

1. To what extent do you believe the program activities have been effective? Why/how?

2. What short-term outcomes, if any, have you noticed among your program participants and community members? (Knowledge/attitudes/behaviors)
3. What about longer lasting impact?
4. What are you most proud of? What are some anecdotes or success stories that stand out to you?

Alignment of Work with Measure D Goals

1. In your opinion, to what extent did your activities address the Measure D goals (or not)?

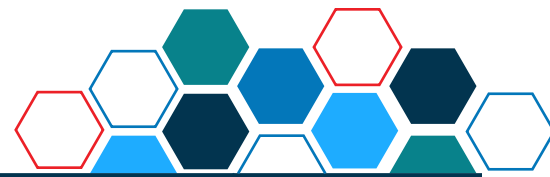
Sustainability

1. To what extent will partnerships established during this funding period continue?
2. To what extent will policy and/or environmental changes continue after this funding period?
3. To what degree do you see momentum for continuing the SSB work in Berkeley?

Reflections

1. Did you and your team have any key takeaways or lessons learned from your work over the funding period?
2. What are your thoughts about the design of the Healthy Berkeley Program?
3. What are your hopes for the future of the Healthy Berkeley Program?

Appendix C. Activity Matrix by Grantee



Berkeley Unified School District Activities

Activity	What was done?	Reach
After school classes		
Le Conte Elementary After School	Collaborated with garden instructors to connect SSB and nutrition activities to what kids were learning in school gardens. 4 week-long lessons that were 2hrs/week for 12 weeks. 19 classes implemented. Instruction led by Health and Wellness Coordinator with support from a Cooking Instructional Technician and an after school aid.	20-25 students/class
Thousand Oaks Elementary After School	Collaborated with garden instructors to connect SSB and nutrition activities to what kids were learning in school gardens. 4 week-long lessons that were 2hrs/week for 12 weeks. 19 classes were implemented. Instruction led by Health and Wellness Coordinator with support from a Cooking Instructional Technician and an after school aid.	20-25 students/class
Longfellow Middle School After School	Rolling lessons for 2hrs/week for 12 weeks. 19 classes were implemented. Instruction led by Health and Wellness Coordinator with support from a Cooking Instructional Technician and an after school aid.	20-25 students/class
In School Events		
BTA In-Class Programming	2 formats: 1) 3 independent, 2hr classes and 2) a 6-week long program with guidance from a classroom teacher. Focused on media's influence on drink and food choices. Also began to make connections with BTA and BHS teachers who support BRIDGE students (program for minority students with fewer college resources).	40 BTA students
BTA School-wide Assembly 1	Focused on healthy meal planning.	60 students
BTA School-wide Assembly 2: Youth Speaks' Bigger Picture Project	Led by youth leaders engaging students on SSB awareness through spoken word poetry and imagery. Organized healthy recipes and water coolers for school wide lunch.	43 students
Family classes		
Family Nights	A total of 6 family events across 3 schools took place. Staff reviewed the SSB activities taught to kids with parents, families were taught to cook healthy foods and given information on drink alternatives. Count It Up activities were provided.	30-43 family members/event

Berkeley Unified School District Activities

Activity	What was done?	Reach
SSB Curriculum		
Staff Training	Held monthly staff 1.5hr meetings for 10 months. All 13 staff participated (garden instructors, cooking instructional technicians, and health and wellness leaders). Professional development focused on nutrition instruction and reducing SSBs. LifeLab provided training on MyPlate, reading nutrition info, and integrating nutrition and SSB instruction into everyday garden lessons. Also collaborated with Cooking Matters and Joyful 12 for group trainings on teaching nutrition education.	13 BUSD staff
Curriculum Development and Implementation	Implemented 11 new SSB and nutrition lessons for grades 1-high school and 1 new family night lesson and activity. Piloted at 4 schools, offered instruction at all 17 schools. Lessons were iterative. Compiled best practices and data analysis. Topics included health impacts of SSBs, importance of drinking water, and practical tools for making healthy choices.	7,000 students (17 schools)
Assessment	Developed and refined data collection tools to assess knowledge and behaviors relevant to the curriculum.	N/A

Berkeley Youth Alternatives Activities

Activity	What was done?	Reach
Activities		
Youth internship program	Developed lesson plans and ran workshops at BYA, local schools, girls/ boys clubs, after school programs. Conducted communication activities (see 'Communication activities'). One intern wrote and recorded a rap on SSBs. Designed t-shirt that BYA staff/Spark Health team distributed in the community. Developed professional and leadership skills.	4 high school students
Rethink Your Drink curriculum	Interns developed RYD curriculum to teach youth.	6 interns
Program presentations, workshops/lessons given to BYA after-school program participants	Youth interns prepared and delivered presentations to students in BYA's various after school programs. Lessons included: sugar free soda, truth about sugar, homemade juices, know your sugar. Happened twice a month per group.	12 times/ 45 youth (ages 6-12)
After school program/ presentation: All boy group	Youth interns prepared and delivered presentations to students in BYA's various after school programs. Lessons included: sugar free soda, truth about sugar, homemade juices, know your sugar. This included a subset of an 'all boys' group. All boys group lessons included: conscious choices, why water, sugar vs. human body.	6 times, 20 boys (elementary age)
After school program/ presentation: All girl group	Youth interns prepared and delivered presentations to students in BYA's various after school programs. Lessons included: sugar free soda, truth about sugar, homemade juices, know your sugar. Youth interns integrated their presentations with BYA's existing 'Girl Power' after school curriculum. Interns educated on dangers of sugar/issues that girls faced.	18 times, 60 girls (middle school age)
Presentations at local schools - REALM Charter	Held a targeted educational session at REALM Charter.	18 times, 120 middle and high school students
Presentations at local schools - BTA	Held a targeted educational session at BTA.	4 times, 30 high school students
Presentation at BYA - MATCH Mentoring program	Presented at MATCH Mentoring program in Q1.	18 program participants
Workshops at BYA - Summer Jam	This included Summer Jam presentations - 1 presentation per two week session. Students created a bingo board game that illustrated sugar quantities in SSBs, played trivia, and watched a video. Ran by student interns.	4 sessions, 40 youth (ages 6-12)
Cooking Matters course at Summer Agriculture Program	Summer Agriculture Program participants received the Cooking Matters course. Last day included a chef challenge around healthy recipes, including spa water, and a grocery store tour.	11 participants
Farm Stands - Church by the Side of the Road	Ran by the environmental training center. Held at Church by the Side of the Road. Held 4 times throughout year.	125 Berkeley residents

Berkeley Youth Alternatives Activities

Activity	What was done?	Reach
Farm Stands - Berkeley Mount Zion	Ran by the environmental training center. Held at Berkeley Mount Zion church. Held 4 times throughout year.	200 Berkeley residents
Community Garden events	Monthly events at BYA to promote water and healthy food.	125 Berkeley residents
Attended community health fair	Attended community health fair.	95 Berkeley residents
Communication activities	Communication activities included both social media and traditional media, like writing newspaper articles. Youth interns conducted a local survey and developed an op-ed for the Berkeley Times, which was well received. Youth interns also created and disseminated flyers.	961 BYA Facebook Followers 5000 Berkeley Times readers
Create Health App	Working with Night Vision Apps and youth interns on an app called Kick Back Cafe. Plans to reach youth via the phone app and push out health messages, and provide info if youth missed workshops.	6 interns
Team Nutrition program	Youth interns provided participants with fresh juice using produce harvested in BYA organic gardens. The goal was to demonstrate the benefits of fresh juice vs. SSBs.	40 youth (ages 6-12)
Focus groups	BYA was granted funded from Alameda County's All-In Campaign to eliminate poverty. BYA conducted focus groups of youth ages 18-25 to solicit their opinions regarding housing, jobs, education, and food security.	60 adults (ages 18-25)
Technology		
Bought TypeFace data program	Purchased to track attendance.	1,742 BYA clients
Purchased Salesforce	HB funding paid for part of this purchase. Through Salesforce, BYA hopes to track event attendance and retain contact information for attendees.	1,742 BYA clients
Tablet purchasing and use to collect surveys	A tablet was purchased through the Healthy Berkeley funding. The intention of this tablet was to collect contact/survey information at events, like the farm stands.	1,742 BYA clients
Partnerships		
Local churches	BYA levered HB funding to forge partnerships at local churches, including Church by the Side of the Road and Berkeley Mount Zion church. Activities included dissemination of materials (like flyers), organizational policy discussions.	500 persons in congregation 750 persons in congregation
Local schools	Through a subcontract with the Urban Strategies Council, BYA is working to promote three career pathways for youth and young adults: Health, Green Energy, and Law. The goal is to spark interests in these fields by offering educational opportunities, training, field trips, internships, and mentoring for youth and young adults.	109 youth

Berkeley Youth Alternatives Activities

Activity	What was done?	Reach
CANFit—California Adolescent Nutrition and Fitness Program	CANFit provided a healthy drink session for parents.	20 parents and guardians
<i>Policy Change</i>		
BYA Organizational Policy	Policy on SSB availability.	24 staff 1,742 clients
<i>Environmental/Practice Change</i>		
Creation of a fitness center in the gym	Created a fitness center that includes some machines, like a stationary bike.	24 staff 20 youth
Purchased Brita pitchers	Brita pitchers of filtered water are used in classrooms/during meetings, and at events.	24 staff 1,742 clients

Ecology Center Activities

Activity	What was done?	Reach
Nutrition Education		
YEA Internship Program	In the Youth Environmental Academy and Cooking/Nutrition Program (YEA), teens were trained as peer educators. Students learned about sustainable food systems, diet related illness, the impact of SSBs on health, and healthy food and water access issues. They learned how to cook, read nutrition labels, and improve diets. They participated in outreach, tabling, film screenings, coordinating assemblies, and a presentation at the YEA graduation. YEA used the model of cascading leadership where teens learn from near-peers and young adults learn from professionals. It also integrated media literacy exercises demonstrating linkages between aggressive marketing campaigns that use celebrities to sell soda and high rates of diet-related illness in communities of color.	2 Cohorts: Cohort 1: July 2016-August 2016: 15 participants Cohort 2: January 2017-April 2017: 15 Participants
Community Outreach		
BHS Freshman Orientation Outreach	Youth leaders led a reusable stainless steel water bottle giveaway and provided water access information for BHS freshmen orientation in the Fall of 2016.	700 BHS freshman
Bigger Picture Assemblies	Provided teens with info regarding causes and impacts of Type 2 Diabetes using live spoken word, short films, and interactive presentations. Included 20-foot tall inflatable soda can with "Type 2 Diabetes" written in Coca-Cola script and a warning label ("Canzilla"). 6 assemblies total. Also brought a Bigger Picture Assembly to BTA in partnership with their Healthy BBQ Event on May 5, 2017. Coordinated and paid for Bigger Picture and met with BUSD prior to this event to collaborate and plan.	650 BHS students 40 BTA students
Pre-Diabetes Risk Screening	Conducted pre-diabetes risk screening at Life is Living Festival, Celebrando Comunidad en la Placita, and the Harvest Festival. 3 events total. The risk screening became part of their tabling strategy and resources offering.	19 families
Tabling	Created and implemented tabling strategies and spoke to community members about the health risks of SSBs and importance of drinking water. Took place around Berkeley, culminating at the YEA Community Event at EC for families and community partners. 19 tabling events total.	5,000 residents
Tap Water Survey	Created and distributed survey to gauge potential barriers to tap water consumption.	221 residents
Engaging Local Businesses	Found positive spins to help businesses promote water. This work continues but EC did not request renewed funding for this aspect in 2017-19 grant.	Met with Downtown Business Association which represents several businesses.
Film Screening	YEA youth led screening of the documentary, "Berkeley vs. Big Soda," at the I-House in Berkeley, where the audience included Mayor Arreguin, former Mayor Bates, and former Senator Loni Hancock.	220 community members

Ecology Center Activities

Activity	What was done?	Reach
Media		
For Thirst, Water First (FTWF) Media Page	Launched the page and trained youth interns to use and build strategy around the page as platform for their messaging.	740 followers of FTWF Facebook page, and 5,000 followers on EC Facebook page with regular FTWF posts
HB Video	Youth peer educators participated in 6-week media production course where they shot and produced a mission statement video for the FTWF campaign.	1000+ views
Fact-Sheet/Brochure on Tap Water	Created and distributed a fact-sheet and brochure to centralize information and resourced on tap water. Staff distributed information at community events throughout the year.	N/A

Healthy Black Families Activities

Activity	What was done?	Reach
Educational Activities		
Thirsty for Change (T4C)	All activities fell under T4C, the umbrella program.	HBF reported touching 700 individuals at least once, but often repeatedly, through T4C programming. This number includes individuals counted in each activity below.
T4C program and curriculum development	Developed the T4C program and curriculum, which included presentations, educational materials, and handouts. Curriculum was implemented at several community events and activities.	
T4C Water Ambassador training and development	Trained 7 Water Ambassadors on T4C and Rethink Your Drink (RYD), 3-4 of which were very active. Ambassadors met quarterly with HBF staff and were also trained by Jme McClean on how to disseminate and collect surveys.	7 community members
T4C Team advisory meetings	Change team met every-other month. This team supported T4C through the facilitation of programs that encourage the well-being of individuals and the Black Community, with outreach, education and policy discussion connecting this work throughout Berkeley.	HBF Staff, CFFJ Staff, T4C Consultant Jme McLean
T4C kick-off event	Kick-off event featured SSB education, Bigger Picture video screening, performances by Youth Speaks The Bigger Picture Poets, talking circle, raffle, and more.	22 community members
T4C Workshops	These workshops are the Shop Smart, Cook Smart, Eat Smart Classes and the Shop Smart Eat Healthy Classes/Workshops described below.	43 participants across all 12 Shop Smart workshops combined
Parenting group for mothers- RYD education	RYD presentation given to participants of parent group at HBF.	12 Mothers and 5 Children
Community events		
Shop Smart, Cook Smart, Eat Smart Classes	Held during and after Tuesday Farmer's Market. Group was given a Farmer's Market healthy shopping tour and \$10 in tokens to shop. Participants prepared and cooked a healthy meal with Chef HuNia and discussed nutrition and water promotion with staff. Happened monthly on the first Tuesday of every month.	By group: once per month In quarter 4, touched 16 families
Shop smart, Eat Healthy Classes	Group took 'healthy' tour of grocery store and had a \$10 healthy meal shopping challenge. Conducted every First Friday at local markets and stores throughout South and West Berkeley. Happened monthly usually on the 1st Friday of the month.	By group: once per month. In quarter 4, touched 14 families

Healthy Black Families Activities

Activity	What was done?	Reach
Farmer's Market Tabling/Community Outreach	Water Ambassadors set up a table/booth which included: RYD presentation with materials, talking points, taking sign-ups for future communications, flyers for classes, infused water tasting, and surveys. Also conducted outreach to farmers.	By group: quarterly or monthly depending on the weather
Kindergarten Readiness Tabling	Water ambassadors handed out T4C materials and followed T4C talking points, showed slide show, and passed out surveys.	Reached approximately 60 parents/family members of Berkeley kindergarteners through our table displays and by distributing flyers.
Juneteenth Tabling	Water ambassadors had RYD display, handed out T4C materials and followed T4C talking points, and presented RYD presentation(s) followed by survey implementation.	Water Ambassadors handed out approximately 200 flyers. 3 staff, 5 Water Ambassadors and 2 STEP Participants were at the outreach table for 7 hours. There were at least 5,000 people who attended the event (low estimate). 6 X 30 = 180 contacts; 1 staff reached at least 40 people with RYD flyers. (Minimum 220 contacts)
Ashby Flea Market Tabling	Water ambassadors had RYD display, handed out T4C materials, and presented T4C talking points, presented RYD presentation(s), followed by survey implementation.	13 people viewed RYD presentations
Heart to Heart Celebration Tabling	Water ambassadors had RYD display and handed out T4C materials, followed by T4C talking points.	Passed out 30 flyers = 30 contacts.
Oxford Plaza Apartment Tabling	Water ambassadors had RYD display and handed out T4C materials, followed by T4C talking points, followed by survey implementation.	Passed out 25 flyers and 18 people viewed RYD presentations
T4C presentation at Kindergarten Readiness Forum	Water ambassadors had RYD display and presented the T4C slide show, followed by survey implementation at the kindergarten readiness forum.	47 people attended the event. 26 surveys were collected
HBF/STEP/T4C BBQ	HBF hosted a healthy BBQ meal, raffles, and RYD presentation followed by survey implementation.	Group: once. 35 individuals in group viewed RYD presentation
Action Session on Black Liberation and the Food Movement	Center for Food, Faith, and Justice (CFFJ), with support of HBF, led Health Equity Talking Circles, focused on SSBs and healthy food access.	Estimate 25 people/circle (at least)

Healthy Black Families Activities

Activity	What was done?	Reach
T4C Focus Group and slide show presentation at Oxford Plaza Apartments	T4C Coordinator led, with Water Ambassadors' assistance, a focus group, healthy meal sharing, RYD and slide show presentation, and survey implementation.	By group: once, 12 residents
RYD presentation – CFFJ Events	Included RYD presentation and discussion at various CFFJ events.	22 attendees between 2 events
RYD presentation – HBF events	Included HBF Community Health Worker Training and HBF Board of Directors.	CHW Training: 10 HBF Board: 12
RYD presentation – BTA BSU	Included RYD presentation and discussion.	5 participants (3 students and 2 staff)
CCFJ - Events/Activities		
RYD presentation - UCB	Graduate students in the School of Public Health, UC Berkeley.	26 UCB students and faculty
Seeds of Hope Children's Garden and Nutrition Education Classes (Soil to Soul)	Attendees took part in 4 cooking workshops at McGee Avenue Baptist Church led by Chef Marque Howard and 4 garden workshops led by Shyaam Shabaka at Strong Roots Garden. Met at least 8 times.	10 people in the group 74 Contacts
Berkeley City College Healthy Cooking Event	CFFJ hosted a healthy cooking event with students from Berkeley City College Umoja Project. Students saw T4C slide show, discussed nutrition, and prepared a meal.	15 students
Women's Empowerment (Soil to Soul)	Soil to Soul event featuring T4C educational materials.	15 participants 70 repeat contacts
CFFJ Kwanzaa	Kwanzaa featuring T4C educational materials.	11 participants
Presentation at The Way Christian Center	T4C slide show presentation.	110 attendees
Presentation to Berkeley Pastors	Presented a workshop on the importance of reducing SSBs and T4C with Berkeley pastors.	9 pastors
CFFJ Presentation at BTA	CFFJ fellows presented a slide show on T4C and diabetes at BTA.	16 students
CFFJ Justice Rising Youth Workshops	Through CFFJ Justice Rising Environmental Youth Leadership Academy. Lead focus groups with youth at BTA.	18 youth

Healthy Black Families Activities

Activity	What was done?	Reach
Spring Garden days	Gave SSB presentation.	52 total volunteers, including: 6 Neighborhood volunteers, 14 Berkeley City College Volunteers, 3 City of Berkeley Heart2Heart Staff, 18 McGee and community youth volunteers 11 McGee Adult Volunteers
Urban Garden Tours	A tour of 8 community gardens throughout the east bay. Participants learned about urban gardening and nutrition.	14 participants
Earth Day Symposium	Earth Day symposium included SSB workshops and the T4C Water Ambassadors presented a Sugary Beverage/Water Promotion slide show with discussion on health equity related to SSBs.	150 attendees; 30 attendees at RYD presentation
Interfaith Sustainable Food Collaborative Forum	Attended by various churches throughout Berkeley.	110 participants
Leadership		
STEP Leadership group and STEP empowerment group	Half of STEP Leaders were Water Ambassadors, half were young people. STEP is a leadership and empowerment group of mothers who participate in HBF, 5 who serve as leaders. Jme McClean trained this group on how to disseminate and collect surveys.	[missing]
Partnerships		
Partnership with Center for Food, Faith, and Justice (CFFJ)	CFFJ was a subcontractor and applied T4C programming. Activities included: outreach to members, cooking classes/sharing a healthy meal. Some pastors talked about the SSB policy from the pulpit during services. CFFJ also established an SSB policy.	500 participants
Partnership with Youth Speaks	Met with Youth Speaks in Q1 to discuss collaborating on community education and outreach.	N/A
Partnership with Farm Fresh Choice	Established a partnership with Farm Fresh Choice around the fresh produce incentive.	N/A
Partnership with Ecology Center	HBF purchased tokens from Farmer's Market for HBF participants. EC provided market match for qualified T4C participants. EC and HBF met during Q1 to discuss 'data and slide show development.'	26 participants
Partnership with Martin Luther King Edible Garden	Reported a strong collaboration.	Varies per activity

Healthy Black Families Activities

Activity	What was done?	Reach
Partnership with Berkeley Tuesday Farmer's Market	Farmer's Market offered market match. Farmers hosted the T4C Shop Smart class and healthy shopping tours. This gave participants the opportunity to afford fresh fruits/veggies. It also helped participants become familiar with fruits/veggies.	N/A
Partnership with UCB	Met with Pat Crawford and Holly Schneider to review their SSB 2015 Survey Data.	N/A
Policy Change		
Organizational policies	HBF advisory council passed a set of 8 policies related to SSB and water consumption. People affected included HBF Staff, HBF Board, and STEP Leaders and participants.	47 people
HBF created SSB policy for CFFJ	HBF created a SSB policy for CCFJ. HBF planned to create posters that CFFJ, St. Paul's Church (has a committee), and other partners can share about the policy. CCFJ only serves water at T4C events.	500 people
Changes in Organization Environment		
Serving water at events/activities	HBF serves water at all HBF activities.	[missing]
Have water filter at office	HBF purchased Brita water pitchers for their office.	[missing]

YMCA Diabetes Prevention Program Activities

Activity	What was done?	Reach
Diabetes Prevention Program (DPP)	YMCA implemented DPP, an intensive, year-long program that aims to decrease participants' weight by 7% and increase physical activity to 150 min/week developed by the CDC. Participants were referred to the program by LifeLong Medical Center providers. The program began with 4 meetings per month for 4 months, followed by 1 meeting per month for 8 months ('maintenance phase'). During the maintenance phase, participants received FitBits through HB funding. 3 groups started in October 2016, 3 more groups began in January/February 2017, and the final wave of 3 groups began in March 2017. All classes are currently in 'maintenance mode.' Members did not have to be members of the YMCA to participate.	99 participants overall. When the program reached maintenance mode, 50% (approx. 50 participants) continued to participate
Diabetes Prevention Newsletter	Newsletter about diabetes prevention was distributed to 4 YMCA Head Start (HS) families (4 locations in Berkeley), YMCA Berkeley Members, and LifeLong Ashby Patients.	500+ newsletters distributed
SSB policy	YMCA of Central Bay Area proposed a resolution limiting SSBs in facilities. SSBs are not allowed to be served at events. Staff were not allowed to drink/provide SSBs. This policy has been implemented at all Central Bay Area YMCA facilities. As a result, SSBs are no longer stocked in vending machines.	700 employees, 800 children at childcare sites, YMCA participants/members (unknown)
Displaying HB marketing materials	Posters were displayed at HS locations and at the Pleasant Hill Branch.	N/A. Materials were displayed for about a year.

YMCA Head Start Activities

Activity	What was done?	Reach
Workshops		
Parent Workshops	Parent workshops on healthy topics including SSBs, healthy swaps, basic Myplate, whole grains, cooking with your children, and the importance of fruits and vegetables.	700 families enrolled in YMCA and BUSD early childhood programs 123 parents (unduplicated) attended parent workshops)
Staff Workshops	Staff members received training on SSBs at the October 10 Staff Development day.	111 staff
HS Nutrition Ed/Healthy Me with BUSD	Nutrition education to increase knowledge, skills, and movement included the Healthy Me class that teaches children about sugar at a developmentally appropriate level. Children learned songs about SSBs, which they shared with families. Verde Limón created the "Healthy Me" curriculum in both Spanish and English on SSBs, drinking water, taking walks. Program is 25 minutes/1x a week for 11 weeks. Teacher does 8 sites in 1 cycle. Another instructor will join in the fall. "Healthy Me" curriculum was implemented at both the Y and BUSD early childhood and BUSD programs. Healthy Me facilitators trained parents at parent nutrition committee. Staff participated in the weekly activities so they could continue the songs and activities after the sessions.	50 classrooms (500+ high school students)
Train the Trainers	Six parents were individually trained and participated as nutrition co-leaders in 5 of the workshops. Parents were trained on nutrition/water.	6 parents
Classes/Outreach		
Harvest Trainings	Monthly Harvest of the Month trainings in classrooms where kids learned about seasonal fruits and vegetables.	198 high school students
Newsletters	Distributed quarterly. Received "The Community Table" nutrition newsletter across all HS direct centers, BUSD partner sites, and Early HS Partnership sites. Highlights a parent and child duo and shares a recipe.	700+ families
Parent Advisory Committee	Parents were on a nutrition committee that advanced implementation and produced parent champions who were trained as trainers. Discussions about the importance of family, how to shop for food on a budget, and integrating physical activity.	20 parents
Parent Meetings	Monthly facilitated meetings. Topics included: picky eaters, popular diets (the good, the bad and the ugly), healthy snacks and desserts, health goals for the new year. Brief nutrition workshops were held at center parent meetings.	123 parents
Gardening	Initial funding through City Slicker Farms, but program sustained by HB funding. Not every site had a garden. Gardens were established at five HS sites in Berkeley. Gardening program activities were not done in FY 2017; however, there is a plan to have the Nutrition Specialist support gardening activities in FY 2018.	318 high school students

YMCA Head Start Activities

Activity	What was done?	Reach
Physical Activity	Luna Dance as well as a YMCA P.E. teacher did physical activity with the children at the YMCA sites.	N/A
Surveys		
Parent Survey	Interviewing the parent about their child's diet and nutrition habits. Designed to meet compliance for HS based on child's nutrition. Response rate was 50%.	300 YMCA parents
Policy/Org		
Staff/childcare policy	No soda at workplace or childcare sites. Big water containers filled with flavored water present at every meeting now. Policy is in parent handbook as well. All children and staff given water bottles. Cups placed at child-height level so children can access water on their own.	100 Y HS Staff + 300 HS YMCA children
Nutritionist Hired	Nutrition Specialist hired to coordinate YMCA Reduce Obesity Program.	100 Y HS Staff + 700 YMCA and BUSD children/ families

Mini-Grantees Activities

EDUCATIONAL ACTIVITIES		
Activity	What was done?	Reach
<i>Bay Area Hispano Institute for Advancement (BAHIA)</i>		
Well-being Workshops	Provided workshops for children and parents on water, exercise, and wellbeing.	500 people
Agua es VIDA/Water is Life	Completed two presentations for toddlers, children, preschoolers, and school-aged children.	130 children
Water Bottle Distribution	Provided water bottles for children and parents connected to BAHIA.	350 people
<i>Community Child Care Council of Alameda County (4Cs) of Alameda County</i>		
Assessment of child care program beverage practices	Assessed beverage practices of 10 child care programs using a CDC-developed assessment.	70 children across 10 child care providers
Healthy Beverage Kit	Project staff developed a healthy beverage kit with tools and lessons for use in child care programs to promote water consumption.	70 children across 10 child care providers
Resource Kit and Tip Sheet Development	Developed a resource kit and tip sheet for parents, shared with parents.	70 children across 10 child care providers
<i>Community Adolescents Nutrition Fitness (CANFIT)</i>		
Education Modules Development	Developed 3 modules that will increase knowledge of health risks of consuming SSBs. Designed for 3 populations: adolescents 2) families of adolescents, 3) staff of youth serving organizations.	Unlimited potential
Nutrition Education Session Piloting	Conducted piloting of nutrition education sessions with target audiences.	34 people (10 parents, 15 adolescents, 9 staff)
<i>Options Recovery Services</i>		
Nutrition Education Program Development	Developed nutrition education program based on materials from the American Heart Association and American Diabetes Association.	100 people
Nutrition Education Program Implementation	Nutrition education program conducted at ORS facilities through a 'recovery approach.'	34 people (12 women, 22 men)
<i>Youth Spirit Artworks</i>		
No Sugar-Sweetened Beverage Mural	Recruited community members to paint tiles which were used to create a mural on the side of a pediatric center in Berkeley.	30 children painted tiles, unlimited potential for completed mural

Mini-Grantees Activities

EDUCATIONAL ACTIVITIES		
Activity	What was done?	Reach
Inter-City Services Inc		
Healthy Beverage Infomercial Contest	Conducted a contest among Berkeley middle and high school students. Students created infomercials and submitted the video to INC, who then placed the videos online to allow the community to vote on their favorite video.	20 teens
Water Wise Website	Planned to generate a minimum of 500 views of health education and awareness videos from March 1, 2017, to September 30, 2017.	3,706 website views
Multicultural Institute		
Life Skills/Day Laborer Program	Staff went to locations where day laborers work and provide SSB education, linked, those with chronic illness to health services, and promoted healthier beverages to uninsured/underinsured immigrants, day laborers, and other low-income families as a whole through "On the Corner," MI's daily morning street outreach, MI's Mentoring for Academic Success, and General Educational Development programs.	282 people
SSB Workshop	Conducted SSB workshops with Berkeley youth.	[missing]
Social Media Campaign	Organized 4 social media campaigns that will increase community awareness on effects of SSBs, diabetes, and obesity and inform the community of resources available.	9,390 views

INTERNAL ORGANIZATIONAL POLICY DEVELOPMENT		
Activity	What was done?	Reach
Bay Area Hispano Institute for Advancement (BAHIA)		
SSB and Water Consumption Policy	Developed internal policy on SSB and water consumption.	[missing]
Community Child Care Council of Alameda County (4Cs) of Alameda County		
10 child care programs	Developed SSB and water consumption policies.	10 child care programs
Community Adolescents Nutrition Fitness (CANFIT)		
Partnership with BYA	Met with BYA staff to discuss content of adolescent and parent trainings.	3 staff
Partnership with ORS	Met with ORS staff to discuss content of staff training.	3 staff
Options Recovery Services		
Internal SSB Policy	Implemented an organizational policy on not serving SSBs at meetings and event.	650 people

CHANGE IN COMMUNITY ENVIRONMENT		
Activity	What was done?	Reach
<i>Bay Area Hispano Institute for Advancement (BAHIA)</i>		
Water Bottle Filling Station Installation	Water bottle filling stations were installed at BAHIA.	150 people
<i>Options Recovery Services</i>		
Water Filter Installation	Installed water filters at ORS facilities.	650 people
Water Bottle Dissemination	Disseminated ORS water bottles to nutrition education participants.	150 participants
Water Filters Installation in Options' Houses	Installed water filters in Options' outpatient houses.	150 people in treatment
<i>Multicultural Institute</i>		
Health Care Access	Through MI partners, increased access to health care treatment and services needed due to SSB related conditions.	29 low-income individuals