



Sugar-Sweetened Beverage  
Product Panel of Experts Commission

**Sugar-Sweetened Beverage Product  
Panel of Experts Commission**  
**Thursday, June 20, 2019 – 6:30 pm to 9:00 pm**  
**South Berkeley Senior Center**  
**2939 Ellis Street, Berkeley – Large Conference Room – 2nd Floor**

## **MEETING AGENDA**

### **Preliminary Matters**

1. Roll Call
2. Approval of Draft Minutes from 4/18/2019 special meeting - **Attachment 1**

The public may comment about any item ***not*** on the agenda. Public comments are limited to two minutes per speaker. Public comments regarding agenda items will be heard while the Commission is discussing the item.

**Announcements:** None

### **Action Items**

Public comments regarding agenda items will be heard while the Commission is discussing the item. Public comments are limited to two minutes per speaker.

#### **1. Subcommittee Reports:**

- i. Community Engagement
- ii. Prevention, Strategies and Outcomes (PS&O)
- iii. Sugary Drinks Policy
- iv. Media

2. **Action 1:** Approve removal of Measure D revenues from the Healthy Berkeley website.  
(Commissioner Scheider)

3. **Action 2:** Approve action to prepare annual report of the SSBPPE Commission for Council submission. (Commissioner Namkung)

4. **Action 3:** Approve action for FY2020 work plan from each sub-committee (Commissioner Namkung) - FY2019 sample work plan - **Attachment 2**

5. **Action 4:** Approve action to submit proposed SSBPPE Council Report and Resolution regarding procurement, sales and serving of sugar-sweetened beverages by City of Berkeley departments and City food services contractors. (Commissioner Scheider) – **Attachments 3a-b**

6. **Action 5:** Review and approve latest Sub-Committees Roster (Commissioner Namkung) – **Attachment 4**

7. **Action 6:** Discuss and approve plan to accommodate Commission Chair, Poki Namkung's absence for 3 months (September-November, 2019) – (Commissioner Namkung)

8. **Action 7:** For the good of the order (Commissioner Namkung)

***A Vibrant and Healthy Berkeley for All***

1947 Center Street, 2<sup>nd</sup> Floor, Berkeley, CA 94704 Tel: 510.981.5300 TDD: 510.981.6903 Fax: 510.981.5395  
E-mail: [publichealth@ci.berkeley.ca.us](mailto:publichealth@ci.berkeley.ca.us) - <http://www.cityofberkeley.info/health/>

**Discussion Item:**

1. City of Seattle: SSB Tax Fact Sheet (Commissioner Scheider) – **Attachment 5**
2. FY20 and FY21 Healthy Berkeley contracts update (Commission Secretary)

**Information Items**

1. Berkeley Council support for SB 347: warning labels bill – **Attachment 6**
2. FY18 Healthy Berkeley Report – **Attachment 7**
3. Results-Based Accountability presentation– **Attachment 8**
4. Healthy Berkeley Evaluation Planning Model presentation – **Attachment 9**
5. Approved minutes from 3/21/2019 meeting – **Attachment 10**

**CONFLICT OF INTEREST INFORMATION:** City commissioners, pursuant to Government Code section 1090, are responsible for recusing themselves from all commission discussions and actions in which they may have a conflict of interest. If your affiliation, paid or unpaid, with other agencies has changed since the last meeting of this commission, your ability to participate in commission activities may have changed. Individual guidance is available from the City Attorney's Office (CAO). Commissioners are encouraged to consult with the CAO if they have questions, concerns, or would like clarification about matters related to potential conflicts of interest.

**The CAO may be reached at:**

Email: [attorney@cityofberkeley.info](mailto:attorney@cityofberkeley.info)

TEL: (510) 981-6950 TDD: (510) 981-6903, FAX: (510) 981-6960

2180 Milvia Street 4th Floor, Berkeley, CA 94704 - Office Hours: Mon-Fri, 8am-5pm

**There will be no meetings held in July and August.** The next meeting will be on **September 19, 2019 at the South Berkeley Senior Center from 6:30-9:00 pm.** Please visit the City of Berkeley's Commission webpage <http://www.cityofberkeley.info/commissions> for updates.

**AMERICAN DISABILITIES ACT DISCLAIMER:** This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting.

**SB 343 DISCLAIMER:**

Any writings or documents provided to a majority of the commission regarding any item on this agenda will be made available for public inspection at the Public Health Division located on 1947 Center Street, Berkeley, CA 94704.

**COMMUNICATION DISCLAIMER:**

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the commission secretary for further information.



## Sugar-Sweetened Beverage Product Panel of Experts Commission

Thursday, April 18, 2019. 6:30 – 9:00 PM  
 South Berkeley Senior Center  
 2939 Ellis Street, Berkeley – Small Conference Room, 1<sup>st</sup> Floor

### DRAFT MINUTES

The meeting convened at 7:00 pm.

#### ROLL CALL

**Present:** Commissioners Crawford, Namkung, Rose, and Scheider

**Absent:** Commissioners Browne and Moore

**Excused:** Commissioners Morales and Ishii

**Staff present:** Janice Chin, Laura Schroeder, Rebecca Fisher, Jose Ducos,  
and Dechen Tsering

#### COMMENTS FROM THE PUBLIC

2 public comments.

#### ACTION ON MINUTES

**Approval of Minutes - Moved to approve the draft minutes of the meeting on 3/21/2019.**

**M/S/C:** Commissioners Crawford/Rose

**Ayes:** Commissioners Crawford, Namkung, and Rose

**Noes:** None

**Abstain:** Commissioner Scheider

**Absent from vote:** Commissioners Browne and Moore

**Recused:** None

**Excused:** Commissioners Morales and Ishii

#### ACTION ITEMS

1. Moved to extend the meeting till 9:10pm

*A Vibrant and Healthy Berkeley for All*

**M/S/C:** Commissioners Rose/Crawford

**Ayes:** Commissioners Crawford, Namkung, Rose, and Scheider  
**Noes:** None  
**Abstain:** None  
**Absent from vote:** Commissioners Browne and Moore  
**Recused:** None  
**Excused:** Commissioners Morales and Ishii

This meeting adjourned at 9:10 pm.

**NEXT MEETING:**

The next meeting will be **Thursday, May 16, 2019** from **6:30–9:00 pm** at the **South Berkeley Senior Center**, 2939 Ellis Street, Berkeley, CA 94703.

Respectfully Submitted, Dechen Tsering, Commission Secretary  
**Minutes will be approved on May 16, 2019.**

Activity	Responsible Contact	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
1. Periodic meetings as needed.	PS&O Sub-Committee												
2. Submit Work Plan to Commission Secretary for FY18/19.	PS&O Sub-Committee	x		x									
3. Coordinate with Outreach subcommittee to plan "Best Practices" Public Forum the SSPBBE commission, community members, grantees, and the public.	PS&O Sub-Committee					x							
4. Design and submit a standard presentation structure/format for Mid-Term program presentations by grantees funded by SSB.	PS&O Sub-Committee				x								
5. Translate the recommendations from the evaluation report into potential activities for adoption by grantees.	PS&O Sub-Committee	x		x	x								
6. Recommend menu of opportunities for funding in FY19 - FY21 (2-year cycle).	PS&O Sub-Committee				X								
7. Work with City epidemiologist on evaluation framework.	PS&O Sub-Committee	x				x							
8. Review/Revise selection criteria for potential grantees. Emphasize the expectation of policy, environments, and systems change.	PS&O Sub-Committee							x					

1. Research potential community events <sup>1</sup> to attend and plan. Connect with the Media Subcommittee regarding the marketing Campaign.	Community Engagement Sub-Committee <sup>2</sup> (CES)				X									
2. Community engagement event <sup>3</sup> : Discuss and set event goals based on community and grantee research.	CES					X								
<b>Activity</b>	<b>Responsible Contact</b>	<b>July 2018</b>	<b>Aug 2018</b>	<b>Sept 2018</b>	<b>Oct 2018</b>	<b>Nov 2018</b>	<b>Dec 2018</b>	<b>Jan 2019</b>	<b>Feb 2019</b>	<b>Mar 2019</b>	<b>Apr 2019</b>	<b>May 2019</b>	<b>Jun 2019</b>	
3. Review updates and challenges from awarded organizations.	CES					X								
4. Create a presentation, list of potential applicants, and a marketing plan to other people in the community.	CES				X									
5. Present a plan for Information Session to the SSBPPE Commission and choose date for the event.	CES					X								
6. Create plan for the 5 year celebration of the Commission in November 2020,	CES/community agencies					X								

<sup>1</sup> Options for Community Engagement events:

Info Session- provide information about the application, the review process, and common mistakes.

5 Year Celebration - to inform the Berkeley community about the SSBPPE commission and the accomplishments of the grantees.

Community Fairs – an opportunity for Berkeley public (and neighboring cities) to learn from community orgs. @ Juneteenth, Solano Stroll, Berkeley Streets, Kite Festival, etc.

<sup>2</sup> Community Engagement Subcommittee’s Goals from narrowest to broadest:

Increase our understanding of what funded groups are doing.

Increase capacity of all past and potential applicants.

Increase pool of potential applicants.

Community awareness of commission / Healthy Berkeley (soda tax revenue through general fund) funded activities.



<p>4. Research policies for potential impact:</p> <ul style="list-style-type: none"> <li>• Any evidence?</li> <li>• Data on local status.</li> <li>• Model policies.</li> <li>• Experiences</li> </ul>	<p>Policy Sub: Pat, Holly Resources: ChangeLab Solutions, SF Shapeup, Healthy Food America BANPAC Voices for Health Kids</p>			X	Present policy ideas to SSBPPE		X			X			X
<p><b>Activity</b></p>	<p><b>Responsible Contact</b></p>	<p><b>July 2018</b></p>	<p><b>Aug 2018</b></p>	<p><b>Sept 2018</b></p>	<p><b>Oct 2018</b></p>	<p><b>Nov 2018</b></p>	<p><b>Dec 2018</b></p>	<p><b>Jan 2019</b></p>	<p><b>Feb 2019</b></p>	<p><b>Mar 2019</b></p>	<p><b>Apr 2019</b></p>	<p><b>May 2019</b></p>	<p><b>Jun 2019</b></p>
<p>5. Present priority policies on rolling basis to full SSBPPE for input on next steps.</p>	<p>Policy Sub</p>				X		X			X		X	
<p>6. Formalize recommendations in a report to City Council, BUSD, and community.</p>	<p>Policy Sub</p>				X		X			X		X	
<p>7. Develop PSE workshop for community.</p>	<p>Policy Sub</p>			X	X	X							





Sugar-Sweetened Beverage Product  
Panel of Experts Commission

CONSENT CALENDAR  
September 10, 2019

To: Honorable Mayor and Members of the City Council  
 From: Sugar Sweetened Beverage Product Panel of Experts  
 Submitted by: Poki Namkung, Chair, SSBPPE Commission  
 Subject: Recommendation that the City Council pass a resolution regarding procurement, sales and serving of sugar-sweetened beverages.

**RECOMMENDATION**

The Sugar Sweetened Beverage Product Panel of Experts recommends that the Berkeley City Council adopt a Resolution to direct the City of Berkeley departments and City food services contractors to **refrain** from:

- 1) serving sugar-sweetened beverages at City meetings and events on City property,
- 2) procuring sugar-sweetened beverages with City funds; and,
- 3) selling sugar-sweetened beverages on City property, including in vending machines, unless vending machines also include healthy beverage alternatives with no added sugar.

**FISCAL IMPACTS OF RECOMMENDATION**

Cost of promulgating information, notifying City Departments and revising clauses in City contracts.

**CURRENT SITUATION AND ITS EFFECTS**

Currently, the City of Berkeley has no policy regarding procurement with City funds of sugar-sweetened beverages nor sales or distribution of sugar-sweetened beverages at City meetings, events or on City property.

Definitions: Sugar-sweetened beverages or SSBs refer to all beverages with added caloric sweeteners with a minimum of 2 calories per fluid ounce, as defined in Chapter 7.72 of the City of Berkeley Municipal Code.<sup>i</sup> SSBs include juices with added sweetener, sodas, energy drinks, sweetened teas and coffee drinks, and sport drinks. These drinks offer little or no nutritional value, but include massive quantities of added sugar. For instance, a single 20-ounce bottle of soda typically contains the equivalent of approximately 16 teaspoons of sugar.

In BMC Chapter 7.72, SSBs exclude 100% juice, diet drinks, waters, and milk drinks as well as medical drinks and baby formula.

## BACKGROUND

In November of 2014, the Berkeley voters passed Measure D with 76% of the vote, which requires both the collection of a 1 cent-per-ounce tax on the distribution of SSBs in the City of Berkeley and the convening of the Sugar Sweetened Beverage Products Panel of Experts (SSBPPE) to recommend investments to both reduce the consumption of SSBs as well as to address the health consequences of the consumption of SSBs including diabetes, dental caries, heart disease and obesity.<sup>ii</sup>

To accomplish these goals, the SSBPPE recommended that the City create the Healthy Berkeley program to reduce the consumption of sugar-sweetened beverages (“SSB”) in Berkeley and to address the effects of SSB consumption. The City Council unanimously adopted this recommendation on November 29, 2016 and awarded a \$1.5 million per year investment to be granted to community agencies and the Berkeley Unified School District garden and nutrition program. \$225,000, or 15%, of this funding is allocated to the City Public Health Division to administer and evaluate the Healthy Berkeley Program. See November 29, 2016, Council agenda items 33a and 33b.<sup>iii</sup>

Per this resolution, all funded programs are required by their contract to adopt an *organizational policy related to SSBs*. The purpose of these organizational policies is to change norms in our community about consuming sugary drink and support the educational work of these programs.

We know from the public health campaigns to reduce tobacco use, that institutional policies that change norms have a powerful impact on behavior and are a vital tool to improving health in our communities. Education and media campaigns are not enough to change behaviors, especially when pervasive and persuasive marketing by corporations influence choices that people make, and when there is an addictive aspect to the behavior as is the case with both tobacco and sugar.<sup>iv</sup>

## ENVIRONMENTAL SUSTAINABILITY

## RATIONALE FOR RECOMMENDATION

In 2014, Berkeley voters overwhelmingly passed Measure D and since then the City of Berkeley has led the effort to reduce the consumption of sugary drinks and resulting health impacts and disparities, not only in Berkeley but also in the Bay Area and nationwide. Sales of sugary beverages have decreased and school and community groups have been funded to continue the effort to reduce sugary drink consumption and improve health. Now is an opportune time for the City to once again provide leadership for City employees and the community by enacting a healthy beverage policy for the City that restricts procurement of sugary drinks as well as the serving and sales of sugary drinks at City events. This policy would be responsive to the will of the voters,

supportive of school and community efforts to improve Berkeley residents' health, and a model to other cities. This policy will align the City with Healthy Berkeley grantees who have already adopted similar policies. The SSBPPE encourages the City to take this step to set an example and demonstrate its own commitment to the further reducing sugary drink consumption and improvement in community health.

CONTACT PERSON

Councilmember Kate Harrison, (510) 981-7140

Attachments:

1: Resolution

DRAFT

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<sup>i</sup> B.M.C. 7388-NS § 7.72, 2014, City of Berkeley

<sup>ii</sup> B.M.C. 7388-NS § 7.72, 2014, City of Berkeley

<sup>iii</sup> Berkeley Nov. 29, 2016 agenda:

[https://www.cityofberkeley.info/Clerk/City\\_Council/2016/11\\_Nov/City\\_Council\\_11-29-2016\\_-\\_Regular\\_Meeting\\_Agenda.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2016/11_Nov/City_Council_11-29-2016_-_Regular_Meeting_Agenda.aspx) Language in the Nov. 29, 2016 Resolution, Agenda item 33a, pages 9 and 11, follows:

“BUSD will not sell or serve sugar-sweetened beverages (as defined by the SSB tax) at any BUSD schools or campuses.”

“Funded organizations must have in place or agree to adopt prior to being funded an organizational policy prohibiting serving SSBs at organization sponsored events or meetings.”

<sup>iv</sup> <https://www.theatlantic.com/health/archive/2014/01/the-sugar-addiction-taboo/282699/>

RESOLUTION NO. ##, ### - N.S.

RESOLUTION ESTABLISHING CITY POLICY / AMENDING THE ADMINISTRATIVE CODE TO DIRECT CITY OF BERKELEY DEPARTMENTS AND CONTRACTORS TO REFRAIN FROM PROCURING, SERVING OR SELLING SUGARY DRINKS

WHEREAS, sugar-sweetened beverage (SSB) consumption is linked to diabetes, heart disease, obesity and poor oral health which increases human suffering and decreases the quality of life while driving health care costs up.

WHEREAS, diabetes, obesity, and tooth decay have been on the rise for decades. Although no group has escaped these epidemics, children, people of color, and low resource communities are disproportionately affected.

WHEREAS, beverage marketing disproportionately targets people of color, young people and underinvested communities.

WHEREAS, there are also economic costs. Diabetes and pre-diabetes cost an estimated \$37.1 billion in California each year.

WHEREAS, the City is committed to promoting access to healthy, nutritious food and beverages.

WHEREAS, positive changes in the nutritional quality of beverages sold on City property and served by the City can help people make healthier beverage choices.

WHEREAS, the City of Berkeley employees more than 1,300 individuals in a diverse array of services. Giving City employees access to healthier beverages in the workplace helps reduce the impact of diet-related disease, supports a healthier and more productive workforce, and reduces the City's health care expenses.

WHEREAS, providing access to healthier beverage options for members of the public when they visit City property also promotes public health and contributes to community norms around healthy beverage choices.

WHEREAS, Chapter 7.72 of the City of Berkeley Municipal Code (B.M.C. 7388-NS § 7.72, 2014, City of Berkeley) defines sugar-sweetened beverages as all beverages with added caloric sweeteners with a minimum of 2 calories per fluid ounce, including juices with added sweetener, sodas, energy drinks, sweetened teas and coffee drinks, and sport drinks which offer little or no nutritional value, but include massive quantities of added sugar.

WHEREAS, B.M.C. 7388-NS § 7.72, 2014, Chapter 7.72 excludes waters, 100% juice, milk drinks, diet drinks as well as medical drinks and baby formula.

THEREFORE BE IT RESOLVED that the City of Berkeley and City food services contractors will **refrain** from:

- 1) serving sugar-sweetened beverages at City meetings and events on City property,
- 2) procuring sugar-sweetened beverages with City funds; and,
- 3) selling sugar-sweetened beverages on City property, including in vending machines, unless vending machines also include healthy beverage alternatives with no added sugar.

A records signature copy of the said agreement and any amendments to be on file in the Office of the City Clerk.

## **Roster of SSBPPE Subcommittee Appointments**

(Updated March 18, 2019)

### **Prevention Strategies and Outcomes Subcommittee**

**Goals:** Review and revise requests for proposals, increase knowledge of the community, and evaluation.

**Members:** Pat Crawford  
Bobbie Rose  
Holly Scheider  
Xavier Morales

### **Community Engagement Subcommittee**

**Goals:** Promote best practices, understand work of the grantees, and community engagement and outreach activities.

**Members:** Jennifer Browne  
Adena Ishii

### **Media Subcommittee**

**Goals:** Give feedback on media materials that the Public Health Division disseminates to the public, prepare talking points for the media.

**Members:** Joy Moore  
Adena Ishii  
Poki Namkung  
Holly Scheider

### **Sugary Drinks Policy Subcommittee**

**Goals:** Recommend policies for the City Council.

**Members:** Pat Crawford  
Holly Scheider  
Xavier Morales



# Sweetened Beverage Tax

Supporting healthy food and child health and development

Beginning in 2018, Seattle started taxing sugar-sweetened beverage products distributed within the city. The Sweetened Beverage Tax is not a sales tax charged directly on consumers. Instead, this tax makes distributors pay a tax (**of 1.75 cents per ounce**) on sugar-sweetened beverage products they distribute within the City of Seattle.

Consumers may notice an increase in the prices of sugary drinks. Studies in Seattle show that distributors and retailers are passing the Sweetened Beverage Tax on to consumers by raising the prices of sugary drinks. In fact, distributors and retailers are passing on nearly all of the tax (97 percent) through higher in-store prices.

## Why did Seattle pass this tax?

This tax was designed to improve the health of Seattle residents by reducing the sales and consumption of sugary drinks. In addition, the tax revenue is being used to support healthy food access and early learning programs. Research has shown that sugary drinks can lead to long-term weight gain, which can increase risk of developing **type 2 diabetes, high blood pressure** and **heart disease**. Sugary drinks also lead to cavities. A 20-ounce bottle of soda can pack over 15 teaspoons of added sugar and over 250 calories with poor nutritional value.

## What beverages are taxed?



Regular sodas



Fruit drinks



Energy and sports drinks



Sweetened waters



Sweetened coffees and teas



Syrups and concentrates



20 OZ SODA has

15

TEASPOONS  
of added sugar and

250

EMPTY CALORIES

AND JUST **1-2 CANS** A DAY

INCREASES RISK OF  
TYPE 2 DIABETES

26%

THE TAX DOES NOT APPLY TO:



Diet drinks, bottled water, 100% juice, milk (including plant-based), powders and concentrates mixed by the end consumers, beverages for medical use, infant or baby formula, and alcoholic beverages.



## Where is the money going?

The Sweetened Beverage Tax is being used to support and expand programs that increase access to healthy food and support child health, development, and readiness for school.

### Food Access

53%



#### Increasing access to healthy food

The revenue is expanding support for food banks and programs that increase fruits and vegetables offered in child care, preschools, schools, and after school. Funds also expanded *Fresh Bucks*, which helps people on a tight budget afford healthy food.



#### Community-based meal programs

The revenue is expanding support for programs that serve nutritious meals, deliver groceries, and provide food and nutrition education to low-income families and older people at a variety of sites throughout Seattle.

### Child Health and Early Learning

43%



#### High-quality child care

The revenue supports child care subsidies for working families. Funds also expanded health, training and program quality support to child care providers.



#### Family support programs

The revenue supports home visiting programs and provide new support services for children with developmental delays.

### Tax Administration

4%



A small portion of the revenue supports the administration of the Sweetened Beverage Tax Community Advisory Board. Funds also support a five-year evaluation to study the effects of the tax on economic outcomes and health behaviors.

In 2019, the Sweetened Beverage Tax is providing

**\$18.3M**

to support healthy food access, child health and early learning, and tax administration



**City of Berkeley, Council Letterhead****[Date]**

Governor Newsom  
Assemblymember Buffy Wicks  
Senator Nancy Skinner  
State Capitol  
Sacramento, CA 95814

**RE: Support SB 347 – health warning labels on sugary drinks**

Dear Governor Newsom, Assemblymember Wicks and Senator Skinner:

**The Berkeley City Council** supports SB 347 which would require a health warning label affixed to all sugary drinks. California is facing a public health crisis because of high rates of diabetes, obesity, cardio-vascular and oral health diseases. Contributing to this crisis is the consumption of sugary drinks, the single leading source of added sugars in the US diet; daily consumption doubles the risk of tooth decay and increases the risk of obesity by 55 percent and diabetes by 26 percent. Public Health Advocates estimates that California will face 1.9 million new diagnoses of type-2 diabetes within 5 years and new annual health care costs of \$15 billion.

The beverage industry disproportionately markets to people of color, and in low-income communities. As a result, Native Americans, African Americans, Latinx, and Pacific Islanders have the highest rates of diabetes in California<sup>i</sup>. Since many Latinx residents are non-English readers, we encourage the State to translate the label into Spanish to ensure that the warning is widely understood by those at highest risk for diabetes. We also encourage translation to Medi-Cal recognized threshold priority languages for other significant populations of non-English reading immigrants that have high rates of sugary drink consumption.

Under SB 347, the added symbol (yellow rectangle with an exclamation point) is a step towards language justice principles. In a state where over 220 languages have been documented, and where 44% of the residents speak a language other than English at home, we believe that in order to truly close the health equity gap, we will need to continue our efforts to not only warn California residents of the dangers of consuming sugary drinks, but also to be able to reach those who are most vulnerable to the complex industry driven efforts to increase their bottom lines through expanding market share.

In 2014, 76% of voters of Berkeley CA passed the first sugary drink tax in the country to deal with this crisis. Over the last 4 fiscal years, the Berkeley City Council has invested over \$5 million to school based garden programs, nutrition education for Head Start programs, oral health for low-income patients, and community education to shift the culture of beverage choice among high school students, African American families, Latinx immigrants and the general population of Berkeley.

From our experience as the front runners in the California movement, we strongly support pictorial and multi-lingual warning labels that would advise consumers of the health risks

associated with consumption of sugary beverages. We believe that this first step to regulate sugary drinks would greatly benefit all California children, especially children of color who are disproportionately targeted by the beverage companies.

Sincerely,

Berkeley City Council  
Mayor Arreguin,  
Councilmembers

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<sup>i</sup> Sources:

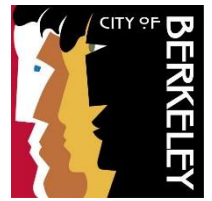
<http://www.diabetes.org/diabetes-basics/statistics/>

Prediabetes in California: Half of California Adults on Path to Diabetes: <https://phadvocates.org/policy-centered-research/>

DRAFT

# HEALTHY BERKELEY FUNDED PROGRAMS

## FY2018 Fact Sheet



### HEALTHY BERKELEY

In 2015, Berkeley implemented the first city-wide tax on the distribution of sugar sweetened beverages. The tax has been [credited](#) with encouraging the purchase of healthier beverages in Berkeley and has raised millions in revenue.

A portion of the revenue raised has been reinvested into community and school-

based programs that seek to reduce the consumption of sugar sweetened beverages and address the negative effects of such consumption.

In FY 2018, City of Berkeley funded 5 community agencies and the Berkeley Unified School District. Below is a description of the funded program and activities.

### PROGRAMS & INVESTMENTS

**Berkeley Unified School District:** Engages all students in preschool through high school with hands-on instruction in 17 school gardens. In addition, BUSD teaches a nutrition and cooking curriculum focused on reducing sugar consumption and increasing awareness in selected after-school programs and classrooms. Finally the district hosts family nights and school wide events to bring the information and fun to families and the wider school community.

**Ecology Center:** Activities such as youth peer health education, school based organizing, and counter media messaging help teens and young adults manage daily economic and social pressures that lead to diet-related illness, and give them tools to make healthy food choices.

**Healthy Black Families:** Engages African-American Berkeley residents in a broad array of fun activities such as gardening, shopping at farmers' markets, collectively cooking and eating nutritious foods, and training youth and young adult water ambassadors to present "Rethink Your Drink" presentations.

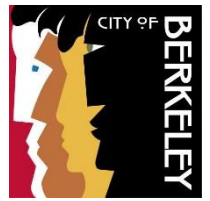
**Multicultural Institute:** Offers informational workshops, hosts community health events, provides prevention resources, and connects participants to key services when needed. Serves uninsured/ underinsured immigrants, day laborers, and other Latino low-income families in West Berkeley.

**LifeLong Medical Care:** Expands access to oral health screenings, education and treatment for low-income Berkeley residents through a collaboration between medical and dental services at LifeLong.

**YMCA of the Central Bay Area.** Provides two distinct programs. The Diabetes Prevention Program educates adults vulnerable to developing Type 2 Diabetes through healthy lifestyle behavior techniques in a supportive group environment.

The Obesity Prevention in Young Children program promotes healthy weight, healthy nutrition, and physical activity habits among young children and their families enrolled in YMCA and BUSD's Early Education Programs.





# HEALTHY BERKELEY FUNDED PROGRAMS

## FY2018 Fact Sheet

### MEASURING SUCCESS

The Public Health Division at the City of Berkeley is working with staff and community based partners to deepen our positive impact on the communities we serve, especially for those most vulnerable.

Results Based Accountability (RBA) is a new way of understanding and enhancing our work and has a proven track record of success in improving quality of life for people and communities.

First, we define what the result or outcome is we hope to achieve. Next we decide how we can measure progress on that result. The data is collected on an ongoing basis to guide our understanding and inform efforts to enhance progress towards those results.

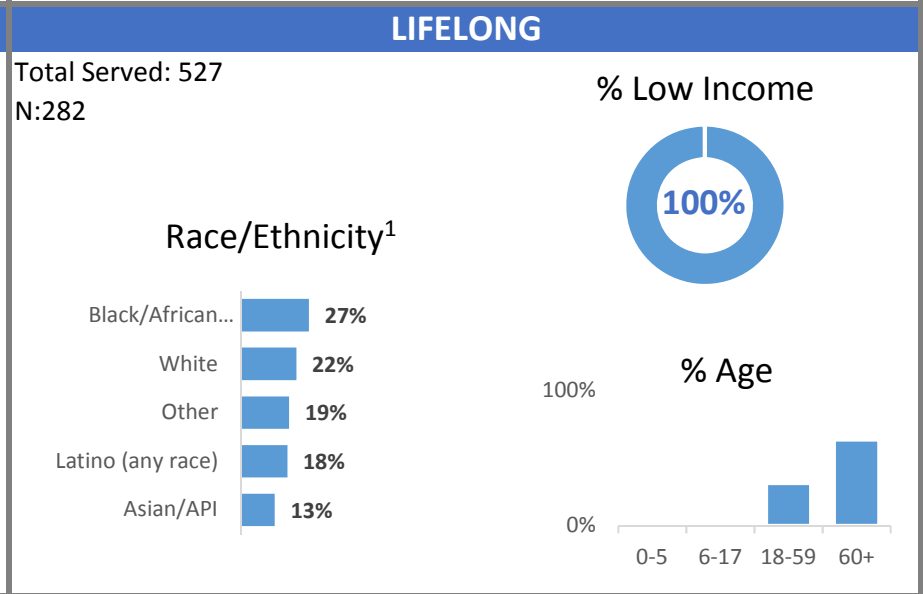
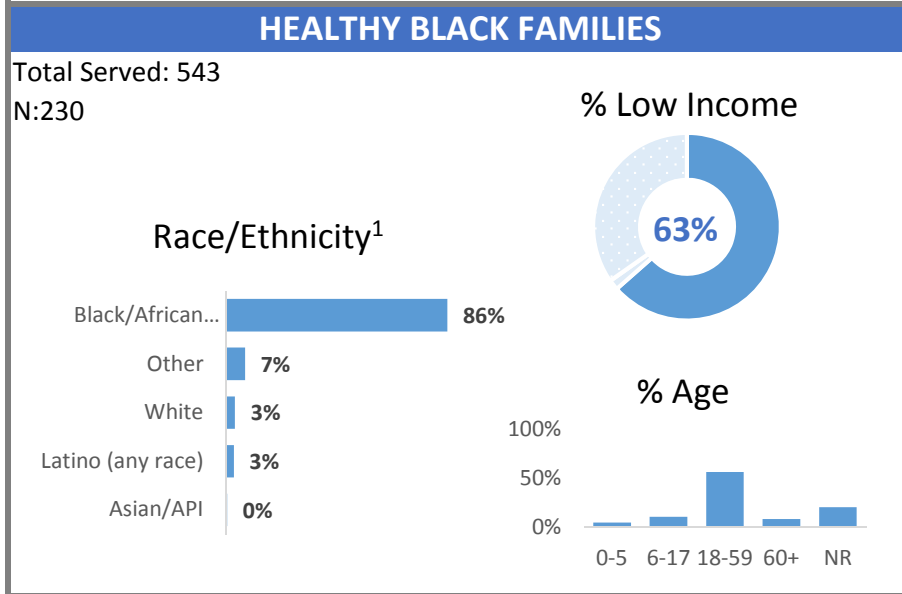
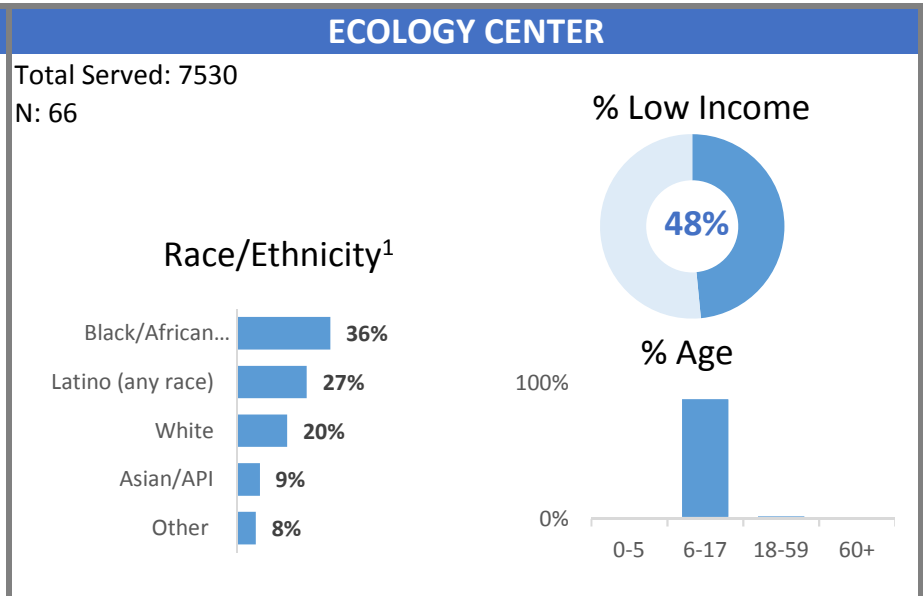
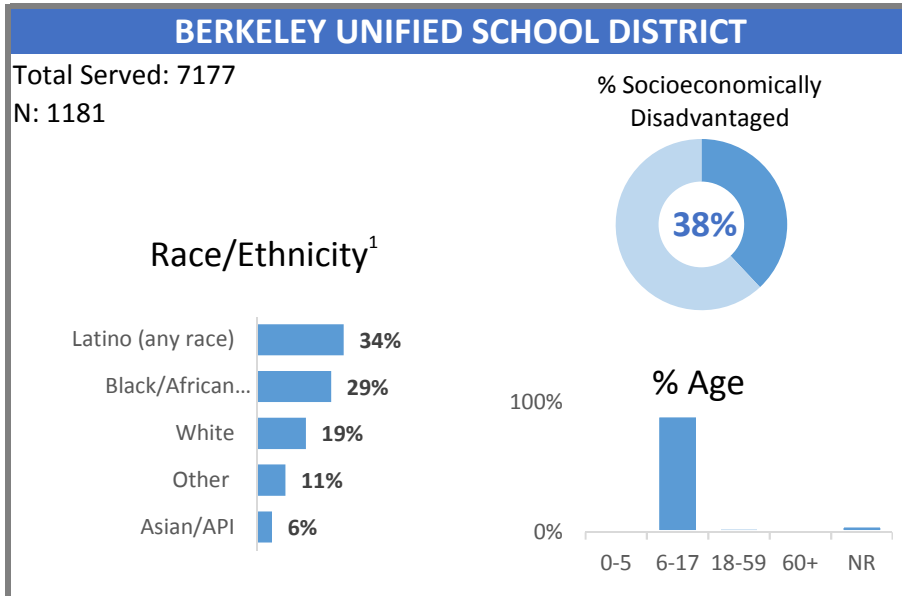
Simply put, RBA is a way to measure the success of our programs and how our programs make a difference to and for the people we serve.

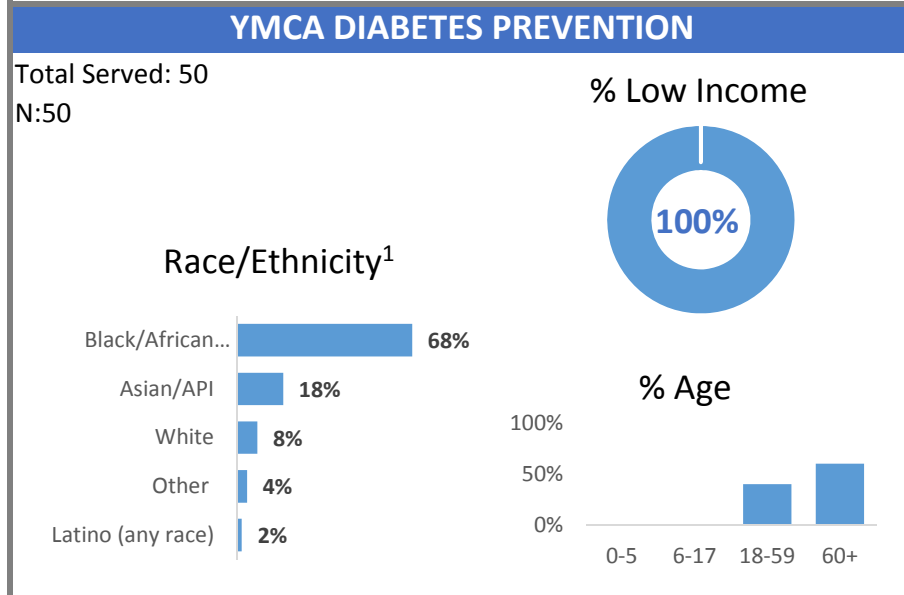
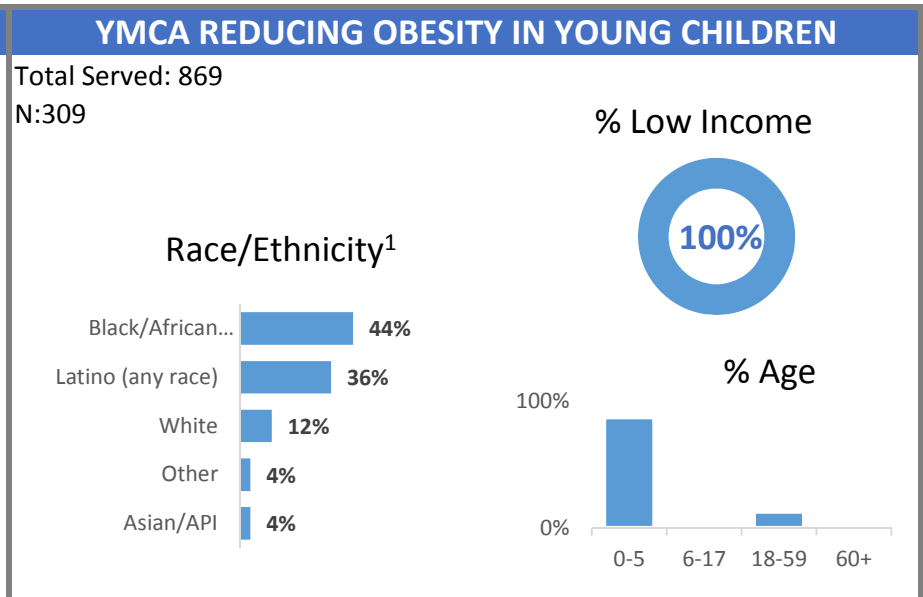
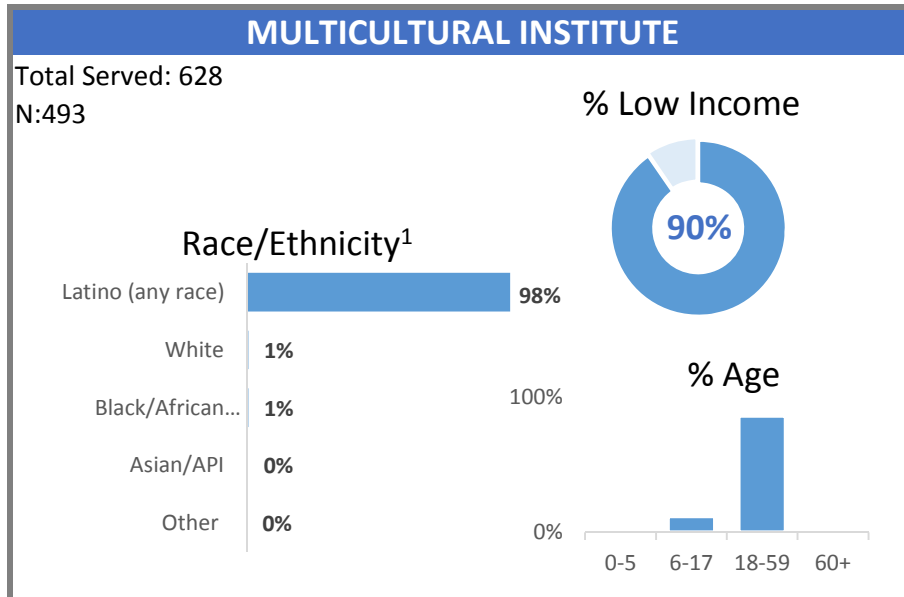
Results Based Accountability was incorporated into our Healthy Berkeley contracts starting in fiscal year 2018. Programs provided data that addressed three basic questions:

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

The following report provides a snapshot of the impact of our funded programs. Demographics are also included to provide a view of who is served by the Healthy Berkeley funded programs.







#### Technical Notes

<sup>1</sup> Race/ethnicity charts include the category "other". This includes non-Latino individuals that identified as American Indian, two or more races, or individuals that declined to state.

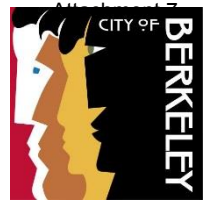
Age charts may include the category "NR", or individuals that declined to state. In the Socio-economically disadvantaged/Low-income charts, the light blue area indicates individuals that are not socio-economically disadvantaged/low income as well as those that declined to state. For example, 35% of participants in Healthy Black Families declined to state their income.

Percentages may not equal 100% due to rounding error.

The "Total Number Served" represents the total number of individuals served in the program. The N represents the number of Berkeley residents for whom demographic data were collected. Many of the programs reach a much larger audience than what is reflected in the demographic information. For example, programs that reach a wide audience through events are often unable to capture demographic information on those participants while others may serve non-Berkeley residents.

# HEALTHY BERKELEY FUNDED PROGRAMS

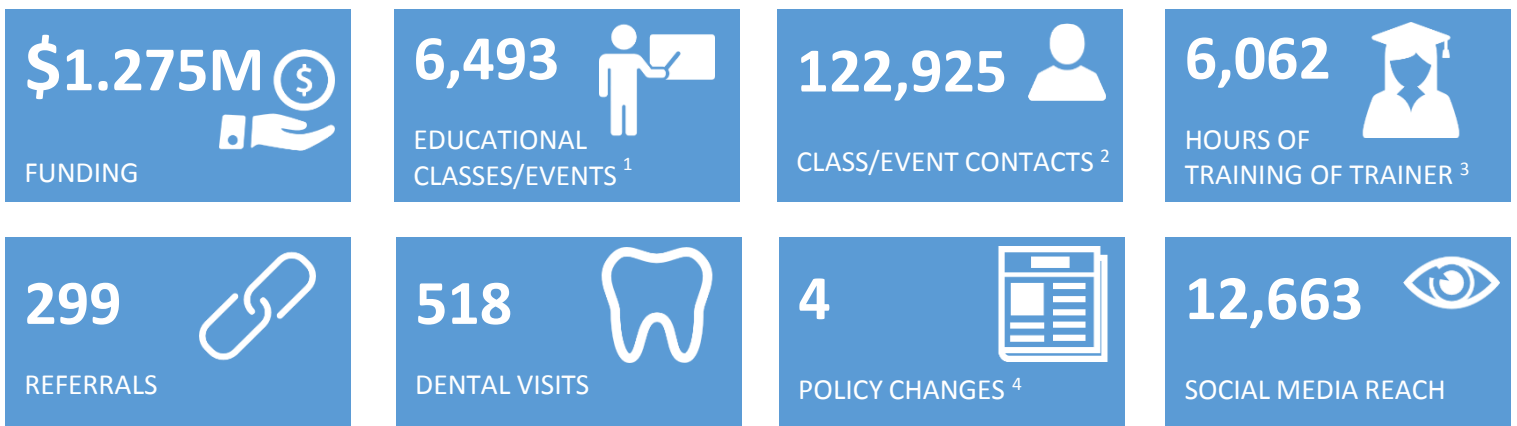
FY 2018



In 2015, Berkeley implemented the first city-wide tax on the distribution of sugar sweetened beverages. The tax has been [credited](#) with encouraging the purchase of healthier beverages in Berkeley and has raised millions in revenue which the city has reinvested to promote health through our Healthy Berkeley Program in the Public Health Division.

Healthy Berkeley funds community and school-based programs to reduce the consumption of sugar sweetened beverages and address the negative effects of such consumption. In FY 2018, funded community agencies included the Berkeley Unified School District, Ecology Center, Healthy Black Families, LifeLong Medical Center, Multicultural Institute, and the YMCA. Below is a snapshot of these funded programs for FY 2018.

## HOW MUCH DID WE DO?



## HOW WELL DID WE DO IT?



## IS ANYONE BETTER OFF?





## SPOTLIGHT ON BERKELEY UNIFIED SCHOOL DISTRICT

Berkeley Unified School District surveyed 834 students before and after their nutrition education program that is offered in select middle and elementary schools. The program is approximately 4 weeks in length.

### Average Consumption Of Sugar Sweetened Beverage <sup>10</sup> (Times Per Week)

TYPE	BEFORE NUTRITION PROGRAM	AFTER NUTRITION PROGRAM	DIFFERENCE
Elementary	2.62	2.18	↓ 17%
Middle School	5.59	5.22	↓ 7%
Overall	5.14	4.76	↓ 7%

### Technical Notes:

Program information based on latest information received from community agencies as of April 2019.

<sup>1</sup> Educational classes and events includes presentations, cooking and gardening classes, workshops, family nutrition nights, and community events that are funded by Healthy Berkeley. Training of Trainer workshops are not included here. Includes over 4,000 garden classes delivered in BUSD where limited data were collected.

<sup>2</sup> Class/event contacts is the sum total of times a participant attends a class or event as defined above. It represents the number of encounters. BUSD garden classes are estimated based upon the number served \* number of classes and discounted by the average daily attendance of BUSD.

<sup>3</sup> Training of Trainer is based upon the total number of training hours delivered to community members or staff identified to teach, mentor, or train others on healthy eating and drinking.

<sup>4</sup> Policy Changes are based upon those reported by one community based organization and may not capture policy changes made in other organizations. Policy changes include organizational commitments to make healthy beverages and snacks available at all community events and meetings.

<sup>5</sup> Based upon 528 surveys. Reflects the % that answered positively to the following questions: *I was satisfied with the Youth Environmental Academy Program (Ecology Center), I would rate this event as good or excellent (Healthy Black Families), I found the workshop interesting (Multicultural Institute).*

<sup>6</sup> Based upon results of 462 program participants. Includes % of participants that graduated from the program (Ecology Center), attended ¾ of a workshop series (Multicultural Institute), attended 9/16 core classes (YMCA Diabetes Prevention Program), attended more than 1 parent nutrition committee workshop (YMCA Reducing Obesity in Young Children Program).

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<sup>9</sup> Based upon 110 participants identified as having elevated blood glucose levels and/or unhealthy BMI

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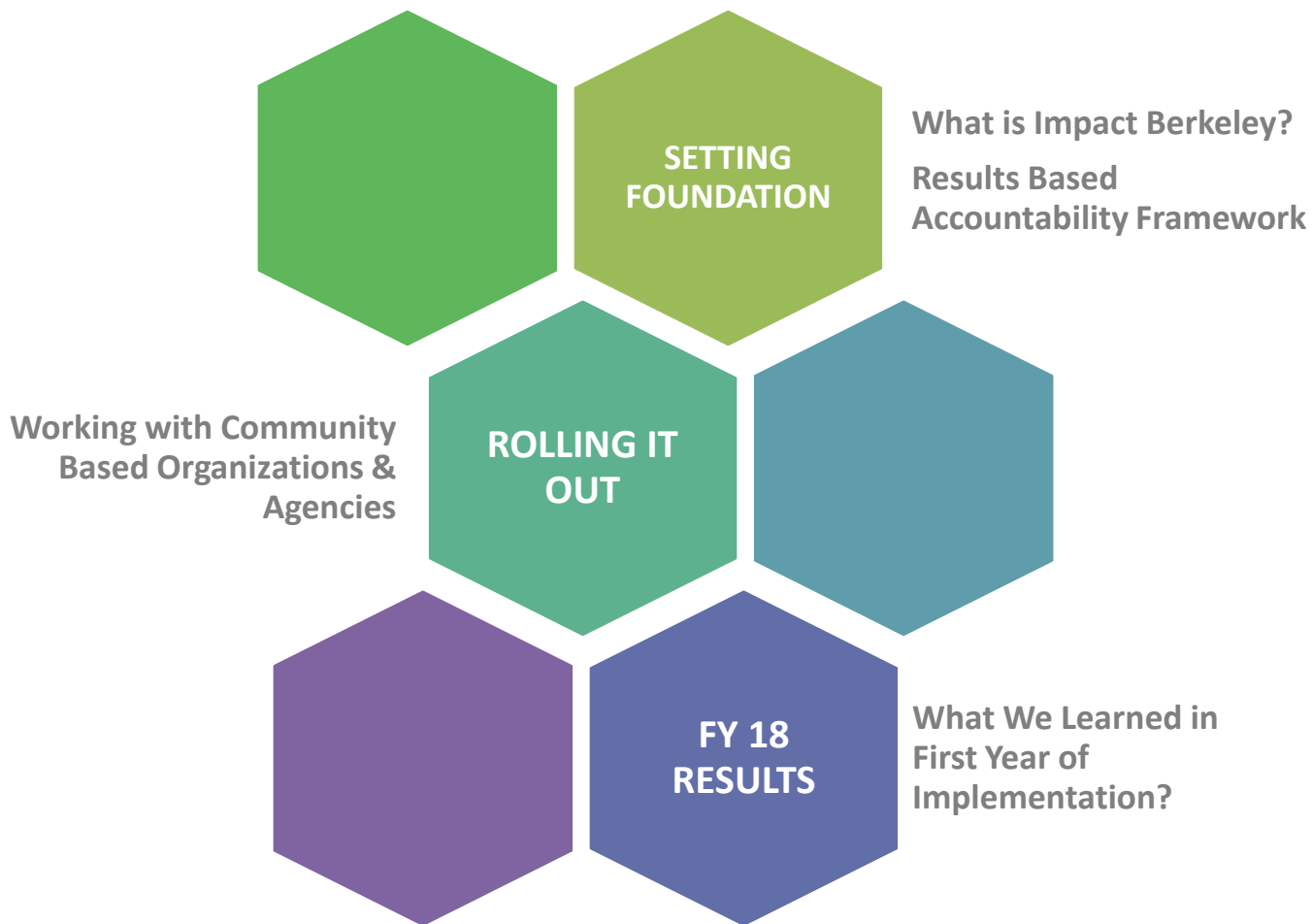
# Healthy Berkeley

Measuring Success in our  
Healthy Berkeley Funded Programs (FY18)

Laura Schroeder, Impact Berkeley Coordinator

April 18, 2019

# Agenda

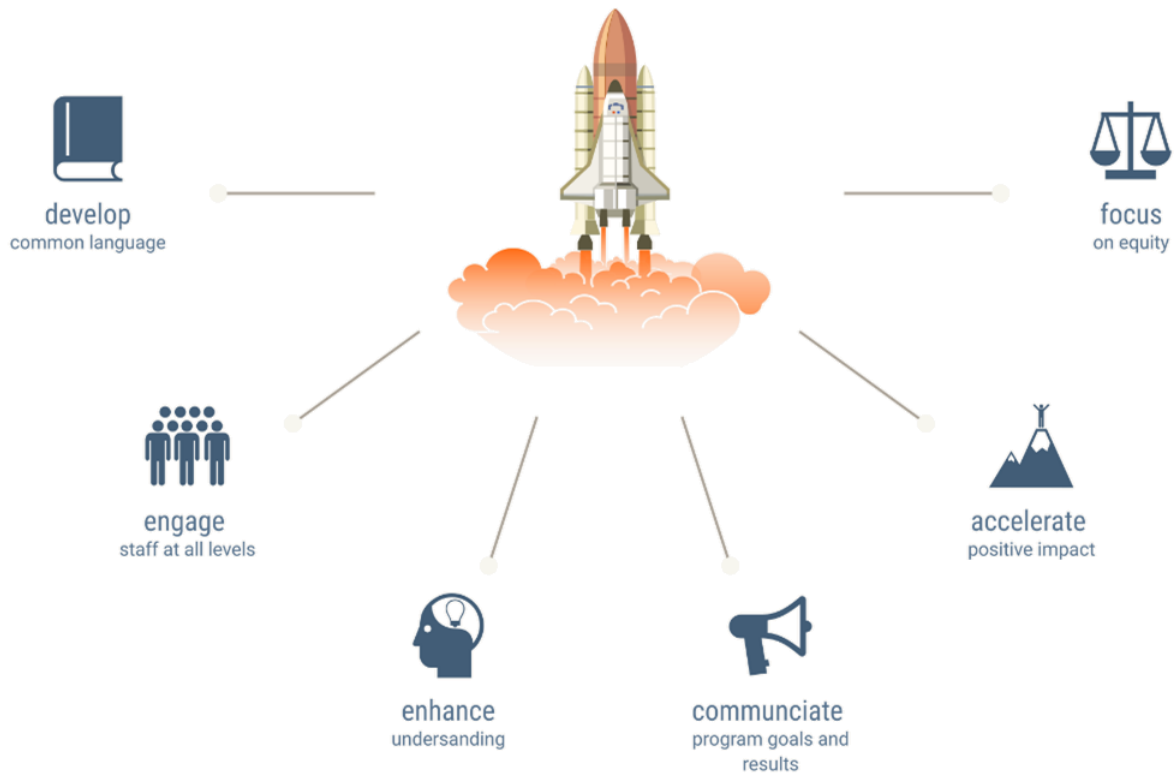


# Impact Berkeley

## An Initiative of Health, Housing & Community Services

 <p>PUBLIC HEALTH CLINIC</p>	<p>DISEASE PREVENTION</p>		<p>COMMUNITY ENGAGEMENT</p>	 <p>BERKELEY HIGH SCHOOL</p>
<p>PERMANENT HOUSING</p>		<p>SOCIAL CONNECTIONS</p>		<p>HEALTH EQUITY</p>
	<p>HEALTH CLINICS</p>	<p><i>Enhancing community life Supporting health and wellness for all</i></p>		<p>CRISIS SERVICES</p>
<p>AGING WITH DIGNITY</p>			<p>HOMELESS OUTREACH</p>	<p>SENIOR CENTERS</p>
		<p>YOUTH EMPLOYMENT</p>		<p>AFFORDABLE HOUSING</p>
				


# IMPACT BERKELEY MISSION



**Key  
benefits  
of  
RBA**

**SIMPLE  
COMMON SENSE  
PLAIN LANGUAGE  
USEFUL**

# Two Kinds of Accountability Attachment 8



Population  
Accountability

Performance  
Accountability

Population Accountability  
about the well-being of  
**WHOLE POPULATIONS**

For Communities – Cities –  
Counties – States – Nations

Performance Accountability  
about the well-being of  
**CLIENT POPULATIONS**

For Programs – Agencies –  
and Service Systems

**Three questions:**

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

# From Vision to Implementation



In the summer 2017,  
trained all contractors in  
RBA



Collect and report on the  
demographics served by  
each agency.



Developed RBA performance  
measures in consultation  
with contractors



All agencies reported  
measures of quality and  
impact. When appropriate,  
standardized measures.



Define key terms and  
calculations.



Publish report of FY18  
results in spring 2019



# Healthy Berkeley Measures

		Healthy Berkeley CBOs							
		YMCA: YDPP	YMCA: ROYC	MI	HBF	EC	BUSD	LL	
<b>ACTIVITIES</b>	Workshop/classes/events	•	•	•	•	•	•		
	Training of Trainer (TOT)		•		•	•			
	Newsletter, social media, etc.			•		•			
	Screening/Treatment			•				•	
	Referral/Case Management			•				•	
	Policy Change				•				
<b>PERFORMANCE MEASURES</b>	<b>How Much</b>	# of individuals served (unduplicated)	•	•	•	•	•	•	•
		# of activities conducted (by type: workshops, training sessions, referrals, etc.)	•	•	•	•	•	•	•
		# of encounters (duplicated count)	•	•	•	•	•	•	•
		# of policy changes				•			
	<b>How Well</b>	Demographics of who is served	•	•	•	•	•	•	•
		% of participants that are 'satisfied'			•	•	•		
		% of participants that are 'engaged' (i.e. participate in X/X workshops)	•	•	•		•		
	<b>Better Off</b>	% of participants with increased knowledge		•	•	•	•	•	
		% change in attitude/intention towards healthy drinking			•	•	•	•	
		% improvement in healthy eating/physical activity	•	•				•	
		% participants with a change in weight/screening levels	•	•					
		% of those referred that actually connect to services			•				•

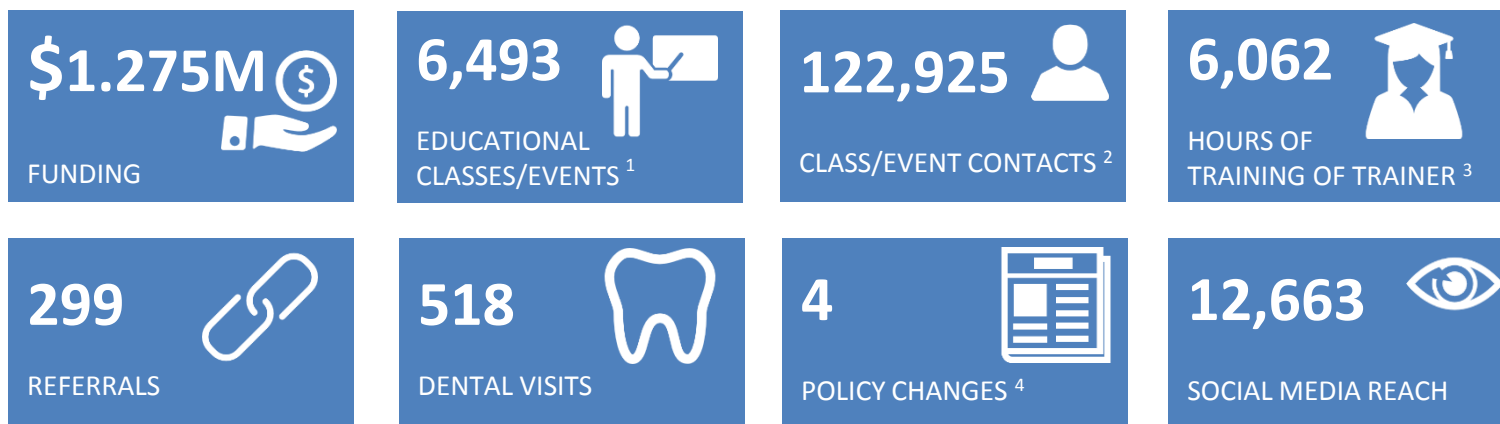
# Key Challenges

- 1 Diversity of programs funded
- 2 Shift in type of measures reported
- 3 Data collection tools & measures
- 4 Collection of aggregate data
- 5 Building capacity

# Who Was Served?



# How Much Did We Do?



Program information based on latest information received from community agencies as of April 2019.

<sup>1</sup> Educational classes and events includes presentations, cooking and gardening classes, workshops, family nutrition nights, and community events that are funded by Healthy Berkeley. Training of Trainer workshops are not included here. Includes over 4,000 garden classes delivered in BUSD where limited data were collected.

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# How Well Did We Do It?

More than

**8** out of **10**

survey respondents were satisfied with the services received<sup>5</sup>

Almost

**2** out of **5**

participants were engaged in services in selected programs<sup>6</sup>

<sup>5</sup> Based upon 528 surveys. Reflects the % that answered positively to the following questions: *I was satisfied with the Youth Environmental Academy Program* (Ecology Center), *I would rate this event as good or excellent* (Healthy Black Families), *I found the workshop interesting* (Multicultural Institute).

<sup>6</sup> Based upon results of 462 program participants. Includes % of participants that graduated from the program (Ecology Center), attended ¾ of a workshop series (Multicultural Institute), attended 9/16 core classes (YMCA Diabetes Prevention Program), attended more than 1 parent nutrition committee workshop (YMCA Reducing Obesity in Young Children Program).

# Is Anyone Better Off?

**77%**

Referred for services connected to the service <sup>7</sup>

**80%**

Survey respondents report a change in attitude, interest, or intention to engage in healthier behaviors <sup>8</sup>

**69%**

Individuals in selected programs saw improvement in weight <sup>9</sup>

<sup>7</sup> Based upon 125 tracked referrals for dental care and health services.

<sup>8</sup> Based upon 840 survey results. Reflects the % that answered positively to the following questions: *Are you likely to reduce your consumption of sugar sweetened beverages after this class?* (BUSD), *I have a new attitude towards sugar sweetened beverages* (Ecology Center), *I have a new attitude towards healthy drinking* (Healthy Black Families), *I intend to change behavior based upon the information received* (Multicultural Institute), *The program was helpful in increasing knowledge and interest of my children in choosing healthy drinks* (YMCA Reducing Obesity in Young Children Program).

<sup>9</sup> Based upon 110 participants identified as having elevated blood glucose levels and/or unhealthy BMI

# Spotlight on BUSD

Average Consumption of Sugar Sweetened Beverage  
(Times Per Week)

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Elementary	2.62	2.18	↓ 17%
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Overall	5.14	4.76	↓ 7%

Berkeley Unified School District surveyed 834 students before and after their nutrition education program that is offered in select middle and elementary schools. The program is approximately 4 weeks in length.

<sup>10</sup> Based upon a survey asking students the number of times they consume sugar sweetened beverages. Students are surveyed at the beginning of the program and then again, approximately 1 month later, at the end of the program.

# Looking Ahead

- Incorporate Results Based Accountability framework into the FY20 RFP & contracts
- Work with newly funded agencies
- Continue to monitor quality of reporting
- Continue to refine performance measures



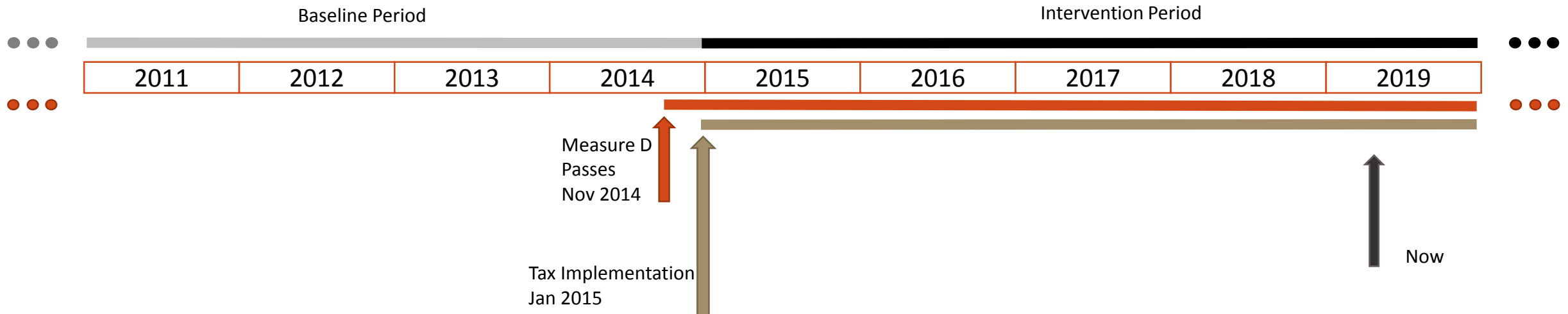
# Measure D Evaluation: Baseline Data

Presented to the City of Berkeley SSB Panel of Experts

By Rebecca Fisher, MPH MA  
Epidemiologist  
City of Berkeley  
Public Health Division  
4/18/2019

# Measure D Timeline

- What impact has Measure D had on intended outcomes?
  - Need to establish baseline estimates and trends to identify changes over time and attempt to parse out attributable impacts from secular trends



# Current Evidence on Impact of Measure D

- **Modeling studies have projected the impact of SSB excise taxes on different outcomes:**
  - SSB shelf price
  - SSB purchasing/sales
  - SSB consumption
  - Caloric Intake
  - Body composition (e.g. BMI)
  - Diabetes and other health outcomes
- **Early research in Berkeley has found evidence of:**
  - High pass-through of the tax and increased prices of SSBs (Falbe, 2015; Silver, 2017)
  - Reduced sales of SSBs (Silver, 2017)
  - Reduced SSB consumption (Falbe, 2016)



# Measure D Evaluation Model

## Berkeley Measure D

Excise tax increases prices of SSBs for consumers



Generates funds for Healthy Berkeley

Pass-through  
elasticity, substitution



- Direct Education
- Skill Building
- Training Trainers/Ambassadors
- Cultural Events
- Organizational Policies and Practices
- Outreach
- Media Campaign

### Program-Level Health Outcomes

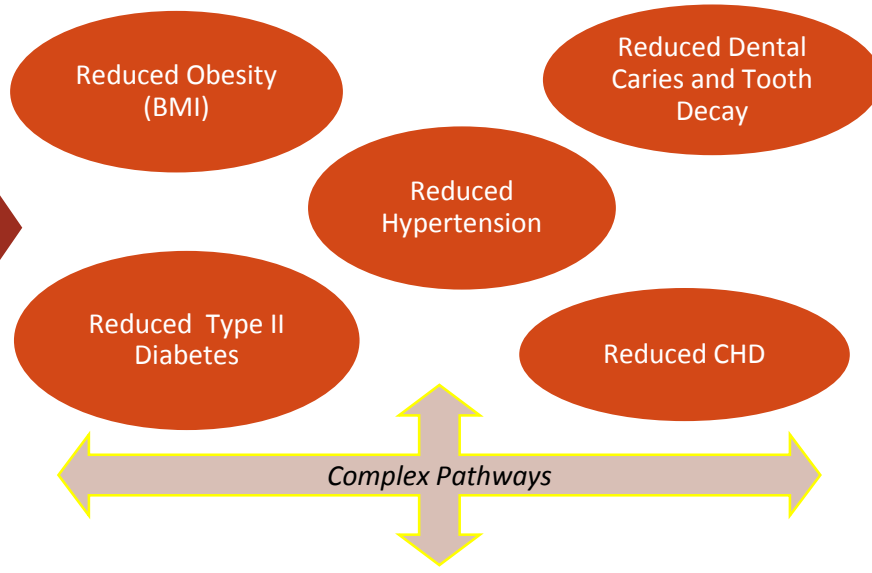


The primary outcome of the Berkeley SSB tax and the Healthy Berkeley program is reduced consumption of SSBs.

## Population-Level Health Outcomes

Reduced consumption of SSBs overall should drive reductions in other health outcomes.

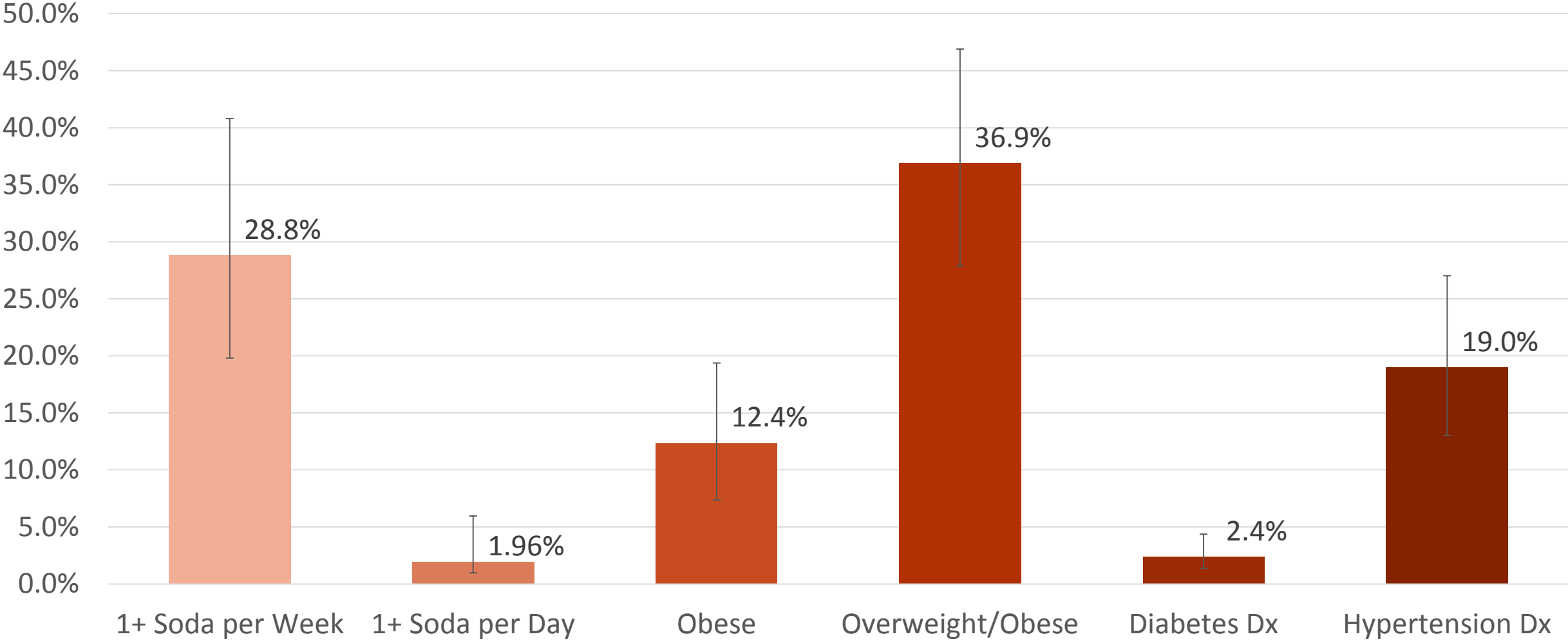
Reduced consumption of SSBs in target populations should decrease **disparities** in these outcomes as well.



**Confounding Factors Include:**  
 Physical Activity, Nutrition, Health and Dental Care Access, Genetic Pre-disposition, and others

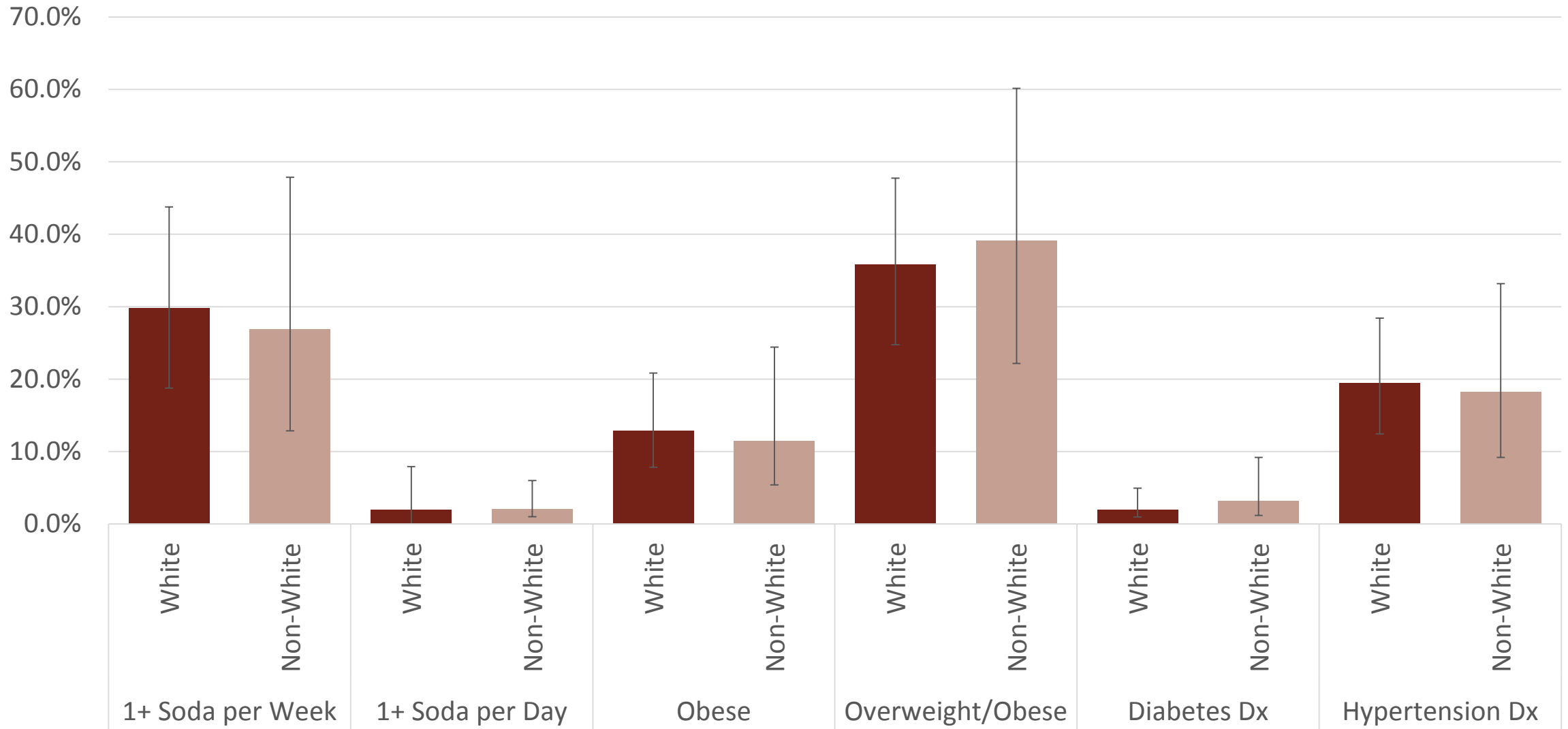


# Baseline Data from CHIS Adult, 2011-2014



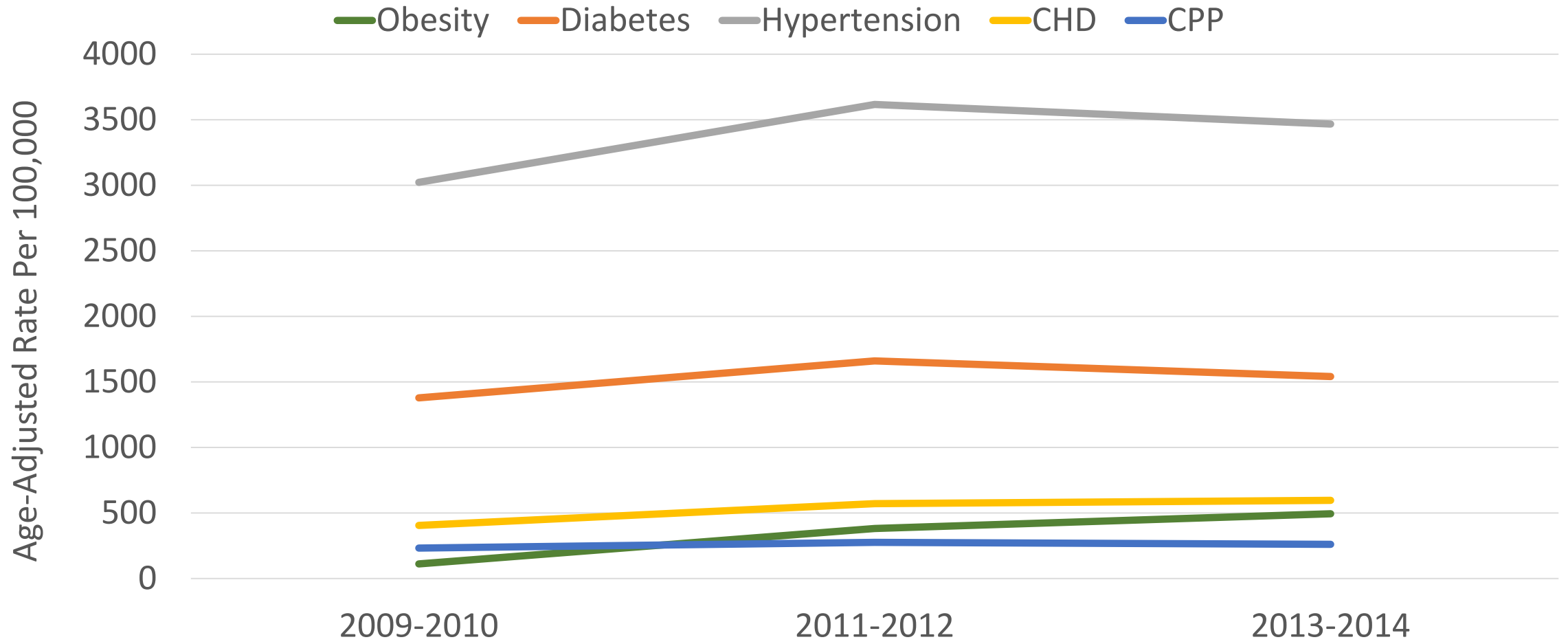


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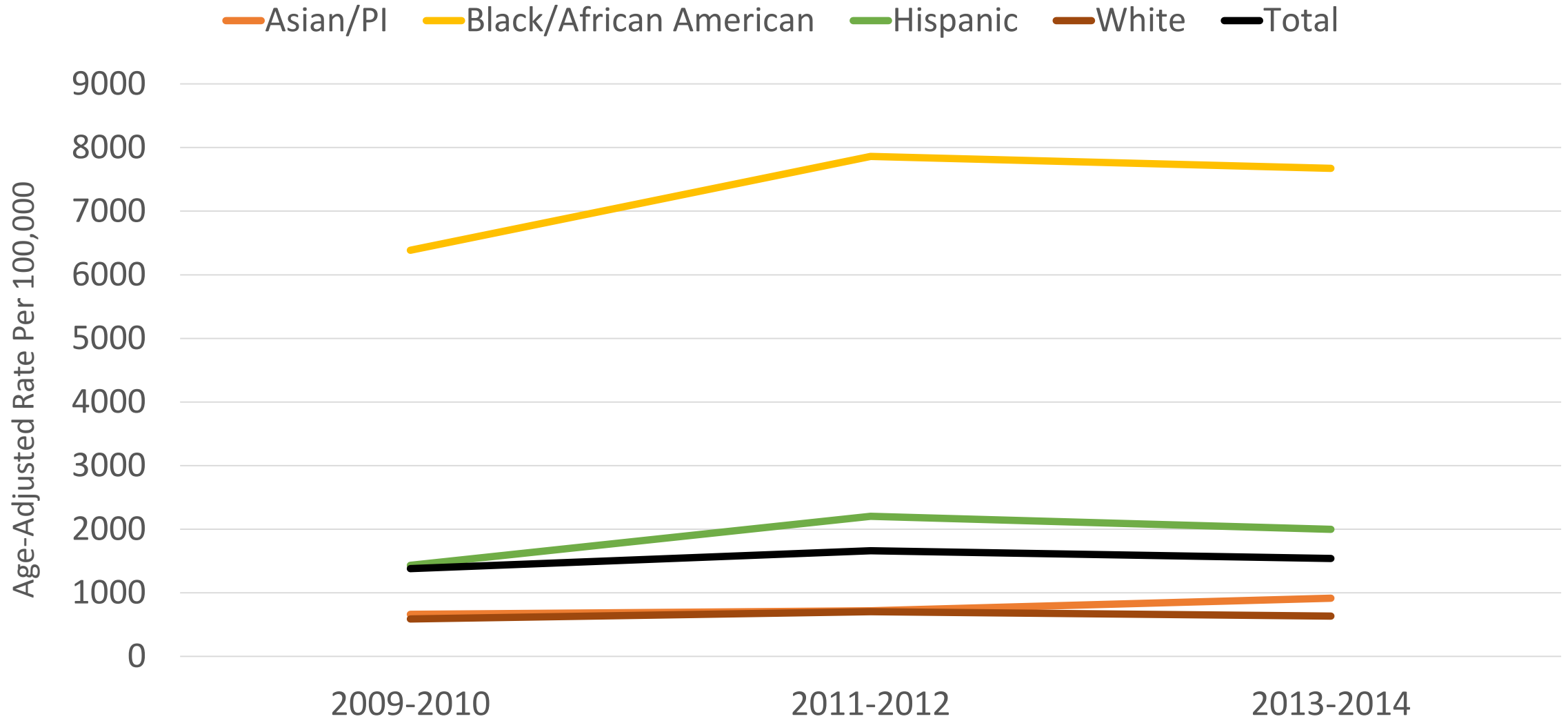


# Baseline Emergency Department Visit Data, 2009-2014





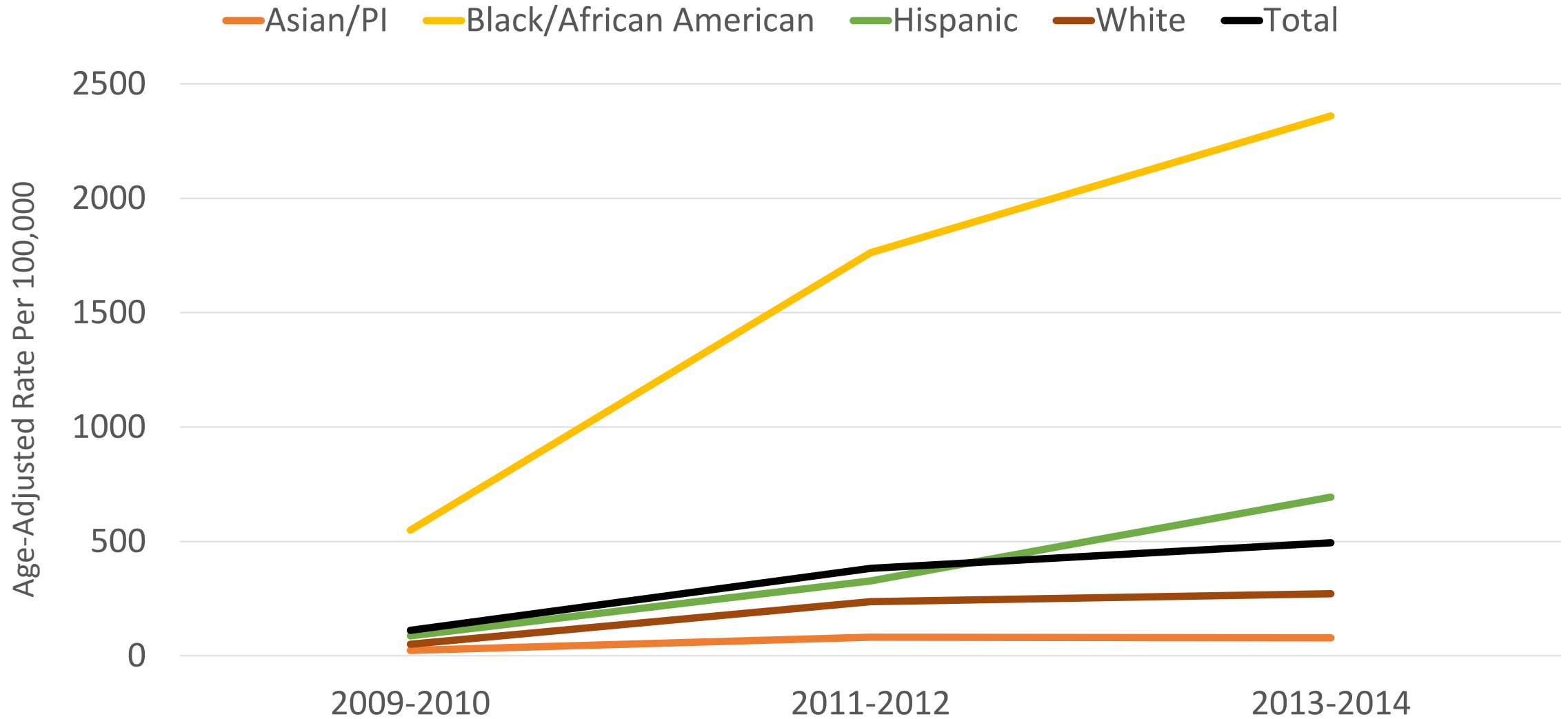
# Baseline Emergency Department Visit Data, Diabetes by Race/Ethnicity, 2009-2014





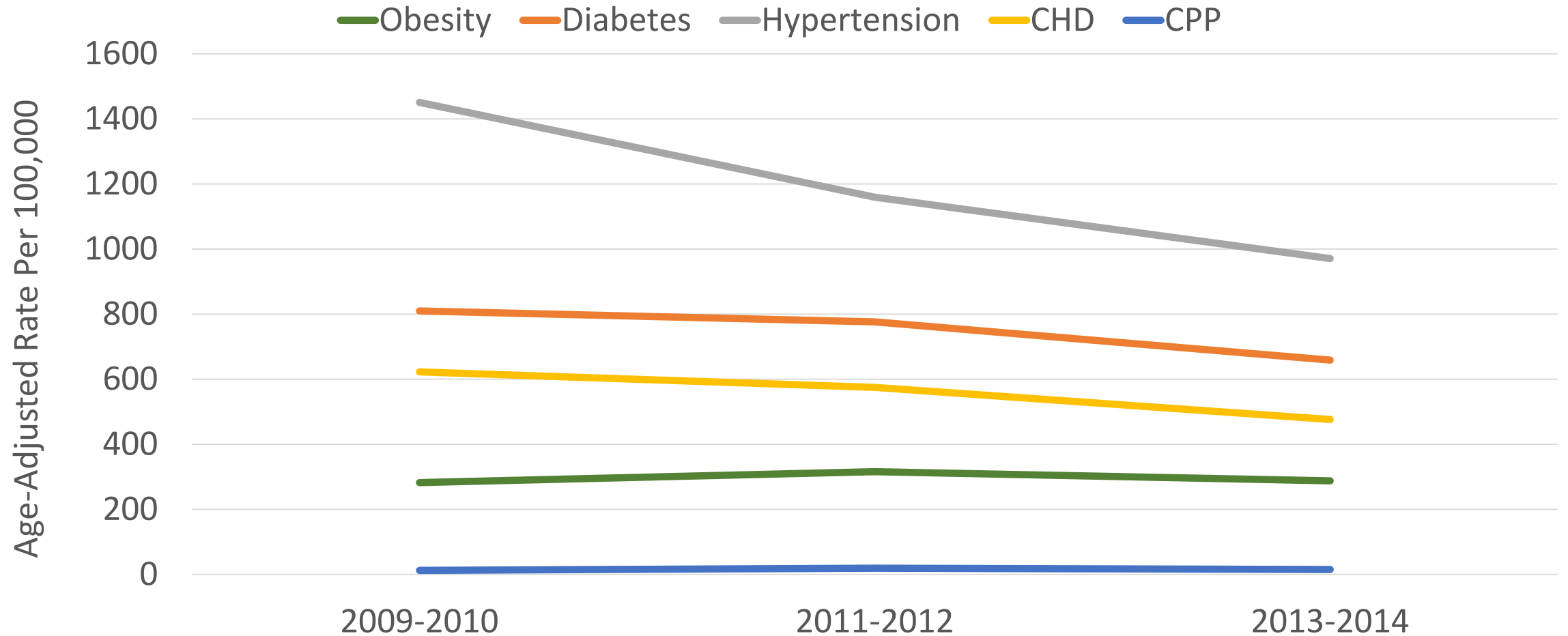


# Baseline Emergency Department Visit Data, Obesity by Race/Ethnicity, 2009-2014



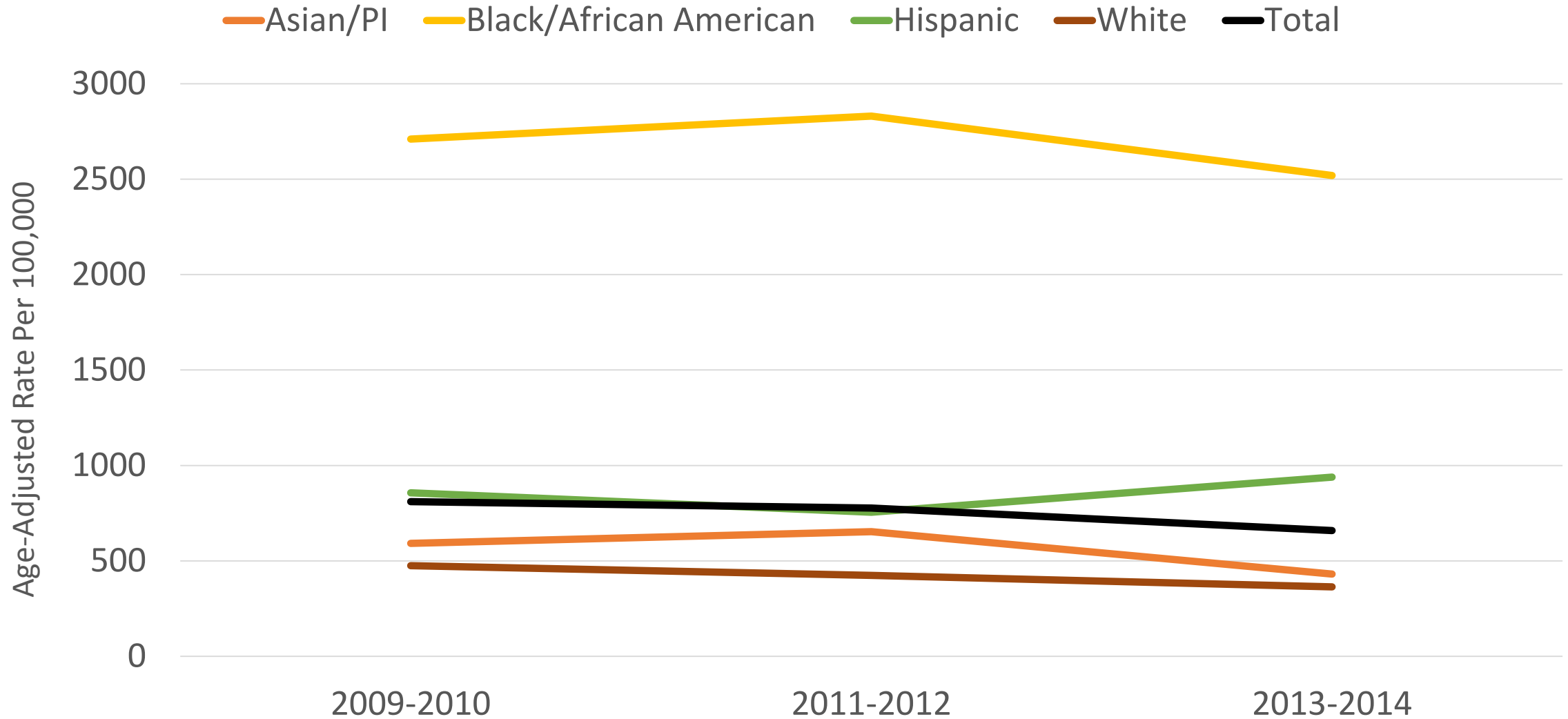


# Baseline Hospitalization Data, 2009-2014



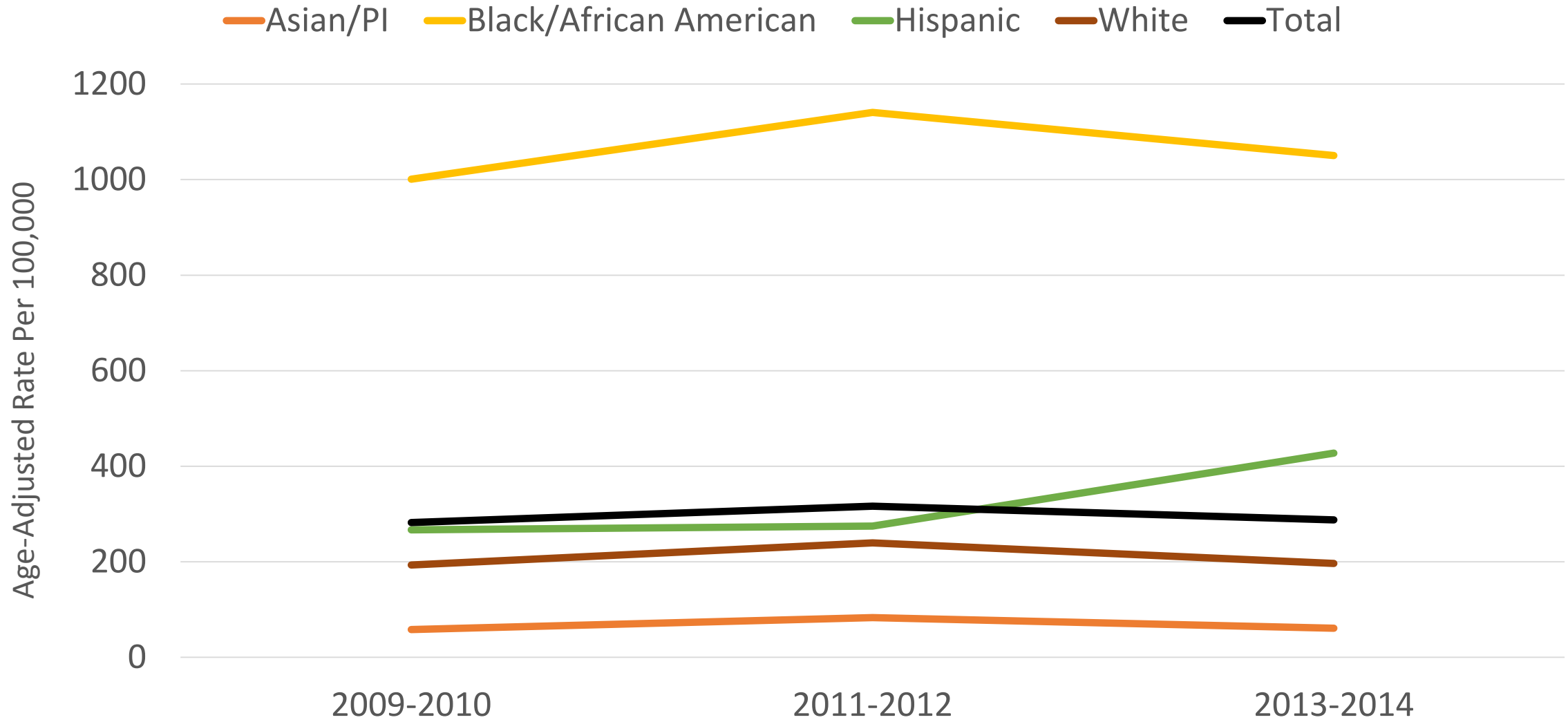


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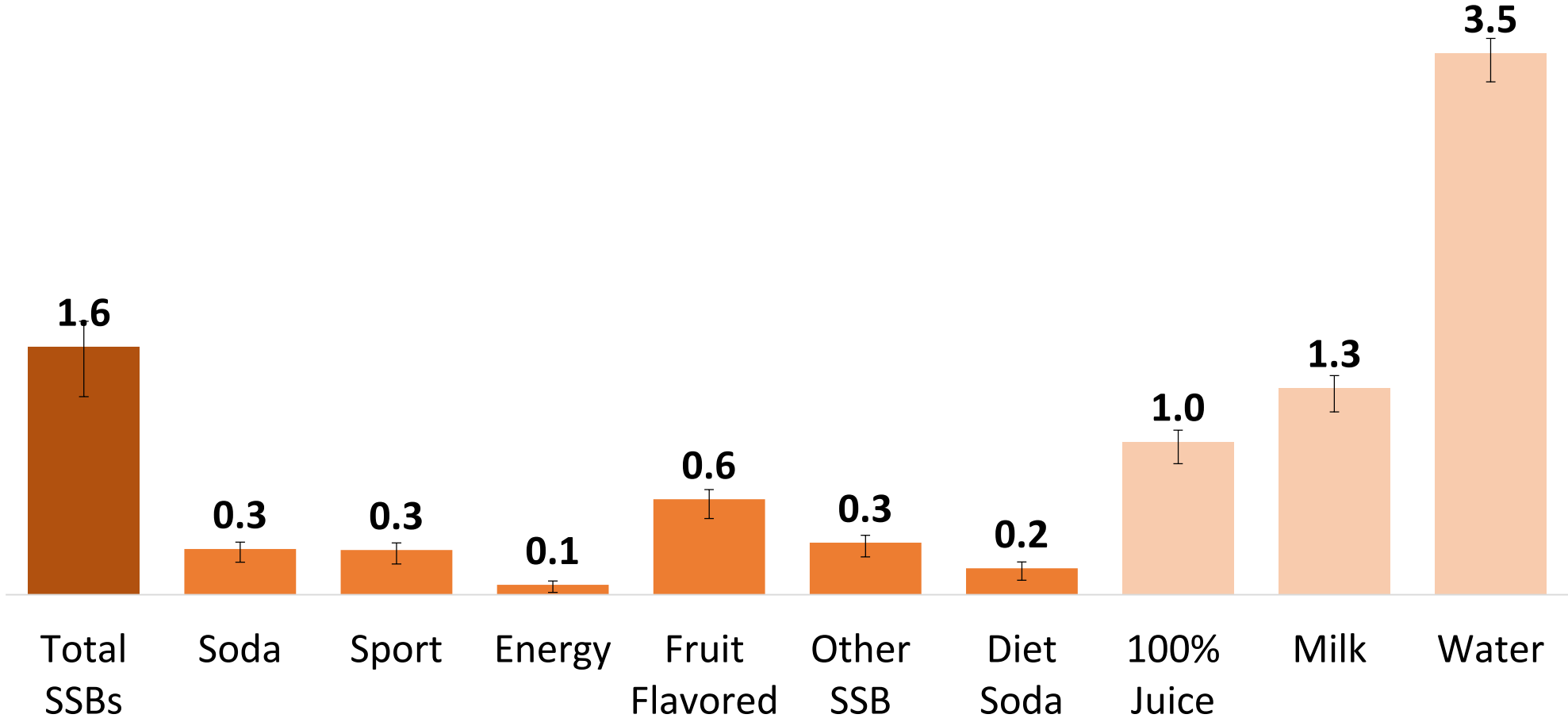


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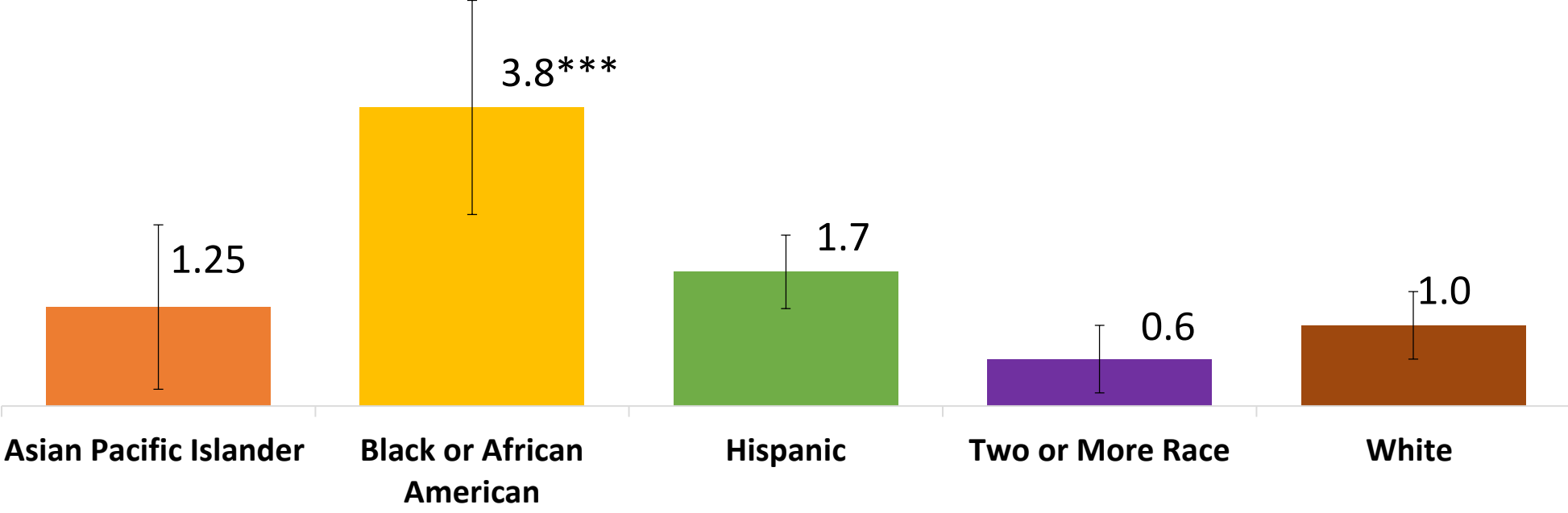


# Baseline Average Daily Consumption of SSBs in BUSD Elementary School Students





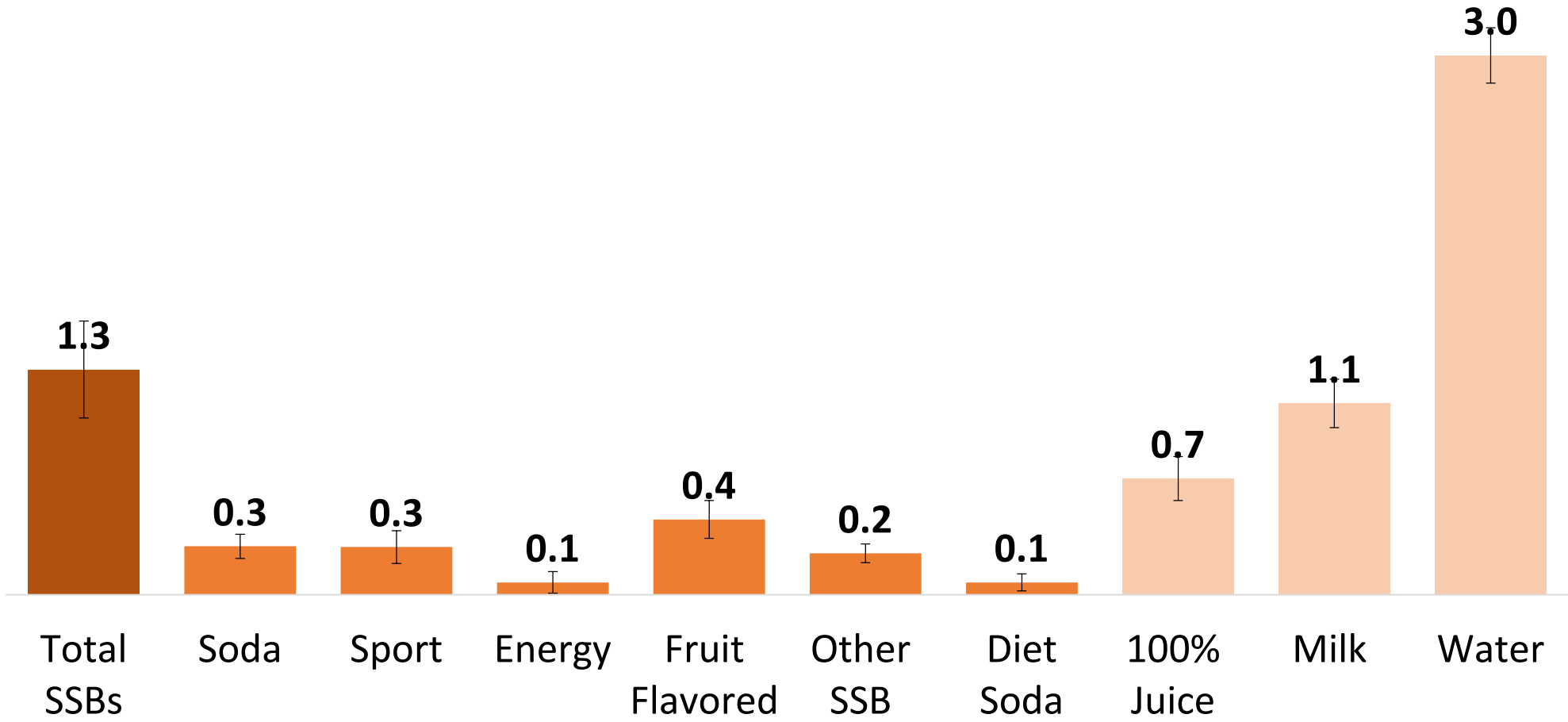
# Baseline Average Daily Consumption of SSBs by Race in BUSD Elementary School Students



\*P<0.05, \*\*\*P<0.001 statistically significant difference [ref: White]

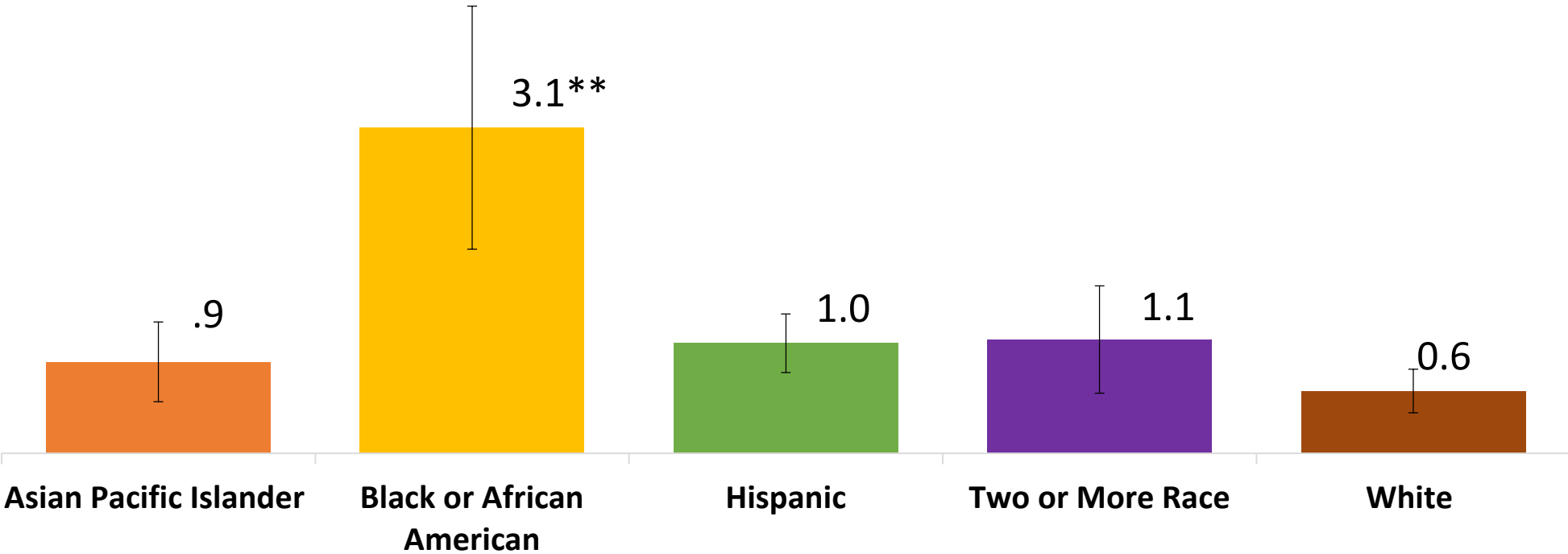


# Baseline Average Daily Consumption of SSBs in BUSD Middle School Students





# Baseline Average Daily Consumption of SSBs by Race in BUSD Middle School Students

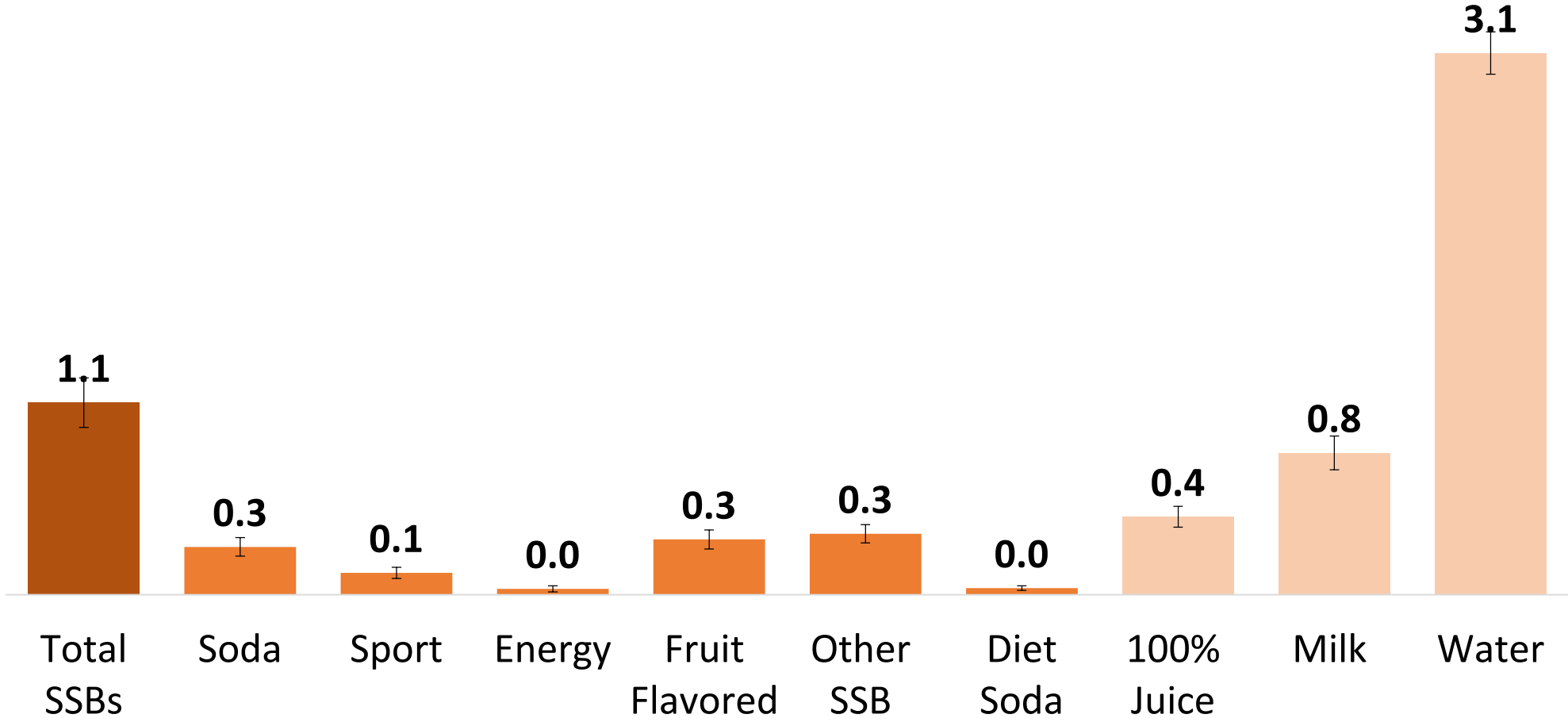


\*P<0.05, \*\*\*P<0.001 statistically significant difference [ref: White]



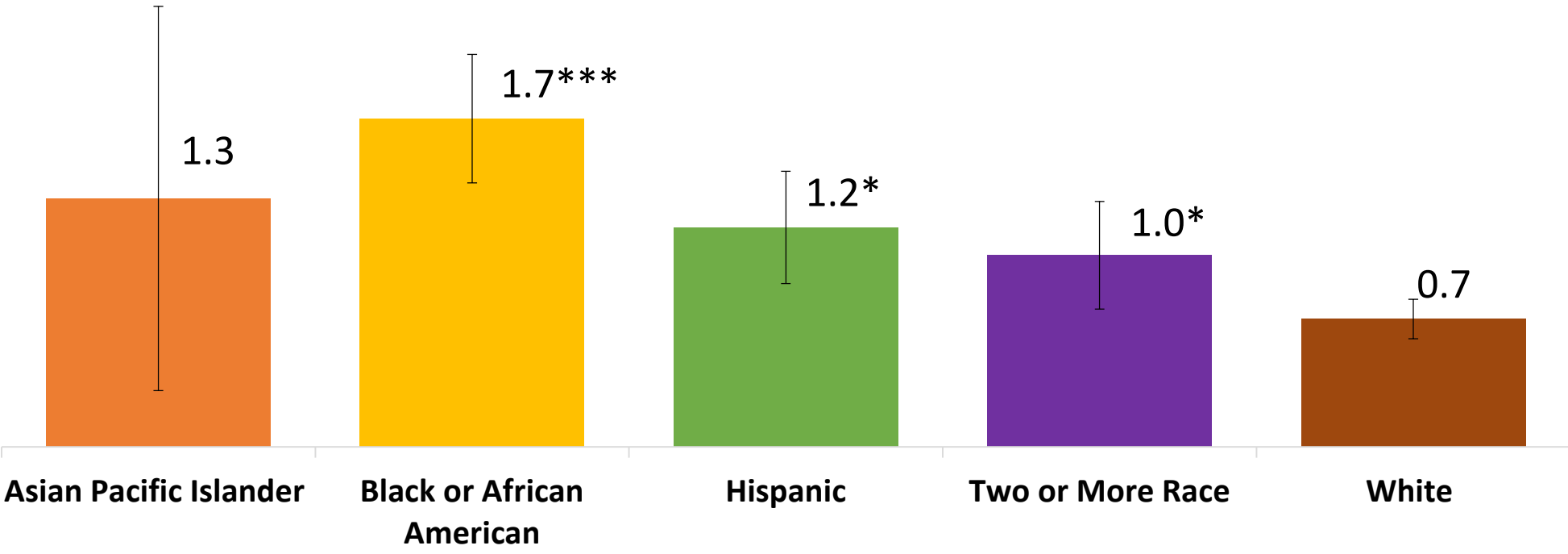


# Weighted Baseline Average Daily Consumption of SSBs in BUSD High School Students





# Weighted Baseline Average Daily Consumption of SSBs by Race in BUSD High School Students



\*P<0.05, \*\*\*P<0.001 statistically significant difference [ref: White]

# Factors Associated with Baseline Average Daily Consumption of SSBs in BUSD (all grades combined)

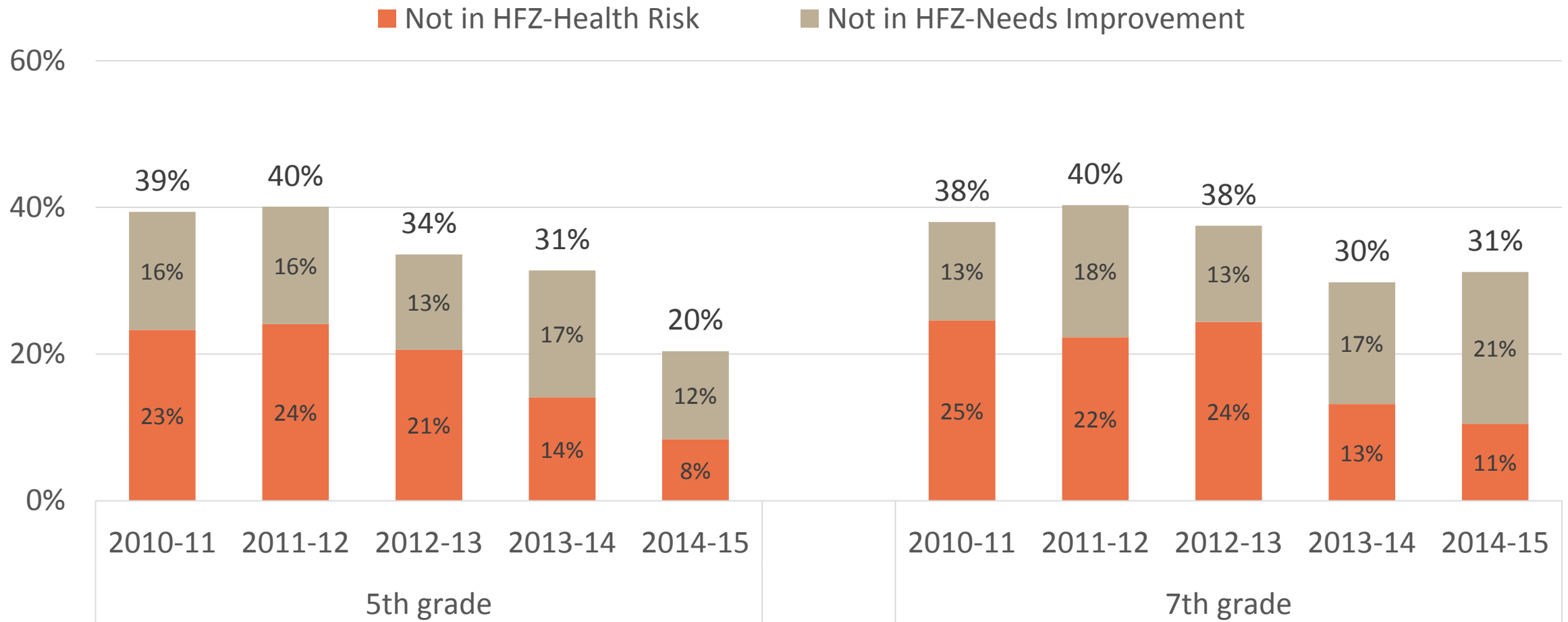
- **Multiple linear regression results**

- Average daily SSB consumption is decreasing with grade
- Average daily SSB consumption is higher among African American/Black students and Hispanic students
- Average daily SSB consumption is higher among students receiving free-/reduced-price meal

Variable	Coefficient	p-value	95% Confidence Interval
Grade	-0.09813	<0.0001	-.1479778 , -.0482824
Race/Ethnicity: Asian/PI	0.303816	0.257	-.2220003 , .8296325
Race/Ethnicity: Black/African American	1.644167	<0.0001	1.266553, 2.021781
Race/Ethnicity: Hispanic	0.358368	0.042	.0123483, .7043877
Race/Ethnicity: Two or More Races	0.058835	0.781	-.3553795, .4730497
Free-/Reduced-Price Meal	0.36417	0.013	.0756556, .652684

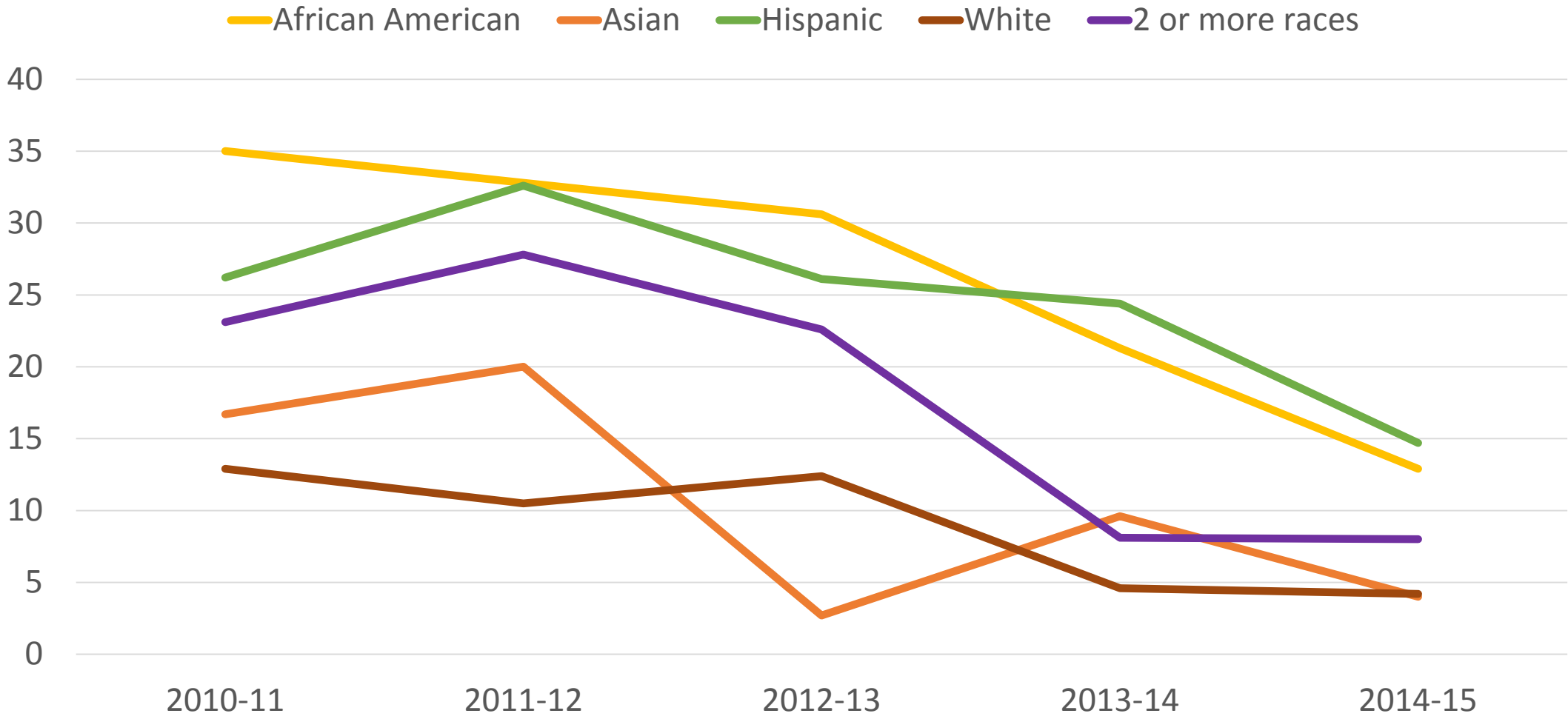


# Baseline Body Composition in BUSD, 2010-2015





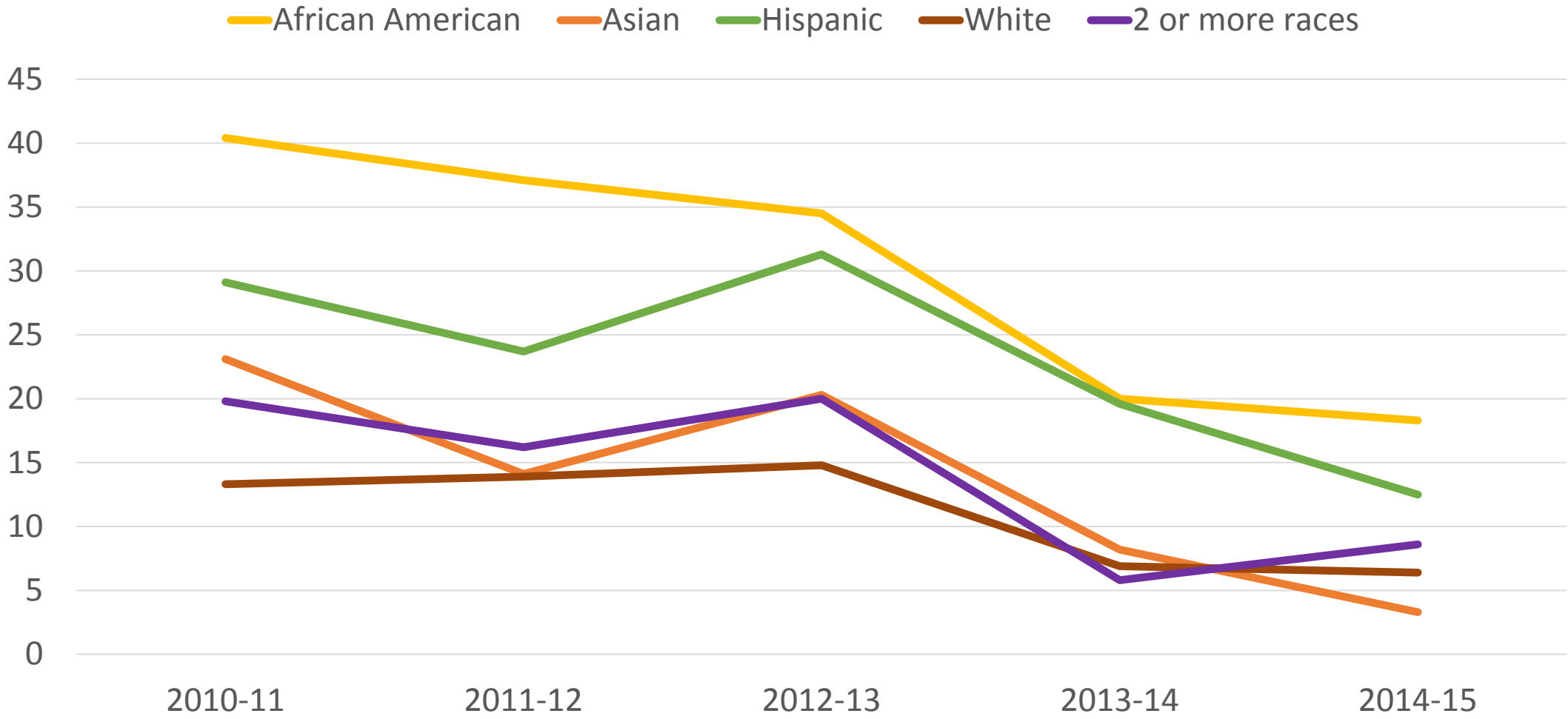
# Baseline Not in HFZ-Health Risk in BUSD 5<sup>th</sup> Grade, 2010-2015



Data source: BUSD Fitnessgram®, 2010-2015



# Baseline Not in HFZ-Health Risk in BUSD 7<sup>th</sup> Grade, 2010-2015



Data source: BUSD Fitnessgram®, 2010-2015

# Leveraging Existing Public Health Data

Data Source	Data Type	Indicators	Population
California Health Interview Survey (CHIS)	Complex Population-Based Survey	Soda consumption, BMI/Obesity, Diabetes and Hypertension Diagnosis	Adults (18+)
Emergency Department Visits, Office of Statewide Health Planning and Development (OSHPD)	Patient-level Administrative data	Visits related to Diabetes, Hypertension, CHD, Obesity, Oral Health	All Ages; Must have presented to ED
Patient Discharge Data, Office of Statewide Health Planning and Development (OSHPD)	Patient-level Administrative data	Hospitalizations related to Diabetes, Hypertension, CHD, Obesity, Oral Health	All Ages; Must have been hospitalized
Fitnessgram	School-level fitness measurement data	Body Composition	Children; BUSD 5 <sup>th</sup> and 7 <sup>th</sup> grade students
Vital Records	Death certificates	Premature death due to Diabetes, Hypertension, CHD, Obesity  Actual cause of death	All Ages

# General Limitations of Existing Public Health Data

- **Low baseline rates**
  - Consumption and other outcomes
- **Existing data sources**
  - Small numbers
  - Changes in coding schema in OSHPD data (ICD9 to ICD10)
  - Limited measures/indicators
  - Granularity of data
  - Generalizability
- **Time frame**
  - Long-term outcomes
- **Exposures**
  - Lack of exposure measures
- **Confounders**
  - Many factors associated with these outcomes, often not measured
- **Control/Comparison groups**
  - Not readily available, but are exploring options for collaborating with other LHJs

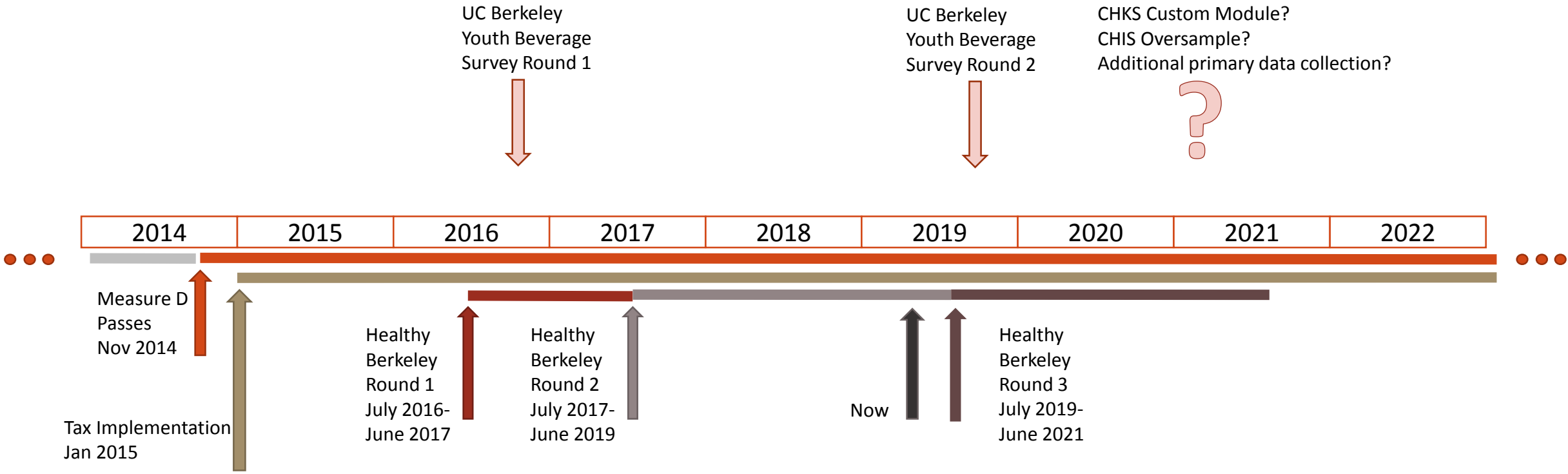


# Next Steps: Additional Data Sources

- **Repeat UC Berkeley Youth Beverage Survey**
  - Assess changes in SSB consumption, knowledge in BUSD schools
  - Planning this for Fall of 2019
- **Leverage CHKS Implementation in BUSD**
  - Biennial administration
  - BUSD has never implemented the physical health/nutrition module
  - Custom modules are relatively low cost
  - We recommend implementation of custom module as condition of funding
    - Precedent for this with BUSD in Alameda County SBHC evaluation
- **CHIS Oversample in Berkeley**
  - CHIS is the only population-based survey in AC/Berkeley assessing SSB consumption
  - City-level oversampling is very costly
- **Design a Study and Collect Own Primary Data**
  - Flexible scope and focus
  - Could establish control groups and measure variety of exposures and confounders
  - No pre-tax data available and it is costly
- **Healthy Berkeley Program Evaluation**
  - Design and implement standardized program evaluation with FY20/21 grantees
  - Would need to implement standardized tools and data collection
  - More realistic but there are limitations on program-level capacity and whether programmatic activities align



# Timeline: Measure D Evaluation



# Summary

- **Things to remember as we move forward**
  - Limitations of available population-level data
  - We are monitoring overall population trends and disparities
  - We will be repeating the UC Berkeley BUSD Youth Beverage Survey in Fall 2019
  - We will continue to plan and design this evaluation
    - Seeking out additional data sources and control/comparison group data from other LHJs
    - Refining analytic plans and strategies
    - Focus on disparities and differential impact of Measure D on most-affected sub-populations (by SES, race/ethnicity, geographic location)
    - Seeking to plan a realistic program-level evaluation for FY20/21, if possible
- **Questions, Impressions and Discussion**

# Thank you!

City of Berkeley  
Public Health Division



## Sugar-Sweetened Beverage Product Panel of Experts Commission

Thursday, March 21, 2019. 6:30 – 9:00 PM

South Berkeley Senior Center

2939 Ellis Street, Berkeley – Small Conference Room, 1<sup>st</sup> Floor

### APPROVED MINUTES

The meeting convened at 6:43 pm.

#### ROLL CALL

**Present:** Commissioners Crawford, Morales, Moore, Ishii, Namkung, Rose, and Scheider (arrived 6:51pm).

**Absent:** Commissioner Browne

**Excused:** None

**Staff present:** Kelly Wallace, Janice Chin and Dechen Tsering

#### COMMENTS FROM THE PUBLIC

No Comments.

#### ACTION ON MINUTES

**Approval of Minutes - Moved to approve the draft minutes of the meeting on 3/17/2019.**

**M/S/C:** Commissioners Morales/Rose

**Ayes:** Commissioners Crawford, Ishii, Morales, Namkung, and Rose

**Noes:** None

**Abstain:** Commissioner Moore

**Absent from vote:** Commissioners Browne and Scheider

**Recused:** None

**Excused:** None

*A Vibrant and Healthy Berkeley for All*

## **ACTION ITEMS**

- 1. Moved to approve that the SSBPPE Commission ask Berkeley City Council to send a letter to the CA State Assembly in support of AB 764, 765, 766 and express concern about AB 138 and approve two SSBPPE Commissioners to approach Councilmembers directly.**

**M/S/C:** Commissioners Schneider/Rose

**Ayes:** Commissioners Crawford, Morales, Moore, Namkung, and Rose  
**Noes:** None  
**Abstain:** Commissioner Ishii  
**Absent from vote:** Commissioner Browne  
**Recused:** Commissioner Moore  
**Excused:** None

- 2. Moved to approve that the SSBPPE Commission ask the Berkeley City Council to send a letter to the CA State Assembly expressing concerns about the lack of cultural appropriateness of AB 347 mandating SSBs contain a health-warning label that are not taking communities such as Latinx immigrant communities' impacted by the warning labels.**

**M/S/C:** Commissioners Schneider/Namkung

**Ayes:** Commissioners Crawford, Morales, Moore, Namkung, and Rose  
**Noes:** None  
**Abstain:** Commissioner Ishii  
**Absent from vote:** Commissioner Browne  
**Recused:** Commissioner Moore  
**Excused:** None

- 3. Moved to extend the meeting till 9:30pm.**

**M/S/C:** Commissioners Rose/Namkung

**Ayes:** Commissioners Crawford, Morales, Namkung, and Rose  
**Noes:** Commissioner Ishii  
**Abstain:** None  
**Absent from vote:** Commissioners Browne  
**Recused:** Commissioner Moore  
**Excused:** None

**4. Moved to extend the meeting by additional 5 minutes (till 9:35pm).**

**M/S/C:** Commissioners Namkung/Rose

**Ayes:** Commissioners Crawford, Morales, Namkung, and Rose  
**Noes:** Commissioner Ishii  
**Abstain:** None  
**Absent from vote:** Commissioners Browne  
**Recused:** Commissioner Moore  
**Excused:** None

**5. Moved to accept the proposed Council Report with final corrections, edits, and changes to be made by the Commission Chair, Dr. Poki Namkung, and to be submitted for the City Council Meeting as early as possible and no later than May 24, 2019.**

**M/S/C:** Commissioners Morales/Rose

**Ayes:** Commissioners Crawford, Ishii, Morales, Namkung, and Rose  
**Noes:** None  
**Abstain:** None  
**Absent from vote:** Commissioner Browne  
**Recused:** Commissioners Moore and Scheider  
**Excused:**

This meeting adjourned at 9:40 pm.

**NEXT MEETING:**

The next meeting will be **Thursday, April 18, 2019** from **6:30–9:00 pm** at the **South Berkeley Senior Center**, 2939 Ellis Street, Berkeley, CA 94703.

Respectfully Submitted, Dechen Tsering, Commission Secretary  
**Minutes were approved on April 18, 2019.**