San Francisco Sugary Drinks Distributor Tax Advisory Committee

MARCH 2020 REPORT

SODA TAX SF FOR HEALTH

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Dear San Francisco,

We are pleased to present to you the 3rd Annual Report of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) for 2020. Here you will find the latest data on San Franciscans' health conditions, sugary drinks consumption, food security and other factors that relate to the impacts of sugary drinks consumption in our City. This report and the SDDTAC recommendations reflect the latest data and evidence, the perspectives of our collective expertise and most importantly, the communities we each serve and represent. As co-chairs we have represented San Francisco's work nationally, while at the same time ensuring that, locally, our efforts stay true to the Committee's community and health equity values.

This year, the SDDTAC worked with the San Francisco Department of Public Health (SFDPH) staff and health campaign experts to design a public awareness campaign with the intent of informing San Franciscans of how their Soda Tax dollars making a difference throughout the City. We showcased the investment in a new kitchen for the San Francisco Unified School District (SFUSD). This kitchen will help increase fresh food preparation and encourage our students to eat more nutritious foods. We also highlighted the Healthy Retail program for supporting small local businesses in ways that help them offer fresh produce, healthier food options, and reduce the marketing of unhealthy products in their stores.

In addition to the public awareness campaign, we focused on creating sustainable structures and systems to guide future SDDT work. The three subcommittees worked in a synergistic, coordinated fashion, and always led by data and input from community members:

1. To ensure we sustain our mission, incorporate community and scientific input, and go beyond spending recommendations in strategic ways over time; our Infrastructure subcommittee lead our strategic planning process this year. Along with SFDPH staff, the SDDTAC also partnered with local experts to design an evaluation of the Request for Proposals (RFP) process to monitor and measure the impact of soda tax investment.

2. To be more intentional about how the SDDTAC disseminates information to the communities we represent and gathers community input to inform our annual funding recommendations; our Community Input subcommittee designed an outreach accountability system for the entire SDDTAC to accompany the public comment from all of our regular and subcommittee meetings.

3. To leverage the latest data and evidence, led by our Data and Evidence Subcommittee and our SFDPH committee member and staff, we implemented a monthly collaboratory (collaborative laboratory). Each month, we brought together various researchers, public health and school nutrition experts, scientists, and community members to have a multi-faceted discussion focused on the up-to-date strategies and approaches to improve either specific community health outcomes and/or to create systems change.

For the past year, we as co-chairs have had the opportunity to participate in a national initiative, convened by our partners at Healthy Food America, to meet with members of soda tax advisories from across the US monthly. This enabled further collaborative learning and an opportunity to design how our soda tax efforts could do better toward creating healthier communities for low-income and populations of color, who are hardest hit by soda industry marketing and the health impacts of their products.

This spring, the SDDTAC will elect new co-chairs. We have been honored to serve San Francisco in this capacity, as native San Franciscans, and as native Bayview Hunters Point and Mission District folks for the past three years. This work has not been easy and yet has been important and rewarding. We are thankful to the SDDTAC for investing their confidence and support in us as co-chairs. We believe that each of our colleagues on SDDTAC has the skill and integrity to perform this role. With that said, it is crucial to maintain the community leadership of the SDDTAC in order to always make recommendations that are grounded primarily in the perspectives of San Francisco communities. We hope that current and future San Francisco SDDTAC will consider nominating and electing co-chairs who are community representatives, when possible.

No matter who leads our work into 2020 and beyond, we know **the SDDTAC is committed to recommending the investments our communities care most about: equitable access to healthy food for low-income people and students; food security; access to clean drinking water; access to safe and affordable physical activity; oral health; and a built environment that ensures access to all these things.**

As always, we invite you to not just trust us, or the process, but to stay engaged in it. Please hold us, elected officials, city departments, and all soda-tax funded organizations accountable for serving the needs of San Francisco. Together, we can use the Sugary Drinks Distributor Tax to truly benefit those San Francisco's communities who are most impacted by the marketing and consumption of sugary drinks.

Joi Jackson-Morgan, MPH
Executive Director
3rd Street Youth Center and Clinic

Roberto Ariel Vargas, MPH
Associate Director
Community Engagement and Health Policy Program & Center for Community Engagement
University of California, San Francisco

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I. BACKGROUND

A. SUGARY DRINKS DISTRIBUTOR TAX LEGISLATION

In November of 2016, the voters of San Francisco approved the passage of Proposition V. Proposition V established a 1 cent per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The Sugary Drinks Distributor Tax (SDDT) is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages. The funds collected from this tax are to be deposited in the General Fund.

The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows:

> *A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains caloric sweetener and contains 25 or more calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to "soda," "pop," "cola," soft drinks" "sports drinks," "energy drinks" "sweetened iced teas" or any other similar names.*

The passage of Proposition V established two pieces of law: the Sugary Drinks Distributor Tax in Business and Tax Regulations Code and the Sugary Drinks Distributor Tax Advisory Committee (referred to in this report as "Committee") in the City's Administrative Code. The ordinance stated that the Committee shall consist of 16 voting members, who are appointed by either the Board of Supervisors or certain City departments. The powers and duties of the Committee are to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax and to submit a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee is to also provide recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

In May 2018, the SF Department of Public Health was requested to assume staffing of the Committee. The Mayor's Office formalized the change in administrative oversight of the Committee from the City Administrator's Office to Department of Public Health through a transfer of function of the Executive Branch pursuant to Sec. 4.132 of the City Charter.

Unless the Board of Supervisors by ordinance extends the term of the Committee, it shall expire by operation of law, and the Committee shall terminate, on December 31, 2028.

B. REPORT REQUIREMENTS AND PROCESS

Starting in 2018, by March 1, of each year, the Committee shall submit to the Board of Supervisors and the Mayor a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee in their report shall make recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugary drinks in San Francisco.

Within 10 days after the submission of the report, the Department of Public Health (per change referenced above) shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

C. RELATIONSHIP BETWEEN SUGARY DRINK CONSUMPTION, HEALTH, AND HEALTH EQUITY

A large body of evidence exists indicating that sugary drink consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension and heart disease.[i], [ii], [iii], [iv], [v] Although sugary drinks can contain hundreds of calories in a serving, they do not signal "fullness" to the brain and thus facilitate overconsumption.[vi] Sugary drinks are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.[vii]

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and sugary drinks to improve health. Studies show that sugary drinks flood the liver with high amounts of sugar in a short amount of time and that this "sugar rush" over time leads to fat deposits and metabolic disturbances that are associated with the development of type 2 diabetes, cardiovascular disease, and other serious health problems.[viii] Of note, every additional sugary drink consumed daily can increase a child's risk for obesity by 60%[ix] and the risk of developing type 2 diabetes by 26%.[x]

Diseases connected to sugary drinks are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary drinks. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times higher than San Francisco's overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinx and 73% of African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and African American children also have a higher prevalence than the average for cavities.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugary drinks in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugary drinks are consumed per person each year, enacted an excise tax on sugary drinks in 2014, with the result that the purchase of taxed sugary drinks declined by 12% generally and by 17% among low-income Mexicans by December 2014. The Mexico data indicate that, when people cut back on sugary drinks, to a significant extent they choose lower-caloric or non-caloric alternatives. Studies have projected that a 10% reduction in sugary drink consumption in Mexico would result in about 189,300 fewer incident type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths occurring from 2013 to 2022. This modeling predicts the sugary drinks tax could save Mexico $983 million international dollars.[vi] Following the implementation of Berkeley, California's sugary drink tax, the first in the nation, there was a 50% decline in sugary drink consumption among diverse adults over the first 3 years of the tax.[vii] Modeling suggests that a national sugary drink tax that reduced consumption by just 20% would avert 101,000 disability-adjusted life-years; gain 871,000 quality-adjusted life-years; and result in $23.6 billion in healthcare cost savings over just 5 years. The tax is further estimated to generate $12.5 billion in annual revenue. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of sugary drinks, which in turn can reduce the burden of chronic disease.

D. SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

The Committee shall consist of the following 16 voting members:

- **Seats 1, 2, and 3** shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.

- **Seats 4 and 5** shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

- **Seat 6** shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.

- **Seat 7** shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.

- **Seats 8 and 9** shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

- **Seat 10** shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.

- **Seat 11** shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.

- **Seat 12** shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.

- **Seat 13** shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.
- **Seat 14** shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.
- **Seat 15** shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.
- **Seat 16** shall be held by a person with experience or expertise in services and programs for children ages five and under, appointed by the Board of Supervisors.

Sugary Drinks Distributor Tax Advisory Committee

Seat 1	BOS Appointment - Health Equity- Latino/Chicano/Indigena	Vanessa Bohm
Seat 2	BOS Appointment - Health Equity – Asian/Pacific Islander	John Maa
Seat 3	BOS Appointment - Health Equity – Black/African American	Joi Jackson-Morgan
Seat 4	BOS Appointment - Research/Medical Institutions	Roberto Ariel Vargas
Seat 5	BOS Appointment - Research/Medical Institutions	Jonathan Butler
Seat 6	BOS Appointment - Youth Seat	Aaron Kunz
Seat 7	Office of Economic and Workforce Development Appointment	Jorge Rivas, resigned 12/2020; replaced by Larry McClendon
Seat 8	Board of Education Appointment - San Francisco Unified School District	Saeeda Hafiz
Seat 9	Board of Education Appointment - San Francisco Unified School District	Lauren Heumann
Seat 10	Department of Public Health Appointment - SF Department of Health – Chronic Disease	Rita Nguyen
Seat 11	Department of Public Health Appointment - Oral Health	Irene Hilton
Seat 12	Department of Public Health Appointment - Food Access/Security	Shelley Dyer
Seat 13	Department of Children Youth and Their Families Appointment	Michelle Kim
Seat 14	Recreation and Parks Department - Appointment	Linda Barnard
Seat 15	BOS Appointment - SFUSD Parent Advisory Council	Janna N. Cordeiro
Seat 16	BOS Appointment - Children 0-5 Years Old	Derik Aoki

E. SUGARY DRINKS DISTRIBUTOR TAX REVENUE & REVENUE PROJECTIONS

The City and County of San Francisco operates on a July-June fiscal year (FY). Each year the Mayor and Board of Supervisors pass a rolling, two-year budget, with the second year becoming the first year of the next budget cycle; similarly, the Committee makes rolling, two-year recommendations.

SDDT Revenues

The Treasurer and Tax Collector collects the revenue and the Controller's office reports the revenues (to track revenues go to www.sfdph.org/sddtac). Tax collection began January 1, 2018. Between January 2018 – February 2020 for a total of $31,891,764.

SDDT REVENUE HISTORY

FY 2017- 2018 This figure represents 6 months, January 2018-June 2018	$7,911,731
FY 2018-2019 July 2018-June 2019 *represents updated figure from 2019 Annual Report	$16,097,908*
FY 2019 – 2020 This figure represents 8 months: July 2019 - February 2020	$7,882,125
Total	$31,891,764

Revenue Projections

In 2018, the Controller's Office projects that in the upcoming five fiscal years (through FY 2023-24), the SDDT is expected to raise $15-16 million annually.

FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
16,000,000	16,000,000	15,000,000	15,000,000	15,000,000

After voter-mandated set asides (about 22%), the available amount of SDDT revenue is $11.6 million. The Board of Supervisors appropriated $1.2 million of the $11.6 million in ongoing "Healthy Addbacks" during the FY 17-18 budget process, which nets to $11.2M and $10.3M available for Committee recommendations in FY2020-21 and FY2021-22 respectively.

II. SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE RECOMMENDATIONS

A. SDDT ADVISORY COMMITTEE PROCESS

The Committee meets monthly with the Department of Public Health (DPH) serving as backbone staff. In addition to the full monthly Committee meetings, many Committee members participated in one or two subcommittees. The three subcommittees continued their work from the previous year: Data and Evidence, Community Input, and Infrastructure. Each subcommittee gathered input from experts, stakeholders, community groups, and sugary drink tax advisors from other cities. The full Committee also heard community input at meetings and each subcommittee was encouraged to incorporate public feedback in its recommendations. The Committee's recommendations were informed by scientific data and evidence; community input via community focus groups, as well as learnings from other jurisdictions that have implemented similar taxes.

The Co-Chairs also conducted meetings with the Mayor's office and members of the Board of Supervisors to describe the process for developing recommendations and to describe our strategies in more depth. Additionally, they participated along with backbone staff in national conference calls with representatives of other jurisdictions that have passed sugary drink taxes. For the past year, the Committee's co-chairs represented San Francisco in a national initiative, convened by our partners at Healthy Food America, to meet with members of soda tax advisories from across the US monthly. This enabled further collaborative learning and an opportunity to design how our soda tax efforts could do better

toward creating healthier communities for low-income and populations of color, who are hardest hit by soda industry marketing and the health impacts of their products.

The Committee is tasked with making two-year budget recommendations to coincide with the City's two-year budget cycle every year. The Committee expects new information will emerge during the course from funded organizations, ongoing community input, new data and evidence, etc. that will inform potential changes to its second year budget recommendations. For example, this year the Committee is making recommendations for expenditures in FY20-21 and FY21-22. The Committee will re-evaluate its FY20-21 recommendations at the end of 2020 and may make changes, if deemed appropriate, for its final FY21-22 recommendations in early 2021.

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee continues to recommend that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco.

The Committee voted on February 19, 2020 to make the funding recommendations for FY2020-21 and FY2021-22 as described in the recommendations section.

SUBCOMMITTEE REPORTS

Data and Evidence Subcommittee

The mission of the Data and Evidence Subcommittee is to review, analyze and share research within the context of our San Francisco communities to help inform and support the work of the Sugary Drinks Distributor Tax Advisory Committee.

The duties of the subcommittee are to:

- Collect and review research and data that would be helpful to the work of the committee;
- Help inform and support efforts to analyze the impact of the SDDT on sugary drink pricing, public health, and consumer purchasing behavior; and
- Help inform efforts to evaluate programs and work funded by SDDT.

The following members of the SDDTAC were active members of the Data and Evidence Subcommittee during the development of this report:

Jonathan Butler, (Seat 5: research/medical institution), Data and Evidence Subcommittee Chair
Joi Jackson-Morgan, (Seat 3: Health equity Black/African American), SDDTAC Co-Chair
Roberto Vargas, (Seat 4: research/medical institution), SDDTAC Co-Chair
Saeeda Hafiz, (Seat 8: San Francisco Unified School District)
Irene Hilton, (Seat 11: DPH oral health)

The Data and Evidence Subcommittee met monthly with a total of thirteen meetings between March 2019–February 2020:

March 13, 2019
April 10, 2019
May 8, 2019
June 12, 2019
July 10, 2019
August 14, 2019
September 11, 2019
September 18, 2019
October 9, 2019
November 13, 2019
December 11, 2019
January 8, 2020
February 5, 2020

The Data and Evidence Subcommittee accomplishments include:

1. Created a work plan that identifies subcommittee tasks in alignment with the goals of the SDDTAC.
2. Provided a list of guest speakers to co-chairs for SDDTAC presentations.
3. Provided critical feedback to Harder and Co. on evaluation framework and plan.
4. Reviewed evaluation plans, needs, and funding.
5. Reviewed and presented the most recent literature on health disparities and factors that contribute to health disparities.
6. Invited speakers to present on relevant research to the SDDTAC.
7. Created a grid on cross-sectional priorities between the SDDTAC work and Our Children and Our Families (led by subcommittee member, Saeeda Hafiz)
8. Voted to approve the data report.
9. Reviewed and discussed SDDTAC strategic plan.
10. Reviewed and provided feedback for SDDT funded grantees matric overview.

11. Reviewed and on SDDT FY 19-20 & FY 20-21 & FY 21-22 budget and made recommendations for the SDDTAC.
12. Contacted scientists/researchers to provide guidance on recent literature and interventions related to SSB (led by subcommittee member and SDDTAC co-chair, Roberto Vargas)

Subcommittee members who presented on research topics related to the SDDTAC's work:

April 10, 2019—Dr. Irene Hilton (oral health)
May 8, 2019—Roberto Vargas (water equity)
June 12, 2019—Saeeda Hafiz (physical activity)

Forthcoming presentations:

Dr. Jonathan Butler (Community-based Participatory Research)
Dr. Rita Nguyen (SSB policy)
Joi Jackson Morgan (healthy eating/food security)

Future Considerations for the Data & Evidence Subcommittee:

The Committee has requested the data and evidence subcommittee to research and provide recommended strategy for educational investments across lifespan, specifically scholarships and other supports in higher education in health field for SDDT priority populations. The Data and Evidence Subcommittee remains committed to helping inform the Committee recommendations with objectiveness and dedication to evidence-based scientific information in the context of community through the remaining time of the SDDTAC on behalf of all the residents of the City and County of San Francisco.

COMMUNITY INPUT SUBCOMMITTEE

The mission of the Community Input Subcommittee is to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the Committee, so that impacted populations can inform the decisions of the full committee. This subcommittee recognizes the disproportionate health burdens felt by communities of color and low-income communities and the need to have members of these communities actively participate in shaping funding recommendations for strategies, approaches and services that

contribute to decreasing the consumption of sugary drinks for those most impacted, as well as all San Franciscans. This subcommittee also recognizes the necessity for the Committee to create mechanisms by which information about the recommendation process and the implementation of the SDDT can be communicated to members of the public, including disproportionately impacted communities. With this as our guiding perspective, the Community Input Subcommittee worked in partnership with the Department of Public Health (DPH), who provided backbone staffing for the Committee, to support and give feedback related to community engagement and outreach efforts.

The duties of this subcommittee are to:

1. Evaluate the funding process and extent to which the intent of the original recommendations are implemented through community input;
2. Make recommendations to full committee for any needed improvements to next round of recommendations/funding process based on community input;
3. Advocate for SDDT funded organizations to get the support they need; as well those who may need support responding to calls for proposals;
4. Solicit input from the community about SDDTAC recommendations and related processes;
5. Advocate for community engagement activities such as Town Hall meetings, be present at such events, and report back to the committee;
6. Recommend the addition of public engagement component be a part of the funding process:
7. In collaboration with the Infrastructure Subcommittee, develop a process for some funded organizations to report out to the Committee and the public what they have done or what they intend to do; and
8. Oversee strategic outreach to communities.

The following members of the Committee were active members of the Community Input Subcommittee during the development of this report:

Vanessa Bohm, (Seat 1: Health equity – Latino/Chicano/Indigena), Community Input Subcommittee Chair (Leave beginning October 2019; Returning February 2020)
John Maa, (Seat 2: Health equity - Asian/Pacific Islander)
Joi Jackson-Morgan, (Seat 3: Health equity - Black/African American), SDDTAC Co-Chair
Aaron Kunz, (Seat 6: Youth Seat) Interim Community Input Subcommittee Co-Chair
Lauren Heumann, (Seat 9, San Francisco Unified School District)
Shelley Dyer, (Seat 12: DPH food access/food security)
Janna Cordeiro, (Seat 15: SFUSD Parent Advisory Council) Interim Community Input Subcommittee Co-Chair

All members of the subcommittee have extensive work experience with diverse communities disproportionately impacted by the consumption of sugary drinks and have expert knowledge on important issues and concerns affecting these communities. As a result, subcommittee members are well positioned to inform recommendations for community engagement and outreach efforts.

The Community Input Subcommittee has met 12 times between March 2019 – February 2020:

March 15, 2019	July 10, 2019	Nov 13, 2019
April 19, 2019	Aug 14, 2019	Dec 11, 2019
May 17, 2019	Sept 11, 2019	Jan 8, 2020
June 12, 2019	Oct 9, 2019	Feb 5, 2020

Each meeting was approximately two hours in length. Agenda items included:

1. developing recommendations to the full committee on utilization of this year's funds for community engagement;
2. recommending a process change to the full committee to ensure members of the public can fully participate in public comment opportunities;
3. Developing an accountability tracker and framework for the full committee to identify how each member is gathering input and reporting back to communities they represent;

4. providing input to Harder + Company for the process evaluation of the Community Grants RFP process;
5. participating in the idea generation and feedback to Civic Edge for the design of the media campaign;
6. participating in the strategic planning process;
7. reviewing and discussing FY 20-21 and FY 21-22 funding recommendations; and
8. discussing and developing the subcommittee's report for the Committee's 2020 Annual Report. In addition, subcommittee members reported to and gathered community input from various community stakeholders to inform the Committee's work.

2019 Community Input Accomplishments

After the extensive community outreach efforts conducted by DPH in 2018, the focus of 2019 was on implementing the recommendations gathered from community into the Community Grants RFP process; evaluating the Community Grants RFP process; ensuring transparency and accountability among committee members; and developing a media campaign to communicate to San Franciscans how SDDT funds are being invested. The committee continued to emphasize the importance of making all our meetings accessible and open to the public and to developing meaningful and creative mechanisms to communicating how SDDT funds are being utilized to support those communities most targeted by the beverage industry. The subcommittee reviewed the work of DPH and the various contractors to ensure that community input was integrated into all of the work.

Considerations for Future Community Input Opportunities

The Community Input Subcommittee continues to be committed to ensuring the bidirectional flow of information between communities most impacted by the harms of sugary drinks and SDDTAC. Our work for 2020-2021 includes the following:

- Providing guidance to the media campaign efforts promoting the investments and success stories of the SDDT funds so that communities impacted are effectively reached by these efforts;
- Recommending how community engagement funds be spent;
- Providing recommendations for future Community Grants RFP Processes;
- Continuing to ensure community members are aware of our meetings, feel welcomed and understand the opportunities for community input;

- Building in more opportunities for input from youth which may include going to youth-led events organized by SFUSD;
- Advocate for ongoing report backs from funded organizations on how SDDT funds are being used;
- Ensure SDDTAC utilization of the accountability tracker and framework to increase transparency about efforts to solicit input from the community by committee members; and
- Continue to host Subcommittee meetings in the community when possible.

Infrastructure Subcommittee

The mission of the Infrastructure Subcommittee is to ensure needed staffing and resources are in place to support the functioning, administrative, and evaluation needs of the Committee and Subcommittees.

The duties of this subcommittee are to:

1. Provide recommendations regarding the infrastructure resources needed to support implementation of the SDDT which includes infrastructure to:

    a. Provide administrative and operational support to the Committee and its Subcommittees
    b. Support coordination across City departments and funded agencies.
    c. Ensure community engagement so that Committee recommendations are developed and implemented in partnership with community
    d. Track the economic impact of the tax on small businesses and larger corporations
    e. Support evaluation of funded City agencies and programs
    f. Support the creation of an annual report
    g. Support CBOs and FBOs to respond to City RFPs related to SDDT funds
    h. Help merchants comply with the tax

2. Ensure the full Committee is updated regularly on the progress of implementation and has opportunities to provide input as needed

3. Provide guidance/recommendations in the Committee's media relationships/ communications, ensuring alignment and consistency of messaging

4. Provide regional representation with other cities with sugary beverage taxes, regularly reporting back to Subcommittee and full Committee

5. Contextualize the work of the Committee within City Department systems and processes

The following members of the Committee were active members of the Infrastructure Subcommittee during the development of this report:

Michelle Kim (Seat 13 - Department of Children, Youth & Their Families), chair of Infrastructure Subcommittee, September 2019-present)
Rita Nguyen (Seat 10 - Department of Public Health, Chronic Disease), chair of infrastructure subcommittee March 2019-August 2019
Derik Aoki (Seat 16, Children 0-5 Years Old)
Linda Barnard (Seat 14, Recreation and Parks Department)
Jorge Rivas (Seat 7, Office of Economic and Workforce Development), resigned as of December 18, 2019
Larry McClendon (Seat 7, Office of Economic and Workforce Development), member as of February 4, 2020
Roberto Vargas (Seat 4 - Research/Medical Institution), resigned as of August 6, 2019

Since the release of the last year's annual report, the subcommittee met monthly between March 2019-February 2019 for approximately 2 hours each.

March 6, 2019	July 2, 2019	December 3, 2019
April 3, 2019	August 6, 2019	January 7, 2020
May 7, 2019	October 1, 2019	February 4, 2020
June 4, 2019	November 5, 2019	

Topics for these meetings consist of the following:

(1) reevaluating committee membership including minimum number of members and change of chairs;

(2) recommendations for funded agency report backs to SDDTAC; including timeline and proposed questionnaire

(3) recommendations on media campaign budget and workplan;

(4) reviewed and edited an accountability framework to document the level of community engagement of each SDDTAC representative based on the interests of their constituencies;

(5) recommendations on strategic planning consultant selection and planning process, including budget, workplan, and working with consultants to create a strategic plan document

(6) the Infrastructure Subcommittee has also dedicated time to prepare for the March 2020 report by reviewing FY 20-21 and FY 21-22 funding recommendations.

In addition, Subcommittee members have spent additional time outside of the Infrastructure Subcommittee to check-in with DPH regarding infrastructure needs, participate in regional media campaign meetings with other cities with sugary drink taxes, provided input in the strategic planning process, and provide input on branding and a media campaign geared toward retailers.

Future Considerations for Infrastructure Subcommittee

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not robust. It can be difficult to recognize changes in nutrition, food security, physical activity, and diet-sensitive chronic disease. Thus the Committee has made recommendations to support data and evaluation infrastructure to better understand the impact of the SDDT especially on the communities most affected by the impact of sugary beverages. In addition, infrastructure subcommittee will ensure the completed versions of strategic plan is incorporated in future work plans. The Infrastructure Subcommittee will explore a process or a policy around how the SDDTAC Committee can address emerging needs, such as the COVID-19 pandemic.

B. SDDT ADVISORY COMMITTEE PRINCIPLES AND STRATEGIC PLANNING PROCESS

In September 2019, the Committee hired Raimi & Associates for the creation of the Committee's strategic plan. The Strategic Plan process incorporated the Committee's existing values and principles to ensure that their mandate (SDDT funding recommendations and SDDT impact evaluation) is intentional and targeted toward the priority populations most impacted by sugary sweetened beverage consumption.

Strategic Plan

The Committee's strategic plan will guide their annual recommendations to the Mayor and Board of Supervisors. Key elements of the Committee's strategic plan are as follows, which includes a focus on the following priority populations:

PRIORITY POPULATIONS:

- Low-income San Franciscans
- Black/African American, Pacific Islander, Native American, Latinx, Asian communities
  - Populations disproportionately affected by diet sensitive chronic diseases (such as type 2 diabetes, obesity, heart disease, and/or tooth decay)
- Children and youth 0-24 years old

MISSION: The SDDTAC makes funding recommendations that support services and other innovative, community-led work to decrease sugary beverage consumption and related chronic diseases.

VISION: San Francisco improves health, eliminates health disparities, and achieves equity through effective services and changes to the environment, systems, and policies.

VALUES: SDDTAC is committed to:

- Supporting community-led and culturally relevant work.
- Building strong collaborations and partnerships.
- Prioritizing results and long-term impacts.
- Eliminating structural inequities and achieving equity.

SDDTAC Goals: 1. Healthy People! and **2.** Healthy Places!

SDDTAC Impact: Eliminate health disparities and achieve equity, especially among priority populations.

SDDTAC Outcomes – all outcomes will focus on priority populations

Community and Economic Outcomes

- Increase in hiring
- Increase in food security
- Increase in access to clean drinking water
- Increase in workforce development

Health Outcomes

- Decrease in diet-related chronic diseases (e.g. dental caries, heart disease, hypertension, obesity, stroke, Type 2 Diabetes)

Behavioral Outcomes

- Decrease in sugary drink consumption
- Increase in tap water consumption
- Increase in fruit/vegetable consumption
- Increase in breastfeeding
- Increase in physical activity

Original SDDTAC Principles

The original rationale for the Committee's values and principles, upon which the strategic plan was largely based, follows.

The Committee has focused on addressing health inequities and disparities because low-income communities, communities of color, and others have historically suffered disproportionately. Despite the belief that health inequities are caused by individual behaviors, these inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create grossly unequal conditions in which people live. The cumulative impact of living under these oppressive systems, and the consistent trauma that is experienced as a result, leads to not only poor physical health but also poor mental health, including depression, anxiety, post-traumatic stress, substance abuse and addiction.

The City of San Francisco is not an exception but a reflection of these entrenched inequities and health disparities among low-income, communities of color and other discriminated groups. Data shows that within San Francisco these populations experience the highest rates of chronic diseases such as type 2 diabetes, obesity, heart disease and tooth decay. These same communities have the highest concentration of sugary beverage consumption and are disproportionately targeted by aggressive and exploitative marketing campaigns by the soda and sugary drinks industry. It is also the case that San Francisco is one of the cities in which the wealth gap between rich and poor is growing the fastest. The top 5% of the City's wealthiest make 16.6 times more than the middle class (middle 20 percent) and even greater in comparison to the City's poorest.[xiii]

It is imperative to address poverty and social exclusion as a root cause of health inequities while also working to address social determinants of health, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, among others. In addition, it is necessary to address health disparities from holistic approaches such as bio-psycho-social models and mind, body, spirit models that take into account the whole person and the communities in which they live.

For these reasons, the Committee prioritizes the majority of funds to be directed toward community-led initiatives. In this vein, the following strategies and approaches should be prioritized in the implementation of initiatives funded by the Sugary Drinks Distributor Tax:

a. **Community-Led & Informed.** Funded activities should value and involve communities in determining how activities are shaped and implemented in advancing health outcomes. Community-led and informed activities incorporate vision and priorities created by the people who live in a particular geographic community, put local voices in the lead, build on local strengths, and collaborate across sectors in intentional and adaptable ways that build community power and works to address root causes of inequities. Community-based organizations and faith based organizations have concrete ties to community members, demonstrated experience working in target communities, and have staff and governance that reflect those they serve. Community-based programs and services are also community endorsed and evidence- or practice-based.

b. **Culturally Relevant.** Funded activities should be shaped and informed by languages, cultural practices, traditional knowledge, perspectives, and expressions that reflect the communities and populations targeted by the activities, including being multi-cultural and multi-generational.

c. **Peer-Led/Promotora Approach.** Funds should support activities that incorporate peer led and/or promotora (community health worker) led interventions. Peer/promotora led approaches value community members as vehicles for promoting and enhancing change among peers by educating and sharing information with those who share the same language, culture, ethnicity and life experiences as them. By doing so, peer educators/ promotoras are able to remove barriers to information and services. They are natural advocates and committed to equity and social justice.

d. **Implementation provides training and employment for target community members (Workforce Development).** Activities should support development opportunities that lead to increased employability and employment, including but not limited to local hiring, job readiness training, skill and capacity building, career path development, and entrepreneurial opportunities.

e. **Collaborations & Partnerships.** Funding should support existing and new community-based partnerships and collaborations that leverage resources in order to increase capacity, effectiveness and impact of strategies, programs and services.

f. **Leadership Development.** Funding should support activities that promote the development of skills and capacity of community members to become more effective leaders in their communities; enhance leadership skills to create and implement purposeful desired community change; and build capacity of community members to work effectively with a broad range of community issues

g. **Accessible - Free & Low Cost Services.** Funding should support programs and activities that offer free and/or low-cost services to target populations to ensure accessibility and engagement with community members

h. **Intersection of Strategies and Program Areas.** Funding should support activities that incorporate multiple strategies or program areas that represent holistic approaches addressing health disparities and inequities

i. **Promotes long term policy, systems, or environmental change.** Funding should support policy, systems and environmental changes that go beyond programming and focus on the systems that create the structures in which we work, live, learn and play. Adopting a Policy, Systems & Environmental (PSE) change approach can help create sustainable, comprehensive measures to improve community health. PSE can enrich and expand the reach of current health preventive efforts and engage diverse stakeholders around the goal of improving health.

C. SDDT MEDIA CAMPAIGN

In FY 19-20, DPH contracted with Civic Edge Consulting, lowercase productions and Circlepoint to develop an educational marketing and advertising effort to help San Franciscans better understand the benefits of the Sugary Drinks Distributor Tax (SDDT) and promote healthy behaviors.

Strategy

Although the final city allocations did not include the Committee's requested $680K for media, there was nearly $500k from FY17-18 and FY18-19 to be spent by June 30, 2019 on a media campaign. Initially, the $495K budget was to be spent as follows:

1. Nearly $300K to Civic Edge to develop strategy and project management and design (lowercase productions) which included collateral, website, messaging, etc.
2. $198K to Circlepoint for media buys.

The SDDTAC made it clear that getting a media campaign out the door was a priority. DPH staff worked with the media team on an aggressive timeline to implement a two-phased campaign that would put materials out in the public by Fall 2019; revising it based on feedback and analytics; and then releasing a new and improved phase 2 of the campaign.

It became clear that these artificial timelines were not creating space for community engagement and feedback. In September 2019, Civic Edge held a focus group of 10 San Francisco residents who represented the Committee's priority populations and who were largely unfamiliar with the workings of the SDDT. To incentivize participation, each focus group participant was given a $100 Visa gift card and either a $20 cash travel stipend or rides to the focus group and home afterwards, arranged by Civic Edge.

Five focus group findings [see appendix A] were key to shifting the approach for the media campaign:

1. Community wants to know the benefits of the tax and how to access services.
2. Authenticity is key – use actual community members in the images.
3. Engagement needs to be personal. Pop-ups and in-person opportunities are important (if not more important) than a broad advertising campaign.
4. Community prefers information from trusted community sources.
5. There is a still a need among merchants for materials to better help them explain the SDDT.

The DPH Communications Team expressed concern about spending SDDT funds to share how SDDT funds were being spent as opposed to focusing on health impacts. After synthesizing the feedback, the campaign strategy shifted significantly. Rather than a campaign focused on large media buys such as billboards or radio, the campaign would:

- Feature real community members
- Come from trusted community sources (community posters, community organization social networks, events and workshops, etc.) with real touch points and in person outreach.
- Educate people about what has been funded and how to access services.

Deliverables

By June 30, 2020, key deliverables of the SDDT Media effort will include:

- **Messaging –** logo, posters, post cards, social media toolkit, FAQs, flow chart
- **Website and Online Tool –** SFSodaTax.org will be hosted on SFDPH website to house information about the SDDT, SDDT funded program highlights, and other key resources. A separate online tool will be linked from the website that will provide information about SDDT funded programs that are open for enrollment.
- **Outreach –** Once collateral and online tool is finalized, the media team will host pop up outreach events at various locations in communities targeted by the industry. The purpose of these events is to educate community about the benefits of the SDDT, the programs it has funded, and have them engage with the online tool to discover programs of interest that are accepting enrollment. These outreach events will be fun and engaging and reinforce the promotion and education that is happening concurrently with the CBO partnerships.

- **Media –** Focus on transit and community posters
- **yCBO Partnerships –** The goal of the SDDT Community Based Education Stipends is to increase awareness about the programs funded by the SDDT among priority populations in SF. The media team (DPH staff, Civic Edge, Circlepoint) selected 10 CBOs to receive $10,000 stipends based on the priority populations they serve, their social media reach, and the creativity/sustainability of the projects they proposed in their applications.

1. 18 Reasons
2. 3rd St. Youth Center and Clinic
3. Carnaval
4. Gum Moon Residence Hall
5. Imprint City
6. Jamestown Community Center
7. Mission High School
8. Parents for Public Schools
9. Ultimate Impact Inc.
10. SF Islamic School

These CBOs will implement a social media toolkit, promote the online tool to a minimum of 300 people in their community, and attend and promote a media event in June 2020 to celebrate their work in June. Additionally, some of the CBOs will attend and implement a train-the-trainer workshop on sugar science and industry tactics and/or host an event on sugary drinks or water promotion or another creative idea that they propose.

- Merchant support plan – Media Team to work closely with the Mayor's Office of Economic and Workforce Development to identify further how to support merchants enacting the Sugary Drinks Distributor Tax. This includes refining educational pieces to best fit the needs of merchants and their customers, establishing the best format for educational pieces (postcards, stickers, etc.), and a simple way for merchants to request materials and have them delivered.

Timeline

- 2) develop tools and communications about tax process; and 3) supply SDDTAC with talking points and tools to use for merchant to give to consumers and consumer audiences, policy makers, etc. The goal of this effort was to build merchant and committee capacity, highlight benefits of the tax and subcommittee provided feedback for draft campaign concepts.
- September-November 2018 – 510 Media drafted talking points and a merchant tool for committee review
- December 2018 – DPH shared draft merchant tool and received more feedback on talking points.
- March 2019 –In their 2019 annual report and recommendations, SDDTAC recommends $680,000 for a media campaign to focus on storytelling to convey the impact of the tax on a local, regional level, and the local piece must include merchant communication.
- May 2019 – Concluded work with 510 Media. Convened an Ad Hoc committee to help with selection and priorities for media campaign (Joi, Vanessa, Jorge, Saeeda, Janna, Jonathan, Aaron).
- August 2019 - DPH contracts with Civic Edge Consulting, lowercase productions and Circlepoint to develop a media campaign that will show the impact of the tax and promote healthy behaviors.
- September 2019 – Focus group of 10 diverse SF residents who represent SDDT priority populations.
- October 2019 – Civic Edge leads message and logo development
- November 2019 – Photo shoots and design. Given feedback from the focus groups and DPH Communications and Policy and Planning, DPH staff shift the budget away from large media buys (billboards, media spots) to focus on community posters, post cards, transit ad space, social media tool kits and pop up engagement activities to engage with community in a meaningful way and to increase impact by linking them to programs funded by the SDDT.
- December 2019 – finished photo shoots. Tagline changed from "SF Soda Tax @ Work" to "SF's Soda Tax Supports…"
- January 2020 – DPH and Media Team (Civic Edge and CirclePoint) issued call for applications to put $100K formerly for ad buys into community-based organizations to implement social media toolkits, promote online tool, and attend a media event in June. Orgs will also attend and host a train the trainer or host an event for sugary drink education.

- February 2020 – Mayor's Office approves use of logo for grantees. 10 CBOs begin implementing social media posts.
- March 2020 – ongoing development of website, online tool, and collateral material. Civic Edge will propose outreach plan with engagement opportunities with community.
- April-June 2020 – roll out of media placements in and on transit and community posters, continue outreach opportunities, CBO partnerships and event,
- July 2020 – final report and file transfer to SFDPH; final presentation to SDDTAC and subcommittees, as needed.

D. SDDTAC BUDGET RECOMMENDATIONS FY2020-21 AND 2021-22

Budget descriptions follow

	FY1-20-21	FY21-22	%	Department
COMMUNITY-BASED GRANTS				
Health education, food security, physical activity	$3,260,000	$3,260,000	29%	DPH/CHEP
CBOs working with SFUSD	$300,000	$300,000	2.7%	DPH/CHEP
Media	$250,000	$250,000	2.2%	DPH/CHEP
Community engagement	$50,000	$50,000	0.4%	DPH/CHEP
Capacity Building Grants	$470,000		4.2%	DPH/CHEP
TOTAL COMMUNITY BASED GRANTS	**$4,330,000**	**$3,860,000**	**39%**	

	FY1-20-21	FY21-22	%	Department
SAN FRANCISCO UNIFIED SCHOOL DISTRICT				
School Food, Nutrition Ed	$1,000,000	$1,000,000	9%	SFUSD via DCYF
Student Led Action	$500,000	$500,000	4%	SFUSD via DCYF
Student Led Media Coordinator	$250,000	$250,000	2.2%	SFUSD via DCYF
SFUSD Kitchen/Food Infrastructure Upgrade	$330,000		2.9%	SFUSD via DCYF
College Scholarships in Health Field for Priority Populations		$150,000		
TOTAL SFUSD	**$2,080,000**	**$1,900,000**	**19%**	
FOOD ACCESS				
Healthy Food Purchasing Supplement	$1,200,000	$1,200,000	11%	DPH/PHD
Healthy Retail	$150,000	$150,000	1.3%	OEWD
TOTAL FOOD ACCESS	$1,350,000	$1,350,000	12%	
ORAL HEALTH				
Community task forces	$450,000	$450,000	4%	DPH/MCAH
School-based sealant application	$350,000	$350,000	3.1%	DPH/SF Health Network
School-based education and case management	$200,000	$200,000	1.8%	SFUSD via DCYF
TOTAL ORAL HEALTH	**$1,000,000**	**$1,000,000**	**10%**	
WATER ACCESS				
Water Access - SFUSD	$340,000		3%	SFUSD via DCYF
Water Access - Public Spaces		$ 340,000		PUC via RPD
TOTAL WATER ACCESS	**$340,000**	**$340,000**	**3%**	
SF RECREATION & PARKS				
Peace Parks	$650,000	$650,000	6%	RPD
SVIP Funding – Peace Parks Transportation	$225,000	$225,000	2%	RPD
TOTAL SF RECREATION & PARKS	$875,000	$875,000	8%	
BREASTFEEDING	**$175,000**	**$175,000**	**1.6%**	DPH/MCAH
BREASTFEEDING, SUPPORT FROM SMALL BUSINESS/ MERCHANTS	**$250,000**		**2.2%**	OEWD
INFRASTRUCTURE	**$,800,000**	**$800,000**	**7%**	DPH/CHEP
Total Proposed	**$11,200,000**	**$10,300,000**	**100%**	

SDDTAC BUDGET DESCRIPTIONS

COMMUNITY-BASED GRANTS	
COMMUNITY-BASED GRANTS	City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies: 1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health 2. Physical Activity opportunities, including: a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Efforts to influence changes to the built environment (i.e. sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and walking and biking for utilitarian trips, sometimes referred to as active transportation); and c) pursuit of institutional or local policies that facilitate physical activity and active transportation (such as adequate PE time and instructors, commuter benefits for active transportation, etc) 3. Healthy Eating/Food Security*, including: a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; and d) Pursuit of institutional or local policies that facilitate food security. 4. Water Promotion, such as support for Spa Water Supplies, station maintenance/ beautification, refillable water bottles to distribute to communities, water testing 5. Community Based Participatory Research
Health education, food security, physical activity	
CBOs working with SFUSD	7% of all CBO funding (e.g. 7% of approximately $4.3 million) should go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOS should follow the guidelines above.
Media	Funds to CBOs to support media and communications that include 1) grassroots, community driven awareness campaigns about the intent of the SDDT and the impact of the allocated funds; 2) city-wide communications campaign highlighting the impact and importance of the SDDT; and 3) communications materials for merchants. This may be implemented via CBO's and/or private media firms. Examples include community-driven messaging, print, online, and social media campaigns.
Community engagement	Community engagement activities (ex. community conveners, focus groups, town halls, attending existing community meetings, etc.) to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the SDDTAC, so that impacted populations can inform the decisions of the full committee.
Capacity Building Grants	Provide one time capacity building grants as SFDPH/CHEP did in FY2019/2020; to support non profit organizations providing chronic disease prevention programs and services with operations, training, equipment, consultants, etc.

SFUSD	
School Food, Nutrition Ed	To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.
Student Led Action	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action. Funding is provided for staff leadership, student and adult stipends and supplies.
Student Led Media Coordinator	A full-time Student Engagement Coordinator will be responsible for coordinating youth engagement. This person's primary role is to lead and grow holistic wellness initiatives and activities by developing innovative projects, leading and designing curriculum-based programs, and sparking student's voice and passions for health equity through environmental change, media, food, and food justice in alignment with SFUSD's Wellness Policy and SF Soda Tax. Funding is provided for staff leadership, student and adult stipends and supplies.
SFUSD Kitchen/ Food Infra-structure Upgrade	Cost of construction and equipment to upgrade 1-3 kitchens with the necessary infrastructure to be able to receive meals made at McAteer Culinary Center, and serve meals buffet style. Priority schools for this work directly align with SDDTAC priority zip codes
Educational Investments	Educational investments that support and strive for professional development in health and wellness across lifespan. Scholarships and other supports in higher education in medical technology and health field careers for Priority Populations and including para professionals.
FOOD ACCESS	
Healthy Food Purchasing Supplement*	Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. This investment is meant to support both the communities most impacted by the health consequences of sugary beverage consumption and to support the local economy including local merchants. These funds should be RFP'd out to CBOs and FBOs according to the Community Based Grants guidelines.
Healthy Retail	Supporting small business to increase healthy food access in high risk and impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment.

ORAL HEALTH	
Community task forces	Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations.
School-based sealant application	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. This should also support SFUSD dedicated oral health staffing.
School-based education & case management	
WATER ACCESS	
Water Access - SFUSD	SFUSD water station installation. Additionally, invest in adding signage and art to 3 stations to pilot evidence-based community informed model for what designs should be. As well as water education. Allows for comparison of usage between pilot stations with artwork/education and those without
Water Access - Public Spaces	Public water station installation. Additionally, invest in adding signage and art to 3 stations to pilot evidence-based community informed model for what designs should be. As well as water education. Allows for comparison of usage between pilot stations with artwork/education and those without
SF RECREATION & PARKS	
Peace Parks	Peace Parks programming to serve Priority Populations
SVIP: Peace Parks Transportation	Transportation for Peace Parks participants

BREAST-FEEDING	To fund a breastfeeding coalition to organize collective efforts across San Francisco to enable increased breastfeeding among Priority Populations. This coalition will mobilize action on policy, systems, and environmental (PSE) changes to increase breastfeeding rates and duration, leveraging community strengths and tackling structural barriers to reduce inequities to breastfeeding support. This would include funding for backbone support to: engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long term goals embedded in principles of equity; help align breastfeeding support services in San Francisco including hospital, outpatient, and community based services to improve access to breastfeeding support; and provide technical assistance to partnering agencies (such as child care centers and businesses with less than 50 employees) to operationalize and implement breast-feeding friendly policies and practices.
SUPPORT FOR SMALL BUSINESS/ MERCHANTS	Understand business operations, challenges, and support recommendations; improve SDDTAC partnership with San Francisco small market retailers; communication and outreach to SF small market retailers. Development of tools to evaluate the effectiveness of Sugary Drinks Distributor Tax process, and review performance accountability to determine if the number of retailers impacted by the tax.
DPH INFRA-STRUCTURE	A. **Personnel:** 1) Backbone staffing to support SDDTAC a. A program manager to provide backbone staffing to the SDDTAC, including: i) Staffing full committee and 3 subcommittees in compliance with Sunshine and Brown Acts; ii) Coordinating among city agencies and funded CBOs to promote collective impact; iii) Help guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline; and iv) Work with evaluation team to establish shared measurement practices b. Manage citywide/soda tax impact media c. Manage development/ production of SDDTAC Annual Report d. Manage SDDTAC nominations process. 2) Staffing to support DPH SDDT implementation of community-based grants a. Manage work of contractors, including: i) develop and implement CBO RFP process; ii) provide technical assistance for CBOs and merchants; iii) promote collective impact in coordination with SDDTAC backbone staff and City Agencies; and iv) work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance. 3) Staffing to support research/evaluation of SDDT impact, including data purchases. a. At least 1.0 FTE epidemiologist; b. Support data analysis for annual report; c. Manage data purchases; d. participate in development and implementation of SDDT evaluation B. **Professional services:** i) technical assistance for funded CBO and FBO; ii) implement evaluation framework; evaluate SDDT funded organizations, process evaluation of RFP, and provide evaluation technical assistance; iii) city attorney: ongoing technical consultation C. **Materials/Supplies** for meetings and printing costs D. **Training** to support staff development E. **Data** for collection (pricing), analysis (Nielsen) and purchase (IRI)

* Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; foods that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/ incentives, transportation and delivery and prepared foods.

III. IMPACT OF SDDT

This section of the report describes the impact of the Sugary Drinks Distributor Tax (SDDT) in a variety of ways: where funds were directed; how the funds were used; and to the degree possible, the impact the funds have had. The last element – the impact the funds have had – is difficult to measure and report on at this relatively early stage, in part because most grants to community-based organizations started in September 2019 – and those organizations need start up time. The Committee asked all organizations receiving SDDT funds to minimally report on how many people they served and the services provided, where and how often those services are offered. In the current fiscal year (2019-2020), funded organizations are being asked to conduct pre/post tests and various surveys on nutrition/physical activity which will be used to universally measure the impact of the delivered services.

Impact of the SDDT is presented in the following subsections:

a. Description of SDDT Revenue Allocations
b. Funded Organizations, FY 2019-2020 and FY 2020-2021
c. Harder + Co Evaluation
    - Funded Organizations in FY2018-2019
    - SFDPH Request for Proposal Application Process

For FY2020-21, Raimi & Associates, through a contract with SFDPH, will systematically evaluate the impact of the work funded by the SDDT. Raimi will work with City agencies and community organizations that receive general fund revenues, tagged by the Controller's Office as SDDT funds, to evaluate the work.

SF DPH is also working with a nationally renowned team of researchers at UC San Francisco, UC Berkeley and Stanford University that comprise the EVIDENCE Team (EValuating Interventions in Diabetogenic Environments through Natural and Controlled Experiments) to assess the impact of the SDDT on beverage prices, consumer purchasing behavior, and public health. Funding, analyses, staff and other resources are being pooled in a collective effort to quantify the impact of the SDDT.

Section IV of the report provides a summary of the public health impact of the SDDT – how have beverage prices or diet sensitive chronic disease outcomes changed. We recognize that the impact on public health data will likely take time. The Appendices have the complete 2019 Data Report, which documents:

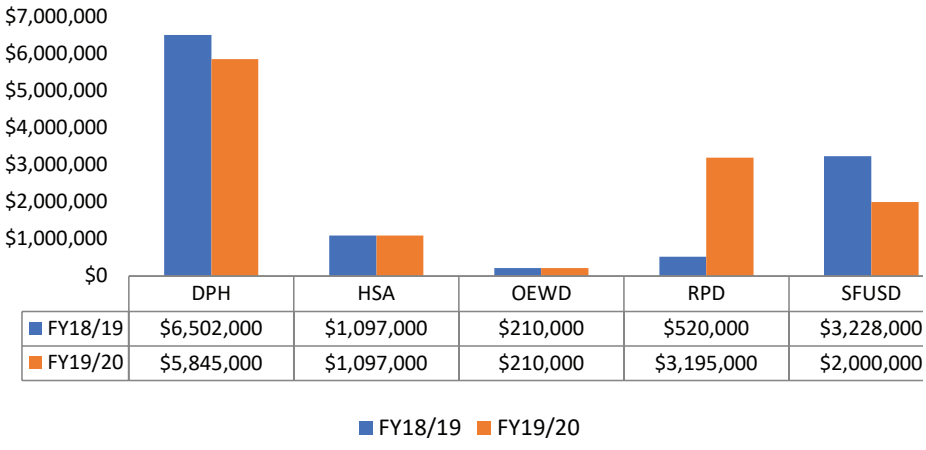
- Impact on Beverage Prices and Consumer Purchasing Behavior
- Impact on Public Health

A. DESCRIPTION OF SDDT REVENUE ALLOCATIONS

This section describes how the $10-12 million SDDT funds (those that are not subject to voter mandated set asides) were allocated: which city agencies received the funding; to what topic areas were the funds directed, etc. Most of the data include the ongoing $1.2 million set asides from 2017-18.

Chart A depicts the $11-13 million annual allocations to different city agencies over the first two and a half years of the tax implementation. All funds must be first allocated to a city department; some city agencies then fund community based projects. A majority of the funding is allocated to DPH to implement community based grants as well as SDDT implementation which includes evaluation, backbone staffing of the Committee, data purchase and analysis.

Chart A. SDDT Allocations by Agency and Fiscal Year
includes ongoing FY17/18 Healthy Addbacks



	DPH	HSA	OEWD	RPD	SFUSD
FY18/19	$6,502,000	$1,097,000	$210,000	$520,000	$3,228,000
FY19/20	$5,845,000	$1,097,000	$210,000	$3,195,000	$2,000,000

Chart B., below, illustrates the allocations made by funding type over the two fiscal years of the SDDT's existence. The chart shows most categories at stable levels (oral health, food security, food access, community building, SDDT implementation and water access) and fluctuation in Physical Activity an increase, and a corresponding decrease in Community Based Grants.

Chart B. SDDT Funded Categories, by Fiscal Year

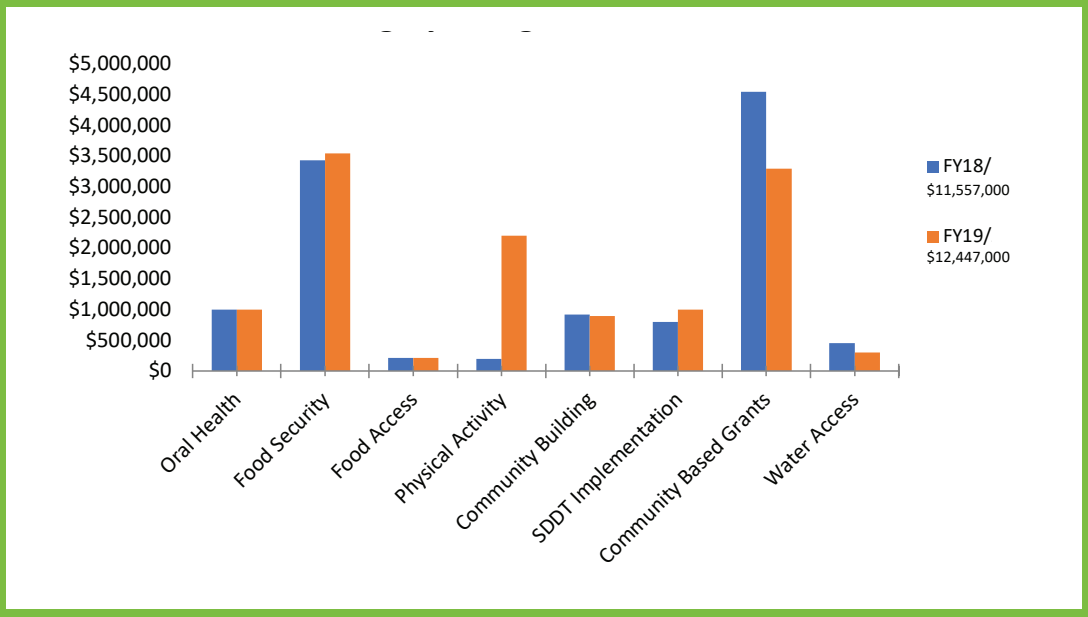
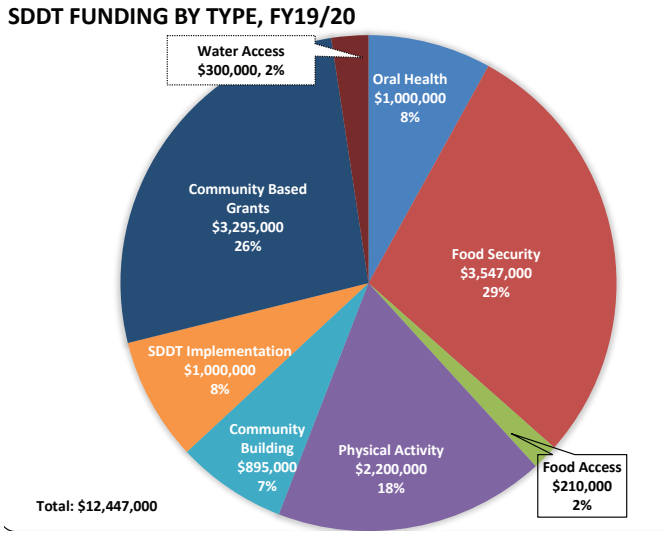


Chart C describes the same information as Chart B. but only for the current fiscal year (FY19/20): food security comprises the largest expenditure of SDDT funds at 29%; Community Based Grants follows at 26% (this category will be further broken out by topic area in later charts); food access and water access each receive 2% of the funds.

Chart C. SDDT Funded Categories, FY 2019-20



Charts D, E, F, G represent funding allocations to city agencies and categories that are funded. Human Services Agency and Department of Public Health contract significant portions of the received funding to community-based organizations delivering services. Recreation and Parks and SF Unified School District utilize the bulk of their funding allocations for services to students and SF residents. Not represented in the charts is Office of Economic and Workforce Development which manages the Healthy Retail SF program and receives $60,000 in ongoing "healthy addback" funds and annual allocations to date of $150,000 for the program; these funds support merchants to bring fresh produce to small markets into neighborhoods with limited/no access to fresh produce.

Chart D: DPH 2019/20 Funding by Category

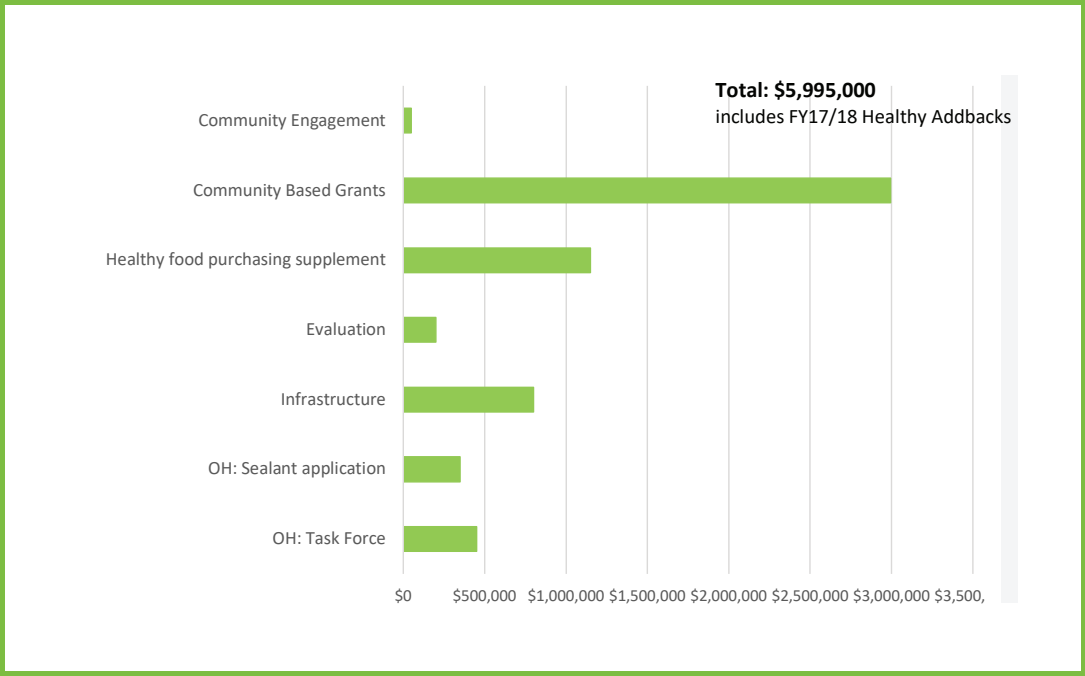


Chart E: Human Services Agency 2019/20 Funding by Category

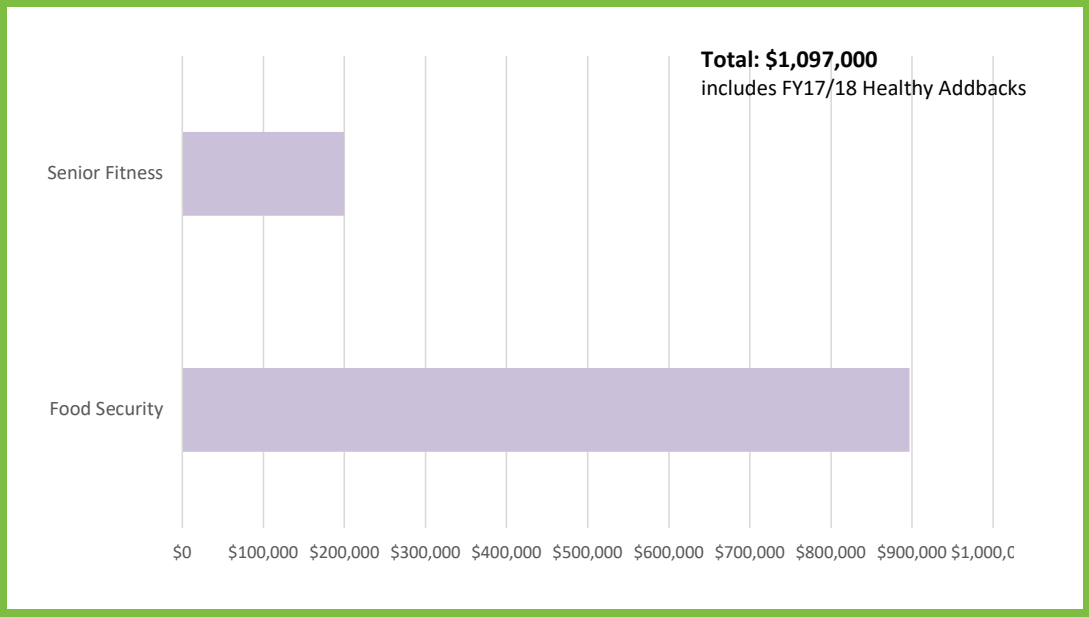
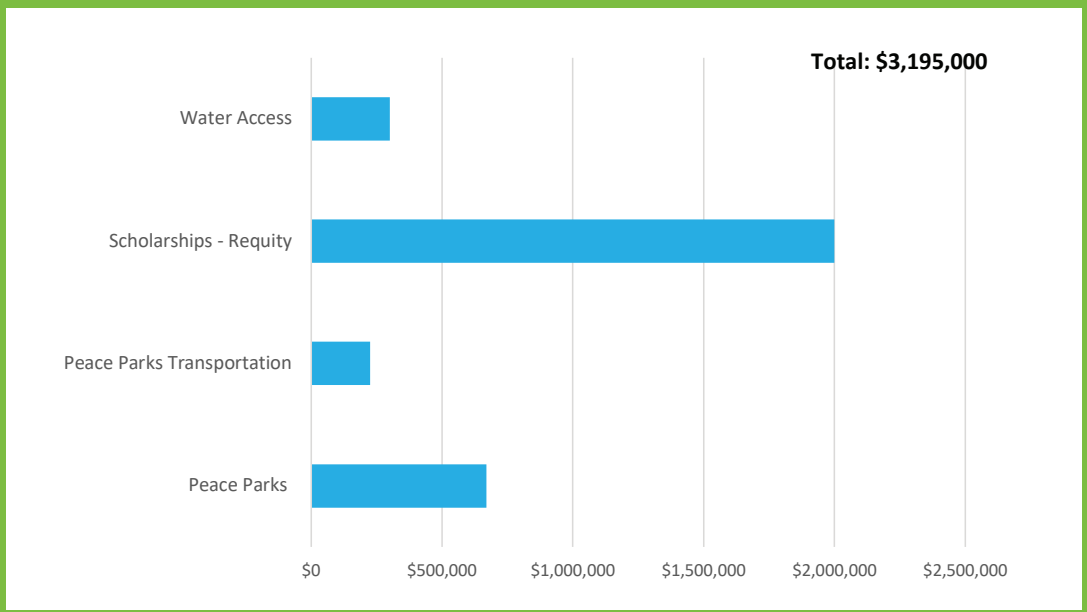
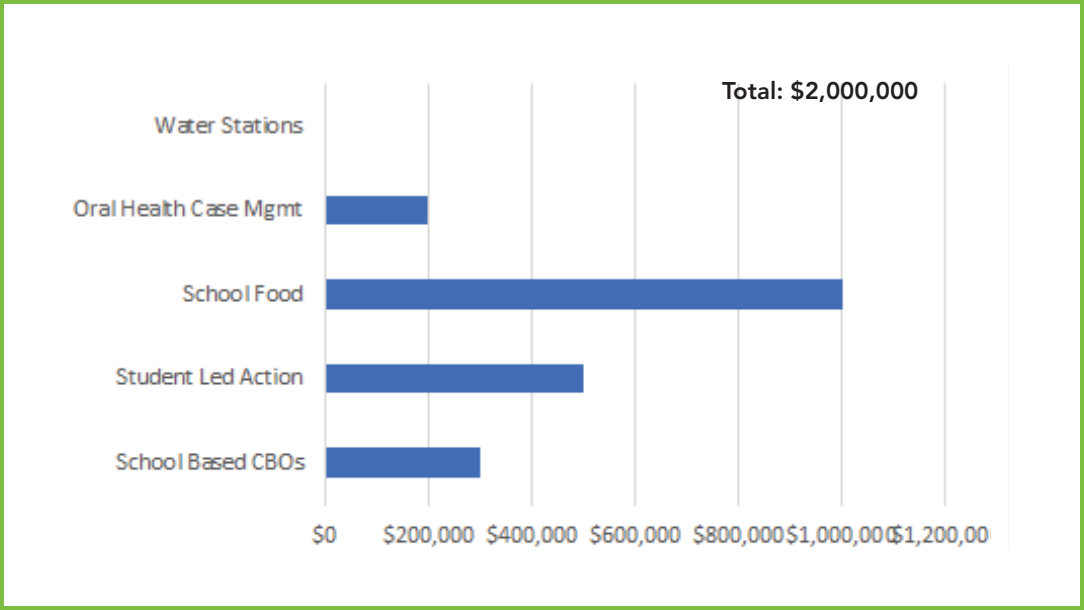


Chart F: Recreation and Parks 2019/20 Funding by Category



Water access funding alternates between SFUSD and public domain (in this case RPD for 2019/20) water stations.

Chart G: SF Unified School District (SFUSD) 2019/20 Funding by Category

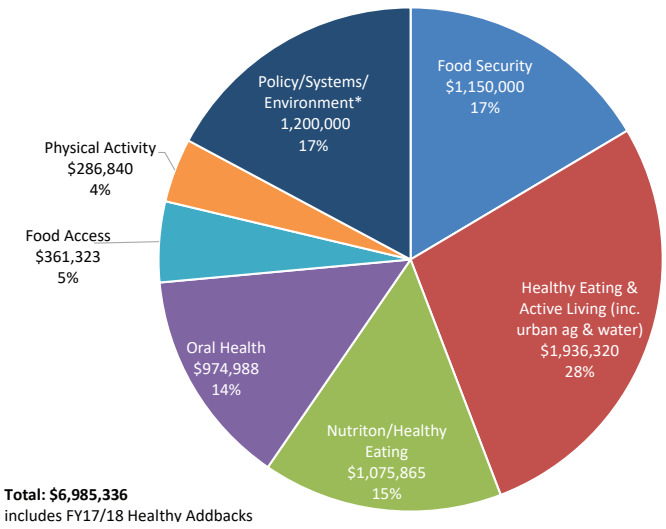


B. FUNDED ORGANIZATIONS FY 2019-2020 AND FY 2020-2021

This report is published three-quarters through FY2019-2020 (July-June). The City and County of San Francisco FY2019-2020 budget was approved in August 2019, and funds were available to departments in September 2019. The majority of the allocated FY2018-19 SDDT revenue for community-based grants were carried forward to FY2019-2020 as the initial focus at city agencies was focused on developing systems and processes for disbursing the SDDT funds. In FY 2019-2020, SFDPH issued multiple Requests for Proposals (RFPs) for community-based grants. These processes are described in the Harder+Company evaluation report, in Appendix C. Newly funded community based organizations (CBOs) are described in this section.

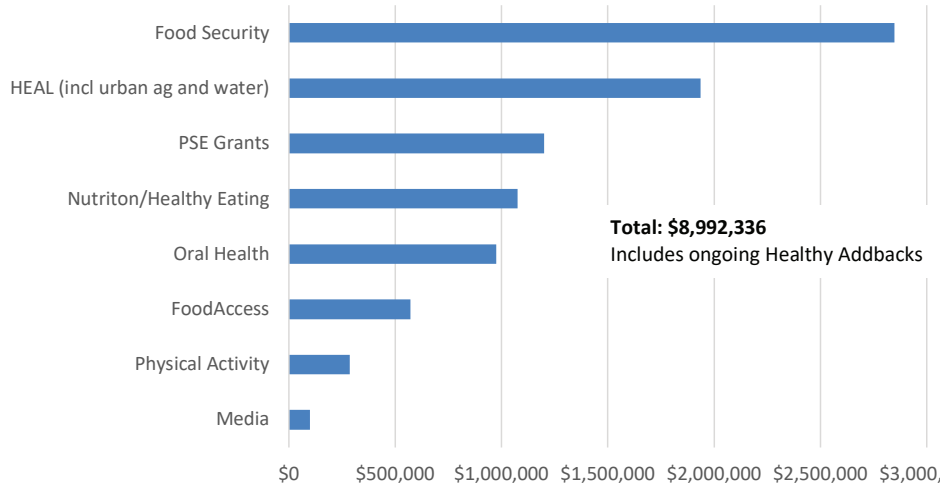
Charts H and I describe community based services. Chart H depicts services delivered by CBOs through an SF Department of Public Health (DPH) grants/contract process. Food access includes Healthy Retail SF and Healthy Communities grantees. Food security includes food pantries, food delivery, and healthy food purchasing supplements. Oral Health funds support three children's oral health community-based task forces and CBOs. Healthy Eating/ Active Living are organizations that focuses on both physical activity and healthy eating. Nutrition organizations focus mainly on nutrition. *The Policy/Systems/Environment grants process is expected to be complete by April 2020. Chart I depicts those SDDT funded services delivered by community based organization.

Chart H: SF DPH 2019/20 Community Based Grants Funding by Issue Area



Total: $6,985,336
includes FY17/18 Healthy Addbacks

Chart I: 2019/20 SDDT Funded Community Based Services Community Based Organization and City Agency Funded sources



SUMMARY OF DPH COMMUNITY BASED GRANTS

Starting in the fall of 2019, the San Francico Department of Public Health (DPH) began awarding the first of nearly $10 million in community-based grants which have been funded by the Sugary Drinks Distributor Tax (SDDT) to make healthy food more affordable, support healthy eating/active living programs, community oral health, provide dental sealants for children and support policy, systems, and environmental changes (as described in Chart H).

As of December 2019, DPH funded over 40 community organizations and coalitions via SDDT Healthy Communities grants, SDDT Support grants, Healthy Food Purchasing Supplement grants, and Community Oral Health funds.

- **The SDDT Healthy Communities Grant program,** administered by the SF Public Health Foundation in partnership with SFDPH, is funding 11 grantees with organizational budgets under $1M for up to a total of $500,000 over three years. These funds are intended to positively impact health equity and to inspire innovative, community-driven and -led efforts that will strengthen skills/build capacity in priority communities while delivering chronic disease interventions and making long term sustainable changes. In the first year, a total of $2,044,294 was awarded.

- **The SDDT Healthy Communities SUPPORT Grants,** also administered by the SF Public Health Foundation in partnership with SFDPH, awarded 26 non-profit agencies up to $75,000 each, for a total of $1,702,211. These one-time, capacity building grants support chronic disease interventions for Priority Populations in San Francisco, creating a positive impact on health equity in our city. SUPPORT Grants can be used to purchase equipment, data systems, computers, software, curriculum, consultants or other supports that will build capacity among non-profit agencies that deliver chronic disease interventions.

- **Healthy Food Purchasing Supplements** have increased the ability of low-income San Franciscans to afford healthy food since 2014. SDDT funds supported the expansion of this program to serve more food-insecure San Francisco residents, including low-income families and pregnant residents, and SSI recipients and increasing the affordability of fruits and vegetables at farmers markets, supermarkets and neighborhood stores. A total of $1,581,232 has been awarded. In partnership with the SF Public Health Foundation, SDDT funding is supporting three organizations to expand their Healthy

Food Purchasing Supplement (HFPS) programs specifically focusing on reducing food insecurity and increasing the affordability of fruits and vegetables Low-income pregnant San Franciscans, low-income families, and Social Security Insurance (SSI) recipients are priority populations. These funds are strategic investments in strengthening and expanding programs in San Francisco designed to make healthy food more affordable at farmers markets, supermarkets and neighborhood stores. A total of $1,581,232 has been awarded so far.

- **Community-based Children's Oral Health Task Forces** use culturally appropriate and effective strategies to promote oral health in San Francisco communities experiencing the greatest disease burden. SDDT funds support Task Forces in Chinatown, Mission, and Visitacion Valley/Bayview Hunters Point up to $150,000 each per year. Community-based children's Oral Health Task Forces use culturally appropriate and effective strategies to promote oral health in San Francisco communities experiencing the greatest disease burden. SDDT funds support three Oral Health Task Forces:

    - Chinatown, reaching Asian populations, led by NICOS,
    - Mission, reaching Latinx populations, led by CARECEN, and
    - Visitacion Valley/Bayview Hunters Point, reaching Black/African American populations, led by APA Family Support Services.

Each Task Force receives $150,000 in SDDT funding annually.

- **Policy, Systems and Environmental Change Grants** SFDPH issued a Request for Proposals in December 2019 to fund up to 5 organizations to implement Policy Systems or Environmental level changes as it relates to healthy eating/active living. The process was not complete at the time of this publication.
- **Media (Community Based Organizations Partnerships)** is to increase awareness about the programs funded by SDDT among priority populations in SF. Ten community based organizations received $10,000 each to outreach to the priority populations they serve via social media, implement a social media toolkit, promote an online tool and promotion of SF SDDT.

Appendix B has a current listing of SDDT funded organizations.

C. SDDT EVALUATION

SFDPH contracted initially with Harder+Co and is now working with Raimi and Associates to evaluate the SDDT initiative. SDDT evaluation activities are being conducted on two levels – overall SDDT initiative and funded program level. The first level of evaluation seeks to understand the impacts of the law including the impact of the overall SDDT Funding Initiative. This first level is broad and looks across funded programs and projects. Example first level evaluation questions, organized by Results Based Accountability (RBA) key question, are:

How much did we do? What and how many activities did SDDT funding support and how many persons were reached by these activities?

How well did we do it? Do persons in target populations have leading roles in SDDT funded programs and projects and are opportunities and services offered by programs accessed by target populations?

Is anyone better off? Do persons, particularly those in target populations, participating in SDDT work focusing on nutrition increase their fruit and vegetable consumption?

The second level is program specific evaluation in which aspects of a particular program are examined in more depth. Like the umbrella evaluation, program evaluations will need to address the RBA key questions (How much did we do? How well did we do it? Is anyone better off?). However, as activities completed for the umbrella evaluation will at least in part address "How much was done?" and "Is anyone is better off?" emphasis in the program evaluation can be placed in answering "How well we did we do it?".

Umbrella Evaluation Activities

All SDDT funded programs:

1. **Quarterly Program Update:** Both as part of the grant management and program evaluation requirements, grantees will complete program updates quarterly. Grantees will be provided a template and upload a template as well as all deliverables to their project specific google drive folder. Quarterly program updates are due every January 15th, April 15th, July 15th, and October 15th.

2. **Biannual Report:** Funded programs will complete a biannual report using the template provided. Reports are due every January 15th and July 15th and must be uploaded to their project specific google drive folder.

3. **SDDT Funding Initiative Evaluation Participation Plan:** All funded programs will work with the evaluation team to create a brief, 1-2-page, document stating how they will meet the requirements of the umbrella evaluations. A participation plan template is provided. During one-on-one meetings we will start to fill in the template; a completed plan is due January 1, 2020.

SDDT funded programs which expect to interact with each client on a repeated basis (i.e. training program, workshop/class series, etc.)

4. **Pre-post matched surveys:** Programs interacting with clients on a repeated basis are required to administer Pre/ post matched surveys. On the first, or earliest possible, interaction programs will ask clients to complete the pre-survey. On the last planned interaction programs will ask the clients to complete the survey a second time. The survey tool will be provided in electronic and paper versions and each program will receive 2 tablets to facilitate clients taking the surveys.

SDDT funded programs which expect to have very brief, non-recurrent interactions (i.e. booth at a street event)

5. **Short form surveys:** Programs interacting with clients on a brief, non-recurrent basis are required to administer a short form survey.

Program Evaluation

Funded programs will undertake their own program evaluation which is intended to provide a deeper investigation and to be more specific to each funded program than the SDDT Funding Initiative Evaluation (umbrella evaluation). In year 1 grantees will develop an evaluation plan. Implementation of the evaluation plan is expected to begin by year 2 and a final report documenting the results is due at grant completion (July 15, 2022 or earlier). Funded Programs with existing evaluation plans and activities may build upon their current work in lieu of creation of a new plan.

Program evaluation must:

- Contribute information on if and why the program or a part of the program works or not
- Identify lessons learned and provide guidance for future direction
- Involve community input
- Align with and complement the Umbrella evaluation
- Document how results are incorporated into their work.
- Use Results Based Accountability

Harder+Company was hired to evaluate SDDT funded organizations for FY2018-19 and implement an RFP Process Survey examining the DPH community grant making processes. Their report follows on the next page.

The 2019 Annual Report (pages 11-16) describes the agencies and programs that received funding in FY2017-18 and FY2018-19.

IV. IMPACT ON BEVERAGE PRICES AND CONSUMER PURCHASING BEHAVIOR & PUBLIC HEALTH: DATA REPORT

The Committee approved the data report on January 15, 2020, which guided its 2020 budget recommendations. The report follows on subsequent pages.

ENDNOTES

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[x] Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep , 12,* 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from http://link.springer.com/article/10.1007/s11892-012-0259-6

[xi] Sánchez-Romero LM, Penko J, Coxson PG, Fernández A, Mason A, Moran AE, et al. (2016) Projected Impact of Mexico's Sugar-Sweetened Beverage Tax Policy on Diabetes and Cardiovascular Disease: A Modeling Study. http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002158#abstract0

[xii] Lee M, Falbe J, Schillinger D, Basu S, McCulloch C, Madsen KA. Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. Am J Pub Health, epub ahead of print February 21, 2019: e1–e3. doi:10.2105/AJPH.2019.304971 2019.304971

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V. APPENDICES

CIVIC EDGE CONSULTING

25 Taylor Street, San Francisco, CA 94102

MEMO

To: Marianne Szeto and Christina Goette, SFDPH
From: Civic Edge Consulting
Date: September 25, 2019
RE: DRAFT Marketing and Advertising Focus Group Results

Overview

On Thursday, September 19, Civic Edge Consulting (CEC) and lowercase productions, with guidance from San Francisco Department of Public Health (SFDPH) staff, led a focus group to gather feedback on potential directions for an advertising and marketing project aimed at educating San Franciscans about the Sugary Drinks Distributor Tax (SDDT) and the programs and projects it supports. The participants were San Francisco residents who were largely unfamiliar with the workings of the SDDT.

Participants were invited to share their understanding of and feelings about the SDDT both before and after hearing an explanation of how the tax functions, it's purpose, and a partial list of the programs and projects it supports. Participants were also asked to provide feedback on two different potential creative designs and their preferred channels for marketing and advertising efforts.

This memo provides a recommended direction for an educational advertising and marketing effort, a high-level summary of feedback from the focus group, and detailed notes by observers and participants.

Data-Driven Recommendations

Based on the feedback provided by focus group participants, Civic Edge is suggesting the following direction for an educational marketing and advertising effort:

- Move forward with Option 1 (highlighting individual stories over a citywide map);
    - Option 1 was favored by all focus group participants with some recommended modifications;
    - Option 2 (the citywide map layout), was preferred by only one participant;
- Update the headline to "San Francisco Puts Your Health First";
- Include logos representing key organizations involved in or supported by the SDDT;

hello@TheCivicEdge.com (415) 915-0511 TheCivicEdge.com @TheCivicEdge @TheCivicEdge

- Update the subhead to explain the SDDT goals in plain language: "Learn how our penny per ounce tax on beverages with added sugars is helping San Francisco residents lead their healthiest lives!" or "…lead their best lives!";
- Replace the statistics box to a narrative of the individual story represented;
- Use the footer to describe the three categories of programs supported by the SDDT: programs to support food security and healthy eating, programs to support physical activity, and community-building in support of wellness;
- Update "SF Soda Tax @ Work" to "SF Soda Tax in Action" to avoid ambiguity about how the SDDT "works"; and,
- Use a simple, easy-to-remember url for an educational website that will share information about how the SDDT is enacted and distributed and how to participate in supported programs and projects.

Recruitment Process and Participants

In the weeks leading up to the focus group, Civic Edge worked with SFDPH staff local community-based organizations and groups benefitting from the SDDT to recruit 10 participants for the focus groups.

Participants from communities most impacted by the SDDT – those with high rates of consumption of sugary drinks, larger populations of people of color who are specifically targeted by beverage industry marketing, and those with lower income residents – were prioritized.

An eleventh participant was recommended by the Office of Economic and Workforce Development, to represent merchants who have also been impacted by the SDDT.

To incentivize participation and demonstrate the value placed on participants' feedback, each focus group participant was given a $100 Visa gift card and either a $20 cash travel stipend or rides to the focus group and home afterwards, arranged by Civic Edge.

In the end there were two absentees from the list of confirmed participants. One unexpected participant joined the group, making for a total of 10. The home neighborhoods and affiliated organizations of the participants were as follows:

Neighborhood(s)	Affiliation
Tenderloin	TNDC
Tenderloin	Saint Francis Living Room
Excelsior, Inner Richmond	Student, University of San Francisco
Fillmore	Boys & Girls Club of San Francisco
Chinatown	No affiliation
SOMA	TNDC leadership community member
Bayview	SF Achievers, Last 3%, Alice Griffith Community
Mission District	Instituto Familiar de la Raza IFR
Bayview	Bayview Faith Base Org. & NCNW SF
Sunset	Support For families

Tenderloin	Daldas Grocery

Major Themes

Over the course of the hour-long focus group, participants provided significant feedback about their impressions of the SDDT (which was called the "Soda Tax" interchangeably throughout conversations) and municipal taxes in general.

Impressions of the SDDT

- While participants largely agreed that reducing soda consumption was a healthy choice, they were divided on the use of a tax to accomplish this goal;
- Participants felt that the SDDT directly and disproportionately impacts people of color, low-income communities, and seniors;
- None of the participants were aware of any of the programs or projects being supported by the SDDT;
- After learning about the programs being supported by the SDDT, participants expressed positive feelings about the role of the tax;
- However, there was significant skepticism that funds raised by the SDDT were going towards programs in impacted communities even after the participants were told about programs and projects being funded by the SDDT; and
- Participants were eager for additional transparency about where the SDDT revenues were being applied.

Direction on Marketing and Engagement Strategies

- Authenticity is key and any materials should use actual community members/organizations not stock photos;
- Education around the benefits of the tax should include education on how community members can access funded services;
- Statistics about how the tax is impacting the community should be front and center;
- Show don't tell about the impact – people respond to before-and-after imagery and stories;
- Want to see people from impacted communities reflected in ads that are shown in the impacted communities as well as all over the city;
- Engagement needs to be personal – pop ups and in-person education are as important (if not more important) than a broader advertising campaign;
- There is still a need amongst merchants for materials to better help them explain the SDDT.

Draft Follow-up to Participants

Civic Edge would like to suggest a thank you email to participants, with the following text:

Subject line: Thank you for taking time to participate in the Soda Tax focus group!

Hello [FIRST NAME]

Thank you for your participation in the Soda Tax educational advertising and marketing focus group held last week. The thoughtful and constructive suggestions and feedback you provided will be critical to making this project a success.

If you are open to providing additional feedback or would like to continue to receive updates about the project reply to this email with the word, "Yes" in the subject and/or body of the email.

Best regards,
NAME

Detailed Notes

Below are more detailed notes of the responses shared by focus group participants. In addition to these notes, the addendum document provides visual references to items noted in the memo and optional written feedback by participants. Video of the focus group can be found here.

Introduction and Icebreaker

Moderator: What are your impressions of the soda tax?

- I would appreciate knowing where the tax revenue goes. And is it going to non-profit companies and helping the homeless?
- It's a good thing, would also like to know where the money is going.
- I remember it being controversial and don't know what the money is being used for. However, I generally approves of it to help San Francisco residents live a healthier life.
- I also remember the controversy and also don't know where the money is going. I believe paying for soda is now too expensive!
- My customers don't know anything about the Soda Tax. It was a challenge to adjust the prices and explain the increases to customers at first. People do have issues with paying more for sodas, it's a commodity in [the Tenderloin]. It is up to the store owner how much they want to raise the prices.
- I'm a nutritionist and have been working on reducing sugar intake by my patients for over 10 years. I think the Soda Tax is a great idea, the money that is going to the tax is going to prevent diabetes and health risks when digesting soda often.
- I don't know where the money is going, thinks it's good that the tax might deter people from drinking more soda.
- Soda tax will affect minority, elderly, and low-income communities. Is the money going to the community that it's directly affecting? What sort of education is being provided to the affected communities.
- Prices are going up and no money is going to the community. When people buy sodas every day, where is their money going?

Moderator: Now that we have heard a little about your impressions of the Soda Tax, we'd like to share a more official description of the tax and tell you a little more about what it is doing in the city.

In 2016, San Francisco voters passed the Sugary Drinks Distributor Tax (SDDT) or "soda tax" as one strategy to help reduce obesity, type 2 diabetes, dental caries and other diet-related illnesses that disproportionately impact low-income communities and people of color. The soda tax is not a sales tax, which applies to everything for sale, but an excise tax, meaning merchants are charged for selling sugary beverages in San Francisco.

The tax is supporting some important programs to make San Francisco a healthier city. Some of those programs include:

- Programs to support food security and healthy eating, like:
    - Healthy Corner Store Retail, which helps corner stores sell healthy food like fresh produce
    - Home delivered meals for seniors
    - Vouchers for low-income residents to purchase nutritious food
    - Healthier meals in schools
    - Water bottle filling stations in schools and parks
- Programs to support physical activity
- Community building in support of wellness like Peace Parks and the Black African/American Wellness Peer Leadership

- I really like encouraging alternative drinks. People who drink soda because might be doing so because it's heavily advertised in low income communities.
- I would like to learn more about the programs which benefit from the soda tax, what the community should know and how it impacts children especially.
- I would like to see a list of what the Soda Tax has accomplished or what programs it benefits and how community members can get involved in those programs.
- I would like to see a specific figure regarding money and where it's going, so I can show that to my customers when they wonder why the prices have risen.
- I had hoped money would be used in advertising against soda [and other behavior change campaigns].
- I would like to know specific locations and communities which are affected by the programs, would like to see pop-up events and eye-catching advertising and information about how to enroll in the supported programs distributed around the city.
- I have cancer and type 2 diabetes, what programs funded by the SDDT can help me with my health issues? Because I have looked for health support and it is just not out there.
- The health crisis we are experiencing isn't out of the blue. There has been a sort of cultural domination with one group saying that the food and choices of another group of people aren't okay. And then giving us unhealthy alternatives. And now the Soda Tax feels like again, people saying "your food choices are not okay."

Exercise 2: Visuals

Option 1: Highlighting individual stories (see attached images)

- Use the logos of the actual programs and community stores and resources.
- Make the statistics easier to understand.
- These images appear to be racially driven, would the advertising be targeted based on specific communities? We would want to see these all over San Francisco.
- Highlight the money that specific stores have contributed since the soda tax increase on the boards.
- Do in person outreach and show the actual agencies, programs, outreach at events.
- Highlighting the how the soda tax is connecting with different communities and trying to promote health in specific communities.
- Where will these advertisements be displayed? Whole Foods?
- All ads should be in multiple languages.

Option 2: Highlight citywide map (see attached image)

- Neighborhoods in the city don't look like the board – especially the Tenderloin.
- Would like to see before and after shots of different projects and participants.
- People in the inner city would walk right by the map, should have something more realistic and eye catching.
- Employ people of color to tell their stories
- Treasure Island is always forgotten and it's another low-income SF neighborhood impacted by the Soda Tax.
- The text is too small, the landmarks aren't labelled. Should show the other half of the city.
- People of color do not trust the city. The city needs to promote the Soda Tax by sharing the voices of people of color who have benefited. Needs to see the human, more personal impact in advertising.
- The more personal stories [of Option 1] connect/resonate with individuals more. Instead of broader city benefits.
- Tax is on sugary beverages, but there is no focus on other sugary drinks like juices. Would like people to know what they're paying for/the affected drinks.
- We see stores benefitting more than the actual programs or those from disadvantaged communities. Focused particularly on health care programs being offered.

4. Exercise 3: Vehicles

- Participants were asked to weigh in on their favorite advertising channels by placing Post-Its with notes about their preferences on a board. (See attached image)

- Think about the community that you live in-> regarding the sticky note activity. The media they use. For older people, television might be a good way to advertise.
- Social media, especially for young people. If its accessible it will get to them at some point. Radio is a great way to advertise, to specific ages.
- As an activist, social media is how I learn about changes.
- Murals, fliers, posters, were all especially popular suggestions.
- Older people who speak another language, might benefit from fliers in the mail.

Addendum Documents

Addendum to Focus Group Notes can be found here.

1. Recommended direction for updated campaign
2. Campaign images shared with focus group participants in Exercise 2: Visuals
3. Preferences from Exercise 3: Vehicles
4. Optional, anonymous written notes submitted by some focus group participants after the discussion
5. A follow-up email from one focus group participant sent the day after the discussion

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

Healthy Communities Grants – multi-year grants through San Francisco Public Health Foundation

ORGANIZATION	YR 1 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Asociacion Mayab	$200,000	Mission, Tenderloin	Mayan	physical activity and nutrition education, workforce	Asociacion Mayab provides cultural preservation and social services to Maya and other Indigenous immigrant communities in San Francisco. Funding will support our Decolonize Our Health Program that combines culturally and linguistically appropriate nutrition education, cooking demonstrations, dance, and physical activity programming to serve approximately 150 Maya individuals in the Mission and Tenderloin districts.
Bayview Hunters Point Community Advocates	$150,207	Bayview Hunters Point	B/AA, immigrants	PSE change strategy	Bayview Hunters Point Community Advocates aims to provide healthy, and quality food, that reaches all communities in our diverse neighborhood, through a cooperative owned and operated by and for Bayview-Hunters Point residents. Funding will support a community-owned co-op grocery store in the Bayview Hunters Point neighborhood to provide affordable healthy, high-quality food for vulnerable populations in southeast SF who suffer from a burden of chronic disease.
BMAGIC	$175,966	Bayview Hunters Point	B/AA, low income families, Latinx	PSE change strategy, physical activity	BMAGIC's mission is to help create and maintain a deeper unified roadmap to social change while addressing the health and wellness needs of Bayview children, youth and their families. Funding will support the Bayview Park Rx Program will help us engage approximately 500 residents interested in chronic disease prevention and intervention through health and wellness activities, programs and park services.
Bounce Back and Healthy Generations Project	$198,875	Potrero Terraces and Annex public housing, (+influence local schools)	B/AA, Latinx, API children, families, individuals	healthy eating, capacity building, workforce	Bounce Back Generation has promoted resilience to trauma in children since 2011. Our mission involves communities in their own healing. Funding will support community hiring to create and implement a wide public awareness campaign directed toward 300 Potrero/Bayview children to recognize the origins of negative coping behaviors and adopt resilient-building habits instead.

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

Healthy Communities Grants – multi-year grants through San Francisco Public Health Foundation

ORGANIZATION	YR 1 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Community Grows	$174,460	Western Addition, Bayview-Hunters Point	low-income youth and youth of color: B/AA; Latinx, API, teens age 14-19 and TAY 19-25	physical activity, healthy eating, youth leadership, workforce	Community Grows' mission is to cultivate healthy youth through growing gardens in low-income, diverse communities, co-powering children to become healthy, eco-literate leaders. Funding will support our BEETS (Band of Environmentally Educated and Employable Teens) program will help employ 10 low-income youth of color to learn and lead health-focused workshops for 130 children and adults in the Western Addition and Bayview about nutrition, gardening and mindfulness, while building and maintaining edible gardens to increase access to fresh produce in their communities.
Community Well	$162,469	District 11-Excelisor	Asian, Latinx	capacity building, physical activity, healthy eating, workforce	Community Well's mission is to connect residents with high-quality holistic services supporting self-care and overall wellness. Funding will support program delivery of weekly classes on food as medicine, movement and emotional wellness. We aim to serve 1,285 historically underserved residents of southern SF districts, promoting healthy behaviors and reduced rates of chronic illness.
Farming Hope	$195,440	Tenderloin, Mid-Market, and Mission	very low-income and people experiencing homelessness	Healthy eating, workforce development	Farming Hope's culinary apprentice program provides workforce development to formerly incarcerated and homeless neighbors. Funding will employ trainees at Farming Hope's social enterprise restaurant and urban garden, supporting 20+ apprentices annually from Mission, SoMa and Tenderloin neighborhoods. This support will help feed 18,000 customers, while raising awareness about veggie-forward diets.
San Francisco African American Faith Based Coalition	$200,000	Western Addition, Bayview-Hunters Point, OMI	B/AA	Healthy eating	The SF African American Faith Based Coalition is committed to advocating and serving the needs of the underserved African American community (primarily in the Bayview District) while promoting better and healthier living. Funding will aid in building capacity for the Coalition to provide services and serve at least 450 people over the three-year cycle with healthy food training and food security.

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

Healthy Communities Grants – multi-year grants through San Francisco Public Health Foundation

ORGANIZATION	YR 1 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
SisterWeb	$200,000	Bayview Hunters Point, District 10(southeast)	African American, Latinx, and Pacific Islander communities	nutrition, physical activity	San Francisco Community Doula Network cultivates a network of peer doulas for women most impacted by adverse birthing experiences. Funding will pair 60 African American, Latinx, and Pacific Islander mothers and families with a doula from their community and provide them with specialized prenatal, peripartum, and postpartum care that includes one-to-one and group Healthy Eating and Active Living (HEAL) skills-building and coaching.
SoMa Community Action Network (SOMCAN)	$175,708	SOMA, Tenderloin, Excelsior	Filipino American	PSE change strategy, Physical activity, health eating, capacity building	SOMCAN serves low-income, immigrant youth and families in SOMA, Excelsior, and the greater SF. Funding will support "Our Health/Kalusugan, Our Community/Bayan" project, which aims to empower, and build the leadership and civic engagement of SF Filipino residents to attain healthier lifestyles while advocating for healthier neighborhoods.
Urban Sprouts	$200,000	Excelsior, Sunnydale-public housing, Mission Bay June Jordan	Low-income of all ages, including youth	PSE change strategy, nutrition-garden, workforce, capacity building, youth leadership	Urban Sprouts seeks to restore cultural connections to health and wellness; reduce health disparities among chronically under-resourced communities of color in Southeast SF; and ready our community for meaningful and gainful employment. Funding will support our annual work with 1600 low-income individuals of all ages through garden-based education, job-readiness, and community health & nutrition education programs in the Excelsior, Sunnydale, and Mission Bay communities.
TOTAL	**$2,033,124**				

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
18 Reasons	$75,000	Tenderloin, Bayview, Western Addition, Mission, Excelsior	Low-income teens and families	food access, healthy eating	The mission of 18 Reasons is to empower our communities with the confidence and creativity needed to buy, cook, and eat good food every day. Our Cooking Matters program offers free cooking and nutrition classes to low-income adults, kids, and families in the Tenderloin, Western Addition, Excelsior, and the Mission neighborhoods. This funding will be used to build several areas of agency capacity.
SF Brown Bombers	$20,000	Bayview Hunters Point	5-15 years old and their families	physical activity	SF Brown Bombers is a youth development organization that provides Bayview Hunter's Point youth with leadership opportunities. This grant will help purchase a 12-15 passenger Van that will allow us to provide safe passage for youth ages 5 to 16 that we serve in the Bayview Hunter's Point community and beyond. Our efforts will work towards improving health disparities in our targeted communities.
Children's Council	$66,930	Mission, Ingleside, Excelsior, Bayview, Hunters Point, and Visitation Valley	Low-income children ages 0-5	healthy eating, active living, water consumption, capacity building	Children's Council works to ensure that all children in San Francisco are cared for in environments where they can develop socially, emotionally and cognitively. This grant will expand our Healthy Apple Program, pairing early educators with peer mentors to implement nutrition/physical activity best practices, establishing lifelong healthy habits for low-income children.
Clinic by the Bay	$72,315	Excelsior	working uninsured of SF	clinical services, health coaching (healthy eating, physical activity)	Clinic by the Bay's mission is to understand and serve, with dignity and respect, the health & wellness needs of the working uninsured in the San Francisco Bay Area. This funding will help us serve our patients by updating our computer system allowing for better service provision and reporting of data.

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Eat SF/SFGF	$74,750	Tenderloin, SOMA, Western Addition, Bayview, Mission	pregnant MediCal/SSI recipients, people w/ diet-related chronic disease, seniors, very low-income families	healthy eating, food access	Vouchers4Veggies – EatSF addresses the unique food security issues in San Francisco by providing healthy food vouchers to low-income individuals through networks of community-based organizations and clinics. This grant will help improve service delivery mechanisms (explore debit cards vs. paper vouchers, improve website, develop geo-locating map) and streamline voucher processing systems, reaching more low-income, food insecure households and reduce operating costs.
Instituto Familiar de la Raza	$74,309	Mission, Excelsior, TL	Latinx, Indigena, Mayan	active living	The mission of Instituto Familiar de la Raza is to promote and enhance the health and well-being of the San Francisco Chicano/Latino/Indígena community. This grant will fund Paso a Paso, a health education and exercise intervention program to reduce the impact of chronic conditions, including cardiovascular disease, obesity, and diabetes, in the low-income Latinx community.
Jamestown Community Center	$31,700	Mission, Outer Excelsior, and Noe Valley	Spanish speaking, Mexican and Central American	healthy eating	Jamestown Community Center is developing a pilot program to train (4) promotoras to deliver nutrition education to families, that is linked to our after school cooking classes, completing a 2-generation learning model. This program will work with Asociacion Mayab, who will adapt their Decolonize Our Health curriculum to our communities.
Northridge Cooperative Housing Community Gardens	$73,370	Bayview hunters Point	B/AA, API, transition age youth	active living, workforce, healthy eating, food access	Northridge Coop Homes Community Garden's mission is to work with youth, to maintain and enhance our community garden, grow fresh produce, and distribute these throughout our community free of charge. Funds will support our community garden program, including education and outreach related to sugary drinks for 300 families. We will emphasize the importance of drinking water and ways to connect with our garden, benefitting from increased exercise, and healthy beverage alternatives from garden produce.

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Project Commotion	$16,565	Mission	Latinx, children 8 months-14 years, families	physical activity	Project Commotion's mission is to foster healthy development in children of all abilities through purposeful movement, play, and family and community relationships. Funding for digital equipment and consultant services will enable us to gather, use, and store data to assess and improve HEAL programming for 1,000+ Latinx youth and families.
Regional Pacific Islander Task Force	$75,000	Southeast	Pacific Islander	HEAL-PSE change strategy, capacity building	Regional Pacific Islander Task Force is a collaborative of community leaders who volunteer their time to serve the PI community of the San Francisco Bay Area. We work with Tongan and Samoan churches to establish healthy eating policies, community gardening projects, and provide healthy snacks for PI youth, seniors, and mental health programs. Funding will help improve our social media and promotion of health education through the purchasing of new printers, computers, software, and evaluation software applications.
Samoan Community Development Center	$75,000	Visitacion Valley, Bayview Hunter's Point, Potrero Hill, outer Mission	Pacific Islander, children/youth/ youth adults between 0-24 years old, and low-income populations	healthy eating	The Samoan Community Development Center's mission to promote an inclusive environment in the San Francisco Bay Area where Samoan and Pacific Islander voices are heard, and communities are served and thriving. Funds will help hire a consultant for curriculum development, purchase computer and software equipment for tracking, exercise equipment for community members, and provide community stipends for community leaders that can promote and empower the community to participate in workshops.
SisterWeb	$75,000	southeast	Pregnant women, B/AA, Latinx, API	healthy eating, active living. Breastfeeding	SisterWeb: San Francisco Community Doula Network cultivates a network of peer doulas for women most impacted by adverse birthing experiences. Funding will help build long-term organizational capacity to continue providing the community doula program that pairs families with doulas from their community and provides specialized prenatal, peripartum, and postpartum care including one-to-one and group Healthy Eating and Active Living (HEAL) skills-building and coaching.

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
St. Francis Living Room	$75,000	Tenderloin	Low-income seniors, homeless	healthy eating, food access	The St. Francis Living Room provides a nutritious breakfast to very low-income and homeless seniors (age 60 and up) who live in Tenderloin SROs or hotels, without kitchens or safe spaces to congregate. This grant help upgrade a 25+ year old kitchen to serve healthier, more nutritious breakfasts to an average of 75 very low-income seniors each weekday (335 clients/year).
Urban Sprouts	$45,019	Southeast: Sunnydale, Mission Bay, Excelsior	B/AA, Latinx, API, native Indian, hire low income youth 13 or older	physical activity, healthy eating, workforce development, food access	Urban Sprouts seeks to restore cultural connections to health and wellness; reduce health disparities among chronically under-resourced communities of color in Southeast SF; and ready our community for meaningful and gainful employment. Funds will aid in the completion of a multi-year strategic plan which includes codifying trauma-informed, anti-racist policies and procedures, and evaluation instruments that will support our work with 1600 low-income individuals of all ages.
YMCA of SF	$75,000	Bayview, Mission, Vista Valley, West Add, Excelsior, Chinatown. (94127,94102,94108,94112,94115,94124,94134, 94107)	Adults, overweight, SFHP Medi-Cal beneficiaries	healthy eating, physical activity, water consumption	The YMCA's Diabetes Prevention Program (DPP) serves prediabetic adults (18 or older) through the promotion of daily food tracking, increased physical activity, and moderate weight loss. Funds will support operating and personnel expenses, the hiring of a coordinator to support program recruitment and enrollment, and increased access to services among other organization supports.
Leah's Pantry	$75000	Mid-market, Tenderloin, BVHP Mission, Potrero Hill	Transitional age youth, B/AA, Latinx, adult caregivers	Healthy eating	Leah's Pantry's mission is to improve the health, wellness, and resilience of communities through trauma-informed nutrition security. Funds will help development and implementation of nutrition education curricula, a communication toolkit, and a nutrition education evaluation framework based on the science of trauma and resilience.

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Renaissance Parents of Success	$41,637	Bayview Hunters Point	B/AA	Healthy eating, Acting living, workforce	Renaissance Parents of Success (RPOS) chronic disease prevention activities will focus on delivering education, programs & services. Titled 'For Our Optimal Destiny (FOOD)' the program will reinforce proven facts that food not only addresses initial hunger & desire, but also sets the path for future impacts on physical and emotional health. Funds will be sued for IT equipment, applications, IT intern, IT consultant.
Bayview Clinic	$75,000	Bayview Hunters Point	B/AA, Latinx, low income	Healthy eating physical activity	Bayview Clinic's mission is to provide innovative health and wellness services to all, with the goal of African American health equity. Fund for consultant to lead a community assessment and awareness campaign, launch Food Pharmacy, material development, equipment.
Community Grows	$74,699	Western Addition, Bayview Hunters Point	low income teen youth-African American, Latinx, API	Workforce development, healthy eating	Community Grows' mission is to cultivate healthy youth through growing gardens in low-income, diverse communities, co-powering children to become healthy, eco-literate leaders. Fund will support expansion of teen youth development and workforce readiness program BEETs: hire consultant to support curriculum/program development, purchase a 15-passenger van to provide more workshops to other neighborhoods.
SF African American Faith Based Coalition	$75,000	Western Addition, Bayview-Hunters Point, OMI	B/AA	Healthy eating, Food security	The SF African American Faith Based Coalition is committed to advocating and serving the needs of the underserved African American community (primarily in the Bayview District) while promoting better and healthier living. Funds will aid in building capacity for the Coalition to provide services and serve at least 450 people over the three-year cycle with healthy food training and food security.
Asociacion of Mayab	$75,000	Mission, Tenderloin	Maya	Healthy eating, active living	Asociacion Mayab provides cultural preservation and social services to Maya and other Indigenous immigrant communities in San Francisco. Funds will support Decolonize Our Health Program that combines culturally and linguistically appropriate nutrition education, cooking demonstrations, dance, and physical activity programming to serve Maya individuals in the Mission and Tenderloin districts.

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Communities SUPPORT Grants – one-time 9 month grants through San Francisco Public He… Foundation

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Bounce Back and Healthy Generations Project	$74,850	Potrero Annex and Terraces public housing	B/AA, Latinx, API, very low-income families, youth	Healthy eating, workforce development	BBG's mission involves communities in their own healing. Funds will support creating instructional videos on food preparation, nutrition, stress reduction, produced, filmed and edited by PTA residents.
Community Well	$74,713	Excelsior	B/AA, Latinx, API, youth and pregnant women	Healthy eating, physical activity	Community Well's mission is to connect residents with high-quality holistic services supporting self-care and overall wellness. Funds will be used to create system for program management, database, consultants, website design.
Magic Tooth Bus	$74,988	Chinatown, Bayview/Hunters Points, SOMA, and Mission	Children of low income	Oral health	Magic Tooth Bus is to provide oral hygiene education in schools-preschools, and K-12. Funds will support hiring oral health educator, consultant for architectural design, staff training, supplies, etc.
Meals on Wheels SF	$61,366	Tenderloin, SOMA, Bayview	Income seniors and adults with disabilities	Healthy eating, food security	Meals on Wheels SF provides Meals/grocery delivery, service linkages, nutrition education. Funds will be used for registered dietician, Chief Food and Operations officer, and consultant with plant-based menu expertise.
Regents of UC/transitions clinic	$75,000	Bayview Hunters Point	B/AA impacted by criminal justice system	Health eating	Regents of UC/transitions clinic provides health education, healthy produce, and enhanced services to individuals and families. Funds will be used for consultants, intern stipends, and refrigerators.
TOTAL	**$1,702,211**				

Updated March 2, 2020

Sugary Drinks Distributor Tax Funded Initiatives

Social Media Grants – One-time grants through SF Department of Public Health

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	MISSION AND PROGRAM
18 Reasons	$10,000	Mission	Low income adults, kids, teens, and families	18 Reasons is a community cooking school offering free cooking and nutrition classes to low-income adults, kids, teens, and families. For many years, we hosted a rotating art gallery featuring food-related art. We are excited to reignite our artistic creativity and host a special event in our classroom in the Mission to celebrate healthy beverages through art.
\ **3rd Street Youth Center & Clinic**	$10,000	Bayview Hunters Point (BVHP)	B/AA, homeless youth	3rd Street Youth Center & Clinic serves more than 1200 young people, ages 12-24, from Bayview Hunters Point (BVHP) each year through a full-service primary health care clinic (a satellite clinic of the San Francisco Department of Public Health), behavioral health services like individual and group therapy, youth development programs, workforce development services, 3rd StrEATS, a food pantry/CSA program that gives young people and their families fresh organic produce twice a week. In the last two years, 3rd Street has built robust housing services which include HomePoint, the only rapid re-housing program for youth who are homeless in BVHP, helping them to identify and obtain immediate and permanent housing, and 3rd Street is now one of San Francisco's Youth Access Points, providing housing-focused case management that includes housing placement services, rental support, and move-in costs. Through this partnership with SDDT, 3rd Street is excited to foster the support and voices of youth participants of its leadership development and civic engagement program, 3rd Street's Leadership Academy (3LA), to help at least 300 young people gain access to critical information that can positively impact their health and wellness and community.
Carnaval San Francisco	$10,000			42 year old Carnaval San Francisco is the largest and oldest diverse, multi-cultural celebration in California held on Memorial Day weekend. We use our Grand Parade and two-day Street Fair to celebrate the region's diversity but also use the opportunity to provide health education and health screening services to consumers as part of our block long Health and Wellness Pavilion. Our theme for 2020 is "Salud es Poder" or "Health is Power" and we will use a combination of social media, stage mentions, Drum Beat newsletter, and our Health and Wellness Pavilion to incorporate anti-sugary drink messaging and

Sugary Drinks Distributor Tax Funded Initiatives

Social Media Grants – One-time grants through SF Department of Public Health

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	MISSION AND PROGRAM
				education for the diverse participants attending Carnaval San Francisco May 23rd and May 24th.
Gum Moon Residence Hall	$10,000	Chinatown, city-wide	Asian immigrants	Gum Moon is a non-profit organization promoting affordable housing for survivors of domestic violence and trafficking women. Through our community projects known as Asian Women's Resource Center, we provide comprehensive family support programs such as parent-child interactive groups, parenting support and education classes, information and referral services to Asian immigrant families with children 0 to 5 years old. As a program partner, Gum Moon/AWRC is most excited to promote through our social media the SDDT app that our clients can use as an information and educational resource.
Imprint City	$10,000	Bayview	B/AA	Imprint City's Bayview Booms program activates and beautifies underutilized open spaces with healing arts, and wellness activities. We mostly work with community gardens and communities who have been underserved. We look forward to implementing the online tool to support and enhance our communities knowledge around drinking sugary beverages and health outcomes.
Mission High School	$10,000	Mission	Seniors	We are a senior Agricultural Economics class in the Urban Agriculture pathway at Mission High School. We are excited to expand our network of partners and recipients as we continue to focus on food justice work within our community.

Sugary Drinks Distributor Tax Funded Initiatives

Social Media Grants – One-time grants through SF Department of Public Health

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	MISSION AND PROGRAM
Parents for Public Schools of San Francisco	$10,000	City Wide	Chinese, Latinx, and B/AA, public school students and caregivers,	At Parents for Public Schools of San Francisco (PPS-SF) we aim to promote the fundamental value of public education and to pursue the success of every public school by sharing knowledge, bridging communities, and informing policy. Our programs help families to navigate SFUSD enrollment, understand education, and to become empowered engaged members of their school communities. PPS-SF is so excited to be a part of this community education initiative! We know that healthy students and families make for healthier schools! We look forward to enhancing community engagement and expanding the span of outreach through the use of our existing social media platforms in Chinese, English, and Spanish.
San Francisco Islamic School	$10,000			The San Francisco Islamic School (SFIS) is a non-profit education organization, established in 2005. SFIS, both full time and Sunday school, consists of volunteers, staff, and students of diverse ethnic, cultural and socio-economic backgrounds. Our curriculum and community enrichment programs allow individuals to develop their knowledge, identity, social skills and physical being with the goal that they may be able to effectively implement these attributes in their daily lives and as contributors to society. Through our exciting partnership with SDDT, we are looking forward to bringing much-needed awareness of the health harms of sugary drinks and promote a healthy way of living by integrating nutrition into practice, with the hope of eliminating obesity and deadly diseases like type-2 diabetes from our future generations.
The Jamestown Community Center	$10,000	Buena Vista		The Jamestown Community Center is excited to host a Spring Resource Fair at the Buena Vista Horace Mann K-8 Community school. We are excited to provide our families the opportunity to connect with other community members around food access and cooking with health in mind. This will be incorporated with other opportunities at the resource fair including but not limited to registration for summer youth programming, neighborhood soccer teams, dance and music classes.

Sugary Drinks Distributor Tax Funded Initiatives

Social Media Grants – One-time grants through SF Department of Public Health

ORGANIZATION	BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	MISSION AND PROGRAM
Ultimate Impact Inc.	$10,000		youth	Ultimate Impact is a youth development organization that uses the team sport of ultimate Frisbee as the framework for providing youth from underrepresented communities with increased opportunities, confidence, communication abilities, and conflict-resolution skills. Through weekly training sessions, peer interaction, and consistent adult mentorship, Ultimate Impact creates a positive environment for youth to have fun, be active, develop healthy habits, improve athletic skills, and build community. Ultimate Frisbee (commonly known as “Ultimate”) is a fun, fast-paced, non-contact team sport that is low cost, easy to learn, and can be played anywhere. We are looking forward to working with you to educate our youth about the importance of making healthy decisions when it comes to food and drinks.
TOTAL	**$100,000**			

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Food Purchasing Supplement Grants – multi-year grants through SF Public Health Founda

ORGANIZATION	YEAR 1 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	MISSION AND PROGRAM
EatSF/Vouchers 4 Veggies	$916,961	City-wide	Food Security	EatSF will increase food security and increase fruit and vegetable consumption. EatSF is a fruit and vegetable voucher program designed to make healthy food in neighborhood supermarkets, grocery stores and farmers markets affordable for low-income families and individuals. EatSF partners with the SFDPH Women, Infants, and Children (WIC) program to provide vouchers to pregnant WIC clients for 9 months. EatSF also partners with community-based organizations, social service agencies and safety net clinics in low-income neighborhoods to provide vouchers to their clients.
Heart of the City Farmers Market	$326,034	City-wide	Food Security	Heart of the City Farmers Market will increase food security and increase fruit and vegetable consumption through their Market Match program. Heart of the City Farmers Market is a farmer-operated market open every Sunday, Wednesday, and Friday at the UN Plaza in San Francisco's Civic Center. The market attracts customers from across the city because of its high quality, affordable produce. Heart of the City Farmers Market has the distinction of being the largest farmers' market to be part of the CalFresh/Electronic Benefit Transfer (EBT) program in California, and one of the five largest in the nation. The "Market Match" incentive program provides a dollar-for-dollar match of up to $5 when an EBT purchase is made. This program allows CalFresh clients to expand their purchases of fresh, locally grown produce from California farmers. It also supports local farmers through direct sales to consumers.
A Better Course	$107,936	Southeast, Excelsior, Mission	Food Security	A Better Course will increase food security and increase fruit and vegetable consumption through the Market Match program at California's oldest farmers market - Alemany Farmers Market operated by San Francisco's Real Estate Department. Since 2009, A Better Course has partnered with the Alemany Farmers Market to operate a Market Match incentive program for market shoppers using CalFresh/Electronic Benefit Transfer (EBT). This program allows CalFresh clients to expand their purchasing power to purchase fresh, locally grown produce from California farmers. A Better Course will also support Alemany Farmers Market to begin accepting EatSF Vouchers.
TOTAL	**$1,350,931**			

Sugary Drinks Distributor Tax Funded Initiatives

Oral Health Community Grants –multi-year grants through SF Department of Public Health

ORGANIZATION	YEAR 1 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Chinatown Children's Oral Health Task Force	$300,000	Chinatown	Oral Health	The Chinatown Task Force on Children's Oral Health is led by NICOS Chinese Health Coalition. This task force targets parents/guardians and other caregivers living in Chinatown, as well as Asian American and Chinese-speaking low-income families living throughout San Francisco.
Mission Children's Oral Health Task Force	$300,000	Mission	Oral Health	The Mission Children's Oral Health Task Force is led by CARECEN SF (Central American Resource Center). This task force targets parents/guardians and other caregivers living in the San Francisco Mission District, but also Latino and Spanish-speaking low-income families living throughout San Francisco.
District 10 Children's Oral Health Task Force	$300,000	Visitacion Valley/Bayview Hunters Point	Oral Health	The District 10 Children's Oral Health Task Force is led by APA Family Support Services. This task force targets parents/guardians and other caregivers living in the District 10 area of San Francisco, but also African American and other low-income families living throughout San Francisco.
TOTAL	**$900,000**			

Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies

ORGANIZATION	2019-2020 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	MISSION AND PROGRAM
SF Unified School District	$300,000	City Wide	Health Education, Physical Activity Opportunities, Healthy Eating/Food Security, Water Promotion, Community Based Participatory Research	Funding for community-based organizations to support SFUSD implementation of the district Wellness Policy.
SF Unified School District	$1,500,000	City Wide	School meals, nutrition education, student led action	To improve the quality and appeal of school meals to increase participation in school meal programs and support nutrition education. Funding to target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students.
SF Unified School District	$340,000	City Wide	Water Access	Installation of hydration stations at low income schools serving students with health disparities. *SDDTAC recommends alternate funding years between SFUSD for public schools and city agencies to install public domain venues.*
Recreation and Parks Department (or another city agency)	$300,000	City Wide	Water Access (public spaces)	Installation or upgrade of existing hydration station(s) in public spaces that target high risk populations that are disproportionately targeted by the sugary drink industry (community identified public spaces). *SDDTAC recommends alternate funding years between SFUSD for public schools and city agencies to install public domain venues.*

Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies

ORGANIZATION	2019-2020 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Department of Public Health – MCAH and Health Network	$450,000	City Wide	Oral Health School Based Education and Case Management; School Based Sealant Application	Support school-based and school-linked preventive oral health programs, such as sealant application, within SFUSD schools serving high risk target populations.
Office of Economic and Workforce Development	$150,000	City Wide	Healthy Retail	Supporting small business to increase healthy food access in high risk and impacted communities and neighborhoods by 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment
Recreation and Parks Department	$895,000	Bayview/Hunters Point, Visitacion Valley, Potrero Hill	Peace Parks – physical activity; Community building	Program and staffing support for the Peace Parks Programs for high risk populations.
Recreation and Parks Department	$2,000,000	City Wide	Recreation Scholarships	Initiative to expand recreation scholarships and outreach to youth under 18 and living in public and low-income subsidized housing.

Sugary Drinks Distributors' Tax (SDDT) Funding Initiative Evaluation

Fiscal Year 2018-2019

Annual Report

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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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Executive summary

In November 2016, San Francisco voters approved Proposition V, the Sugary Drink Distributor Tax (SDDT). This established a one-cent per ounce fee on the initial distribution within San Francisco of bottled sugar-sweetened beverages, syrup, or powder. The money generated is being used to address health inequities of priority communities that are most targeted by the beverage industry, i.e., youth, young adults, low income individuals, and ethnic minorities — particularly Black/African American, Asian, Latinx, Native American, and Pacific Islander communities.

In the first years of available revenue, the SDDT funding initiative is supporting direct services that decrease consumption of sugar sweetened beverages, increase healthy eating and active living, and addressing the social determinants impeding healthy lifestyles. The funding initiative also aims to develop capacity, leadership, and job opportunities for members of the priority communities and make policy and systems changes.

In the 2018-19 fiscal year, SDDT funds supported five city agencies as well as the development and implementation of three funding announcements (Requests for Proposals - RFPs) for community organizations. This report describes two evaluation activities—a City Agency Survey examining how SDDT funds were utilized in the 2018-19 fiscal year and a RFP Process Survey examining the grant making process.

Key Findings

City Agency Survey

In FY 2018-19, the SDDT funded a total of $10,419,000 for fifteen programs and infrastructure support mechanisms across five agencies. SDDT city agencies funded a range of direct services and systems change activities aimed at meeting the needs of priority populations. Support for existing programs allowed agencies to broaden their reach in services and participants.

Examples of SDDT-fund use by city agencies include Peace Parks, operated under the Recreation and Parks Department, which extended programming with additional free classes and strengthened relationships among community members, city agencies, and the police department. The Human Services Agency used SDDT funds to expand program capacity to meet the growing demands of home-meal deliveries and social activities for older adults and adults with disabilities. The San Francisco Unified School District used SDDT funds by strengthening in-house food preparation programs, increasing water access in schools, and implementing student-led learning projects. The Department of Public Health developed a community-based grant program, provided food supplements for under resourced San Franciscans, and supported child oral-health messaging campaigns in Chinatown, Mission, and Visitacion Valley/Bayview Hunters Point neighborhoods.

RFP Process Survey

In 2019, SFDPH partnered with the San Francisco Public Health Foundation (PHF) to release three request-for-proposals (RFPs) for SDDT grants in the spring of 2019:

- Healthy Communities Grants for agencies with budgets under one million dollars that are demonstrably connected to SDDT priority populations.

- Healthy Communities Support Grants for one-time funds for equipment, data systems, computers, software, curriculum, consultants, or supports to build capacity to deliver chronic disease interventions for priority populations.
- Healthy Food Purchasing Supplement Grants for agencies with experience in operating programs to improve food security.

One of the goals for the Healthy Communities Grants and the Health Communities Support grants was to contract with and to support organizations that do not traditionally contract with the health department but who have reach into vulnerable populations. Overall, the survey found that the RFP process was successful, accomplishing the stated goals of engaging smaller organizations, receiving applications from organizations that work directly with priority populations, reducing barriers to applying, and providing information to inform future RFPs.

Applicants who completed the survey indicated that smaller, non-traditional organizations applied for all three grants, with median annual budgets of $300,000 for the Healthy Communities grant and $600,000 for the Healthy Communities Support and Healthy Food Purchasing Supplement grants. Most survey respondent applicants belonged to 501(c)3 or neighborhood-based organizations and many had not previously received SFDPH funding. Survey respondent applicants often served many of the priority populations most impacted by sugary beverages, especially young adults and people from African American and Latinx communities. The application process was relatively clear, with survey respondents generally reporting straightforward instructions and an appropriate page limit.

Survey respondents who reported barriers to applying generally highlighted two types. The first was not having enough time between their receipt of the RFP and the application due dates, especially since many applied for more than one of the community grants and they had close due dates. Some survey respondents also felt that having a grant writer would have been helpful, yet their organizations did not have the funds for this type of support.

Survey responses demonstrate that the effort extended to make these RFPs more accessible were largely successful. To build on this, future RFPs may want to consider a broader dissemination strategy and the ability to apply online.

Introduction

In November 2016, San Francisco voters approved Proposition V, the Sugary Drink Distributor Tax (SDDT). This established a one-cent per ounce fee on the initial distribution within San Francisco of bottled sugar-sweetened beverages, syrup, or powder. The money generated is being used to address health inequities of priority communities that are most targeted by the beverage industry, i.e., youth, young adults, low income individuals, and ethnic minorities — particularly Black/African American, Asian, Latinx, Native American, and Pacific Islander communities.

In the first years of available revenue, the SDDT funding initiative is supporting direct services that decrease consumption of sugar sweetened beverages, increase healthy eating and active living, and addressing the social determinants impeding healthy lifestyles. The funding initiative also aims to develop capacity, leadership, and job opportunities for members of the priority communities and make policy and systems changes.

In the 2018-19 fiscal year, SDDT funds supported five city agencies as well as the development and implementation of three funding announcements (Requests for Proposals - RFPs) for community organizations. This report summarizes these SDDT-funded activities.

The FY 2018-19 Evaluation Report

As part of the effort to evaluate the SDDT funding initiative, the San Francisco Department of Public Health (SFDPH) engaged Harder+Company Community Research. This report presents findings from these evaluation activities completed by Harder+ Company Community Research:

- City Agency Survey. This survey gathered information about funded programs and services, funding amounts, and populations served by SDDT-funded city agencies in FY 2018-19.
- Request For Proposal Feedback Survey. This survey gathered information from organizations that applied, considered applying, or received information about funding announcements released through the San Francisco Department of Public Health's program administrator, the Public Health Foundation, i.e., the Healthy Communities grant, Healthy Communities SUPPORT grant, and Healthy Food Purchasing Supplement grant.

City Agency Survey

The City Agency survey helps ensure transparency and accountability by San Francisco city agencies receiving SDDT funds in FY 2018-19. The survey was first administered in the previous fiscal year (FY 2017-18) by the San Francisco Department of Public Health, with the intended goal of tracking the use of funds. Harder+Company developed and administered the current survey to build on the previous learning effort.

Methods

The City Agency survey was based on the version distributed in FY 2017-18, updated with input from the SDDT backbone committee and the SDDT Advisory Committee (SDDTAC). Key research questions for the City Agency Survey were:

- How did SDDT funds expand and improve program services?
- What evidence is there of increased reach to populations disproportionately targeted by the sugary drinks industry?
- What barriers or challenges did City Agencies encounter in achieving their aims for the use of SDDT funds?

The purpose of the survey was to gather overall city agency information (e.g., total funds awarded, number of programs funded) as well as program-specific information such as outcomes and populations reached.

The survey was conducted online with the software program Qualtrics which provides tailored email distribution, respondent tracking, and survey skip patterns so that agency respondents only answer questions relevant to their work. The survey was distributed via email to the primary contact person at each of the five funded city agencies. The data collection window ran from the second half of June 2019 (before the close of the fiscal year, which allowed respondents to preview the survey and know what was required) through the months of July and early August 2019. A point person at Harder+Company interfaced directly with these organization primary contacts via phone and email to encourage participation and answer any clarifying questions about survey content.

Once full participation had been achieved, responses were exported to a statistical analysis software program called Statistical Package for the Social Sciences (SPSS). Frequency tables were generated in SPSS for all of the survey questions to identify the full distribution of responses. These full results can be found in the attached Appendix A. For open ended questions, the small sample size made thematic coding unnecessary since results could be directly summarized for each reporting organization. For the purpose of this report, primary outcomes of interest related to: goals of SDDT fund use, outcomes of SDDT fund use, partnerships generated via SDDT funds, and any challenges or barriers to achieving desired goals.

Key Findings

A summary of the City Agency results is presented below, beginning with Exhibit 1, which lists each city agency that received FY 2018-19 SDDT funds, a description of the program(s) they funded, and their dollar allocation. This is followed by Exhibit 2, which lists the priority populations served by each program. Finally, a summary of activities is presented that describes the impact SDDT funds had on each agency and corresponding program. A full set of survey results for each program is included in Appendix A (included in a separate document).

In FY 2018-19, the SDDT funded a total of $10,419,000 for fifteen programs and infrastructure support mechanisms across five agencies. As described in Exhibit 1, below, SDDT city agencies funded a range of direct services and systems change activities aimed at meeting the needs of priority populations.

Provided services included outcomes such as: meal delivery for seniors and adults with disabilities, classes and events to strengthen relationships between community and city agencies, community health worker training, the development of oral health task-forces to address at-risk racial and ethnic communities, and student-led projects to support decreased consumption of sugary drinks.

Activities directed towards systems change included outcomes such as: support for small business communities in high-need neighborhoods to increase the supply of affordable food, planning and evidentiary support for the SDDT-AC, improved water access and local food sourcing in SFUSD schools, and the distribution of community grants allowing organizations serving communities most impacted by the sugary beverage industry to decide how best to use SDDT Funds.

Support for existing programs allowed agencies to broaden their reach of services to diverse communities. For instance, over three-quarters of city agency programs served Black/African Americans, Pacific Islanders, Asians, and the Latinx communities. Additionally, three quarters of programs served youth ages 10-18, and nearly all programs (94%) served low income San Franciscans making below 200% of the Federal Poverty Line.

Exhibit 1. Summary of SDDT Funds Allocated to City Agencies, FY 2018-19.

City Agency	Funded Programs	Program Description	FY 18-19 Allocated Funds
Human Services Agency / Department of Aging and Adult Services These funds are ongoing through the initial FY 2017-18 addback process	Home Delivered Meals	Delivers meals to homebound seniors and adults with disabilities who are unable to shop or prepare their own meals due to a physical or mental impairment	$477,000
	Congregate Meals	Provides lunch every day at various sites to and offers opportunities to socialize with peers and engage in community activities	$370,000
	Community Services	Provides older adults and adults with disabilities with social activities to promote engagement and inclusion in the community	$200,000
Office of Economic and Workforce Development (a portion of these funds, $60k, are ongoing through the initial FY 2017-18 addback process)	Healthy Retail	Addresses public health needs around healthy and affordable food access with a lens of supporting SF's small business community in neighborhoods of high-need	$150,000

City Agency	Funded Programs	Program Description	FY 18-19 Allocated Funds
San Francisco Department of Public Health (a portion of these funds, $50k, are ongoing through the initial FY 2017-18 addback process)	Food Security-Healthy Food Purchasing Supplement	Extends food supplements to improve food security and increase fruit and vegetable consumption	$1,435,000**
	Community-based Grants	Develops Community-based Grants Program to be awarded in 2019/20	$3,817,000
	Infrastructure Support*	Supports data, evaluation, planning and staffing for SDDTAC	$800,000
	HOPE SF Peer Enhancement	Continues Community Health Workers training for all peers	$400,000
	Children's Oral Health Taskforce: Mission	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of Latinx heritage	$150,000
	Children's Oral Health Taskforce: Visitacion Valley/Bayview Hunters Point	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of African American heritage	$150,000
	Children's Oral Health Taskforce: Chinatown	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of Asian heritage	$150,000
Department of Recreation and Parks	Peace Parks	Provides safe spaces with engaging classes/events for community residents and strengthens relationships between the community, police and city agencies.	$520,000
San Francisco Unified School District	Student Nutrition Services	Supports the improvement of local sourcing and central warehousing, expansion of teacher outreach, and advancement of professional development for cafeteria staff	$1,000,000
	Student-Led Action School Health Programs	Supports decreased consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry	$500,000
	Water Access	Offers free, safe, unflavored drinking water to all students throughout the school day	$450,000
	Oral Health SFUSD	Supports oral-health related staffing as well as school-based and school-linked preventive oral health programs within SFUSD schools serving high-risk target populations	$200,000

* Infrastructure support for the administration of SDDT funds is not technically one of the 15 implemented programs; however, it is included in this table as a major category of SDDT expenditures.

** In FY 2018-19, 72% of allocated funds for the Food Security-Healthy Food Purchasing Supplement derived from SDDT funds

All city agencies reported serving SDDTAC priority populations. Exhibit 2 presents the percent of SDDT funded programs that serve each of the SDDTAC-identified priority populations. For instance, 13 programs (or 81% of the funded entities) identified Black/African Americans as one of the priority populations they served.

Exhibit 2. Populations Served by SDDT-Funded Programming (n=16*)

	% of Programs Serving Each Population
Race/ Ethnicity	
Black/African Americans	81%
Latinx	81%
Pacific Islanders	81%
Asian	75%
Filipinx	63%
Native American/Native Indians	44%
Gender	
Women and/or Girls	75%
Men and/or Boys	75%
Age	
Youth (aged 10-18 years)	75%
Young Adults (aged 18-24 years)	44%
Other Demographic Groups	
Low-Income San Franciscans (< 200% FPL)	94%
Pregnant women	38%
Other specified populations	63%
Populations reached unknown	38%

* Includes 15 programs and infrastructure support

City Agency SDDT Programming Highlights

Human Services Agency / Department of Aging and Adult Services

Three programs within the Human Services Agency received SDDT funding, totaling $1,047,000. Funds were utilized by the Department of Aging and Adult Services' Office of Community Partnerships, who in turn contract with community based organizations for the delivery of services to community members. All three programs served Black/African Americans, Latinx, Filipinx, Pacific Islanders, as well as older adults (aged 60+), adults aged 18-59 with disabilities, and low-income San Franciscans. SDDT funds allowed the Human Services Agency to expand existing nutrition and fitness programs to meet the demand in the community. This included providing older adults and adults with disabilities home-delivered meals, community dining opportunities, and social activities to promote community engagement and inclusion.

Home Delivered Meals

The Home Delivered Meals program of the Department of Aging and Adult Services received $477,000 in SDDT funds for FY 2018-19. The Home Delivered Meals program delivered meals to 5,500 homebound seniors and adults with disabilities who are unable to shop or prepare their own meals due to a physical or mental impairment. The activities are intended to allow participants to live more independently, increase their consumption of fruits and vegetables, and feel less isolated. The program achieved successes as 90% of surveyed clients reported the program benefitted them and over 90% reported eating more fruits as vegetables as a result of program participation. The Home Delivered Meals program partners with six local organizations for program operations: Meals on Wheels, Self-Help for the Elderly, Centro Latino de San Francisco, On Lok Day Services, Jewish Family and Children's Services, and Russian American Community Services.

Congregate Meals

The Congregate Meals program of the Department of Aging and Adult Services received $370,000 in SDDT funds and served 19,500 clients for FY 2018-19. The program provides daily community dining opportunities for lunch at various locations throughout the San Francisco. It promotes participant wellness through healthy meals and opportunities to socialize. The program supports over 48,000 congregate meals, aiding participants' independence and nutrition. Though SDDT funds have allowed the Congregate Meals program to expand capacity to meet demand for services, difficulty in finding an appropriate space that meets accessibility and safety requirements delayed the deployment of new sites. Eight partner organizations played a key role in delivering the Congregate Meals program: Self-Help for the Elderly, Project Open hand, Bayview Senior Services, on Lok Day Services, Episcopal Community Services, Russian American Community Services, GLIDE, and Centro Latino de San Francisco.

Community Service Centers

The Community Service Centers program of the Human Services Agency received $200,000 and reached 1,000 community members. Community Service Centers engage adults and seniors with disabilities programs to promote socialization and inclusion in the community. Offered at nearly 40 sites throughout San Francisco, the program partnered with Bayview Senior Services and I.T. Bookman Community Center to offer educational and exercise classes such as tai chi, painting, computer literacy, and English as a Second Language (ESL). The program seeks to expand and develop specialized fitness classes in the future. Many individuals reported participation in more than one physical activity per week as well as positive impacts on their health after participating in a Community Service Center program. The

program reported limited barriers as it has a strong foundation as an existing program.

Office of Economic and Workforce Development

Healthy Retail

The Healthy Retail SF (HRSF) program partners with merchants of local retail shops, or corner stores, to revitalize and strengthen their stores and offer healthier food options in their communities. Healthy Retail SF's goals are to promote healthy eating, strengthen small independent businesses, and increase community cohesion while reducing visibility and de-normalizing unhealthy products so that all residents and children have access to healthy, fresh, and affordable foods. Healthy Retail SF is an incentive-based voluntary program that offers small business owners three key areas of support: 1) store redesign and physical-environment improvements; 2) business-operations advising and technical assistance, and 3) community engagement. Healthy Retail SF helps small business owners shift their business models to become healthy-food retailers in their communities.

San Francisco Department of Public Health

The Department of Public Health received $6,902,000 in SDDT funds in FY 18-19 to support five programs[†] as well as support for infrastructure and community-based grants. Funding for Community-based Grants amounting to $3,817,000 was not expended in FY 2018-19. Altogether, programs overall served 6,166 individuals, many of who were of the following priority populations: Asians, Black/ African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, youth (aged 10-18 years), young adults (aged 18-24 years), and low-income San Franciscans (<200% FPL).

Healthy Food Purchasing Supplement

The Food Security Initiative within the Department of Public Health received funds to improve food security access under the Healthy Food Purchasing Supplement program by providing food supplements through vouchers, incentives, and coupons designed to pay for healthy food. In FY 18-19, the Food Security Initiative partnered with SF Public Health Foundation and their subcontractor, EatSF. The program served 5,100 San Franciscans, most who fall under the SDDT priority population of Black/African Americans, Latinx, Native American/Native Indians, Pacific Islander, Youth (aged 10-18 years), Young Adults (aged 18-24), low-income San Franciscans (< 200% FPL), Pregnant Women, as well as people on Social Security Income. As a result of the program, participants reported eating less junk food (87%); being more confident making healthy choices on a budget (97%); and that their health improved (90%). Low-income pregnant women on WIC especially benefited. The food purchasing vouchers were embedded into the WIC program, and in effect, WIC clients who are pregnant, received an additional $40/month in fruit and vegetable vouchers. Pregnant WIC clients reported an increase in daily fruit and vegetable consumption by 0.26 servings and increase in overall food security from 38% to 44%. The program is growing, as 6 interns were hired for a semester. Of the 6, 3 were bi-lingual Spanish, 2 identified as African American, 1 as Latino, 1 as Filipino, and 2 as White. One barrier to program success was the need for additional vendors to distribute healthy food purchasing supplements; this

[†] This includes funding for three health task forces, which are summarized below in a single synthesis due to the overlapping goals of their programs.

issue was addressed through the release of an RFP with new vendors coming online in FY19-20. The program supports families and individuals in need, as program data shows 82% of participants report incomes of less than $1000 per month; 75% report low or very low food security status; 71% are seniors; 72% are SSI recipients and 70% had a chronic disease affected by diet.

Community-Based Grants

The Department of Public Health, Community Health Equity and Promotion Branch, received $3,817,000 in SDDT funds to support community programs and organizations through community-based grants. The objective is to fund community organizations and provide financial and technical assistance to support the implementation of innovative chronic disease prevention programs. The funds were not expended in FY 2018-19; DPH will fund community based organizations starting FY 2019-20. Harder+Company Community Research was asked to conduct a survey of applicants and potential applicants of these RFP processes. These findings are included in the next chapter of this report. To develop an equitable grant process through which smaller and less resourced organizations could apply, the Department of Public Health contracted with the San Francisco Public Health Foundation as a program administrator. Unfortunately, the DPH process to contract with the Public Health Foundation took longer than anticipated, resulting in a delay in funding to the community.

Infrastructure Support

The Department of Public Health, Community Health Equity and Promotion Branch, received $800,000 in SDDT funds to provide backbone support to the SDDTAC and its three subcommittees, SDDT evaluation, data collection efforts, and implementation of the community-based grants. DPH hired an epidemiologist during the FY 2018-19 and identified two other positions (backbone support to the SDDTAC and its subcommittees and a grants coordinator) that started in FY 2019-20, collected sugary drinks purchasing data, partnered with RDA to support SDDTAC activities, and hired Harder+Company Community Research to develop an evaluation framework and produce an annual evaluation report.

HOPE SF

The Department of Public Health received $400,000 in SDDT funds to continue chronic disease and nutrition education programs for HOPE SF participants. The program serves the following priority populations: Black/African Americans, Latinx, Pacific Islanders, Youth (aged 10-18 years), Young Adults (aged 18-24), and low-income San Franciscans (<200% FPL). The program's key outcomes include (1) identifying hypertensive patients, (2) linking patients to clinical services, and (3) improving nutrition education. To reach these outcomes, HOPE SF partnered with the YMCA to hire and train HopeSF residents to provide these linkage and educational services, including through health fairs and wellness classes. The additional funding allowed increased hours for the community health workers with and additional educational support.

Three Oral Health Taskforces

Maternal, Child and Adolescent Health Branch of the Department of Public Health, was awarded $450,000 to support the development and implementation of three neighborhood taskforces in the Mission, Visitacion Valley/Bayview Hunters Point, and Chinatown. With the goal to improve access to and awareness of early preventative oral health services, each taskforce was set to receive $150,000 to focus on the development of a sustainability plan and expansion of culturally appropriate messaging tailored to the make-up of the respective neighborhoods. While the taskforce in the Mission focused on high risk children of Latinx heritage

and the Chinatown Taskforce on those of Asian heritage, the Visitacion Valley/ Bayview Hunters Point geared its attention to children of African American heritage. All taskforces partnered with CavityFreeSF with regards programming activities and media campaigns. CARECEN, APAFSS, and NICOS were identified as host agencies to staff the groups. Each task force held focus groups to gather information which will be used to develop the messaging campaign. The Chinatown Taskforce has already implemented PSAs on the radio.

San Francisco Department of Recreation and Parks

Peace Parks

The Peace Parks program of the Department of Recreation and Parks received $520,000 and provides a safe recreation space for all San Franciscans. One thousand community members, including over 600 families, participated in Peace Parks. The program an array of free classes in creative arts (dance and drumming lessons), physical activities (martial arts and basketball leagues), and career advancement (coding and job readiness workshops).Peace Parks assisted 6 families in finding housing and provided 25 secure jobs to members of the community. The program partnered with Loco Bloco to provide drumming classes and Street Violence Intervention Project (SVIP) to improved safe transport options. Among many desired outcomes, the program aims to increase and encourage formal and informal education, reduce truancy, increase physical activity opportunities, and provide safe access to community spaces. Peace Parks has influenced the safety of recreation spaces and strengthened the relationship between community members, city agencies, and the police department. As the program grows, the need to provide healthy meals to participating families and youth becomes more imperative, though funding for these meals is a challenge. To better understand successes and gaps, the program encourages funds to be dedicated toward more data collection and monitoring.

San Francisco Unified School District

The San Francisco Unified School District (SFUSD) received $2,150,000 in SDDT funding to support four programs. In total, programs administered through SFUSD served 28,542 individuals including those from the following SDDT priority populations: Asians, Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, youth (aged 10-18 years), foster youth, low-income San Franciscans (< 200% FPL), members of the LGTBQ community, and students who do not have a sense of belonging at school.

Student-Led Action School Health Programs

SFUSD received $500,000 in SDDT funds to support Student-Led Action programming. It served approximately 1,000 individuals from the following SDDT priority populations: Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, Youth (aged 10-18 years), and Low-Income San Franciscans (under 200% FPL). The program aimed to implement student-led projects in three to seven schools (with the goal of eventually expanding to 33) with students receiving stipends for their extra work. These projects plan to culminate with presentations of findings related to increased water consumption and decreased sugary beverage consumption, increased consumption of fruits and vegetables, and increased physical activity. Program activities included assessing school and other community data and training staff and students to develop project-based learning activities. During the beginning of the program, the lack of

staff served as a barrier, but fortunately with the SDDT funding, the program was able to hire multi-lingual Teacher on Special Assignment (TSA), Paraprofessional on Special Assignment and 2.2 FTE Site Nutrition Coordinator. The main success of this program was the implementation three project-based learning efforts.

Student Nutrition Services

SFUSD received $1,000,000 in SDDT funds to support student nutrition services. Programming served approximately 20,200 and aimed to improve local sourcing and central warehousing of foods, expand teacher outreach, and advance professional development for cafeteria staff. Program activities included hiring a culinary supervisor to research local food options and connect with suppliers and hiring a communications and design strategies firm to develop a marketing campaign. Through these efforts 20% of total food purchases were locally sourced and there was a 50% increase in Refresh (in house meals prepared at middle and high schools). Additionally, cafeteria staff received over 44 hours of professional development. Limitations in facility capacity were identified as a barriers to improve meals and the meal experience.

Water Access

SFUSD received $450,000 in SDDT funds to support Water Access Programming. Programming served approximately 2,000 individuals from the following SDDT priority populations: Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, Youth (aged 10-18 years), Foster Youth, low-income San Franciscans (< 200% FPL), and members of the LGBTQ community, and students who do not have a sense of belonging at school. The program aims to fund 30 - 35 hydration stations in 15 - 19 schools, meeting SFUSD's Silver or Gold Standard. At this point, three schools are scheduled for installation. The program also aimed to address disparities in underserved areas by increasing the percentage of accessible hydration stations the percentage of students self-reporting drinking more water; and the number of student led health activities. Finally, the program aimed to decrease self-reported sugar-sweetened beverage consumption. Program activities included meeting with stakeholders for guidance; completing a data assessment of filling stations across 123 schools; preparing Whole School, Whole Community, Whole-Child Professional Development, education delivery for 15 - 19 schools; and implementing a student-led project-based learning water project for more than 20 students. The main barrier related to organization and coordination across multiple stakeholders to problem-solve water installations. The main success of the program will be the implementation of various student-led projects across three schools.

Oral Health

SFUSD received $200,000 in SDDT funds to support oral health. Programming served approximately 5,342 individuals and aimed to increase the number of oral health case management post-care screenings. To achieve its goals, they partnered with the SF Public Health Foundation to provide oral health screening to Kindergarteners and First Graders in one school district. Program activities included outreach calls and letters to families in their preferred languages, connecting families to oral health care providers, and following up to see if families attended appointments. One success was the hiring of a health worker and a nurse coordinator.

RFP Feedback Survey

Community-based grants are an important component of the SDDT Funding Initiative. In their recommendations for how to distribute this grant money, the SDDT Advisory Committee (SDDTAC) was guided by the principle that SDDT revenue should be spent to effectively reduce the burden of chronic diseases associated with the consumption of sugary drinks among populations facing the largest health disparities. Specifically, funds should support community-based organizations (CBOs) that address the health inequities of those who are most targeted by the beverage industry.

In an effort to reach organizations that do not traditionally contract with the health department, SFDPH partnered with the San Francisco Public Health Foundation (PHF) to release three request-for-proposals (RFPs) for SDDT grants in the spring of 2019:

- Healthy Communities Grants for agencies with budgets under one million dollars that are demonstrably connected to SDDT priority populations.
- Healthy Communities Support Grants for one-time funds for equipment, data systems, computers, software, curriculum, consultants, or supports to build capacity to deliver chronic disease interventions for priority populations.
- Healthy Food Purchasing Supplement Grants for agencies with experience in operating programs to improve food security.

Methods

An RFP survey was developed as part of the SDDT Funding Initiative evaluation to assess how well the proposal solicitation process worked. Key questions addressed by the RFP survey were: Was the application process clear and concise? Were there any unnecessary barriers to applying? Did the pool of applicants include organizations that work most directly with priority populations? The purpose of the survey was to understand whether the RFP process allowed for smaller, non-traditional organizations to apply and to inform future RFP development.

Survey questions also asked about the RFP application process, information sessions, and support, as well as descriptive information about each organization. Harder+Company drafted the survey, which was then discussed and edited by the SFDPH backbone team and SDDTAC subcommittees.

Since the goal was to compare responses from organizations that did and did not apply for community grants, the potential respondents and data collection windows were informed by this goal. The survey was distributed to all organizations that were notified about the grants, participated in an RFP information session, submitted questions on the RFP website, and/or applied for a grant so that Harder+Company could compare the responses of applicants, potential applicants (those who considered applying), and non-applicants. People who received these invitations were also invited to share the link with organizations or listservs representing organizations eligible for this funding. The surveys were distributed at the end of July 2019, right after proposals were due so that the experience of applying was recent enough that applicants could recall their experiences and non-applicants could remember what dissuaded them from applying Individuals were also asked to share the survey link with any relevant list serves or contacts to which the RFP had been distributed.

The survey was conducted online with the software program Qualtrics which provides tailored email distribution, respondent tracking, and survey skip patterns

so that agency respondents only answer questions relevant to their work. Weekly reminder emails were circulated to survey distribution lists. Once these reminder emails failed to generate new respondents (see response rate description below), the survey was closed in late August 2019. Survey data were then imported into SPSS for statistical analysis. Frequency tables were generated for all of the survey questions to identify the full distribution of responses. These full results can be found in the attached Appendix B. For open-ended questions, responses were reported verbatim to allow DPH and the grant-making intermediary organization Public Health Foundation to assess feedback directly (see exhibits 13, 15, 27, 29, 42 and 44). For the purpose of this report, primary outcomes of interest related to: clarity and complexity of proposal process, barriers and challenges to applying, and an assessment of efforts to make the application process more accessible to non-traditional grantee applicants (i.e., smaller, more grassroots, organizations).

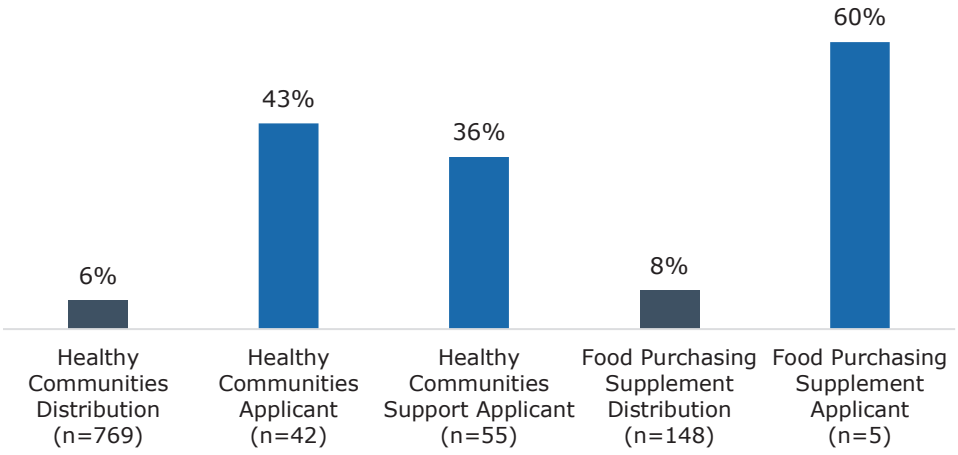
Responses Rate

The survey was sent to a total of 1,142 email addresses. An "adjusted" total of 946 was computed after the following exclusions:

- 7 emails (0.6%) bounced
- 88 email recipients (8%) opted out of the survey by clicking the "unsubscribe" link at the bottom of the email invitation
- 101 (9%) email recipients were excluded because their email address was from an @sfgov (n=55), @sfdph (n=42), or @harderco (n=4) email domain, meaning they were included on the distribution lists to monitor process - not as prospective grantees

We received 79 responses. We then excluded an additional seven because there was another response from the same organization; the most complete or earliest response was kept. This resulted in a final sample size of 72, for an overall 8% response rate. This is in the range of what can be expected for online surveys sent to recipients who do not necessarily know the distributor (i.e., Harder+Company). As summarized in Exhibit 3, below, the response rate was much higher for actual applicants for each of the three grants. Note that the total number of people who received the survey link is unknown because those who received the initial invitation were asked to share the link with other organizations eligible for this funding. These response rates, therefore, do not account for these secondary distributions.

Exhibit 3. SDDT RFP Survey Response Rate, by Distribution Group (survey respondents could be in more than one distribution group).



As with most survey data, the results in this report are based on self-reported information and not independent assessments of grant applications or

organizations' practices. Furthermore, as indicated by the response rate, not all organizations that received the RFP or applied for the grants responded to the survey. Results are, therefore, representative of organizations that responded to the survey and not necessarily all organizations that applied or considered applying for the SDDT community grants.

Key Findings

Overall, the survey found that the RFP process was successful, accomplishing the stated goals of engaging smaller organizations, receiving applications from organizations that work directly with priority populations, reducing barriers to applying, and providing information to inform future RFPs.

Applicants who completed the survey indicated that smaller, non-traditional organizations applied for all three grants, with median annual budgets of $300,000 for the Healthy Communities grant and $600,000 for the Healthy Communities Support and Healthy Food Purchasing Supplement grants. Most survey respondent applicants belonged to 501(c)3 or neighborhood-based organizations and many had not previously received SFDPH funding. Survey respondent applicants often served many of the priority populations most impacted by sugary beverages, especially young adults and people from African American and Latinx communities. The application process was relatively clear, with survey respondents generally reporting straightforward instructions and an appropriate page limit.

Survey respondents who reported barriers to applying generally highlighted two types. The first was not having enough time between their receipt of the RFP and the application due dates, especially since many applied for more than one of the community grants and they had close due dates. Some survey respondents also felt that having a grant writer would have been helpful, yet their organizations did not have the funds for this type of support.

Survey responses demonstrate that the effort extended to make these RFPs more accessible were largely successful. To build on this, future RFPs may want to consider a broader dissemination strategy and the ability to apply online.

A summary of the detailed RFP survey results is presented here. A full set of tables is included in Appendix B.

Full Results

Healthy Communities Grant

The SDDT Healthy Communities RFP was intended to fund 12 or fewer applicants for up to $500,000 each, between September 2019 and June 2022. Selected organizations need to have strong and demonstrable connections to SDDT priority populations and annual budgets under one million dollars.

The goal of the RFP was to fund projects that implement chronic disease prevention initiatives that impact health equity and inspire innovative, community -driven and -led projects that strengthen priority communities. Long term sustainable changes that are health promoting, community building, and equity focused were also prioritized.

Description of Survey Respondents

About one-third of survey respondents (35%) applied for the Healthy Communities grant and another 10% considered applying (Exhibit 4). An additional 38% (n=26),

represented organizations with annual budgets greater than one million dollars; these were not eligible to apply for the Healthy Communities grant. Because one of the goals of this analysis was to highlight the reasons why eligible organizations did not apply, the 26 ineligible organizations were excluded for the rest of the section.

Exhibit 4. Survey Respondents' Healthy Communities Grant Application Status

	Frequency	Percent
Applied	24	35%
Considered Applying	7	10%
Neither Applied nor Considered	12	17%
Ineligible, Budget >$1m	26	38%
Total	69	100%

- As summarized in Exhibit 5, most survey respondents belong to 501(c)3 or neighborhood-based organization (each 40%). Organizations that applied and those that considered but did not apply were generally similar types. The largest difference was that 14% of those that did not apply were schools or educational institutions, while none of the applicants were.

- Survey respondents that did not consider applying had the lowest median annual budget ($7,500), while those who applied ($300,000) or considered applying ($250,000) had similar budgets (see Appendix B).

- The most common way that survey respondents who applied for the grant heard about it (57%, see Appendix B) was through an email from the San Francisco Public Health Foundation (PHF). Survey respondents who considered applying, however, were most likely to hear about the grant through an email from someone else or word of mouth (29%, both).

Exhibit 5. What type of organization are you (please check all that apply)?

	Application Status: Healthy Communities Grant			
	Applied (n=24)	Considered, But Did Not Apply (n=7)	Neither Applied nor Considered (n=12)	Total (n=43)
501(c)3 (nonprofit)	46%	43%	25%	40%
Faith based group	8%	0%	8%	7%
Private company	4%	0%	8%	5%
Neighborhood based organization	33%	29%	58%	40%
School or educational institution	0%	14%	8%	5%
Other (please specify)	13%	8%	11%	12%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, health and wellness advocate, independent consultant, and retired LCSW who sits on several nonprofit boards

Applied or Considered Applying for the Healthy Communities Grant (n=31)

- As summarized in Exhibit 6, half of the survey respondents that applied for funding had received a previous grant from SFDPH (50%) while none of the respondents that considered applying had. Most survey respondents (75%) do not use professional grant writers.

- The Healthy Communities RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 7). Among the age-related priority populations, survey respondents that applied were most likely to serve young adults (75%) and organizations that considered applying were most likely to serve seniors (75%). Among the race/ethnicity priority populations, the group most often served by applicants was African American communities (85%), while each of the race/ethnicity priority populations was served by 75% of organizations that considered applying. A similar number of survey respondents that applied and considered applying served each of the priority gender and "other" populations.

- The type of work done by the largest proportion of survey respondents (Exhibit 8) was related to active living / physical activity (79%) and chronic disease prevention education (71%). No responding organizations worked on oral health (0%).

- Survey respondents that considered applying for the Healthy Communities grant usually apply for a few more grants per year (median: 8) than those who applied (median: 5, see Appendix B).

- Most survey respondents who applied or considered applying for the Healthy Communities grant knew about the information session (79%, Exhibit 9). Most of those who knew about it attended (64%, Exhibit 10) and found it very helpful (57%, see Appendix B).

- Most survey respondents (79%) also knew about the RFP web Q&A page (Exhibit 11); 44% were very satisfied and 50% were mostly satisfied with the information (Exhibit 12).

Exhibit 6. Has your organization ever received a grant from the San Francisco Department of Public Health?

	Application Status: Healthy Communities Grant		
	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Yes	50%	0%	42%
No	45%	75%	50%
Don't Know	5%	25%	8%

Exhibit 7. Which of the following populations are served by your organization? (select all that apply)

	Application Status: Healthy Communities Grant		
	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Age			
Children 0-5 years	55%	25%	50%
Children 6-17 years	70%	25%	63%
Young Adults (age 18 to 24 years)	75%	50%	71%
Male Youth 10-24 years	55%	25%	50%
Adults 25-64	45%	50%	46%
Seniors 65+	40%	75%	46%
Race/Ethnicity			
Asians	65%	75%	67%
Black/African Americans	85%	75%	83%
Filipinx	30%	75%	38%
Latinx	65%	75%	67%
Native Americans	25%	75%	33%
Pacific Islanders	60%	75%	63%
Whites	40%	75%	46%
Gender			
Men / Boys	65%	50%	63%
Women / Girls	65%	50%	63%
Additional Priority Populations			
Pregnant Women	35%	25%	33%
Low Income Residents	80%	75%	79%
Specific Neighborhoods (please specify)	60%	75%	63%
Other (please specify)	5%	50%	13%

Exhibit 8. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Healthy Communities Grant		
	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Active living / physical activity	80%	75%	79%
Adverse childhood experiences	20%	0%	17%
Chronic disease prevention education	70%	75%	71%
Food security	25%	25%	25%
Healthy eating	70%	50%	67%
Oral health	0%	0%	0%
Policy or systems changes	25%	50%	29%
Sugary drink consumption	30%	0%	25%
Supporting breastfeeding	20%	0%	17%
Water access	15%	0%	13%
Workforce development / local hiring	35%	0%	29%
Other (please specify)	25%	25%	25%

Other included: doula services, education, mass incarceration, maternal health care, mental health, older adult recreation, spiritual health, and tobacco control.

Exhibit 9. Did you know about the Healthy Communities grant application information session?

	Frequency	Percent
Yes	22	78.6
No	6	21.4
Don't Know	0	0.0
Total	28	100.0

Exhibit 10. Did you attend the Healthy Communities grant application information session meeting (either in person or remotely)?

	Frequency	Percent
Yes	14	63.6
No	8	36.4
Total	22	100.0

Exhibit 11. Did you know about the question and answer page for the Healthy Communities grant?

	Frequency	Percent
Yes	22	78.6
No	6	21.4
Total	28	100.0

Exhibit 12. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	8	44.4
Mostly satisfied (please describe why)	9	50.0
Somewhat satisfied (please describe why)	1	5.6
Not at all satisfied (please describe why)	0	0.0
Total	18	100.0

Exhibit 13. What tools or trainings would have been helpful in completing the Healthy Communities grant application?

Text Responses
• A workshop specifically to help non-professional grant writers understand more clearly how to promote our programs
• All the trainings were helpful
• For small organizations with small budgets but has experience implementing programs, it would've been equitable if a grant writer was delegated to them
• I thought it was fairly straightforward but I used to work in the Accounting field and I am well acquainted with reading complicated government publications. That being said I thought it was fairly easy, LONG but not that complicated.
• In the future it would be great to have some program highlights videos from funded programs/orgs so that we can see what type of programs this grant funding supports as well as impact.
• Online application
• Research
• Scored LOI
• Tools and information provided were adequate
• We would need specific training on how the organization would be reimbursed for monies spent. We had a bad experience with this several years ago, poor guidelines, poor follow up from the City. Not anxious to repeat that experience.

Considered Applying (n=7)

There were only a few survey respondents who considered applying for the Healthy Communities grant but did not actually apply (n=7). In this section, we, therefore, refer to numbers of respondents because the sample is too small to yield reliable percentages (i.e., a small change in the frequency will result in a large change in the percentages).

- Among those who considered but did not apply for the Healthy Communities grant, the most common reason for not applying was that they did not have time or did not have a grant writer (n=2 out of 7 each). No one (n=0) reported that the amount of funding was too small (Exhibit 14).

Exhibit 14. Why did you choose not to apply for the Healthy Communities grant? (select all that apply)

	Frequency	Percent
Didn't have time	2	33.3%
Don't have a grant writer	2	33.3%
We are not eligible	0	0%
The amount of funding available was too small	0	0%
The application process was too much work	1	16.7%
The application process was too complicated	1	16.7%
Our work does not fit within the scope	1	16.7%
Other (please specify)	3	50.0%
Other included: Did not know about it; the amounts were more than we needed for a planned project.		

Exhibit 15. What could we change so that you would apply for future SDDT funding?

Text Responses
• Add us to your list of RFP recipients
• Better distribution of RFP
• Could applicants ask for a smaller grant? $5,000 to $10,000? Also, needed more information on how this is administered, receipts, who submitted to, etc.
• Not have all the deadlines to close together
• Provide a grants 101 course

Applied (n=24)

- Among those who applied for the Healthy Communities grant, a large majority (77%) felt that the instructions were very clear (Exhibit 16), the time frame was just right (68%, see Appendix B), and the 10-page limit was about right (77%, Exhibit 17).

- When considering the difficulty of the application sections (Exhibit 18), a majority of survey respondents rated the following sections as somewhat or very easy: fiscal agency organizational capacity (64%), organizational capacity (55%), and qualifications statement (59%). The largest portion of survey respondents rated the remaining sections (budget, project description, and workplan) as neither easy nor difficult.

Exhibit 16. How clear and understandable were the application instructions for the Healthy Communities grant?

	Frequency	Percent
Very clear	17	77.3
Somewhat clear	5	22.7
A little clear	0	0.0
Not at all clear	0	0.0
Total	22	100.0

Exhibit 17. The limit of 10 pages for the narrative section of the Healthy Communities grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	5	22.7
Was about the right length; it gave us enough space to answer all the questions	17	77.3
Was too long; we did not need that much space	0	0.0
Total	22	100.0

Exhibit 18. How difficult was each of the following sections of the Healthy Communities grant application? (n=22)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	n/a	Total
Budget	14%	50%	36%		100%
Fiscal agency organizational capacity	9%	18%	64%	9%	100%
Organizational capacity	9%	36%	55%		100%
Project description	23%	32%	45%		100%
Qualifications Statement	9%	32%	59%		100%
Workplan	27%	41%	32%		100%

Healthy Communities Support Grant

The SDDT Healthy Communities Support grants provide capacity building funding for non-profit agencies implementing chronic disease interventions for priority populations. The RFP sought to fund between 10 and 15 grants, for 10 months each.

The maximum allotment of $75,000 per grant was intended to provide one-time capacity-building funds for equipment, data systems, computers, software, curriculum, consultants, or other supports. As with the SDDT Healthy Communities RFP, the goal of the Support grants is to impact chronic diseases and health equity.

Description of Survey Respondents

- As summarized in Exhibit 19, 44% of survey respondents applied for the Healthy Communities Support grant and another 23% considered applying.
- Most survey respondents (59%) belong to 501(c)3 organizations. Organization type was similar between the organizations that applied and considered applying (Exhibit 20).
- There was no annual budget restriction for Healthy Communities Support grant applicants, so the budget range was large, up to $80 million (see Appendix B). Organizations that applied had a median annual budget of $600,000 while the median for those that considered applying was $910,000.
- The most common way survey respondents who applied for the grant (55%) or considered applying (38%) heard about the RFP was through an email from the San Francisco Public Health Foundation (see Appendix B).

Exhibit 19. Survey Respondents' Healthy Communities Support Grant Application Status

	Frequency	Percent
Applied	30	43.5%
Considered Applying	16	23.2%
Neither Applied nor Considered	23	33.3%
Total	69	100.0%

Exhibit 20. What type of organization are you (please check all that apply)?

	Application Status: Healthy Communities Support Grant			
	Applied (n=30)	Considered, But Did Not Apply (n=16)	Neither Applied nor Considered (n=23)	Total (n=69)
501(c)3 (nonprofit)	60%	56%	61%	59%
Faith based group	10%	0%	4%	6%
Private company	3%	6%	0%	3%
Neighborhood based organization	23%	19%	39%	28%
School or educational institution	3%	6%	9%	6%
Other (please specify)	17%	13%	9%	13%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, FQHC, health and wellness advocate, independent consultant, retired LCSW who sits on several nonprofit boards.

Applied or Considered Applying for the Healthy Communities Support Grant (n=46)

- More than half of the responding organizations that applied for funding had received a previous grant from SFDPH (58%) while only one-third (33%) of the organizations that considered applying had (Exhibit 21). Two-thirds of survey respondents in both groups (67%) do not use professional grant writers (see Appendix B).

- The Healthy Communities Support RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 22). Among the age-related priority populations, survey respondents that applied were most likely to serve young adults (71%) and responding organizations that considered applying were most likely to serve children 6-17 years and adults (75% each). Among the race/ethnicity priority populations, the group most often served by applicants was Latinx communities (92%), and the group most often served by organizations that considered applying was African Americans (83%).

- The type of work done by the largest proportion of survey respondents (Exhibit 23) was related to healthy eating (69%) and active living (67%). The lowest proportion worked in oral health (8%).

- There was no information session specifically for the Healthy Communities Support grant. There was, however, an RFP Q&A webpage. A majority of responding organizations knew about this webpage (64%), Exhibit 24), and most visited it (76%, Exhibit 25). One-third (33%) were very satisfied with the information and a majority (53%) were mostly satisfied (Exhibit 26).

Exhibit 21. Has your organization ever received a grant from the San Francisco Department of Public Health?

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Yes	58%	33%	50%
No	38%	58%	44%
Don't Know	4%	8%	6%

Exhibit 22. Which of the following populations are served by your organization? (select all that apply)

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Age			
Children 0-5 years	58%	42%	53%
Children 6-17 years	67%	75%	69%
Young Adults (age 18 to 24 years)	71%	58%	67%
Male Youth 10-24 years	63%	50%	58%
Adults 25-64	63%	75%	67%
Seniors 65+	58%	50%	56%
Race/Ethnicity			
Asians	71%	75%	72%
Black/African Americans	88%	83%	86%
Filipinx	63%	58%	61%
Latinx	92%	58%	81%
Native Americans	58%	58%	58%
Pacific Islanders	83%	67%	78%
Whites	67%	67%	67%
Gender			
Men / Boys	75%	67%	72%
Women / Girls	79%	75%	78%
Additional Priority Populations			
Pregnant Women	54%	33%	47%
Low Income Residents	92%	83%	89%
Specific Neighborhoods (please specify)	67%	75%	69%
Other (please specify)	13%	8%	11%

Exhibit 23. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Active living / physical activity	79%	42%	67%
Adverse childhood experiences	21%	33%	25%
Chronic disease prevention education	54%	50%	53%
Food security	38%	25%	33%
Healthy eating	83%	42%	69%
Oral health	8%	8%	8%
Policy or systems changes	25%	42%	31%
Sugary drink consumption	38%	17%	31%
Supporting breastfeeding	25%	8%	19%
Water access	17%	0%	11%
Workforce development / local hiring	42%	33%	39%
Other (please specify)	25%	25%	25%

Other included: doula services, education, etiquette and manners, legal aid, life skills, mass incarceration, maternal health care, mental health, older adult recreation, services to public school families, spiritual health, tobacco control, youth and family development.

Exhibit 24. Did you know about the question and answer page for the Healthy Communities Support grant?

	Frequency	Percent
Yes	25	64.1
No	14	35.9
Total	39	100.0

Exhibit 25. Did you visit the question and answer page for the Healthy Communities Support grant?

	Frequency	Percent
Yes	19	76.0
No	6	24.0
Total	25	100.0

Exhibit 26. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	5	33.3
Mostly satisfied (please describe why)	8	53.3
Somewhat satisfied (please describe why)	2	13.3
Not at all satisfied (please describe why)	0	0.0
Total	15	100.0

Exhibit 27. What tools or trainings would have been helpful in completing the Healthy Communities Support grant application?

Text Responses
• A session to go over the grant application with a staff member who is clear what is necessary to qualify and stand a chance of getting a grant
• I believe all information needed was available to applicants.
• I have been attending the Grant Space seminars and webinars , they are good for me as I just started doing this
• It was pretty straightforward and well done
• Ongoing with SF FOG and city and county cross department information sharing
• Online support
• Some language in the RFP was technical, and did not easily give reference (or spell out definitions) of terms. A glossary section would have been useful for organizations who do Community Health work outside of the formal health sector.
• Time necessary to write and gather all information

Considered Applying (n=16)

- Among those who considered but did not apply for the Healthy Communities Support grant, the most common reason for not applying (Exhibit 28) was that they did not have time or did not have a grant writer (21% each). No survey respondents reported that the application process was too complicated or too much work (0% each).

Exhibit 28. Why did you choose not to apply for the Healthy Communities Support grant? (select all that apply)

	Frequency	Percent
Didn't have time	3	21.4
Don't have a grant writer	3	21.4
Our work does not fit within the scope	1	7.1
The amount of funding available was too small	1	7.1
Application process was too complicated	0	0.0
Application process was too much work	0	0.0
Other (please specify)	2	14.3

Other included: amount was too large.

Exhibit 29. What could we change so that you would apply for future SDDT funding?

Text Responses
• It was about organizational fit not the grants
• Nothing it was a good process
• Right fit and time to apply.
• SF should cover more costs that are related for indirect due to high rents
• Smaller grants, detailed information on pay out process, receipts needed, etc.
• Smaller organizations without professional/staff grant writer with a capacity grant to address health disparities in the community.

Applied (n=30)

- Among those who applied for the Healthy Communities Support grant, most (74%) felt that the instructions were very clear (Exhibit 30), the time frame was just right (85%, see Appendix B), and the four-page limit was about right (70%, Exhibit 31).

- When considering the difficulty of the application sections (Exhibit 32), a majority of survey respondents (59% to 89%) rated all of the sections as somewhat or very easy.

Exhibit 30. How clear and understandable were the application instructions for the Healthy Communities Support grant?

	Frequency	Percent
Very clear	20	74.1
Somewhat clear	6	22.2
A little clear	1	3.7
Not at all clear	0	0.0
Total	27	100.0

Exhibit 31. The limit of 4 pages for the narrative section of the Healthy Communities Support grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	8	29.6
Was about the right length and gave us enough space to answer all the questions	19	70.4
Was too long; we did not need that much space	0	0.0
Total	27	100.0

Exhibit 32. How difficult was each of the following sections of the Healthy Communities Support grant application? (n=27)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	n/a	Total
Budget	11%	30%	59%		100%
Fiscal Agency Capacity / Staff Qualifications	4%	22%	63%	11%	100%
Organizational Capacity	11%	19%	70%		100%
Project Description	19%	19%	63%		100%
Qualifications Statement & Cover Sheet	11%	0%	89%		100%

Healthy Food Purchasing Supplement Grant

The SDDT Healthy Food Purchasing Supplement grants are for agencies with experience in operating programs to improve food security and dietary intake by increasing the ability of food-insecure San Franciscans to purchase foods that contribute to a nutritious diet.

The funds were expected to support to up to five agencies for interventions to improve food security and dietary intake. An estimated $1,000,000 is expected to be available annually for this solicitation.

Description of Survey Respondents

- As summarized in Exhibit 33, 9% of survey respondents applied for the Healthy Food Purchasing Supplement grant and another 15% considered applying.

Exhibit 33. Survey Respondents' Healthy Food Purchasing Supplement Grant Application Status

	Frequency	Percent
Applied	6	8.7
Considered Applying	10	14.5
Neither Applied nor Considered	53	76.8
Total	69	100.0

There were only a few survey respondents who applied (n=6) or considered applying for the Food Purchasing Supplement grant (n=10). In this section, we, therefore, refer to numbers of respondents because the sample is too small to yield reliable percentages (i.e., a small change in the frequency will result in a large change in the percentages).

- The largest group of survey respondents that applied (2 out of 6) were from schools or educational institutions (Exhibit 34), while the largest group that considered but did not apply were 501(c)3 organizations (6 out of 10).

- There was no annual budget restriction for Food Purchasing Supplement grant applicants, so the budget range was large, up to $20 million (see Appendix B). Organizations that applied had a median annual budget of $600,000 while the median for those that considered applying was $375,000.

- The most common ways that survey respondents who applied or considered applying for the Food Purchasing Supplement grant heard about the RFP was through an email from someone else (i.e., not the San Francisco Public Health Foundation or word of mouth (see Appendix B).

Exhibit 34. What type of organization are you (please check all that apply)?

	Application Status: Food Purchasing Supplement Grant			
	Applied (n=6)	Considered, But Did Not Apply (n=10)	Neither Applied nor Considered (n=53)	Total (n=69)
501(c)3 (nonprofit)	17%	60%	64%	59%
Faith based group	17%	0%	6%	6%
Private company	0%	0%	4%	3%
Neighborhood based organization	17%	30%	30%	28%
School or educational institution	33%	10%	2%	6%
Other (please specify)	17%	20%	11%	13%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, FQHC, health and wellness advocate, independent consultant, retired LCSW who sits on several nonprofit boards.

Applied or Considered Applying for the Food Purchasing Supplement Grant (n=16)

- Half of the responding organizations that applied for funding (1 out of 2) had received a previous grant from SFDPH, while one-third (2 out of 6) of the survey respondents that considered applying had (Exhibit 35).

- The Food Purchasing Supplement RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 36). All of the survey respondents who applied (2 out of 2) reported serving seniors. Organizations that considered applying were most likely to serve adults and seniors (4 out of 6 each). Among the race/ethnicity priority populations, all survey respondents that applied reported serving African American or Asian communities; the group most often served by organizations that considered applying were African American and Pacific Islander communities (5 out of 6 each).

- Not surprisingly, all of the responding applicant organizations worked on food security and healthy eating (Exhibit 37). The largest proportion of responding organizations that considered applying worked on active living and chronic disease prevention (4 out of 6 each).

- Many survey respondents did not know about the information session (5 out of 9, Exhibit 38). Half of those who knew about it attended (2 out of 4, Exhibit 39).

- In contrast, most survey respondents (7 out of 9) knew about the RFP web Q&A page (Exhibit 40). Two out of three were mostly satisfied with the information (Exhibit 41).

Exhibit 35. Has your organization ever received a grant from the San Francisco Department of Public Health?

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Yes	50%	33%	38%
No	50%	50%	50%
Don't Know	0%	17%	13%

Exhibit 36. Which of the following populations are served by your organization? (select all that apply)

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Age			
Children 0-5 years	50%	50%	50%
Children 6-17 years	50%	33%	38%
Young Adults (age 18 to 24 years)	50%	50%	50%
Male Youth 10-24 years	50%	17%	25%
Adults 25-64	50%	67%	63%
Seniors 65+	100%	67%	75%
Race/Ethnicity			
Asians	100%	50%	63%
Black/African Americans	100%	83%	88%
Filipinx	50%	67%	63%
Latinx	50%	67%	63%
Native Americans	50%	50%	50%
Pacific Islanders	50%	83%	75%
Whites	50%	67%	63%
Gender			
Men / Boys	50%	67%	63%
Women / Girls	50%	67%	63%
Additional Priority Populations			
Pregnant Women	50%	33%	38%
Low Income Residents	100%	83%	88%
Specific Neighborhoods (please specify)	50%	83%	75%
Other (please specify)	0%	17%	13%

Other included: immigrants.

Exhibit 37. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Active living / physical activity	0%	67%	50%
Adverse childhood experiences	0%	33%	25%
Chronic disease prevention education	50%	67%	63%
Food security	100%	50%	63%
Healthy eating	100%	50%	63%
Oral health	0%	17%	13%
Policy or systems changes	0%	17%	13%
Sugary drink consumption	0%	17%	13%
Supporting breastfeeding	0%	33%	25%
Water access	0%	0%	0%
Workforce development / local hiring	0%	0%	0%
Other (please specify)	50%	0%	13%

Other included: older adult recreation

Exhibit 38. Did you know about the Healthy Food Purchasing Supplement grant application information session?

	Frequency	Percent
Yes	4	44.4
No	4	44.4
Don't Know	1	11.1
Total	9	100.0

Exhibit 39. Did you attend the Healthy Food Purchasing Supplement grant application information session meeting?

	Frequency	Percent
Yes	2	50.0
No	2	50.0
Total	4	100.0

Exhibit 40. Did you know about the question and answer page for the Healthy Food Purchasing Supplement grant?

	Frequency	Percent
Yes	7	77.8
No	2	22.2
Total	9	100.0

Exhibit 41. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	0	0.0
Mostly satisfied (please describe why)	2	66.7
Somewhat satisfied (please describe why)	1	33.3
Not at all satisfied (please describe why)	0	0.0
Total	3	100.0

Exhibit 42. What tools or trainings would have been helpful in completing the Healthy Food Purchasing Supplement grant application?

Text Responses
• All of them. There is a lot of material to cover and could confuse and overwhelm a person. So any and all seminars and or trainings would be helpful. Budget =Accounting, Healthy food = Nutritionist, Interoperability with target group = Psychology Sociology you cover a lot of territory with the Questions on the RFP
• Too long.

Considered Applying (n=10)

- Among survey respondents who considered but did not apply for the Healthy Food Purchasing Supplement grant, the most common reason for not applying (Exhibit 43) was that the application process was too much work (4 out of 7).

Exhibit 43. Why did you choose not to apply for the Healthy Food Purchasing Supplemental grant? (select all that apply)

	Frequency	Percent
Didn't have time	2	28.6
Don't have a grant writer	1	14.3
Our work does not fit within the scope	0	0.0
The amount of funding available was too small	1	14.3
The application process was too complicated	2	28.6
The application process was too much work	4	57.1
Other (please specify)	1	14.3

Other included: did not know about it

Exhibit 44. What could we change so that you would apply for future SDDT funding?

Text Responses
• Just add us to your list of orgs notified about the RFPs
• More flexibility, better communications about agency eligibility, etc.
• Nothing, it's more of having an organizational capacity to apply for it
• Providing guiding questions.
• Requirements
• Unsure
• Ways to integrate this into existing programming

Applied (n=6)

- Among survey respondents who applied for the Healthy Food Purchasing Supplement grant, half of those who responded (1 out of 2) felt that the instructions were very clear (Exhibit 45) and all (2 out of 2) felt that the time frame was just right (see Appendix B).
- Both survey respondents (2 out of 2) thought the 10-page limit was too short (Exhibit 46).
- When considering the difficulty of the application sections (Exhibit 47), all survey respondents rated the budget for FY2019-20, the qualifications statements, and the supporting documents as somewhat or very easy.

Exhibit 45. How clear and understandable were the application instructions for the Healthy Food Purchasing Supplement grant?

	Frequency	Percent
Very clear	1	50.0
Somewhat clear	0	0.0
A little clear	1	50.0
Not at all clear	0	0.0
Total	2	100.0

Exhibit 46. The limit of 10 pages for the narrative section of the Healthy Food Purchasing Supplement grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	2	100.0
Was about the right length and gave us enough space to answer all the questions	0	0.0
Was too long; we did not need that much space	0	0.0
Total	2	100.0

Exhibit 47. How difficult was each of the following sections of the Healthy Food Purchasing Supplement grant application? (n=2)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	Total
Budget for FY 2019-2020	0%	0%	100%	100%
Proposal Narrative	0%	50%	50%	100%
Qualifications Statements	0%	0%	100%	100%
Supporting Documents (i.e., two letters of recommendation)	0%	0%	100%	100%

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San Francisco Sugary Drinks Distributor Tax Advisory Committee

August 2019 Data Report

small tax BIG BENEFITS SF SUGARY DRINKS TAX

San Francisco Sugary Drinks Distributor Tax Advisory Committee

August 2019 Data Report

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Executive Summary

Sugar-Sweetened Beverages Contribute to Diet-sensitive Chronic Diseases in San Francisco and the Sugary Drinks Distributor Tax Seeks to Mitigate the Effects

A large body of evidence exists indicating that sugar-sweetened beverage (SSB) consumption increases risk for diet-sensitive chronic diseases, particularly cavities, overweight/obesity, type 2 diabetes, hypertension, and heart disease.[1–7] SSB consumption in San Francisco is greatest among the very populations most impacted by diet-sensitive chronic diseases. Pacific Islander, Black/African American, Latinx and Filipinx students are 0.66 to 3 times higher than White or Asian students to report daily consumption of SSBs.

Excise taxes on sugary sweetened beverages are an effective public health intervention meant to decrease SSB consumption and the downstream health consequences of SSB consumption. In this vein, it is one of the few financial policy tools community and public health advocates have to level the playing field with an industry that receives financial subsidies to make their products cheaper and to advertise to youth.[8] Currently we know the following on the state of SSB prices, sales and consumption in San Francisco:

- **Sugar-sweetened Beverage Prices:** Between April-June 2017 (before tax collection began) and April-June 2018 (after tax collection began), the prices of SSB, as compared to prices in comparison cities without SSB taxes-- San Jose and Richmond—increased by 0.61 - 1.25 cents per ounce (variable on container size) – essentially what was expected as the excise tax was a 1 cent per ounce tax on distributors bringing SSBs into San Francisco. The greatest increases were seen for sports drinks and coffee drinks. The price of non-sugar-sweetened beverages did not increase except for diet soda which increased by 0.48-0.71 cents per ounce.

- **Sugar-sweetened Beverage Sales:** Regular sodas are the most purchased SSB in San Francisco. Data from 2015 to 2017, before tax collection began, show a small but statistically significant decreasing trend in sales for regular soda.

- **Sugar-sweetened Beverage Consumption:** The SFUSD School Health Survey which is conducted among middle and high school students, found that the daily frequency of sugar-sweetened beverage consumption declined significantly among students from 2015 through 2017 (before tax collection began). In 2017 the average frequency of consumption was 0.8 times per day compared to 1.1 times per day in 2015. The frequency of consumption decreased significantly for all categories of sugar-sweetened beverage. At the same time, consumption of water increased significantly.

The SDDT is also expected to impact health through use of revenue generated by the tax to improve the nutrition and physical activity environments in San Francisco, and to create economic opportunities and provide direct services for heavily impacted populations.

Preventable, Diet-sensitive Diseases are Prevalent, Have Major Health and Economic Impacts, and are Unequally Distributed in San Francisco

In San Francisco, 6 of the 10 leading causes of death are preventable, diet-sensitive chronic diseases—ischemic heart failure, hypertension, stroke, Alzheimer's, diabetes mellitus, and colon cancer. Between 2005 and 2018, death rates due to ischemic heart disease, hypertensive disease, cerebrovascular disease, and colon cancer decreased significantly, while rates due to Alzheimer's increased. Mortality rates due to diabetes have remained stable.

These 6, and other diet sensitive chronic diseases affect San Francisco's residents differentially with residents of color and those with lower incomes most affected.[i]

Overall, Black/African American and Pacific Islander residents are the most impacted, particularly in these ways:

- Mortality rates for 5 of the 6 diseases (excluding ischemic heart failure) are highest among Black/African American residents.[ii]
- Diabetes and hypertension rates among Black/African American residents are 2 and 3 times as high as the next highest group.
- Not only are rates higher, but Black/African American residents typically die younger due to these conditions. In San Francisco, on average, Black/African American males and females who die from diabetes live 3-6 fewer years than men and women of other races/ethnicities who die from diabetes.
- Rates of emergency room visits due to non-traumatic dental conditions are 2-18 times higher among Black/African American, Pacific Islander, and Native American residents as compared to White, Latinx and Asian residents.
- Note: data is often not sufficiently available for Pacific Islander residents but the data we do have suggest Pacific Islanders face similar degrees of health disparities as Black/African American residents

Furthermore:

- Decreases seen for heart disease, hypertension, cerebrovascular disease and colon cancer among the population overall are not seen for all subgroups.
    - Mortality rates due to hypertension and cerebrovascular diseases are stable for Latinx, Black/African American, and White residents.
    - The rate of colon cancer has not decreased among Asians.
    - Rates of Emergency Room Visits due to hypertension, diabetes and heart failure among Black/African American and Pacific Islander residents are 7-10 times as high as those seen for White and Asian residents.
- While the disparities are not as vast as those seen for Black/African American and Pacific Islanders, the following is occurring:
    - diabetes ER visit and hospitalization rates are also elevated among Latinx,
    - the colon cancer incidence rate is elevated among Asians, and

[i] Data are not available for all communities in San Francisco who likely experience health disparities. Data are often collected in a way that does not include certain designations and, when collected, data for smaller populations may be too sparse to calculate stable estimates and/or to protect the identity of affected persons.

[ii] Insufficient data is available to produce mortality rates for specific causes for Pacific Islanders. Comparisons here are made with Asian, Latinx, and White residents.

- the Alzheimer's mortality rate is elevated among White residents.

Those most impacted by diet-sensitive chronic diseases are impacted at younger ages. Black/African American residents experience the health consequences of diabetes, hypertension and heart failure earlier in life than do other residents.[iii] Hospitalization rates for Black/African American residents in their 30s and 40s are comparable to those of other race/ethnicities who are 30 or more years older. ***In fact, for diabetes, hospitalization rates are higher among Black/African American 18-34-year-old residents than they are for others at any age.***

San Francisco's youth are at risk for and experiencing diet-sensitive chronic diseases. In school year 2017-2018, 35% of 5th grade students, 34% of 7th graders, and 29% of 9th graders had a measured body composition outside the healthy fitness zone. That same year, 32% of SFUSD kindergarteners had experienced caries and 17% had untreated caries and rates of experiencing caries were 1.5 to 2.5 times higher for Black/African American, Asian, and Latinx students than for White students. For both healthy body weight and oral health, economically disadvantaged children are at highest risk.

The economic impacts of diet-sensitive chronic diseases are immense. A 2013 report estimated the direct and indirect costs of obesity and diabetes in San Francisco at $748 million. The report found the estimated costs of obesity and diabetes attributed to SSBs was $48.1 to $61.8 million. Hospitalization data for 2016 show that together diabetes, hypertension and ischemic heart failure were the primary causes of 12,448 hospital admissions resulting in more than 29,000 days of hospitalization and a partial reporting of associated medical charges exceeding $350 million in San Francisco.

To address Diet-Sensitive Chronic Diseases in San Francisco, Upstream Causes Must be Targeted

Both the 2016 and 2019 San Francisco Community Health Needs Assessments identified poverty and racial health inequities as foundational issues which must be addressed in order to improve the health of all San Franciscans. Healthy eating and active living are only possible where conditions support them and many, especially Black/African American, Pacific Islanders, and Latinx San Franciscans do not experience those conditions. About one quarter (20-27%) of Black/African American and Latinx pregnant women are food insecure compared to 0 to 7% of White and Asian pregnant women. The percentage of children living in poverty varies by race/ethnicity with almost 50% of Black/African American and 30% of Pacific Islander children living in poverty. Educational attainment and median household income vary drastically by race/ethnicity; the median household income for Black/African American, Pacific Islander, and Native American households in San Francisco is only $28-45K in a city where an estimated 120K is considered a self-sufficient income. Upstream determinants of health –inadequate resources, inadequate education, experiencing an unjust criminal justice system, housing instability, systemic racism, and more, build up in a community and lead to the consistent health disparities that we see.

[iii] Data for Pacific Islanders are sparse but also suggest higher rates at younger ages.

Background

In November of 2016, the voters of San Francisco approved the passage of Proposition V. Proposition V established a 1 cent per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco.[9] The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows:

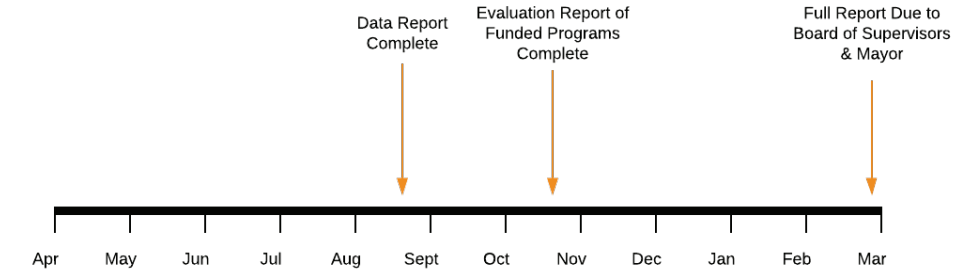
> *A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains caloric sweetener and contains 25 or more calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to "soda," "pop," "cola,'' soft drinks" "sports drinks," "energy drinks'' "sweetened iced teas" or any other similar names.*

Proposition V established the Sugary Drinks Distributor Tax Advisory Committee (Committee) whose powers and duties are to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax (SDDT) and to submit a report that evaluates the impact of the SDDT on beverage prices, consumer purchasing behavior, and public health. The Committee also provides recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages and to otherwise address diet-sensitive diseases in San Francisco.

Report Requirements and Process

Starting in 2018, by March 1, of each year, the Committee shall submit to the Board of Supervisors and the Mayor a report that evaluates the impact of the SDDT on beverage prices, consumer purchasing behavior, and public health (Figure 1). The Committee in their report shall make recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco. This data report fulfils the requirement to evaluate the impact of the Sugary Drinks Distributor Tax.

Figure 1. Annual Report Timeline



Relationship Between Sugar-sweetened Beverage Consumption, Health, and Health Equity

A large body of evidence exists indicating that sugar-sweetened beverage consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension, heart disease and death.[1–7] Although sugar-sweetened beverages can contain hundreds of calories in a serving, they do not signal "fullness" to the brain and thus facilitate overconsumption.[10] sugar-sweetened beverages are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and sugar-sweetened beverages to improve health. Studies show that sugar-sweetened beverages flood the liver with high amounts of sugar in a short amount of time and that this "sugar rush" over time leads to fat deposits and metabolic disturbances that are associated with the development of type 2 diabetes, cardiovascular disease, and other serious health problems.[3] Of note, every additional

sugar-sweetened beverage consumed daily can increase a child's risk for obesity by 60%[9] and the risk of developing type 2 diabetes by 26%.[4]

Diseases connected to sugar-sweetened beverages are also found to disproportionately impact ethnic minority and low-income communities in San Francisco – the very communities that are found to consume higher amounts of sugar-sweetened beverages. According to OSHPD data, diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times higher than San Francisco's overall rate. In San Francisco, approximately 41% of adults are estimated to be obese or overweight, including 63% of Latinx and 61% of Black/African American residents. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and African American children also have a higher prevalence than the average for cavities.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugar-sweetened beverages in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugar-sweetened beverages are consumed per person each year, enacted an excise tax on sugar-sweetened beverages in 2014, with the result that the purchase of taxed sugar-sweetened beverages declined by 12% generally and by 17% among low-income Mexicans by December 2014.[11,12] The Mexico data indicate that, when people cut back on sugar-sweetened beverages, to a significant extent they choose lower-caloric or non-caloric alternatives. Studies have projected that a 10% reduction in sugar-sweetened beverage consumption in Mexico would result in about 189,300 fewer incident type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths occurring from 2013 to 2022. This modeling predicts the sugar-sweetened beverages tax could save Mexico $983 million international dollars.[13] Following the implementation of Berkeley, California's sugar-sweetened beverage tax, the first in the nation, there was a 50% decline in sugar-sweetened beverage consumption among diverse adults over the first 3 years of the tax. [14] Modeling suggests that a national sugar-sweetened beverage tax that reduced consumption by just 20% would avert 101,000 disability-adjusted life-years; gain 871,000 quality-adjusted life-years; and result in $23.6 billion in healthcare cost savings over just 5 years.[15] The tax is further estimated to generate $12.5 billion in annual revenue. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of sugar-sweetened beverages, which in turn can reduce the burden of chronic disease.

History of Sugar-sweetened Beverage Interventions in San Francisco

In evaluating the impact of the SDDT, it is important to recognize the previous efforts made to curb sugar-sweetened beverage consumption and subsequent health effects as consumption may have been affected and continue to be affected by these efforts. Figure 2 includes a timeline of sugar-sweetened beverage Interventions over the past 10-plus years.

Figure 2. Sugary Drink Interventions in San Francisco, 2009-2019

2009

- SFS in San Francisco: 2009- 2013.
- 25K "Drink Water!" Said the Otter books were distributed to SF pre-k and kindergarten classes.
- American Heart Association releases guidelines on sugar intake.
- CCPHA releases *Bubbling Over* report, scientifically linking soda consumption to overweight /obesity.
- SFDPH releases nexus study examining feasibility of SSB legislation in SF.
- Organizations implementing Soda Free Policies: Boys and Girls Club, Junior Giants, Sunday Streets.

2011

- *Potter the Otter, A Tale About Water* launches for SF childcare centers.

2013

- SFS in San Francisco.
- SUSF convenes Rethink Your Drink Workgroup.
- Senator Monning introduces SB-622 to establish statewide soda tax and create a Children's Health Promotion fund.
- SF PUC convenes Water Hearing.
- Mayor Lee and 17 other mayors urge congressional leaders to ban use of food stamps to buy sugary drinks.
- Organizations implementing Soda Free Policies: YMCA of SF, Bayview Hunters Point Foundation, Children's Council of SF.
- The Bigger Picture (TBP) develops sugary drink PSAs.
- SF Board of Supervisors unanimously pass resolution to support SB-622.
- California hosts its 1st Healthy Beverage Summit.

2015

- Open Truth Campaign launches.
- SF policymakers approve policies to eliminate use of public dollars for sugary drinks purchase and require warning labels on ads for sugary drinks.
- SFGH and UCSF campuses become sugary drinks free.
- SFSU students prevent SFSU from entering into pouring rights contract.
- SFDPH issues policy prohibiting sugary drinks at any event led by DPH or at DPH facility, or to be paid for with DPH funding.
- In partnership with SFHIP, support health equity coalition SSB outreach and education.

2017

- SFUSD eliminates chocolate milk from school lunch program at **elementary and middle** schools.
- First convening of Sugary Drinks Distributor Tax Advisory Com (SDDTAC): Dec 21, 2017.

2019

- Jan 2019, Ninth Circuit announces en banc decision that SSB warnings on ads may violate 1st Amendment, because 20% size requirement not justified.
- First SDDT funded community based grants programs initiated through DPH.

2008

- SF declares Soda Free Summer (SFS) with the Bay Area Nutrition & Physical Activity Collaborative.
- 40K SFS brochures through SF Unified School District, summer lunch sites, worksites, clinics, and community partners.
- SFDPH implements healthy food policy.
- Mayor Newsom requests nexus study to assess feasibility of local sugary drink fees.

2010

- SFPUC starts tap station installations throughout city
- SFDPH runs NYC's Pouring on the Pounds campaign.
- Mayor Newsom signs Executive Directives: Healthy & Sustainable Foods and Healthy Vending.
- Healthy Meals Ordinance passes.
- Organizations implementing Soda Free Policies: SF Recreation and Parks, Bay Area SCORES, Kai Ming Head Start.

2012

- SFS in San Francisco.
- SUSF supports youth-serving organizations to develop healthy beverage policies.
- *Nature* publishes paper that argues sugar is addictive & linked to diseases associated with metabolic syndrome.
- *Mother Jones* publishes exposé on sugar industry and parallels to big tobacco.
- Canzilla is born

2014

- Choose Healthy Drinks Campaign launched.
- DPH Sugar Science trainings educate about health impacts of sugary drinks and Big Soda tactics.
- TBP launches *Canzilla* campaign.
- 56% of SF voters supported a tax on sugary drink distributors. To win tax needs supermajority.
- Berkeley becomes 1st city in US to pass a voter approved soda tax.
- UCSF launches www.SugarScience.org.

2016

- USDA Guidelines recommend limiting sugar consumption to no more than 12 tsp/day for adults.
- SF defends sugary drinks warning label law against the American Beverage Association.
- Open Truth Campaign materials translated into Spanish and Chinese.
- SF policymakers adopt legislation requiring healthy vending machine standards and prohibit sales of drinks with added sugars.
- SF, Oakland and Albany voters pass soda taxes!

2018

- SF Sugary Drink Distributor Tax (SDDT) takes effect January 1
- SFUSD eliminates chocolate milk from School Lunch Program at **high** schools
- City departments receive SDDT funding for Fiscal Year 2017/18.
- March 2018, SDDTAC submits first funding recommendations to Mayor's office.
- SSB warning label case argued in the Ninth Circuit en banc.

Source: Adapted and updated from Shape Up SF Coalition

A Note on the Social Determinants of Health

According to the World Health Organization, the social determinants of health are "the conditions in which people are born, grow, work, live, and age, and the set of forces and systems shaping the conditions of daily life."[16] While biology, genetics, and access to medical services are largely understood to play an important role in health, social-economic and physical environmental conditions are known to be major, if not primary, drivers of health.[17–19]

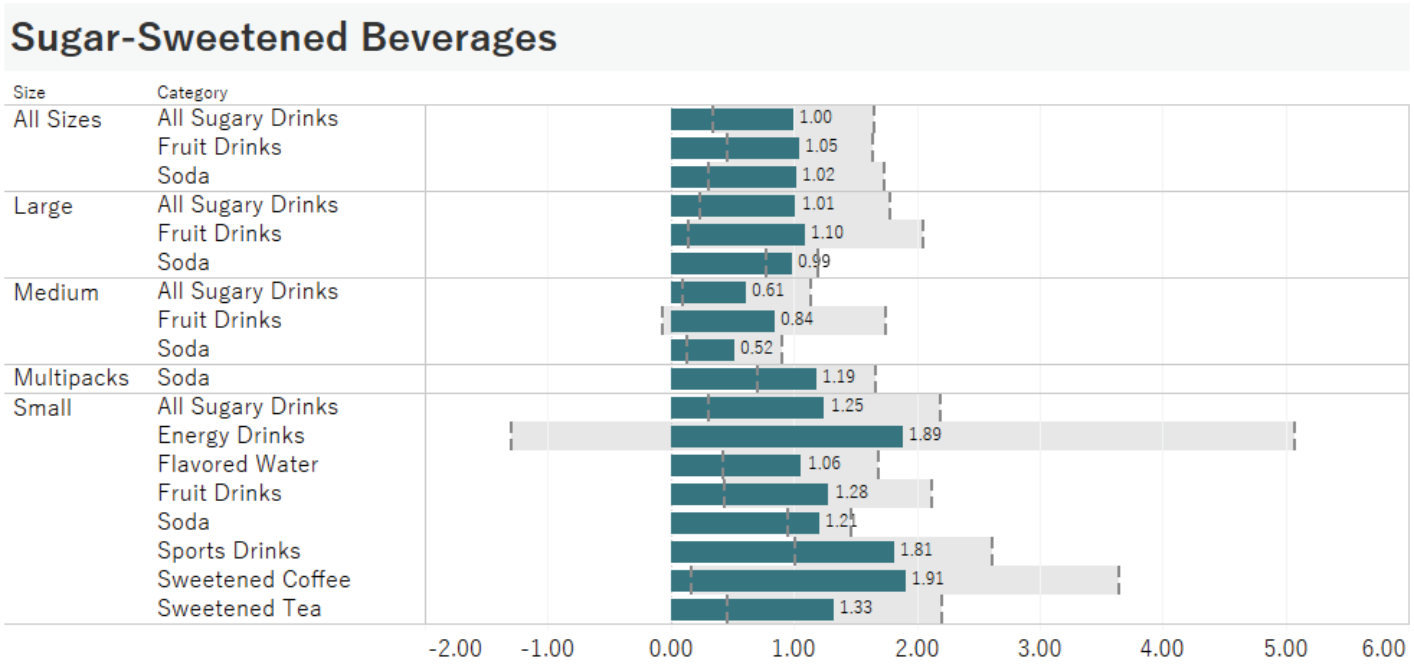
This report only touches on select social determinants of diet-sensitive chronic diseases-- the food and beverage environment, food security, and physical activity opportunities and barriers. However, according to the Institute of Medicine, the most important social factors determining health are income, accumulated wealth, education, occupational characteristics, and social inequality based on race and ethnic group membership.[20] These determinants are not equally distributed in San Francisco and contribute to the disparities seen both in the health outcomes as well as the upstream behavioral risk factors presented in this report[21]. Furthermore, the 2019 San Francisco Community Health Needs Assessment identified poverty and racial health inequities as foundational issues which must be addressed in order to improve the health of all San Franciscans. Data on poverty and racial health inequities in San Francisco as well as housing, criminal justice and other upstream social determinants of health are presented in detail in the triannual Community Health Needs Assessment available at www.sfhip.org.

Sugar-sweetened Beverage Price, Sales, and Consumption

Sugar-sweetened Beverage Prices

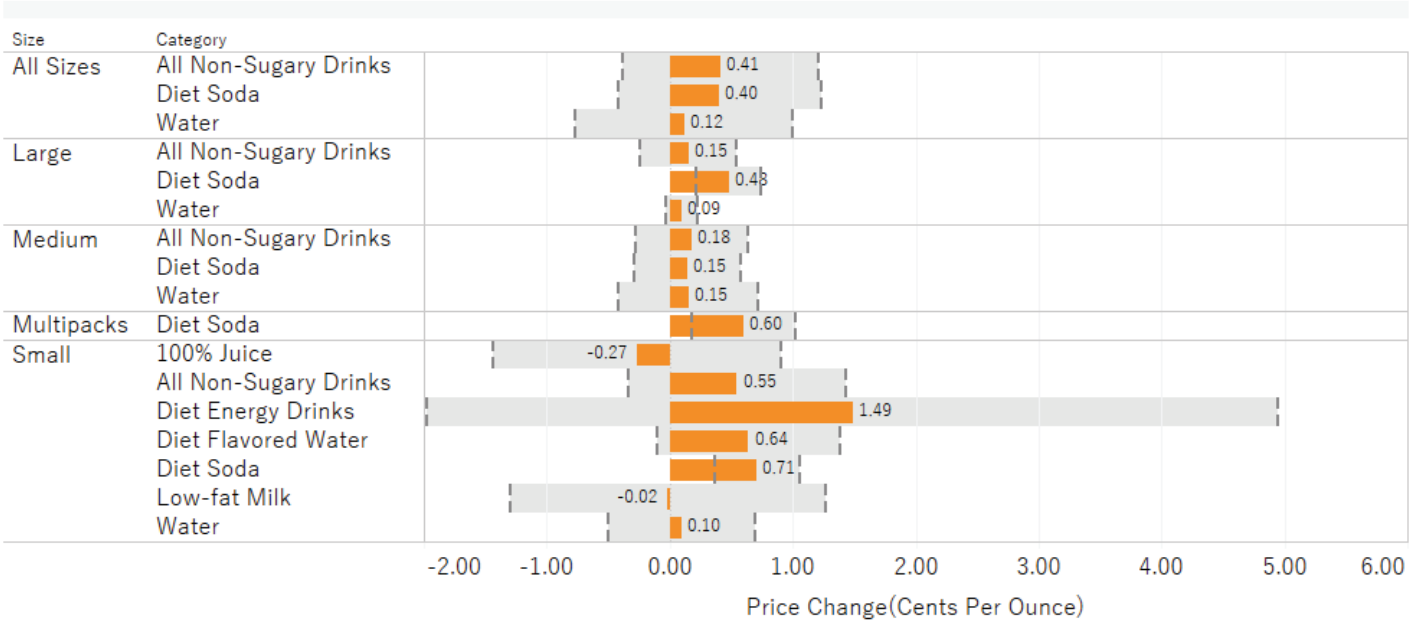
Between April-June 2017 and April-June 2018, and compared to prices in San Jose and Richmond (Which do not have a tax), "single serving" (<33.8oz) sugar-sweetened beverages in San Francisco averaged a 1.25 cent per ounce increase (95% confidence interval: 0.30 –2.19), medium sized (between 33.8oz and 46oz) sugar-sweetened beverages averaged a 0.61 cent per ounce increase (95% CI: 0.09, 1.14), and large sized (≥ 46oz) sugar-sweetened beverages averaged a 1.01 cent per ounce increase (95% CI: 0.24– 1.79) (Figure 3). Sports drinks (1.81 cents/oz, 95% CI: 1.01–2.62) and coffee (1.91 cents/oz, 95% CI: 0.17– 3.65) single serving drinks appeared to display the greatest price increase. The price of non-sugar-sweetened beverages did not increase except for diet soda; the price of single serving, large size, and multi packs of diet sodas increased by 0.71 cents/oz (95% CI: 0.36-1.06), 0.48 cents/oz (95% CI: 0.22-0.74), and 0.60 cents/oz (95% CI: 0.18–1.02), respectively (Figure 4).

Figure 3. Price Changes Per Ounce For Sugar-Sweetened Beverages, April-June 2017 to April-June 2018.



Price Changes are relative to those in comparison cities--San Jose and Richmond--which do not have a SSB tax.
Confidence intervals spanning zero indicate that data do not show a change in price.
Source: University of California, Berkeley Madsen Group Pricing Study

Figure 4. Price Changes per Ounce for Non-Sugar-Sweetned Beverages, April-June 2017 to April-June 2018.



Price Changes are relative to those in comparison cities--San Jose and Richmond--which do not have a SSB tax.
Confidence intervals spanning zero indicate that data do not show a change in price.
Source: University of California, Berkeley Madsen Group Pricing Study

Sugar-sweetened Beverage Sales

Beverage sales data are available through IRI market research data. At this time, beverages sales data for San Francisco are only available for 2015 through 2017 and use IRI product categories which may mix taxed and untaxed beverages; analyses presented here are preliminary and baseline regarding the start of tax collection for the SDDT which occurred on January 1, 2018. It must be noted that a true baseline of consumption prior to SDDT influence would be more accurately reflected in data from 2013 from before the initial 2014 sugary beverage tax ballot initiative that raised public awareness about the harms of sugary beverages and the merits of a sugary beverage tax. This 2014 campaign may have influenced decreased consumption which was a trend seen in Berkeley; consumption decreased on the university campus following the local ordinance even before tax collection had begun.[22] See the IRI Methods and Limitations section of this report for more information.

IRI beverage sales data are collected from 108 stores (pharmacies, supermarkets and mass merchandizers) in San Francisco representing about 9% of all retailers selling sugar-sweetened beverages in San Francisco. Of the almost 1,200 retailers in San Francisco which additionally include corner stores, convenience stores, and small groceries and markets, about 85% are independent retailers or part of small, locally owned chains and likely not represented or under-represented in the IRI sample. Other SSB vendors such as restaurants and cafeterias, vending machines, and retail space not subject to local permit requirements (retail of pre-packed, non-potentially hazardous foods occupying less than 300 square feet of space) are not considered at this time.

Sales of regular soda are almost 2 times higher than diet soda and 7 times higher than energy drinks (data for other drink categories not currently available). From 2015 to 2017, there was a small, but statistically significant, decreasing trend in sales for both soda (monthly sales by -.14%) and diet soda (monthly sales by .2%) (Table 1).

Table 1. Beverage Sales Trends, by Beverage Category, 2015-2017

Trends in Total Ounces

	Month trend (standard error)	Constant (standard error)	Mean of Dependent Variable	Number of Observations	R squared
Diet Soda	-7,640.07 (1,883.73)***	3,883,729 (44,317.65)***	3,727,107.37	40	0.302
Energy Drinks	-151.48 (1,613.14)	1,370,851 (37,591.64)***	1,367,745.94	40	0.000
Soda	-14,554.20 (7,103.51)**	10,920,264 (167,121.34)***	10,621,902.52	40	0.099

Trends in Average Over All Zip Codes

Diet Soda	-90.95 (22.43)***	46,234.87 (527.59)***	44,370.33	40	0.302
Energy Drinks	-1.80 (19.20)	16,319.66 (451.80)***	16,282.69	40	0.000
Soda	-173.26 (84.57)**	130,003.14 (1,989.54)***	126,451.22	40	0.099

Statistical significance: * denotes significance at $p < 0.10$, ** at $p < 0.05$, and * at $p < 0.01$.**

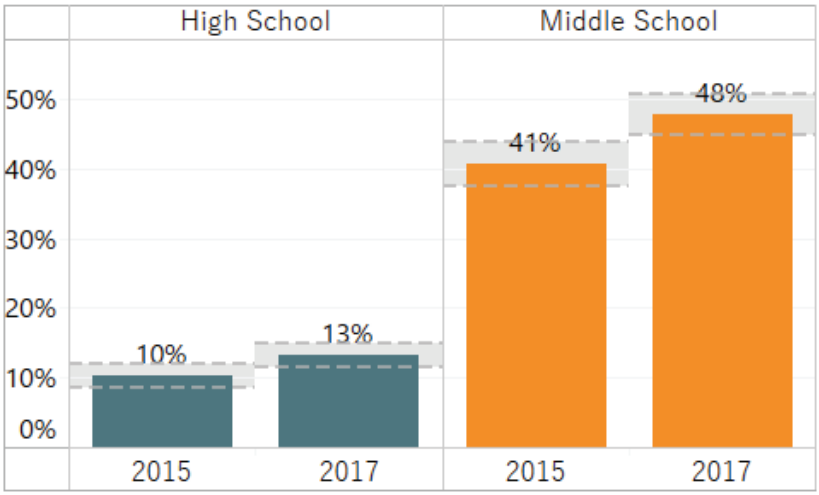
The mean of dependent variable is the mean for total or average ounces sold by month in a beverage category.

Sugar-sweetened Beverage Consumption

Sugar-sweetened beverage Consumption Among SFUSD students

The most recent data available from the Youth Risk Behavioral Survey (YRBS), collected prior to Sugary Drink Distributor Tax implementation, shows that nearly half of SFUSD middle school students report consuming any sugar-sweetened beverages the day prior and 13% of high school students report consuming sugar-sweetened beverages daily during the prior week (Figure 5). The percentage of students reporting consumption was 17% (F value 9.79; Pr= 0.002) and 30% (F value 6.32; Pr= 0.013) higher in 2017 than in 2015 for middle and high school students, respectively. The increase was seen among male students but not female students.

Figure 5. Percentage of SFUSD students consuming sugar sweetened beverages daily

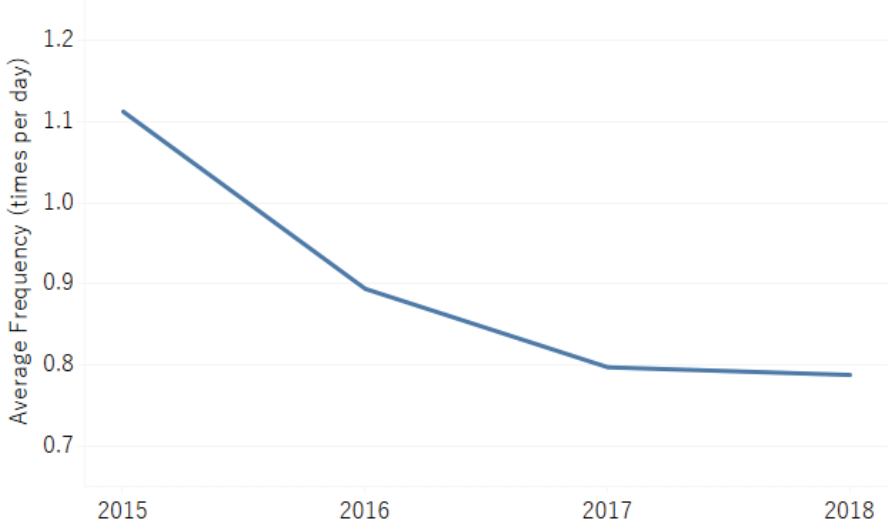


High school students were asked about daily consumption in last 7 days while middle school students were asked about any consumption in previous day.

Source: YRBS

While the YRBS data indicate that many students are drinking sugar-sweetened beverages daily, the School Health Survey which is also conducted among SFUSD middle and high school students, found that the daily frequency of sugar-sweetened beverage consumption declined significantly among students in all grades, of all genders, and of all race/ethnic groups from 2015 through 2017. In 2017 the average frequency of consumption was 0.8 times per day compared to 1.1 times per day in 2015. Consumption remained low in 2018 and was like that of 2017 (Figure 6).

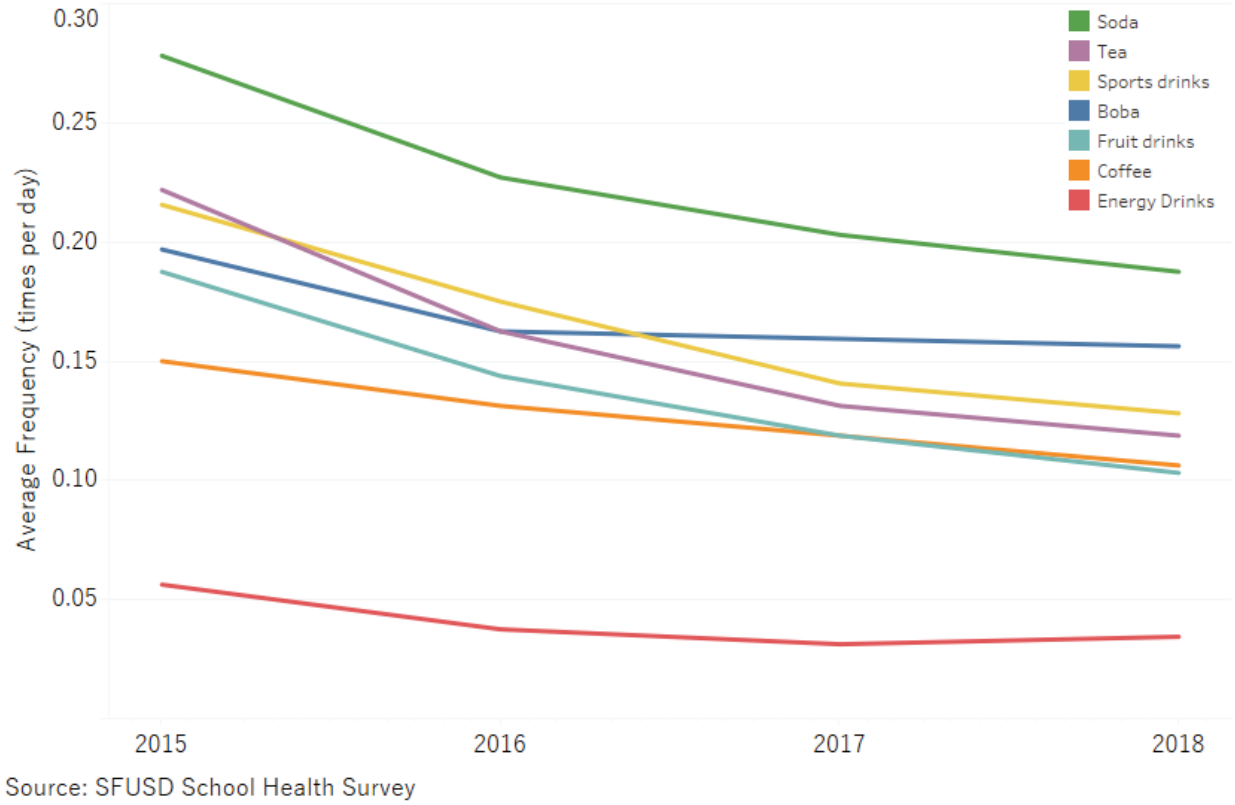
Figure 6. Frequency of Sugar-Sweetened Beverage Consumption by SFUSD students



Source: SFUSD School Health Survey

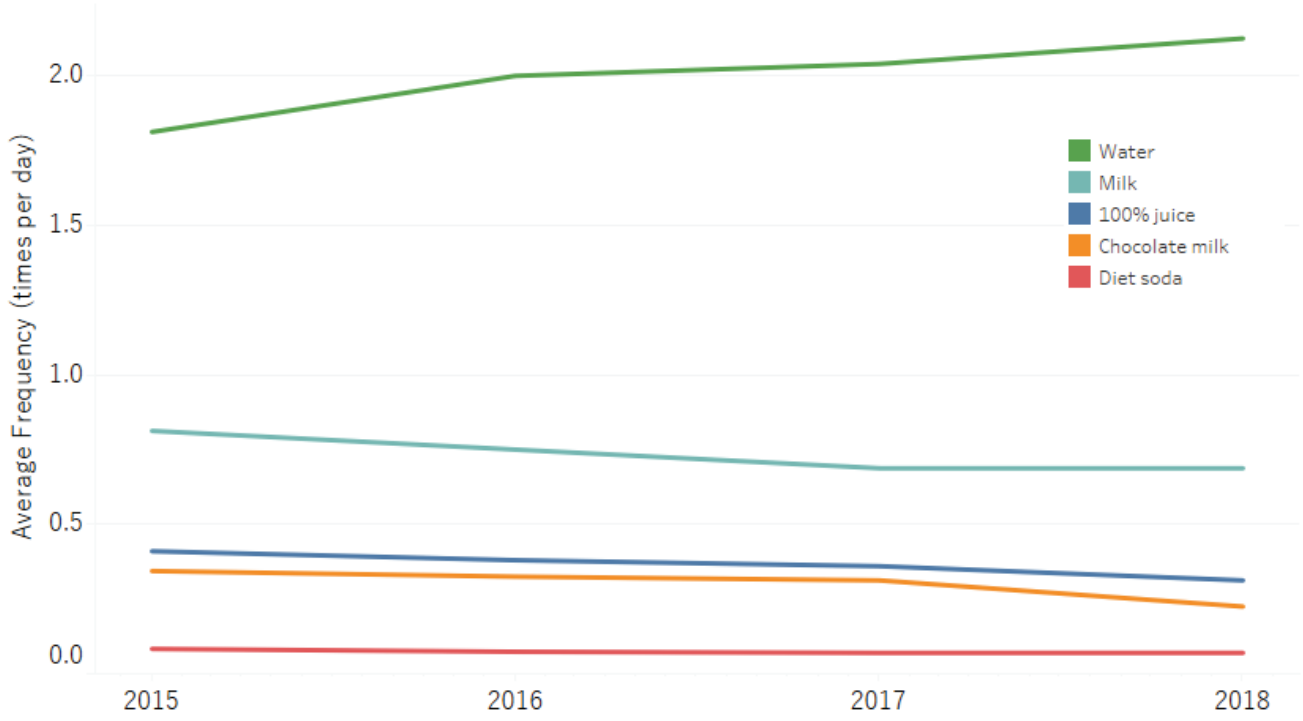
Between 2015 and 2018, the frequency of consumption decreased significantly for all categories of sugar-sweetened beverage with the steepest declines seen for fruit drinks, sports drinks, and sweet teas (Figure 7). At the same time, except for water and unflavored milk, the frequency of consumption of non-sugar-sweetened beverages also declined (Figure 8). A slight decline in unflavored milk consumption appears after 2015, however the difference is statistically significant only in 2017. Consumption of water increased significantly.

Figure 7. Frequency of Sugar-Sweetened Beverage Consumption by SFUSD students, by Beverage Type



Source: SFUSD School Health Survey

Figure 8. Frequency of Consumption of Various Non-Sugar-Sweetened Beverages, by Type



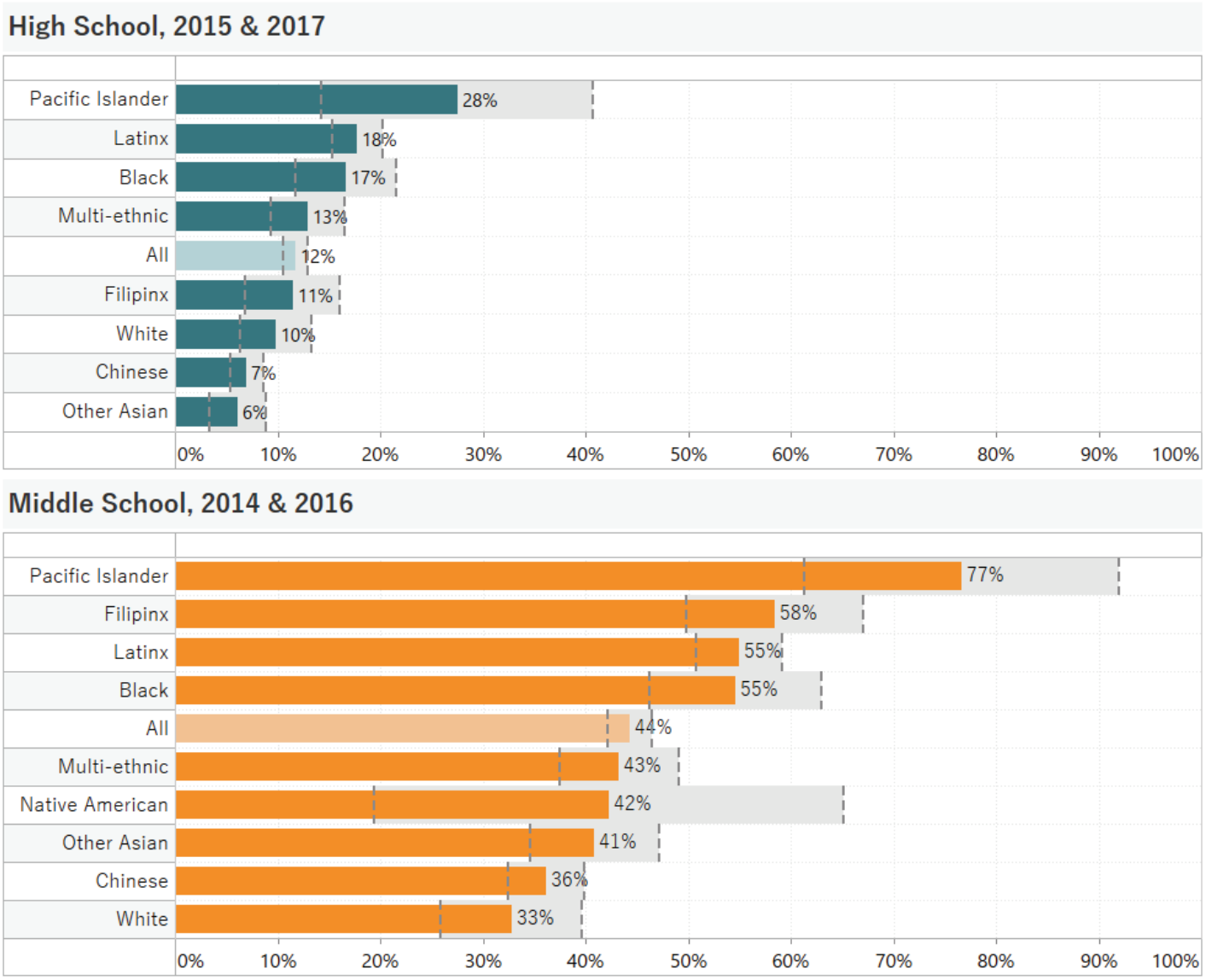
Source: SFUSD School Health Survey

Disparities in sugar-sweetened beverage consumption among SFUSD students

Consistent with national trends, San Francisco SFUSD male students and students of ethnic minority backgrounds are most likely to consume sugar-sweetened beverages[23,24].

Pacific Islander students are the most likely to report consuming sugar-sweetened beverages daily and rates are 3 time higher among high school students and 1.3 times higher among middle school students as compared to Chinese and White classmates who are the least likely to consume[25] (Figure 9). Consumption rates for Black/African American, Latinx, and Filipinx students are 0.66 to 1.6 times higher than Asian or White students[25]. While data were largely insufficient to examine changes overtime for each race/ethnicity, data for Chinese high school students do show a statistically significant increase between 2015 and 2017 (5% to 9% (F value 4.22; Pr= 0.0419))[25].

Figure 9. Percentage of SFUSD Students Consuming Sugar-Sweetened Beverages Daily, by Race/Ethnicity



High school students were asked about daily consumption over last 7 days while middle school students were asked about consumption in previous day.

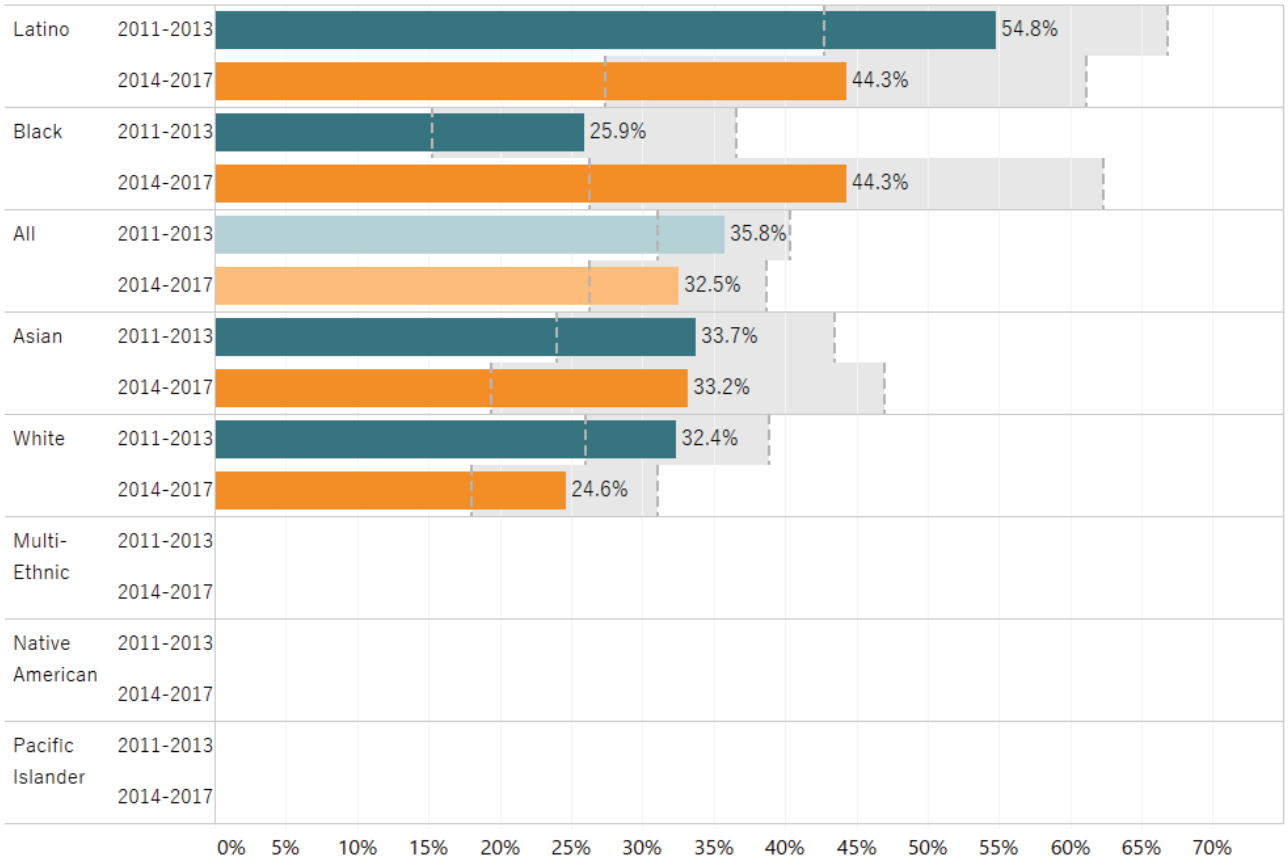
Source: YRBS

Sugar-sweetened beverage Consumption Among Adults

The available data on adult sugary beverage consumption is limited to soda, which is just one type of sugar-sweetened beverage. However, more adults in U.S. report consuming soda that any other category of sugar-sweetened beverage and sodas remain an important source of added sugars in the diet.[26,27]

According to CHIS, among adults in San Francisco, approximately 32% report drinking soda at least once per week. Males are about 50% more likely than women to report consuming any soda (40% vs 26%). Among those for whom data is available, Latinx and Black/African American residents are more likely that White residents to consume any soda (Figure 10). Younger adults are more likely to consume soda; more than 50% of adults 18 to 24 consume any soda at least once per week (Figure 11).

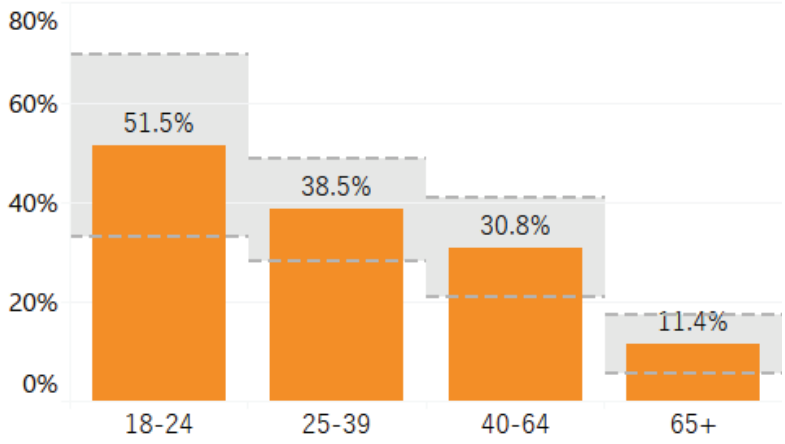
Figure 10. Percentage of Adults Reporting Any Soda Consumption, by Race/Ethnicity



Data for Multi-ethnic, Native American, and Pacific Islander populations are unstable.
Source: CHIS

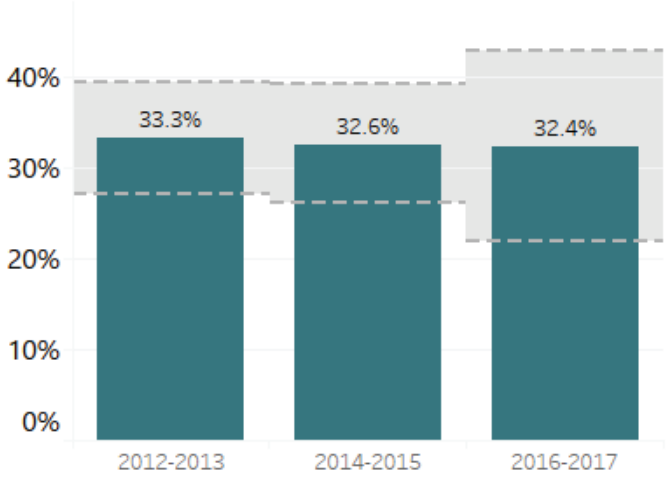
Overall, data ranging from 2012 through 2017 indicate that the percentage of adults drinking any soda has not changed over time (Figure 12). However, rates were not static for all subgroups. From 2011-13 to 2014-17, the percentage of Black/African American residents drinking soda increased from 26% to 44% while the percentage of white residents decreased from 32% to 25% (Figure 10). While residents in households earning less than 300% of the federal poverty level are more likely to consume soda than wealthier ones, 38% vs 29%, the percentage of poorer residents reporting soda consumption decreased from 45% in 2011-13 to 29% in 2014-17 (Figure 13).

Figure 11. Percentage of Adults Reporting Any Soda Consumption, by Age Group



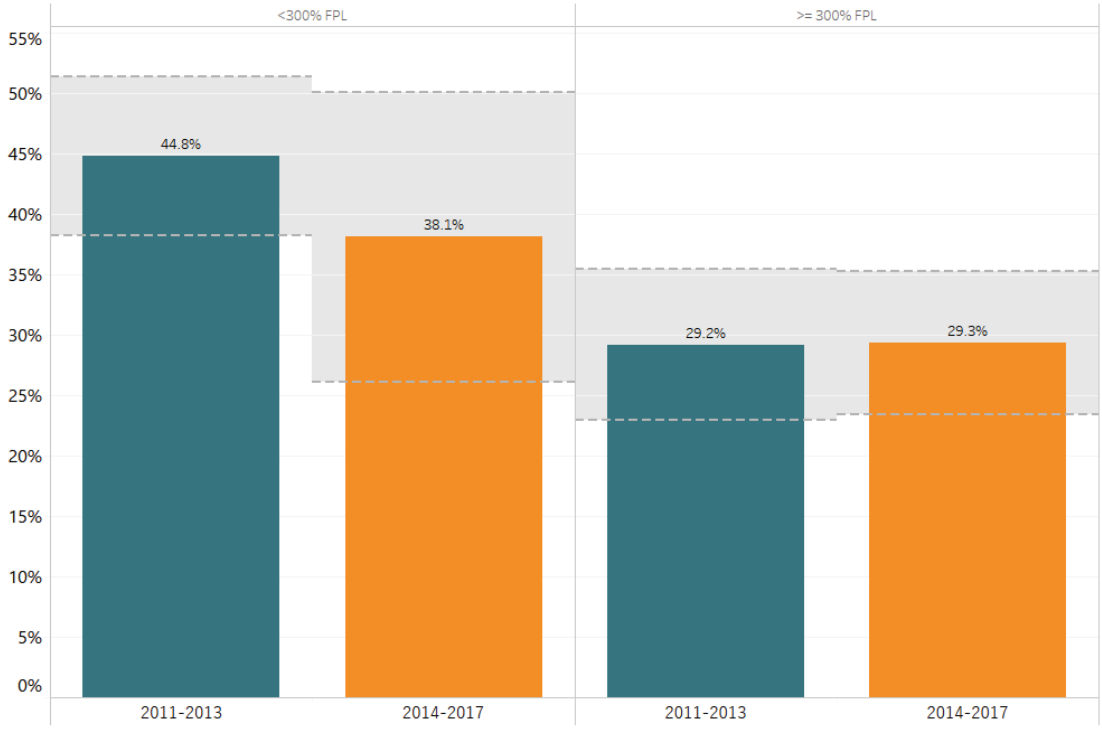
Source: California Health Interview Survey

Figure 12. Percentage of Adults Reporting Any Soda Consumption



Source: California Health Interview Survey

Figure 13. Percentage of Adults Reporting Any Soda Consumption, by Poverty Level



Source: California Health Interview Survey

Current State of Food Security, Food & Beverage Environment, and Nutrition in San Francisco

Food security

Food security is the ability, at all times, to obtain and consume enough nutritious food to support an active, healthy life.[28] Food insecurity exists when the ability to obtain and prepare nutritious food is uncertain or not possible. Food insecurity can have far reaching impact throughout the life course that helps establish and perpetuate health disparities; fetal development in utero is impacted by maternal food security and that impact on early development can increase unborn babies' lifetime risk of obesity and diabetes.[29–31] Children who are food insecure are more likely to have behavioral issues and worse school performance as well as more hospitalizations – all of which can limit socioeconomic advancement and lay the foundations for developing chronic disease as adults.[32,33] In adults, food insecurity increases the risk of multiple chronic conditions including type 2 diabetes, heart disease, and hypertension, and exacerbates existing physical and mental health conditions.[29] The San Francisco Food Security Task Force, frames food security as an issue of:

1. Food Resources: the ability to secure enough financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis
2. Food Access: the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently
3. Food Consumption: the ability to prepare and store healthy meals, and the knowledge of basic nutrition, food safety, and cooking

The City does not currently have data infrastructure to fully assess food security in San Francisco. However, we do know that a primary driver of food security is inadequate resources to purchase food. In this regard, data on poverty rates reveal that 54% of Black/African American residents, 36% of Latinx residents, and 30% of Asian residents are living at less than 200% FPL compared to 16% of White residents. Overall, approximately 25%, or 1 in 4 San Franciscans, are living at less than 200% FPL.[34] Data from the 2015-17 California Health Interview Survey revealed that 50% of San Franciscans surveyed who earned less than 200% FPL were food insecure, which increased from 44% in 2013-14. Additionally, we have some data on the food security status of some specific vulnerable groups including:

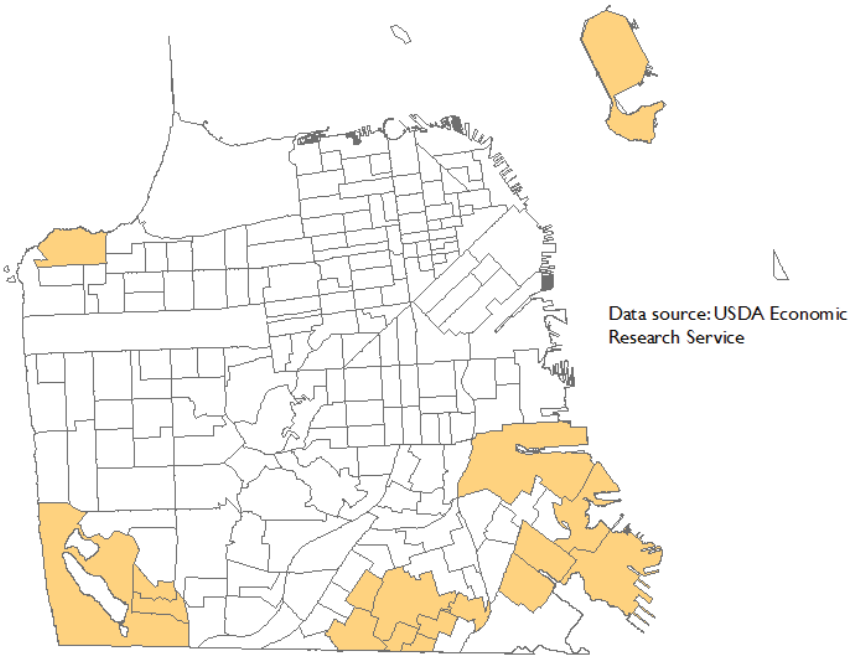
- Pregnant women: Data from the Maternal and Infant Health Assessment (MIHA) survey indicate that approximately one quarter of all pregnant women in San Francisco are food insecure, including 26.5% Latinx and 19.5% Black/African American women.
- Low income families with young children: Data from a sample of 803 low-income families in San Francisco participating in the Special Supplemental Program for Women, Infants and Children (WIC) program revealed that 53-60% of these families were food insecure.[35]
- Immigrants: National research indicates that the risk for food insecurity among households with immigrants is higher than households with members who are all US born, and immigrant families with young children experience disparities

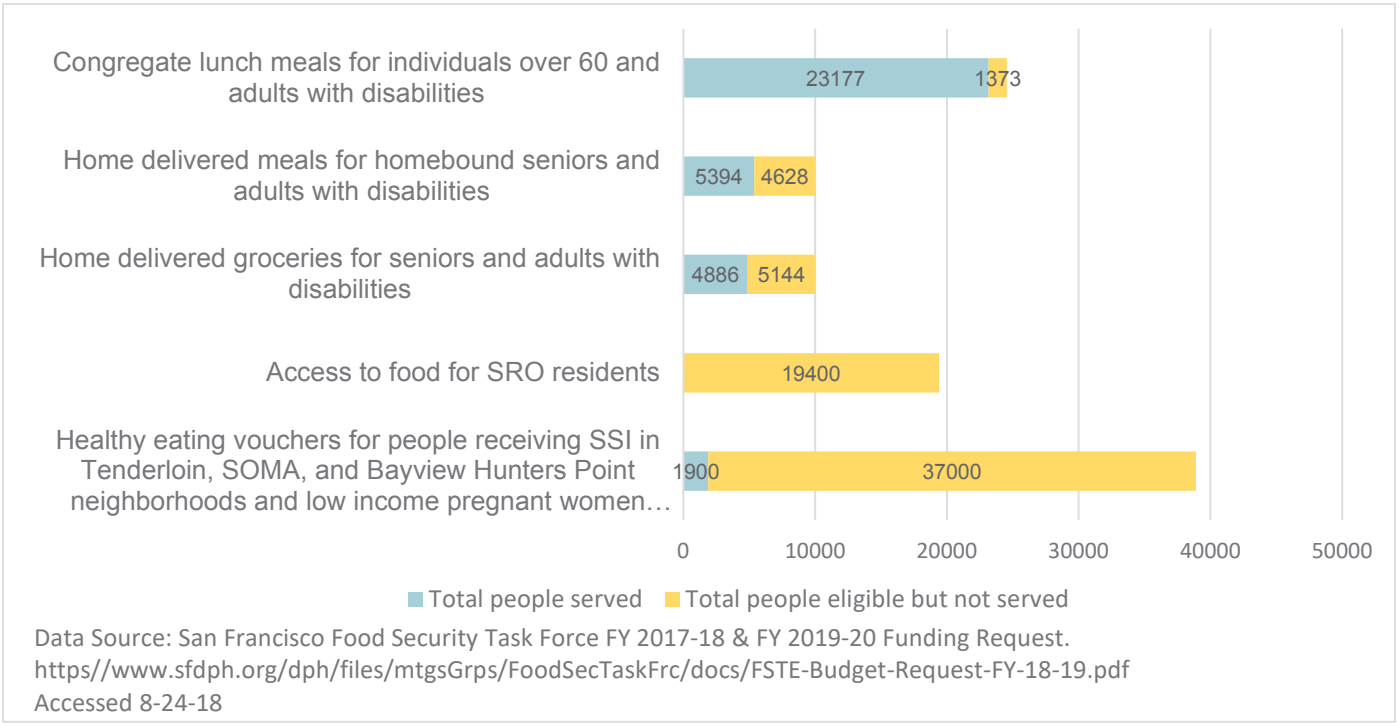
in their ability to afford food.[36,37] Although food insecurity rates among immigrants living in San Francisco are not available, 34% of children in San Francisco living in households headed by two immigrant parents live below 200% of FPL, compared to only 5% of children living with two US born parents.[38]

- People without homes: During the 2019 San Francisco homeless survey, 59% of respondents indicated that they had experienced a food shortage in the past four weeks.[39] In 2017 52% reported food insecurity. It is estimated that over 8,000 people without homes live in San Francisco.
- Residents of Single Room Occupancy Hotels: Approximately 500 SRO hotels in San Francisco provide housing for over 19,000 people. Most were constructed in the years immediately following the 1906 earthquake and have limited or no cooking facilities. In a study of over 600 adult residents of single-room occupancy (SRO) hotels in San Francisco conducted by the FSTF, 84% reported food insecurity even with high utilization of community food resources.
- Transitional aged youth and college students: There is growing awareness of high rates of food insecurity among youth and young adults in San Francisco. According to the 2016 National College Health Assessment data for San Francisco State University, 35% of students surveyed were food insecure. A recent assessment of 1,088 students at City College of San Francisco found that 41% were food insecure.
- Seniors and people with disabilities: An estimated one-third of low-income seniors in San Francisco are reportedly unable to afford enough food.[40] In San Francisco, program data for 2017-18 from the Department of Aging and Adult Services indicate that 78% of the adults with disabilities (18-59 years) seeking home delivered meal and congregate meals were food insecure.[41]

Despite the high level of need for food support among many communities in San Francisco, the food safety net is both impacted and not fully utilized. In 2016, 65.6% of eligible San Franciscans were enrolled in CalFresh, compared to a national average of 85% eligible enrollment. In contrast, congregate and home-delivered meal programs and many food pantries often have waiting lists of individuals who need food support.

Figure 14. Number of Food Insecure Individuals Who Were Eligible for Meal Programs or Eating Vouchers in San Francisco in 2017—2018 by Whether or Not They Were Served





Data Source: San Francisco Food Security Task Force FY 2017-18 & FY 2019-20 Funding Request. https//www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/FSTE-Budget-Request-FY-18-19.pdf Accessed 8-24-18

Food Environment

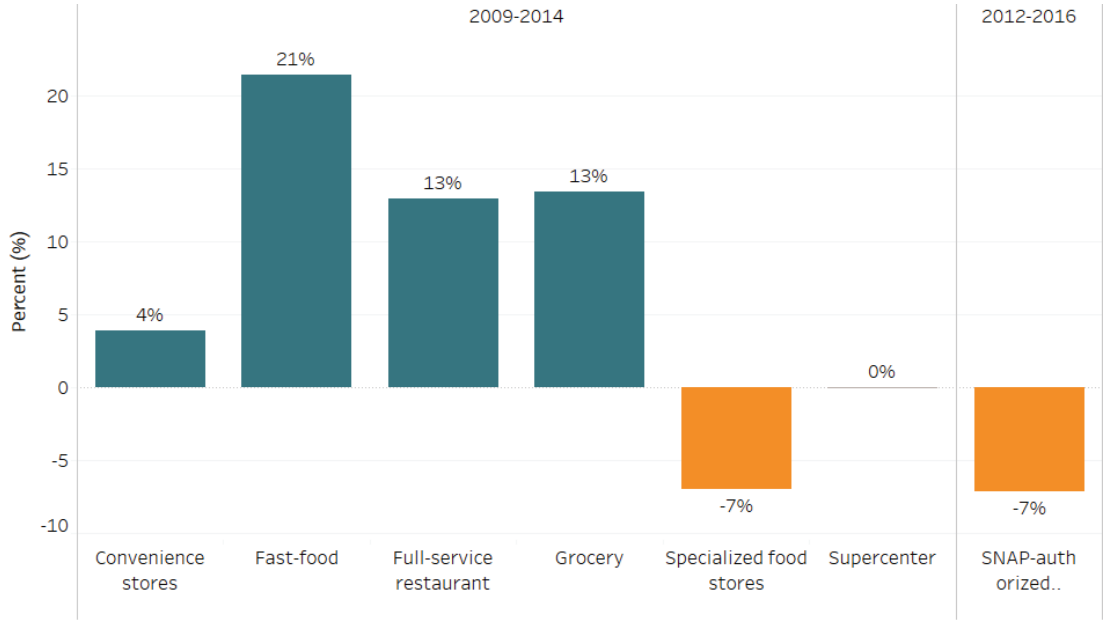
Figure 15. USDA-designated areas of low income and low food access

Although research supports the primary role of income in healthy eating, the food retail environment is also an important component of equity and the equitable distribution of resources.[42] In several areas throughout San Francisco, there are concentrations of corner/ convenience stores paired with a paucity of full-service grocery stores, most often

found in low-income neighborhoods. The USDA designated several areas in San Francisco as areas of low income and low food access (Figure 15). Fresh produce and a variety of healthier food items can then be more inconvenient for low-income residents to access, requiring increased travel time and expenses. Whether or not a food retail environment facilitates food security and promotes health is dependent on several factors beyond the type of food retail establishments available in a given neighborhood (i.e. corner/convenience store, fast-food restaurant, grocery store, etc.). These include: the convenience, quality, affordability, and cultural acceptability of healthy foods offered within the food retail store; the transportation infrastructure that affects accessibility; the acceptance of federal nutrition programs and local food purchasing supplements; the accessibility of online ordering options; and the food sourcing practices of the food retail establishment (i.e. production, distribution, and procurement of foods from local farms).

Consistent with nationwide norms to spend less time cooking and eat more meals away from home, access to ready-to-eat meals at fast food stores and full-service restaurants increased in San Francisco between 2009 and 2014 (Figure 16). The number of fast food restaurants increased by 21% from 761 to 924. The number of full-service restaurants increased by 13% from 1676 to 1893. In 2014, there were 1.1 fast food restaurants and 2.2 full-service restaurants for every 1,000 people in San Francisco. Meanwhile, the number of vendors authorized to accept SNAP (Supplemental Nutrition Assistance Program, formerly referred to as food stamps) decreased by 7%. In 2016, 0.55 stores per 1,000 people accepted SNAP.

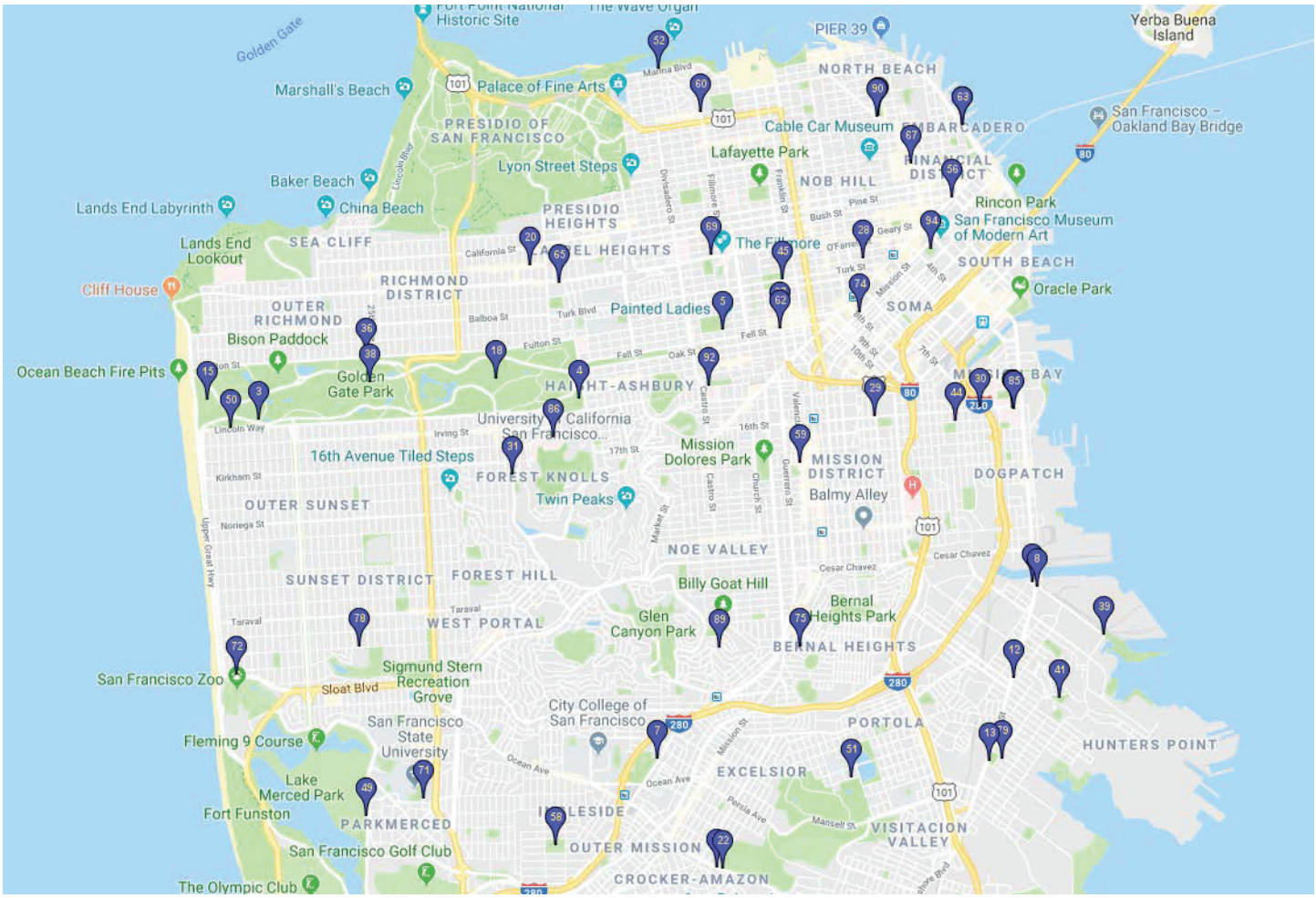
Figure 16. Change in the Types of Food Retail or Stores Available in San Francisco, 2009-2016



Source: 2019 San Francisco Community Health Needs Assessment

As San Francisco communities increasingly recognize the health harms of sugary drinks and the beverage industry tactics to maintain consumption, San Franciscans will increasingly turn to water as the preferred beverage. Infrastructure for water access, including hydration stations, water fountains, and refillable water bottles, must exist to support the community's desire for healthy, accessible drinking options. Hydration stations, distinct from drinking fountains, are stations designed to fill water bottles. Currently, they are not abundantly available nor equitably distributed throughout San Francisco (Figure 17).

Figure 17. Hydration Stations in San Francisco



Source: San Francisco Sugary Drinks Distributor Tax Advisory Committee: March 2019 Report. Map data ©2018 Google.

Nutrition

Breastfeeding

Breast milk is the optimal source of nutrition for most infants and is associated with health benefits for both the mother and infant. Mothers who do not breastfeed are at higher risk of several diet-sensitive chronic diseases such as diabetes mellitus, hyperlipidemia, hypertension, heart disease, and obesity as well as breast and ovarian cancer.[43] Breastfeeding is consistently associated with a modest reduction in the risk of later overweight and obesity in childhood and adulthood.[44] Thus good, optimal nutrition in the early months of life can set the stage for health outcomes in adulthood. Breastfeeding also reduces risk of pediatric infections and death in the first year of life, promotes infant brain development and is associated with improved intelligence by about 2 IQ points.[45]

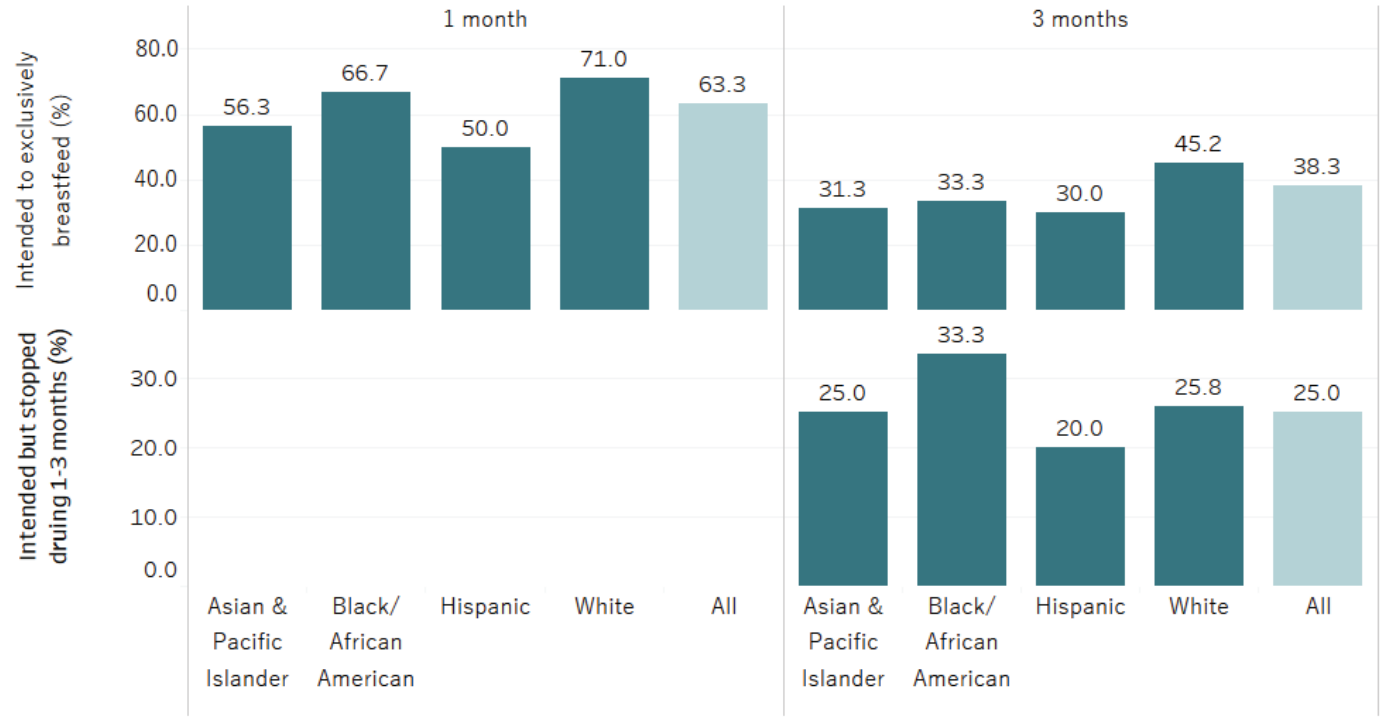
Breastfeeding has dose-dependent effects, such that both the duration and exclusivity of breastfeeding are associated with positive health benefits.[46] Annually, in the US, billions of dollars could be saved by reducing hypertension and heart

attacks, and more than 4,000 infant deaths could be prevented, if 90% of U.S. mothers were able to breastfeed for one year after every birth.[43]

In San Francisco, rates of exclusive breastfeeding at 1 month and 3 months varied by mother's age, race-ethnicity, education, income level, and parity. Less than one in three Asian/Pacific Islander, Black/African American, and Latinx women exclusively breastfed at 3 months, compared to 50% of White women (Figure 18). The proportion of women with a college degree who exclusively breastfed at 3 months was about triple that of women with less than a high school degree and double that of women with some college coursework but no completed degree. Almost half of women with an income over 200% of the Federal Poverty Level exclusively breastfed their infant at 3 months, compared to about 15% of women with lower income (Figure 19).

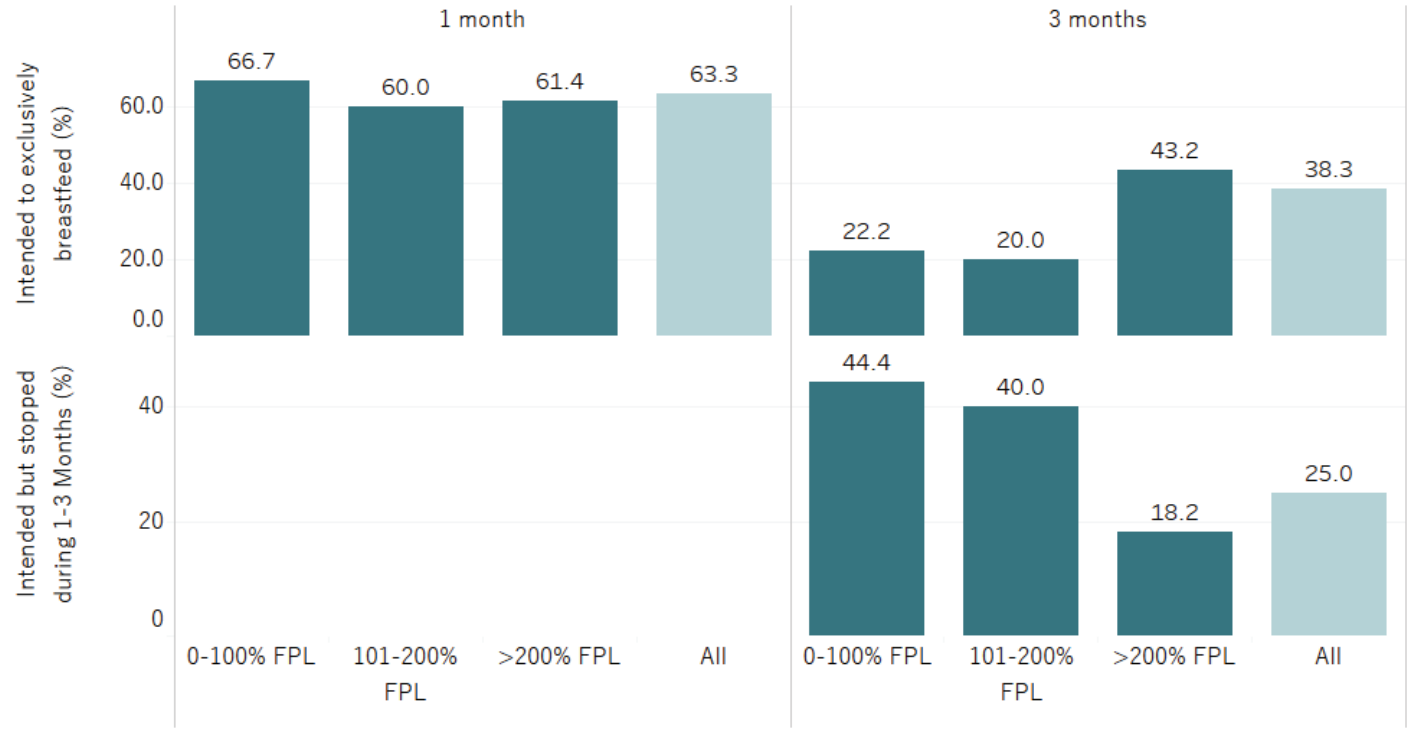
Among women who intended to exclusively breastfeed before birth, the rate of exclusive breastfeeding at 1 month did not differ markedly between groups. Rates were not significantly higher for White vs. Black/African American women, higher income vs lower income, or women with private vs public health insurance. However, after 1 month, rates of exclusive breastfeeding dropped significantly faster for younger, non-White, and lower income groups than for older, White, and higher income groups. The proportion of women with an income below 100% of the Federal Poverty Level, who intended to exclusively breastfeed before birth and did so for the 1st month, decreased by 67% between 1 and 3 months postpartum. The corresponding decrease among women with an income above 200% of the Federal Poverty Level was 30%.

Figure 18. Exclusive Breastfeeding at 1 and 3 Months by Race/Ethnicity, San Francisco, 2013-2015



Source: Maternal and Infant Health Assessment

Figure 19. Exclusive Breastfeeding at 1 and 3 Months by Income Level, San Francisco, 2013-2015



Source: Maternal and Infant Health Assessment

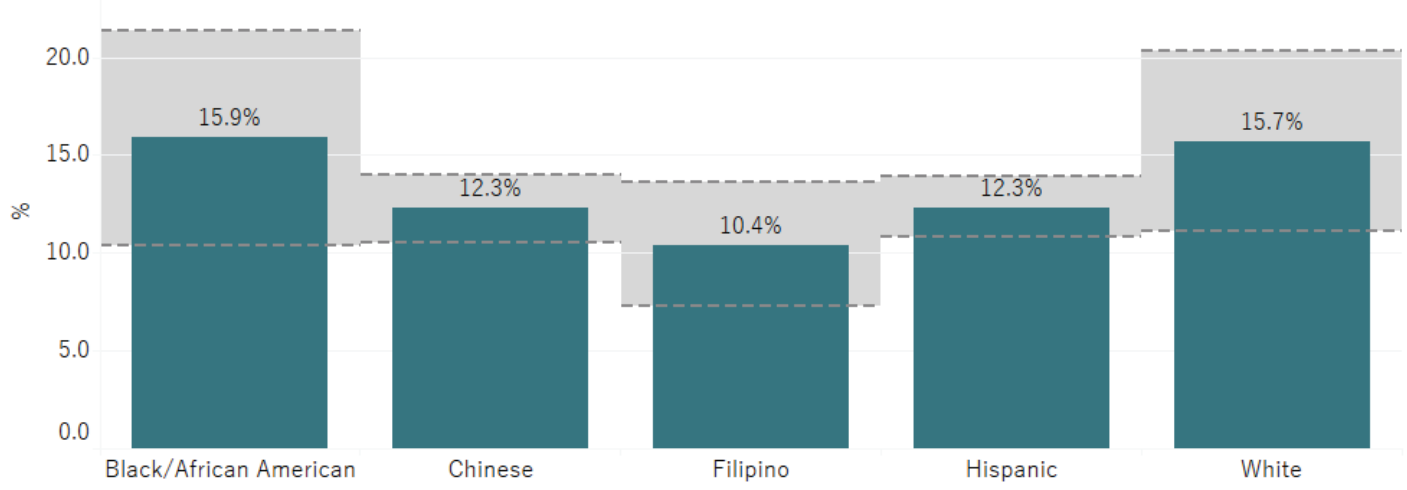
Healthy Food Consumption

Promoting health and reducing chronic disease risk through the consumption of healthful food and drink is a national priority.[47] Good nutrition is critical for growth, development, physical and cognitive function, reproduction, mental health, immunity, and long-term health. An estimated 45% of all heart disease, stroke, and type 2 diabetes deaths are associated with poor nutritional intake of 10 dietary factors (low intake of vegetables, fruits, seafood, whole grains, nuts/seeds, polyunsaturated fats and high intake of sodium, red meats, processed meats, sugary beverages).[48]

Local consumption of fruit and vegetables is below recommendations for the majority of adolescents and adults. Only 13% of SFUSD high school students report eating the recommended 5 or more servings of fruit or vegetables daily. The Behavioral Risk Factor Surveillance System (BRFSS) asks similar questions about adult vegetable consumption which revealed that 14% of residents in the metropolitan statistical area including San Francisco reported not eating any vegetables.[49]

According to YRBS, among high school students, there is not statistically significant difference in the percentage of students reporting 5 or more servings of fruit and vegetables per day by race-ethnicity (Figure 20). In 2013-2017, 16% of Black/African American and White students and 12% of Chinese and Latinx students reported eating 5 or more servings of fruit and vegetables per day.

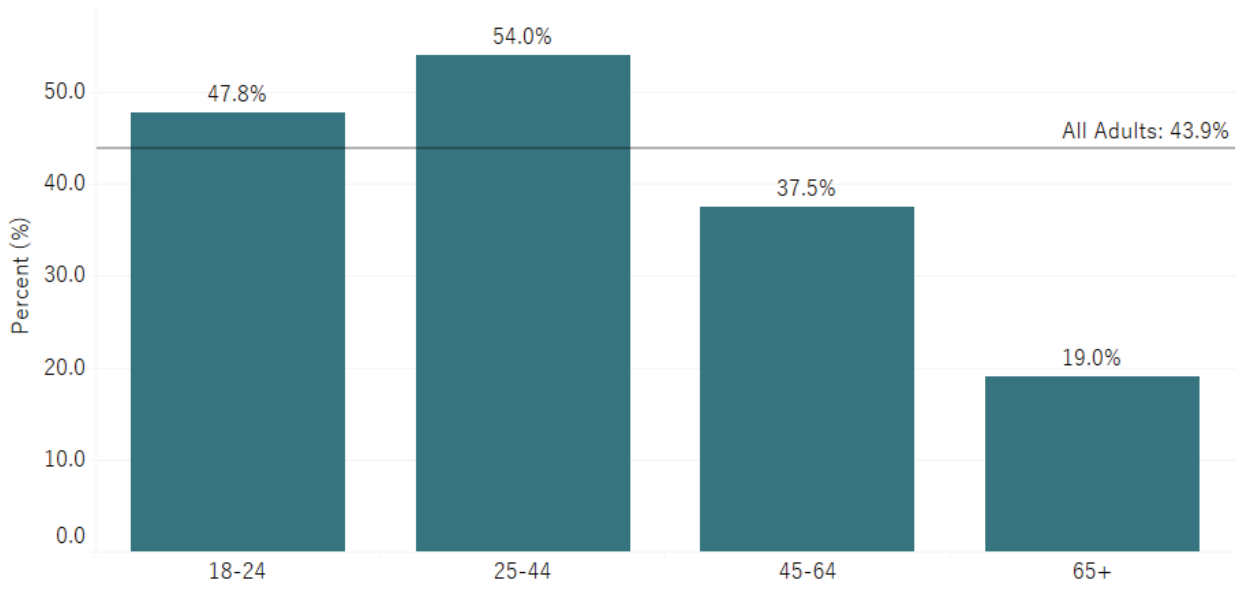
Figure 20. Percent of SFUSD High School Students Reporting 5+ Servings of Fruits or Vegetables per Day, by Race/Ethnicity, 2013-2017



Source: Youth Risk Behavoir Survey

In contrast, consumption of fast food is in excess of recommendations. Data from 2014 to 2016 show that 44% of San Franciscans reported eating fast food at least weekly (Figure 21). Younger adults and males were over two times more likely to report eating a fast food meal in the past 7 days; 54% of adults between the ages 25 to 44 years reported eating fast food at least weekly compared to 19% of adults aged 65 or older. Half of the men who responded to the California Health Interview Survey reported eating fast food weekly compared to 37% of the women surveyed.

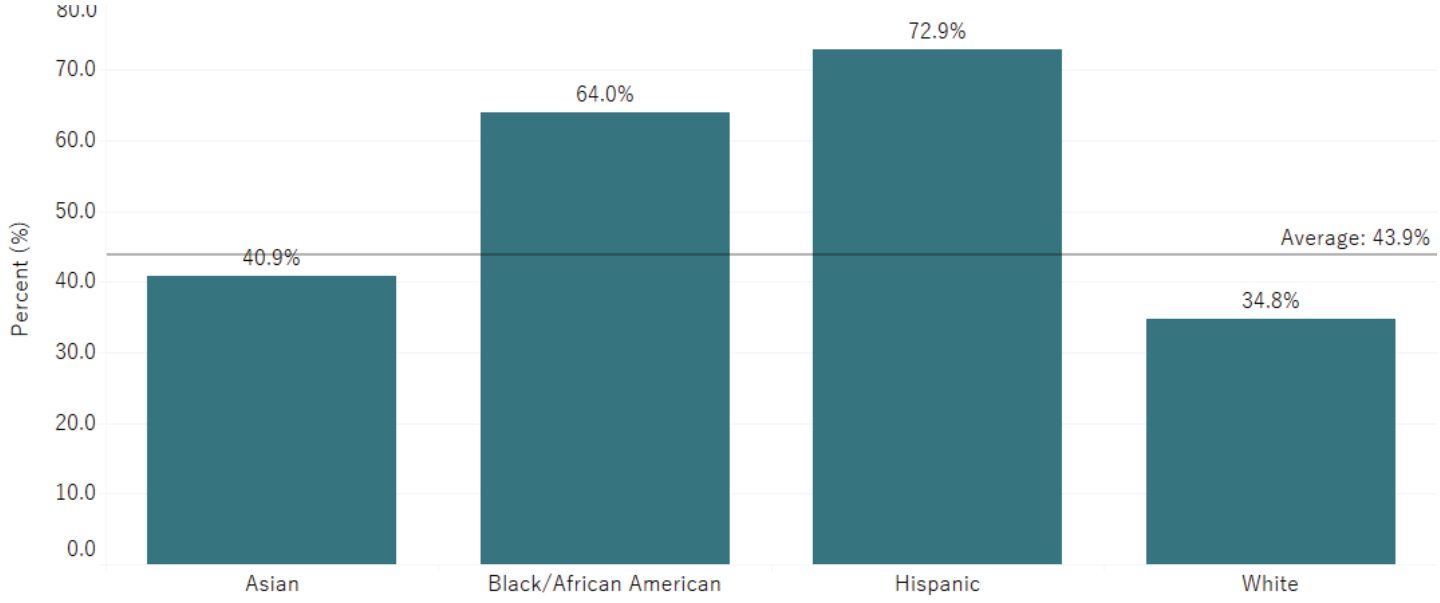
Figure 21. Percent of Adults Reporting Eating Fast Food Weekly, by Age Group, 2014-2016



Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2014-2016.

Among adults, probability of reporting fast food varies by race-ethnicity (Figure 22). Two times more Latinx adults reported eating fast food at least weekly than White adults.

Figure 22. Percent of Adults Reporting Eating Fast Food Weekly, by Race/Ethnicity, 2014-2016



Data Source: California Health Interview Survey

Current State of Physical Activity and Built Environment in San Francisco

Physical activity is defined as any bodily movement that requires energy expenditure. The Centers for Disease Control and Prevention (CDC) recommends that children and adolescents, age 5 to 17 years, should do at least 60 minutes of moderate -to-vigorous physical activity daily, while adults, age 18 years and above, should do at least 150 minutes of moderate-intensity physical activity, 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous activity throughout the week.[50] The National Association for Sport and Physical Education set physical activity guidelines for infants to children 5 years old at a minimum of 120 min of daily in the form of 60 min of structured activity and 60 minutes of unstructured activity.[51]

Regular physical activity can help people live longer, healthier lives. According to WHO, physical inactivity has been identified as the fourth-leading risk factor (after hypertension, tobacco use, and high blood sugar) for mortality, causing an estimated 3.2 million deaths globally.[52] Physical activity protects against many chronic health conditions including obesity, cardiovascular disease, type 2 diabetes, metabolic syndrome, and cancer (breast and colon). Through the release of serotonin, exercise can help reduce stress, anxiety, and depression.[53]

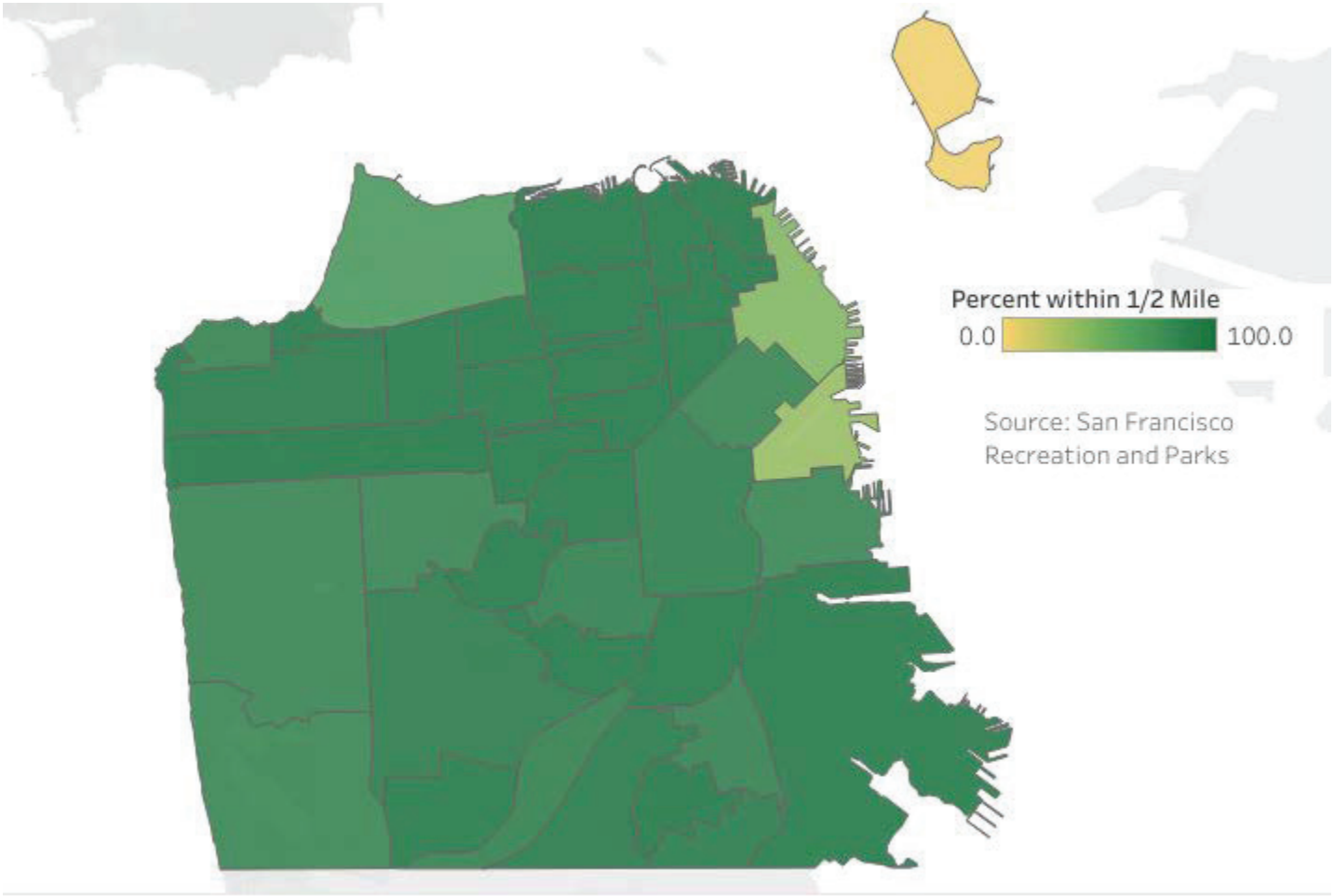
Beyond physical and mental health, physical activity has been found to be important to the success of students. It supports learning by improving concentration and cognitive functioning, and has been shown to have a positive influence on students' academic performance.[54] California uses the FitnessGram® to assess physical fitness of 5th, 7th and 9th graders. On average, California students who achieve more fitness standards perform better on standardized tests.[55]

Despite health advantages of physical activity, few are meeting public health goals. Less than a quarter (24%) of children 6 to 17 years and just 26% of high school students in the U.S. are physically active for at least 60 minutes each day.[56] In 2017 just 54% of adults engaged in regular physical activity.[57]

The environments in which we live can have significant impact on our level of physical activity. Institutional policies and practices, living conditions, especially physical and social environments, and individual factors interact to promote or inhibit physical activity.[58,59] Land use and transportation policies determine the location and design of infrastructure and activities.[45] Neighborhood features such as parks, sidewalks, bicycle trails, recreational facilities, nearby shops, and public transportation stops promote leisurely physical activity, sports, and active transportation.[60,61]

Although 95% of San Francisco's population lives within one half mile of a public recreation facility (defined as athletic fields, meeting spaces/activity centers, performance spaces, and recreational centers/pools run by the San Francisco Recreation and Park Department), Treasure Island currently has no recreation facilities, and only 32% of Mission Bay and 41% of Financial District/South Beach residents are within one half mile of a facility (Figure 23). Potrero Hill and western neighborhoods (including Sunset/Parkside, Inner Sunset, and Lakeshore) also have 10% or more of residents living more than a half mile away from a recreation facility.

Figure 23. Percent of Residents Living Within 1/2 Mile of a Public Recreation Facility, by Analysis Neighborhood, 2017



However, existence of infrastructure alone is insufficient. Barriers to use of facilities and physical activity include costs, poor access to facilities, and perceived unsafe environments.[62–64] Institutional policies, including those in the workplace and school and childcare, also affect health. Policies including transportation vouchers, on-location gyms, safe routes to

school, recess, physical education, and after-hours availability of the school yard for play can boost physical activity among children and adults.[65] Additionally, social support is instrumental in starting and maintaining a physically active lifestyle. Persons who receive encouragement, support or companionship from family and friends are more likely to form positive views of physical activity and to begin and continue being physically active.[60,63,66,67] At the individual level, interest in and ability to do physical activity vary. Individuals may have physical or emotional blocks to doing physical activity. Examples include a lack of skills or confidence; a functional limitation associated with a disability, a chronic disease, or increased age; habits such as cigarette smoking or drinking alcohol; as well as a dislike for physical activity.[67–69] Additional personal barriers which are commonly cited are competing priorities, limited discretionary time and/or money, lack of childcare, and a lack of culturally-appropriate activities.

Walking or biking for utilitarian trips, sometimes referred to as active transportation, is an opportunity to incorporate routine physical activity into daily living. In San Francisco, 55% of adults report walking for transportation, fun or exercise. There is no difference in the percentage of adults walking by race, gender, or poverty status in San Francisco. The percentage of people walking in San Francisco is significantly higher than for California overall (38%).

According to the California State Board of Education's standardized FitnessGram® which tests students in grades 5, 7, and 9 on six measures of fitness, 45-58% of 5th, 7th and 9th grade SFUSD students are not physically fit - defined as being in five or six out of six Healthy Fitness Zones (Figure 24). San Francisco students perform worse than California students [35]. Children from economically disadvantaged households perform worse than students from families who are not economically disadvantaged. While 58-60% of Asian and White 5th grade students score within five or six zones, less than 40% of Black/African American, Latinx, and less than 30% of grade students do the same.

One of the most potent measures of physical fitness from the FitnessGram® test is aerobic capacity because of its relationship to cardiovascular and metabolic health. In San Francisco, about 73% of 5th and 7th graders meet the standard for aerobic capacity (Figure 25). About 67% of 9th graders meet the standard. When examined by income, the percentage of 9TH Graders identified as not economically disadvantaged who met the aerobic standard was more than 10 percentage points higher than those identified as economically disadvantaged. By ethnicity, around 80% of White and Asian students meet aerobic standards in 5th and 7th grade while only 45-65% of Black/African American and Latinx students do the same. In 9th grade those rates for White students drop to around 75%, while for Black/African American they drop to 37% and for Latinx students to 48%.

Figure 24. Percentage of SFUSD Students Meeting 5 or 6 out of 6 Fitness Goals

Fitnessgram testing includes six fitness areas-aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength, and flexibility.

*Greater data variability from year to year for Native American and Pacific Islander students due to the small number of students.

Source: California Department of Education

Figure 25. Percentage of SFUSD Students with Aerobic Capacity in the Healthy Fitness Zone

*Greater data variability from year to year for Native American and Pacific Islander students due to the small number of students.
Source: California Department of Education

Current State of Diet-sensitive Disease

Oral Health

Oral health is essential to general health and quality of life. It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial well-being.[70] Sugar-sweetened beverage consumption is associated with increased tooth decay, cavities and tooth loss.[71–74]

Children's oral health

Tooth decay is the most common chronic disease of childhood and the leading cause for missed school days. Poor oral health can cause pain, dysfunction, school or work absences, difficulty concentrating, and poor appearance—problems that greatly affect quality of life and ability to interact with others. Children who experience dental decay miss more school, have lower academic achievement, and have an increased risk for a lifetime of dental problems.[75,76] California students are estimated to miss 874,000 days of school due to dental problems, costing schools over $29 million in funding based on reductions in the average daily attendance rate.[77] Poor oral health can reflect systemic inflammation, which over time may limit growth and development, as well as increase risk of adverse health outcomes, including hypertension, cardiovascular disease, and cancer.[70]

Routine preventive dental care including daily oral hygiene, fluoride treatments and dental sealants, and reduction of sugars in the diet can prevent tooth decay. Fluoride varnish applications reduce decayed/missing/filled tooth surfaces by 43% in permanent teeth and by 37% in primary teeth.[78] Dental sealants can prevent up to 80% of tooth decay in children and adolescents.[79]

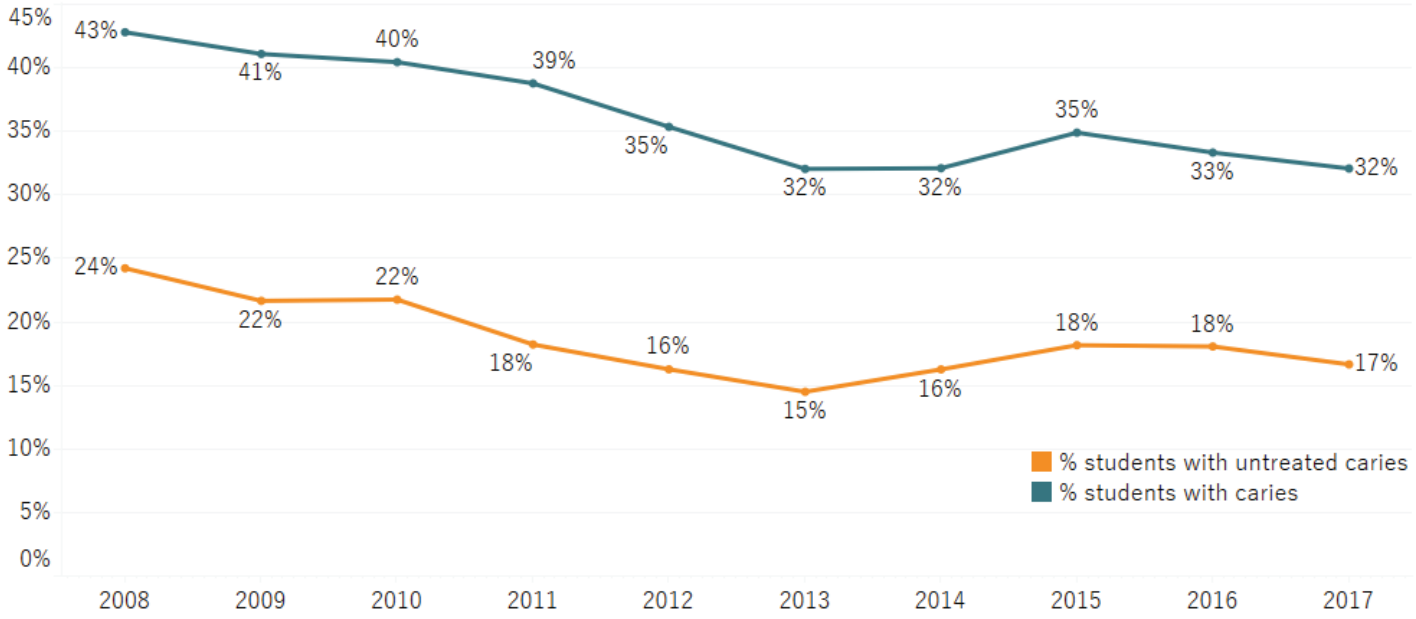
Despite steady decreases in caries (i.e. tooth decay or cavities) prevalence in San Francisco over the past 10 years, tooth decay remains a prevalent local health problem. In 2017-18, 32% of SFUSD kindergarteners had experienced caries and 17% had untreated caries (Figure 26). As treatment of decay is alone insufficient and children who do not receive adequate treatment-- fluoride treatments, dental sealants, ongoing care of cavity fillings—and reduce sugars in the diet are at higher risk for the development of further caries, the initial development of caries signals the beginning of a lifetime of otherwise preventable dental procedures. National and state data show that 52% to 71% of all children 6-9 years have caries. [80,81]

Consistent with nationwide patterns and trends, disparities in oral health persist in San Francisco. Low-income and minority children have higher tooth decay rates. In San Francisco, Black/African American, Latinx, and Asian kindergarteners are two times more likely to experience dental decay as White kindergarteners (Figure 27). Pacific Islander kindergarteners are almost three times more likely than White kindergarteners to have caries (Figure 28). Disparities are similar for *untreated* caries with Black/African American, Latinx, and Asian kindergarteners more likely to experience untreated caries. Rates of dental caries and the untreated dental caries among kindergarteners at the lowest income schools are more than 50% higher than rates at the highest income schools (Figure 29).

Rates of caries experience vary among Asians subpopulations in San Francisco (Figure 30). Asian Indian, Cambodian, Hmong, Japanese, Korean, and Laotian collectively have lower rates of caries prevalence (20%) compared to Chinese, Vietnamese, and Filipinx (37-45%).

Caries experience varies by neighborhood. Children in Chinatown, North Beach, Nob Hill/Russian Hill/Polk, Tenderloin, SOMA, Bayview/Hunters Points, Visitacion Valley, Excelsior, and Portola consistently experience more caries than children in other San Francisco neighborhoods. The most affected neighborhoods coincide with those with high proportions of Latinx, African American, Asian, and low-income residents.[35]

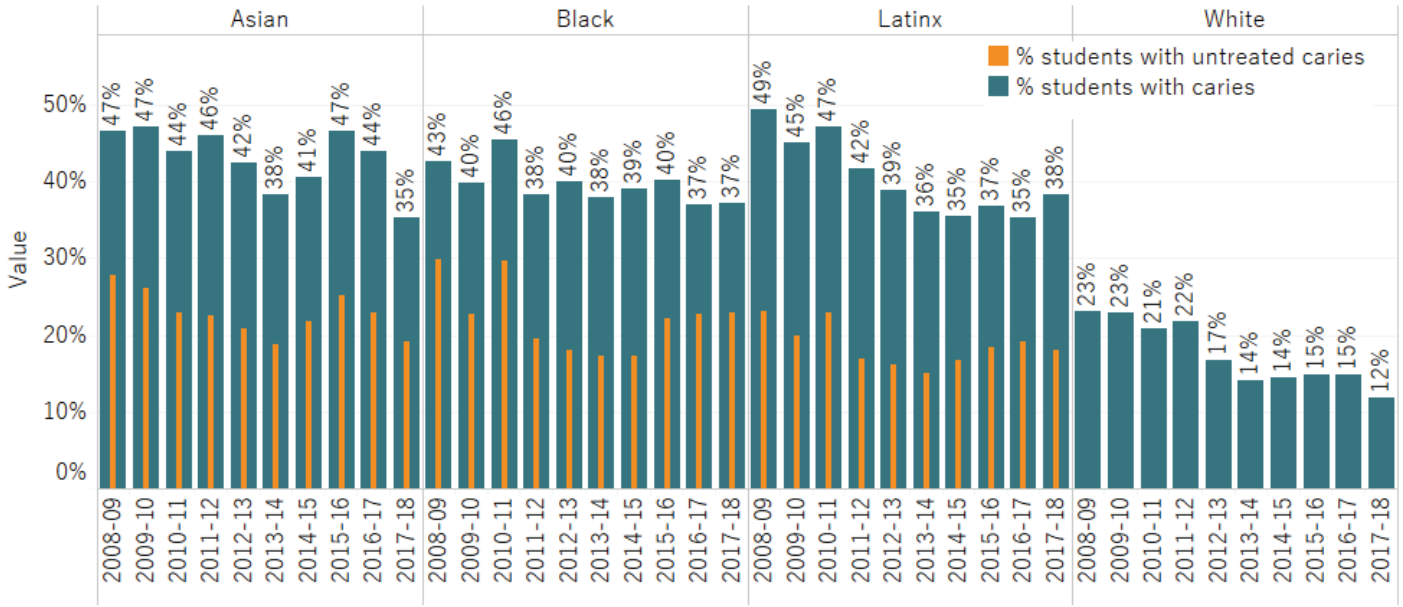
Figure 26. Percentage of SFUSD Kindergartenders with Caries or Untreated Caries



Dates shown indicate the first year of the school year (i.e. 2008 is is the 2008-2009 school year).,

Source: San Francisco Unified School District-San Francisco Department of Public Health Dental Services Kindergarten Oral Health Screening Program

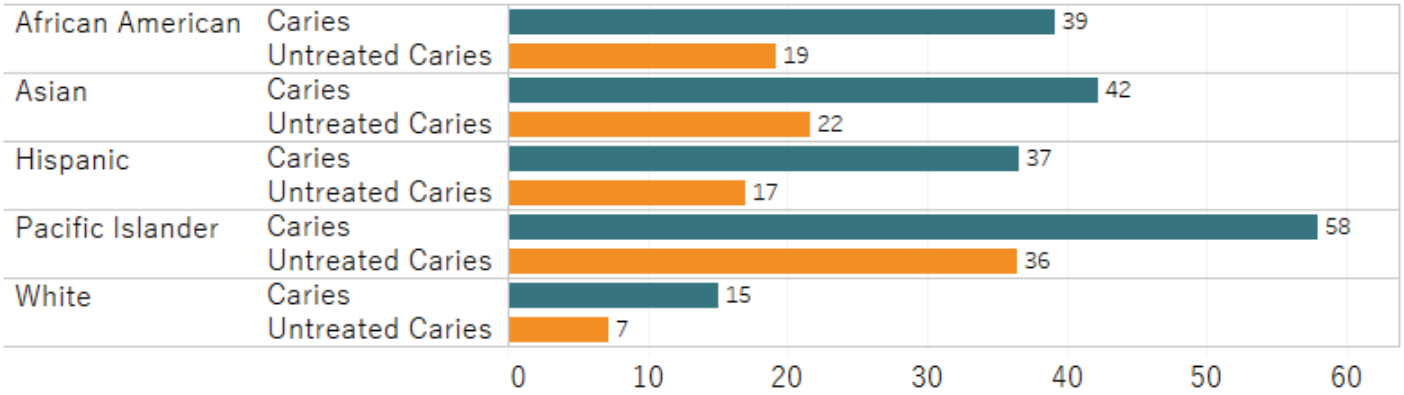
Figure 27. Percentage of SFUSD Kindergartenders with Caries or Untreated Caries, by Race/Ethnicity



Too few white students were found to have untreated caries to report data; however, data for 2013-2017 show that 7% of white students have untreated caries.

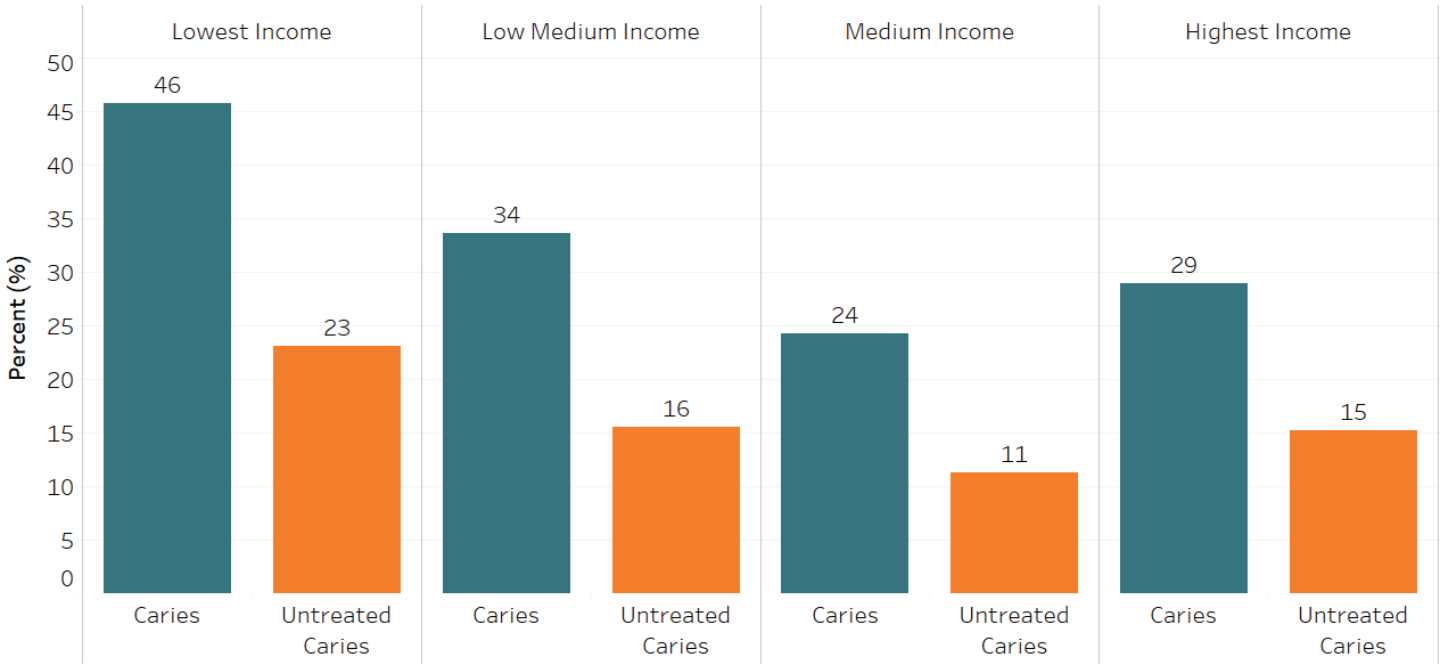
Source: San Francisco Unified School District-San Francisco Department of Public Health Dental Services Kindergarten Oral Healt..

Figure 28. Percent of SFUSD Kindergartener with Untreated Caries Experience by Race/Ethnicity, 2012-2017



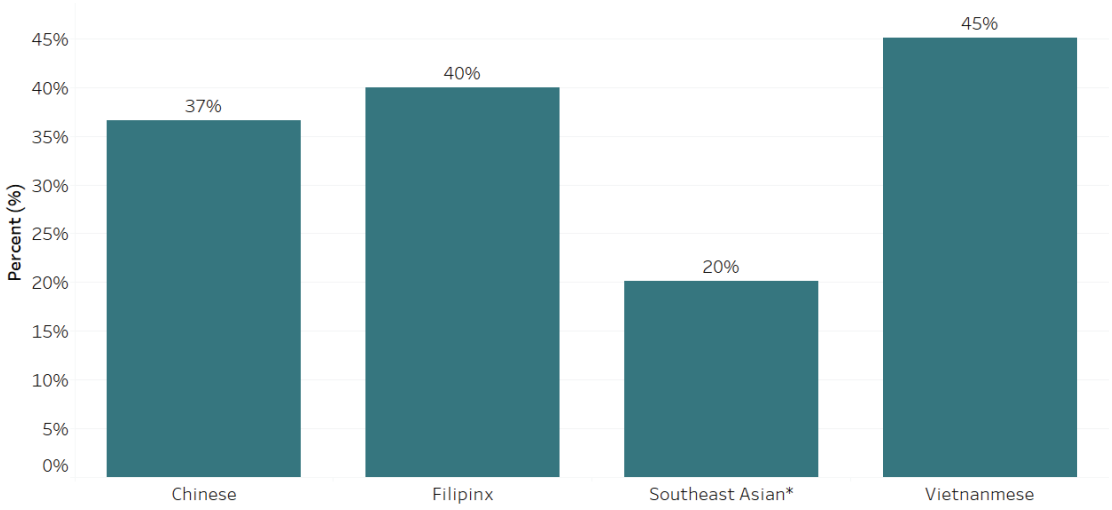
Source: San Francisco Unified School District-San Francisco Department of Public Health Dental Services Kindergarten Oral Health Screening Program

Figure 29. Percent of SFUSD Kindergarteners with Caries or Untreated Caries by School Income Level, 2012-2016



Data Source: Kindergarten Oral Health Screening Program

Figure 30. Percent of SFUSD Kindergarteners with Caries or Untreated Caries by Asian Subgroup, 2017-2019



*Southeast Asian: Asian Indian, Cambodian, Hmong, Japanese, Korean, and Laotian.

Data Source: Kindergarten Oral Health Screening Program

Adult Oral Health

While data on tooth decay and caries experience rates is not available for San Francisco adults, there is statewide, county-level data on the number of emergency department visits for Non-Traumatic Dental Conditions (NTDCs), most of which are a result of tooth decay. According to California Department of Public Health, Office of Oral Health data, during the years 2012-2016 there were 12,025 visits to emergency departments in San Francisco for NTDCs (Table 2). Ninety-two percent of these visits were by individuals aged 18 and over. Black/African American, Native Americans, and Pacific Islanders utilized emergency departments for NTDCs at much higher rates than other groups (Table 3).

Table 2. Emergency Room Visits for Non-Traumatic Dental Conditions by Age Group, San Francisco, 2012-2016

Age Group	Count	Crude Rate (per 100,000)
<1	67	140.3
1-2	193	215.2
3-5	220	191.8
6-9	235	193.5
10-13	135	122
14-17	143	108.4
18-34	4250	357.8
35-64	5790	332.2
65-100	992	164.2

Source: California Department of Public Health
Office of Oral Health

Table 3. Emergency Room Visits for Non-Traumatic Dental Conditions by Race/Ethnicity, 2012-2016

Race/Ethnicity	Count	Crude Rate per 100,000
Native American	85	914
Asian	1236	90
Black/African American	3788	1668
Latinx	1890	287
Pacific Islander	160	928
Multi-Racial	621	445
White	4245	246

Source: California Department of Public Health
Office of Oral Health

Overweight and Obesity

Sugar-sweetened beverage consumption is associated with overweight and obesity.[82,83] Overweight and obesity reflect excess body weight relative to height. Overweight and obesity are associated with greater risk of chronic disease, pain, disability, anxiety, depression, mental illness, and lower quality of life. Obesity increases risk of chronic conditions, including high blood pressure, high cholesterol, heart disease, type 2 diabetes, osteoarthritis, breast and colon cancers, sleep apnea, and gynecological problems.[84–86] Obesity is associated with all-cause mortality, and is a leading cause of preventable death. Obese men age 20 to 39 have an estimated six years of life lost.[86] That being said, overweight and obesity are not absolutely predictive of negative health outcomes for a given individual whose personal risk of disease can be equivalent or less than that of a normal weight individual depending on their genetics, diet, and level of physical activity.

For adults, overweight is defined as a body mass index (BMI) of 25.0 to 29.9 kg/m2 and obesity as a BMI of $\geq$ 30kg/m2.[87]

For infants and toddlers up to two years of age, excess weight is identified as a weight-for-length greater than or equal to the 98th percentile.[88] For children and adolescents, the CDC defines overweight as a body mass index (BMI) percentile over the 85th percentile for age and sex.[89]

FitnessGram® data for youth in San Francisco describe students as having body compositions either being within or outside the "healthy fitness zone" which is comprised of BMI and a measure of percent body fat.[90] For pregnant women, excess weight gain is defined as a gain of more than 40 pounds if the mother is underweight before pregnancy, more than 35 pounds if she is normal weight before pregnancy, more than 25 pounds if she is overweight before pregnancy, and more than 20 pounds if she is obese before pregnancy.[91]

Risk of overweight and obesity begins during pregnancy and tracks throughout the life course. Excess maternal weight gain during pregnancy programs the unborn fetus for a lifetime of exaggerated response to insulin and stress hormones, and increased susceptibility to weight gain.[92–98] Excess weight gain during pregnancy is associated with excess infant weight at birth, excess weight gain before age five, and childhood and adult obesity. Overweight children are more likely to become overweight adolescents who in turn have a 70% chance of becoming an overweight or obese adult.[99,100] Prevention and early intervention are very important, because obesity is difficult to treat once established.[101]

YOUTH – Overweight and Obesity

Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese.[102]

SFUSD assesses students for body mass index (BMI) and other fitness measures annually in grades 5, 7, and 9 (the Fitness Gram®). In school year 2017-2018, 65% of 5th grade students, 66% of 7th graders, and 71% of 9th graders had a measured body composition inside the healthy fitness zone.

A lower proportion of racial minority, economically disadvantaged, and male students have a body composition inside of the healthy fitness zone (Figure 31). Asian and white students are 73-215% more likely than Pacific Islander students, 65-86% more likely than Black/African American or Latinx students, and 15-37% more likely than Filipinx students to have a healthy body composition. Similarly, economically disadvantaged students (58-67%) are less likely to have a measured body composition outside the healthy fitness zone than not economically disadvantaged students (75-77%). These trends among people of color, and those at an economic disadvantage are mirrored in the adult population., however; unlike among adults, female students (70-73%) appear to be more likely to be within the healthy fitness zone as compared to male students (62-70%).

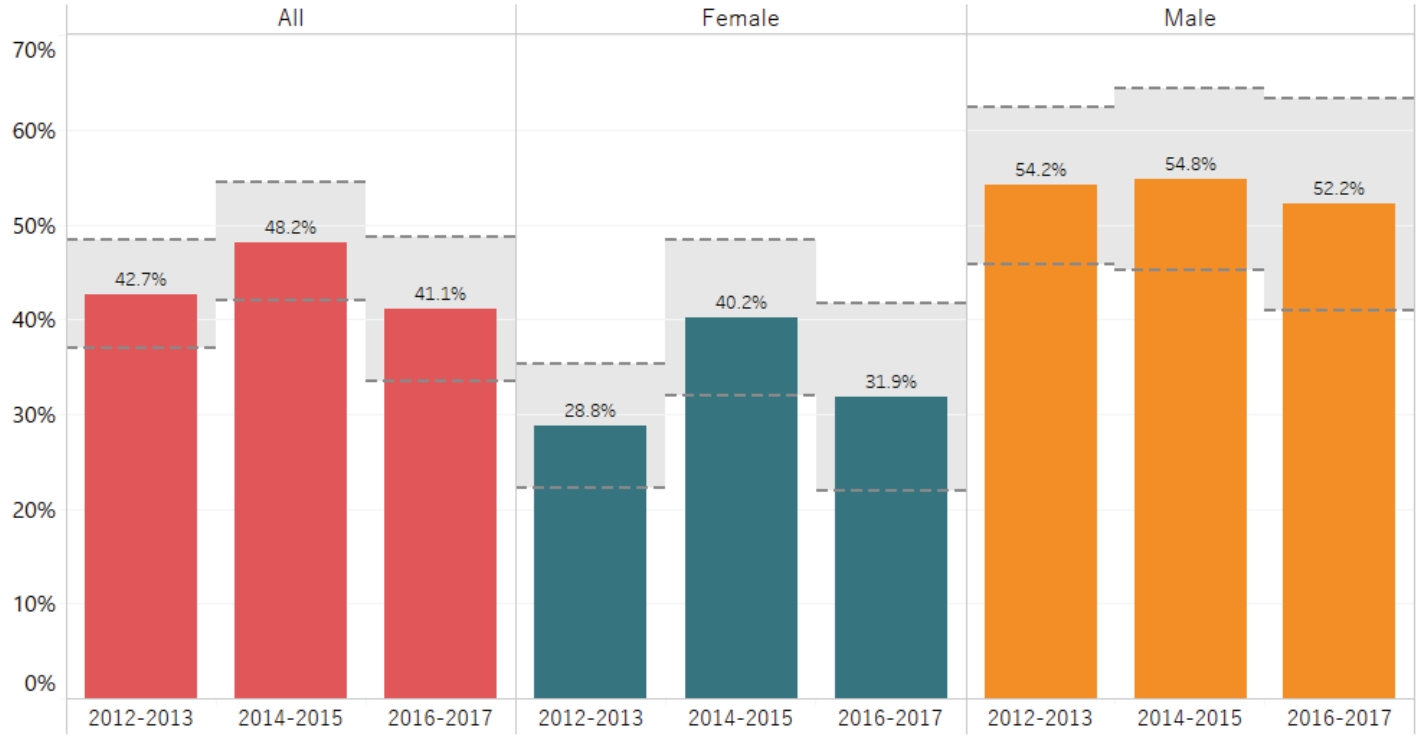
Figure 31. Percentage of SFUSD Students with a Body Composition Inside the Healty Fitness Zone

*Greater data variability from year to year for Native American and Pacific Islander students due to the small number of students.
Source: California Department of Education

ADULTS – Overweight and Obesity

According to CHIS, the percentage of adults reporting weight and height consistent with overweight and obesity (which includes BMI ≥ 25) among adults has remained relatively stable since 2011. In 2016-2017, 41% of San Francisco adults reported a height and weight consistent with being overweight/obese (Figure 32). More men, 52%, and older adults report experiencing overweight or obesity than do women, 40%, and younger adults (Figures 32-35). More than 50% of adults older than 40 years in San Francisco are overweight or obese compared to 25% of adults 18 to 24 years.

Figure 32. Percentage of Adults Reporting Height and Weight Consistent with Overweight or Obesity, by Gender



Source: California Health Interview Survey

Figure 33. Percentage of Adults Reporting Height and Weight Consistent with Overweight or Obesity, by Age

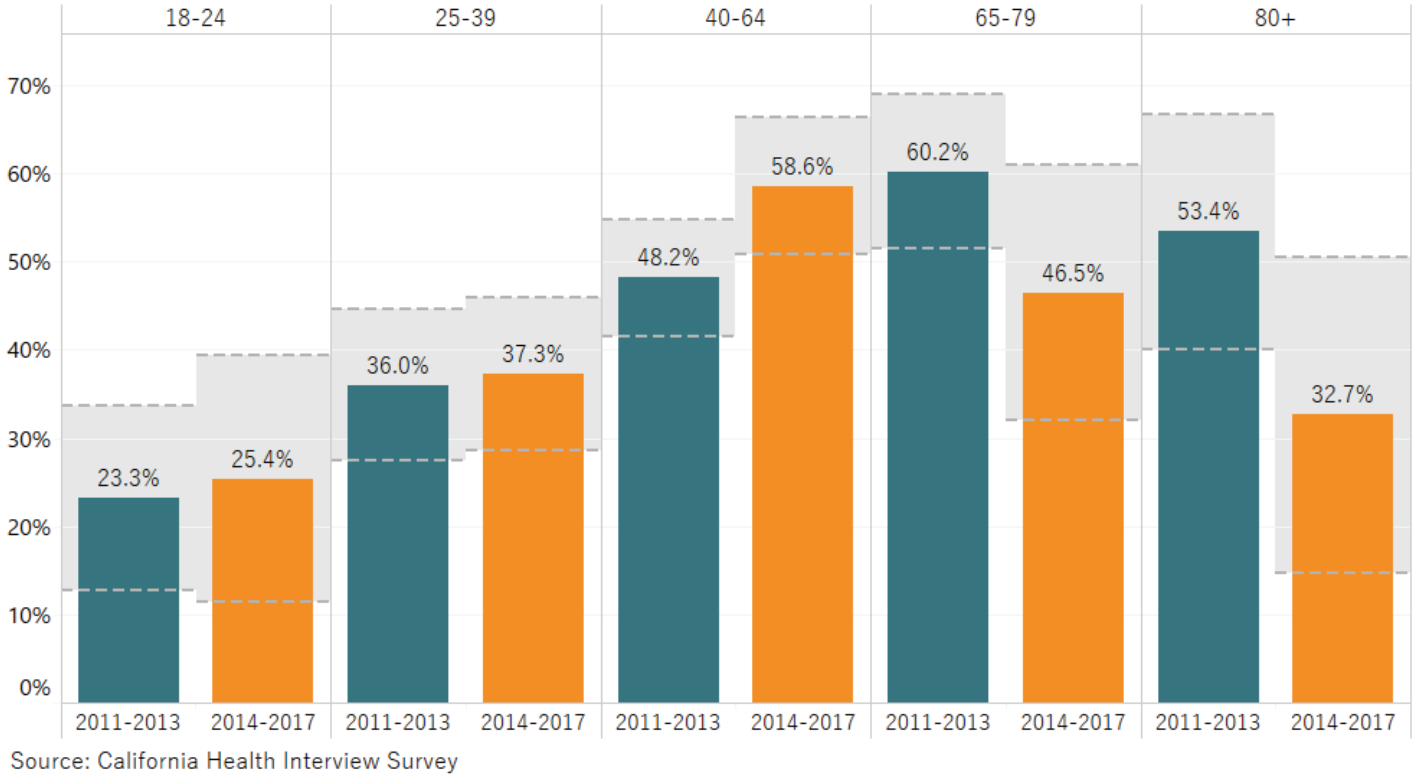
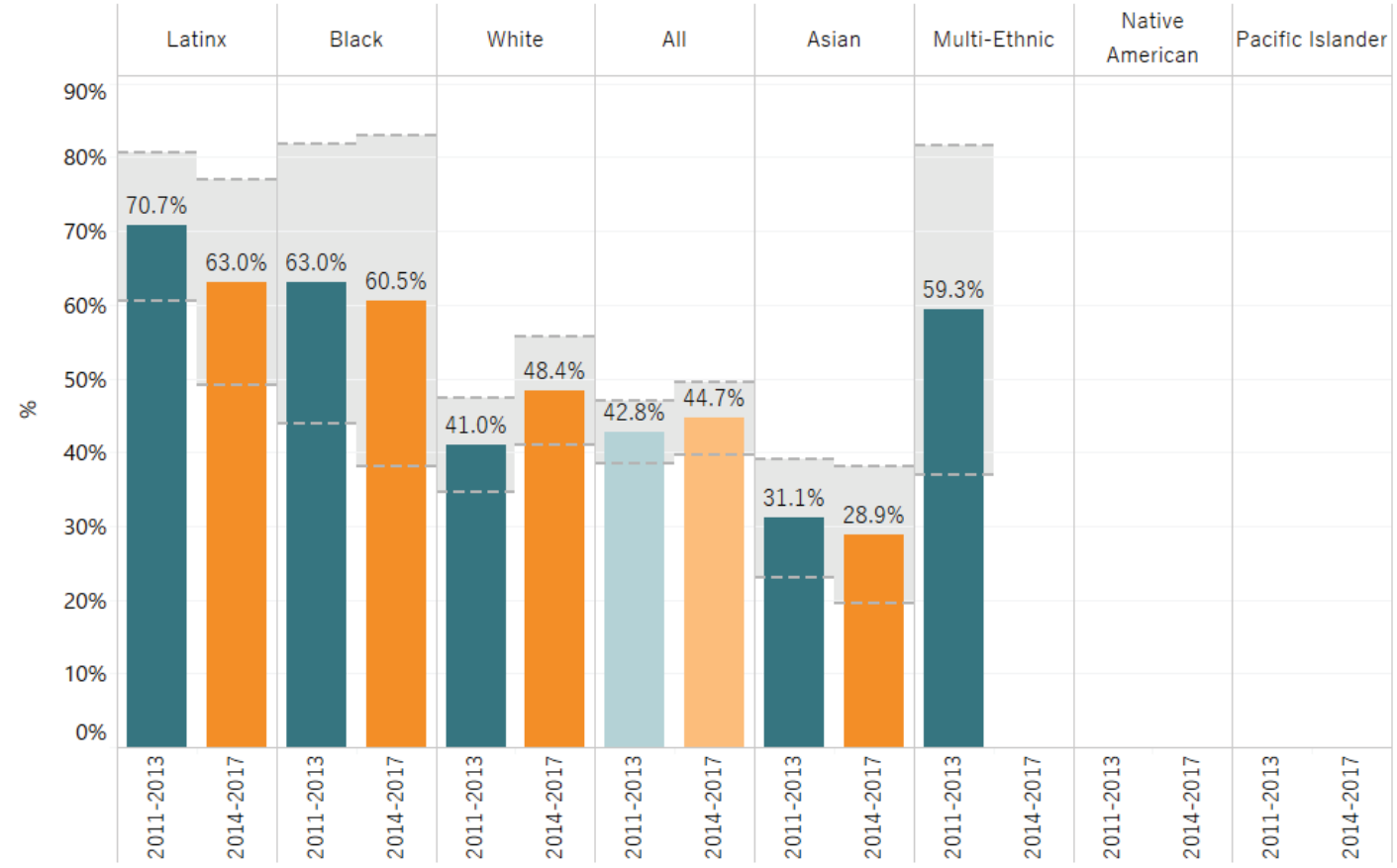


Figure 34. Percentage of Adults Reporting Height and Weight Consistent with Overweight or Obesity, by Race/Ethnicity

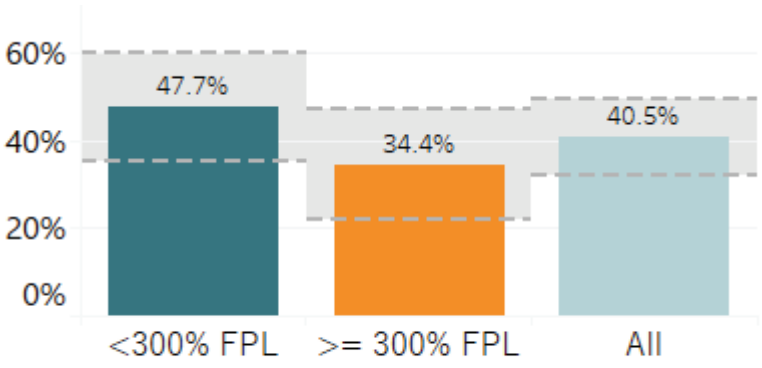


Source: California Health Interview Survey

Figure 35. Percentage of Adults Reporting Height and Weight Consistent with Overweight or Obesity, by Poverty Level

Consistent with national obesity disparities, locally, the rates of overweight and obesity vary by income, race/ethnicity, and zip code. Data from the California Health Interview Survey indicates that Black/African Americans (61%), Latinx (63%), and Whites (48%) have higher prevalence of overweight/obesity than Asians (29%), who have the lowest rate of overweight and obesity in San Francisco (Figure 31).[iv] Residents in households earning less than 300% of the federal poverty level are 38% more likely to experience overweight or obesity as compared to those at 300% or above (Figure 35).

The CDC's modeling of obesity suggests that it is concentrated in parts of Bayview Hunters Point, Tenderloin, Western Addition, Hayes Valley, Visitacion Valley, and McLaren Park, coinciding with concentrations of populations at higher risk.[104]



Source: California Health Interview Survey

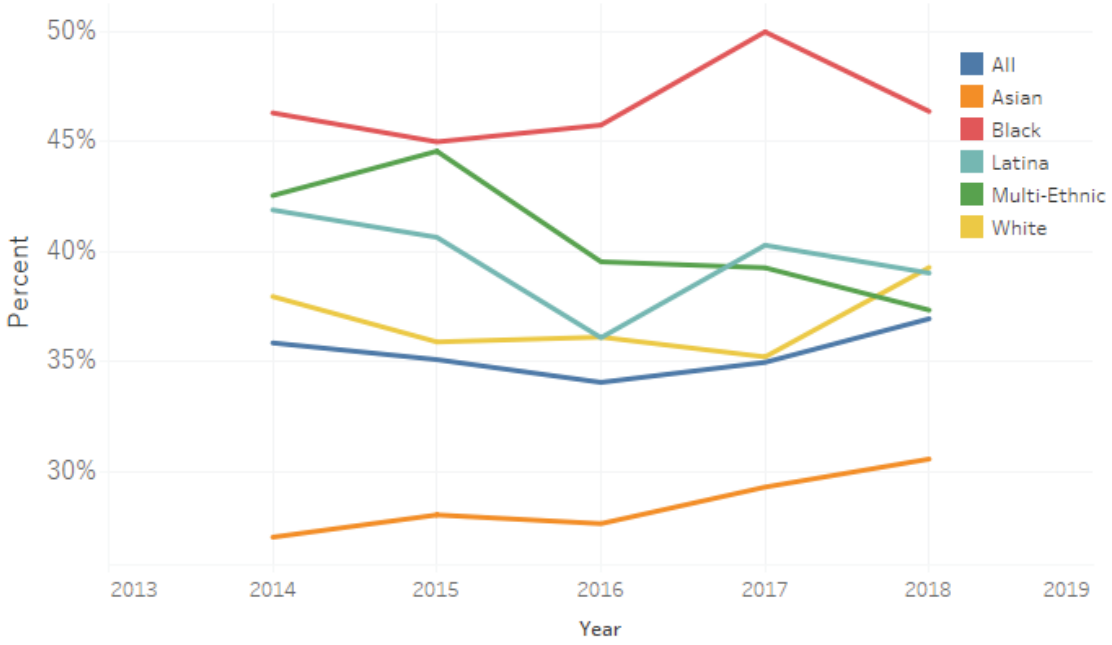
[iv] While data does suggest that Asian people with a high risk of type 2 diabetes and cardiovascular disease is substantial at BMIs lower than the cutoff for overweight (>25 kg/m^2), no clear cut off point has been identified for all Asians for overweight and obesity. For international classification the WHO recommends keeping the standard cut-points. However for many Asian populations public health action points of were defined with as 23 kg/m^2 indicating increased risk and 27.5 kg/m^2 as high risk.[103] At this time Data are not available for the different cut-points and guidance is required to determine which cut off points are useful for San Francisco.

Pregnant Women

More than one third of women (37%) gained excess weight during pregnancy in San Francisco in 2018. Approximately twice as many women who are overweight or obese before pregnancy gain excess weight during pregnancy compared to women who are normal weight before pregnancy (Figure 36). Although, since 2007, there has generally been a decline in excess weight gain during pregnancy, disparities remain.[105] Black/African American are more than 1.5 times as likely as Asian women to gain excess weight during pregnancy compared to Asian women (46% vs. 31%).

The disparity gap in excess weight gain during pregnancy between mothers with private versus other non-private insurance has narrowed in recent years from 2012 when there was a 10-percentage point difference between private and publicly insured women to a 2 percentage gap in 2018 (Figure 37).[105]

Figure 36. Excess Weight Gain Among Pregnant Women

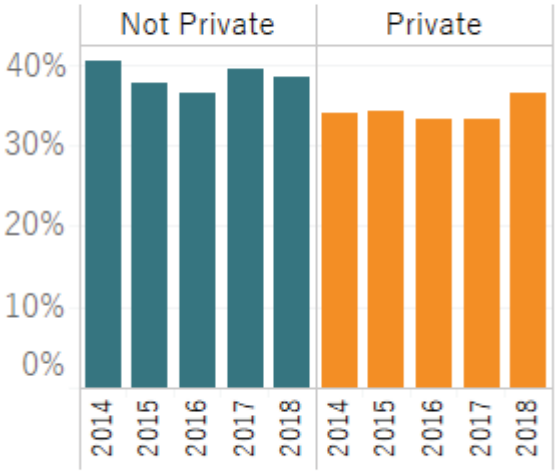


Source: California Department of Public Health Birth Statistical Master File

Diabetes

Diabetes is a condition in which the body does not properly process food for use as energy, leading to increased levels of glucose in the blood which can cause damage to tissues and organs throughout the body. The two main types of diabetes are type 1 diabetes and type 2 diabetes. Type 1 diabetes, previously called insulin-dependent diabetes mellitus or juvenile onset diabetes, accounts for 5-10% of all cases of diabetes and is considered primarily a genetic disease whose onset is not particularly influenced by diet or the environment.[106] In contrast, Type 2 diabetes, previously called non-insulin-dependent diabetes mellitus or adult-onset diabetes, accounts for about 90 to 95% of all diagnosed cases of diabetes. Sugar-sweetened beverage consumption is associated with increased risk of developing Type 2 diabetes.[107,108] A third type, gestational diabetes, develops only during pregnancy. Babies born to mothers with gestational diabetes may suffer from excessive birth weight, preterm birth, respiratory distress syndrome, low blood sugar, and type 2 diabetes later in life. Women who have gestational diabetes during pregnancy have a 7.5-fold increased risk for the development of type 2 diabetes after delivery. This

Figure 37. Excess Weight Gain Among Pregnant Women, by Insurance Type



Source: California Department of Public Health Birth Statistical Master File

increased risk persists for their lifetime, even if the diabetes does not develop immediately following pregnancy. Risk factors for Type 2 diabetes and gestational diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, unhealthy diet, physical inactivity, and race/ethnicity.[109]

Prediabetes, also referred to as impaired glucose tolerance or impaired fasting glucose, is a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. People with prediabetes have a much higher risk of developing type 2 diabetes, as well as an increased risk for cardiovascular disease. Without intervention, up to 30 % of people with prediabetes will develop type 2 diabetes within five years, and up to 70 % will develop diabetes within their lifetime.[110,111] According to modeled prevalence estimates by the UCLA Center for Health Policy Research, approximately 44% of San Franciscans have pre-diabetes.[111]

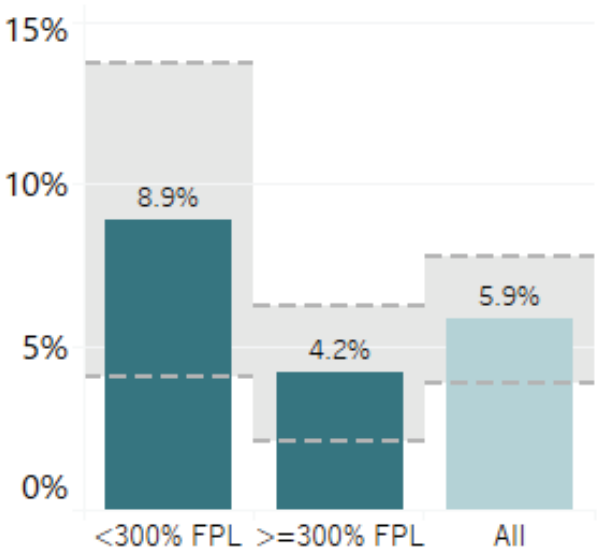
Type 2 Diabetes can be prevented or delayed through moderate weight loss, exercise and improved nutrition, yet, type 2 diabetes impacts health and health spending significantly.[4,112] Diabetes is the eighth leading cause of death in San Francisco which is an underestimate since heart disease, the leading killer, is often worsened by having concurrent diabetes.[113] It is also the leading cause of kidney failure and the need for dialysis and can cause other serious health complications including blindness and lower-extremity amputations.[113,114] Diabetes reduced the lifespan of San Franciscans by approximately eight years and, as estimated by San Francisco's Budget and Legislative Analyst Office, the City and County of San Francisco pays over $87 million for direct and indirect diabetes care costs.[115]

Diabetes Prevalence

Approximately 6% of surveyed San Franciscans reported ever being diagnosed with diabetes on the CHIS survey. However nationally, nearly 1 in 4 people living with diabetes are undiagnosed thus the true prevalence of type 2 diabetes in San Francisco is likely higher. The CDC has modeled diabetes prevalence in San Francisco and estimates the prevalence to be closer to 8.5%.[104,116] Nationally and Locally diabetes affects poorer residents to a greater extent[117]; San Francisco residents living in household which earn less than 300% of the federal poverty level, or about $75,300 for a family of four[118], are more than 2 times as likely to have diabetes (Figure 38).

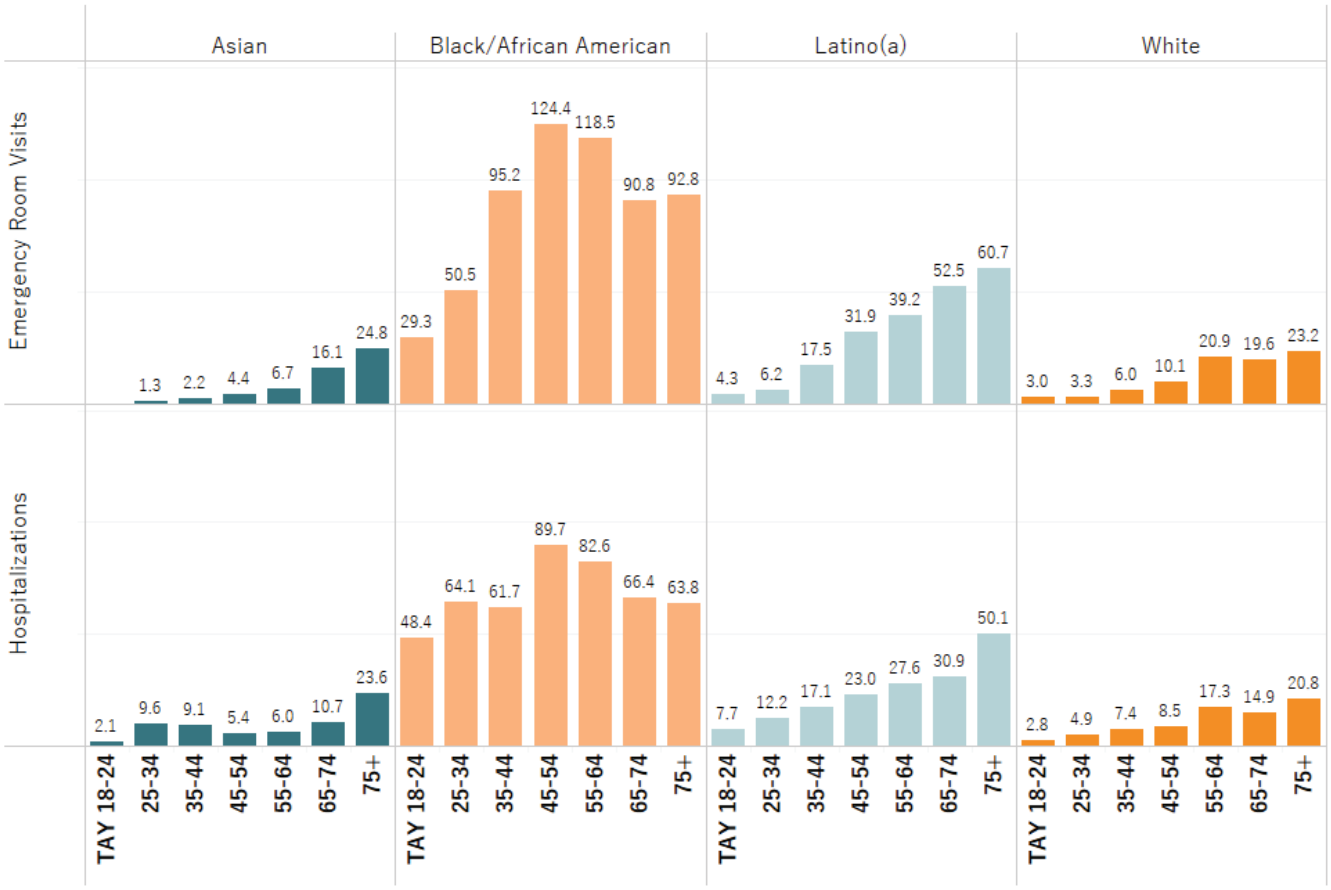
Data examining diabetes prevalence among San Francisco sub populations is not available. However, data are available on hospitalizations and emergency room visits resulting from diabetes. Rates of hospitalizations and emergency room visits are markedly higher for Black/African American and Latinx residents than for White and Asian residents (Figure 39) at all ages. Residents in the eastern zip codes (94102, 94110, 94115, 94124, and 94130) are more likely to be hospitalized due to diabetes than those living elsewhere in San Francisco.[119,120]

Figure 38. Percentage of Adults Reporting Having Diabetes, by Poverty Level, 2013-2017



Source: California Health Interview Survey

Figure 39. Age-Specific Rates of Hospitalization and Emergency Room Visits Due to Diabetes Among Adults, 2012-2016



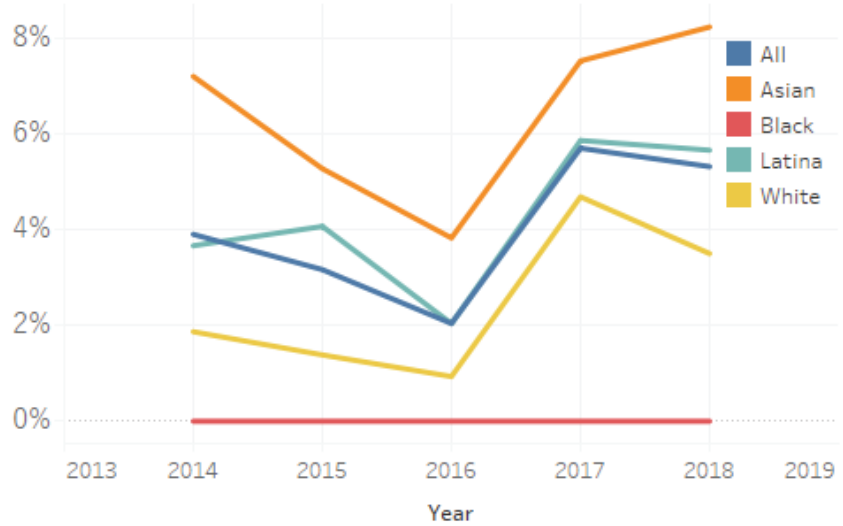
Hospitalization data for Asians includes Pacific Islanders. Emergency Room data for Asians does not include Pacific Islanders.
Source: Office of Statewide Health Planning and Development

Gestational Diabetes

While the incidence rate of gestational diabetes in San Francisco decreased from 2014 to 2016, rates bounced back in 2017 and 2018 (Figure 40). Data from 2018 indicate that Asian women have the highest rate with 8 out of 100 live births affected. This is more than 2 as high as that for White women. The rate for Latina women is also higher than average (6 per 100 live births).

Women who living in the zip codes including North Beach, Chinatown, Sunset/Parkside, Lakeshore, Bayview Hunters Point, Visitation Valley, Excelsior, and Oceanview/Merced. Ingleside neighborhoods are at highest risk of gestational diabetes.[35]

Figure 40. Diabetes Among Pregnant Women



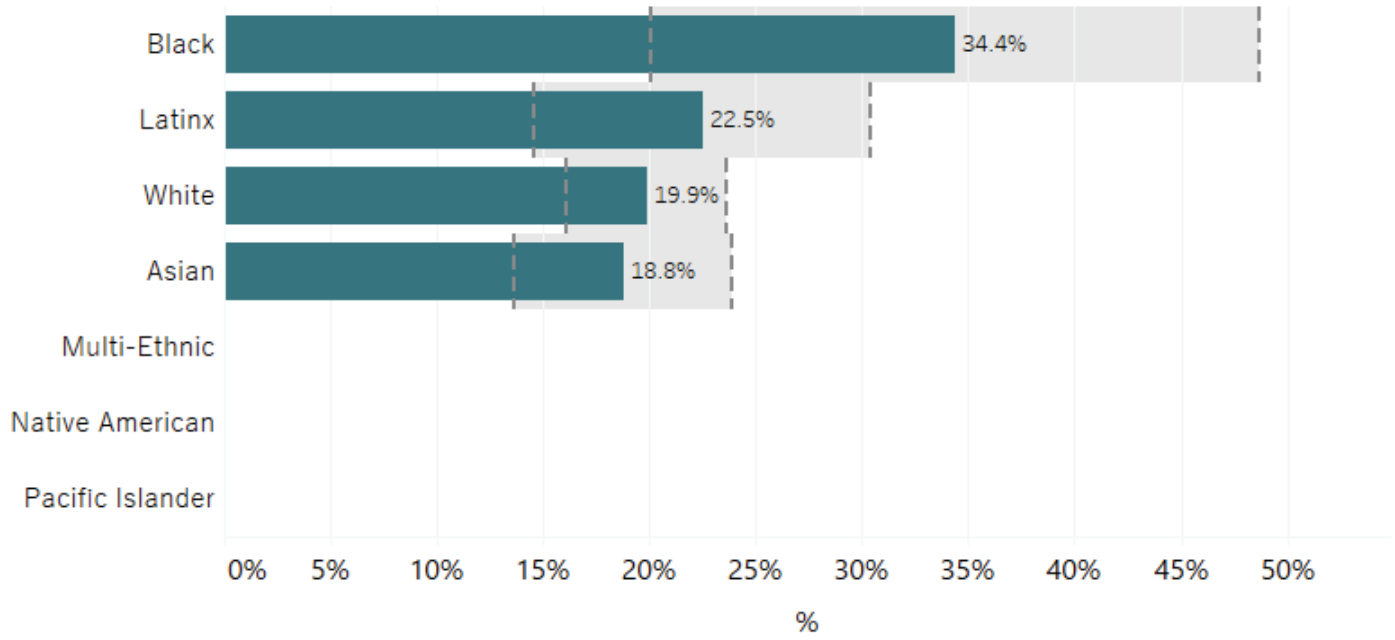
Source: California Department of Public Health Birth Statistical Master File

Hypertension

Hypertension, also called high blood pressure, is a condition in which the force of blood pushing against the vessel walls is higher than normal. This increased pressure damages blood vessel walls and can lead to complications such as cardiovascular disease (including heart attack and stroke), kidney disease, and blindness. Hypertension is the second leading cause of kidney failure. Along with diabetes, hypertension is the major risk factor and contributor to cardiovascular disease which is the leading cause of death in San Francisco and nationally.[121] Diet, physical activity, smoking, stress, family history, and genetics all contribute to the development and management of hypertension.

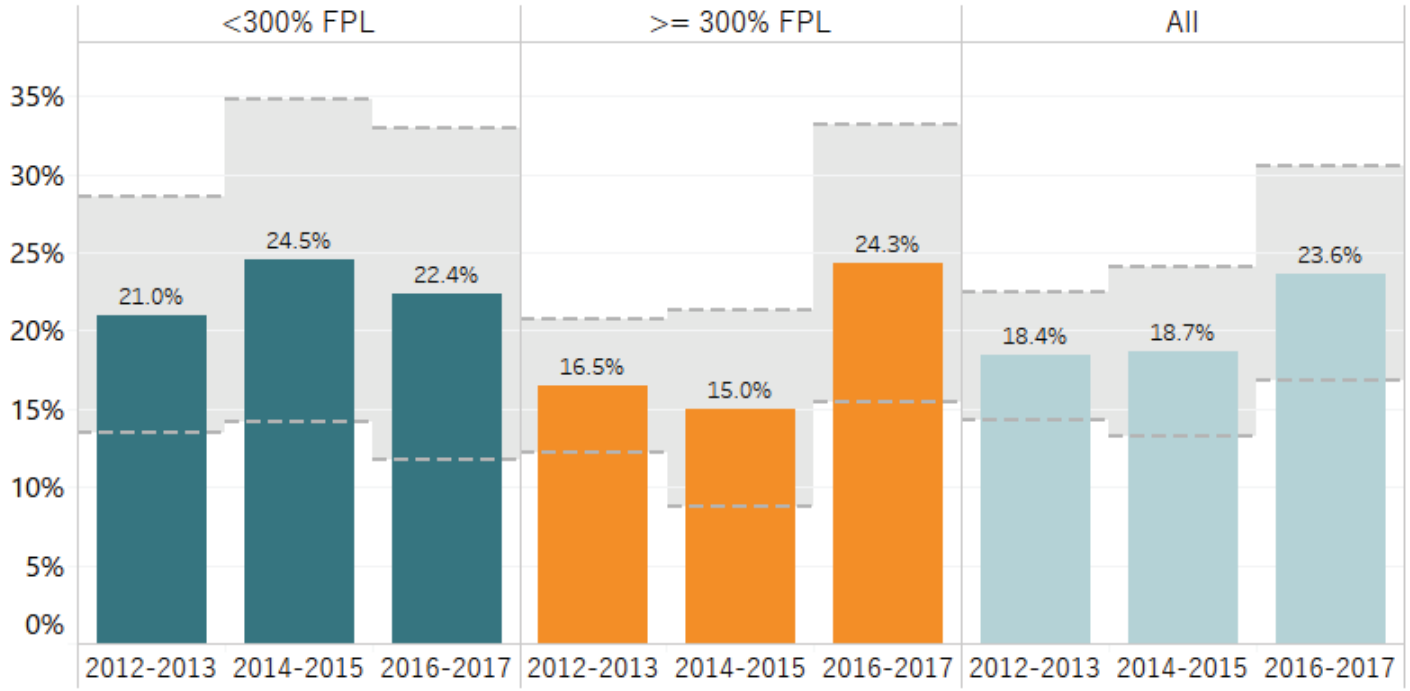
Approximately 24% of surveyed San Franciscans reported ever being diagnosed with hypertension on the CHIS survey. However, nationally, nearly a fifth of people living with hypertension are undiagnosed thus the true prevalence of hypertension in San Francisco is likely higher[122]. As with other chronic disease, disparities are seen across ethnicity and geography[104]. More than a third of Black/African American residents are hypertensive, 50% more than the next highest group: Latinx (23%) (figure). Data additionally suggest increasing percentages of adults 40 to 64 years, men, and persons in households earning more than 300% of the federal poverty level reporting being hypertensive (Figures 41-44).

Figure 41. Percentage of Adults Reporting Having Hypertension, by Race/Ethnicity, 2011-2017



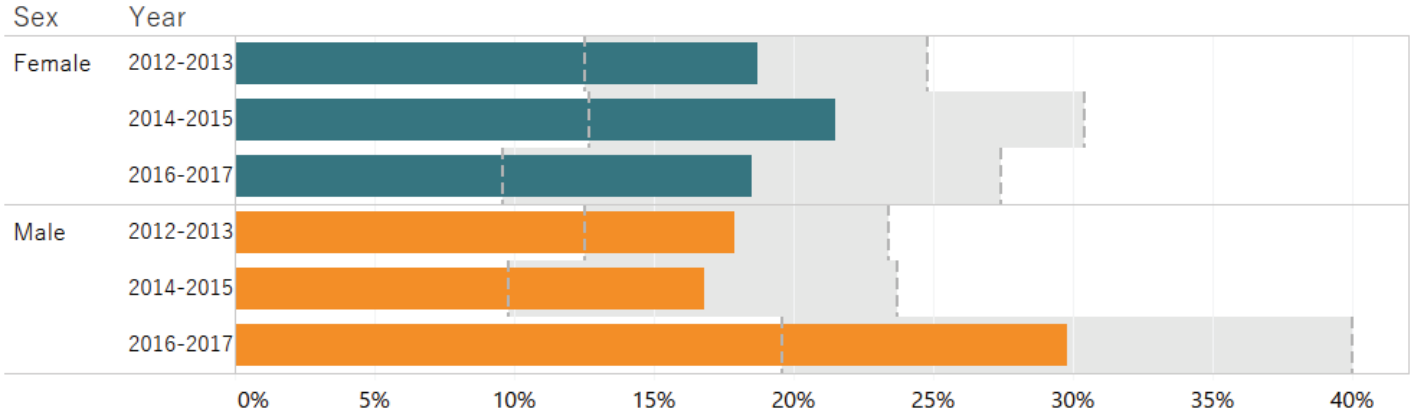
Source: California Health Interview Survey

Figure 42. Percentage of Adults Reporting Having Hypertension, by Poverty Level



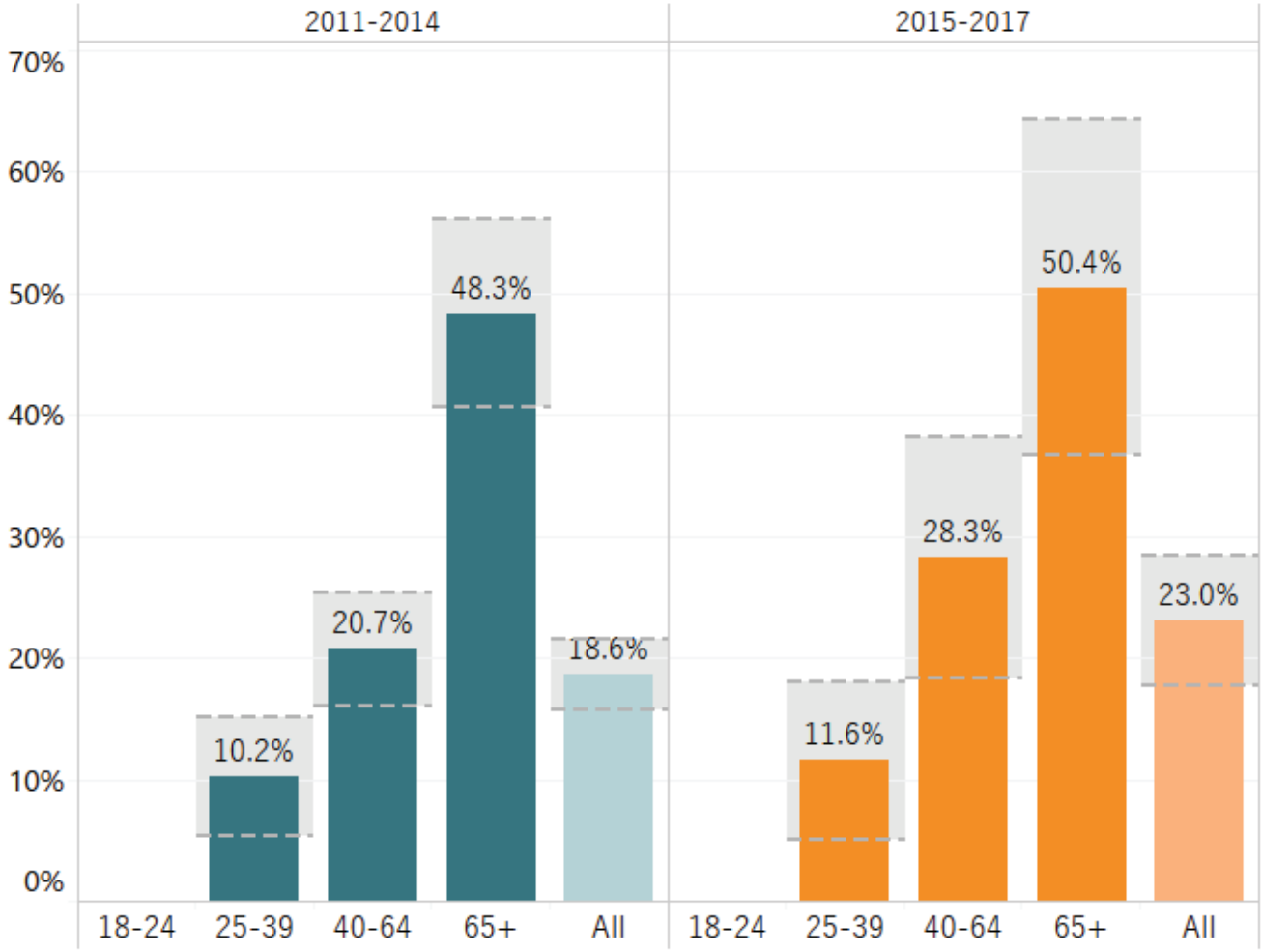
Source: California Health Interview Survey

Figure 43. Percentage of Adults Reporting Having Hypertension, by Gender, 2011-2017



Source: California Health Interview Survey

Figure 44. Percentage of Adults Reporting Having Hypertension, by Age



Source: California Health Interview Survey

Cardiovascular disease

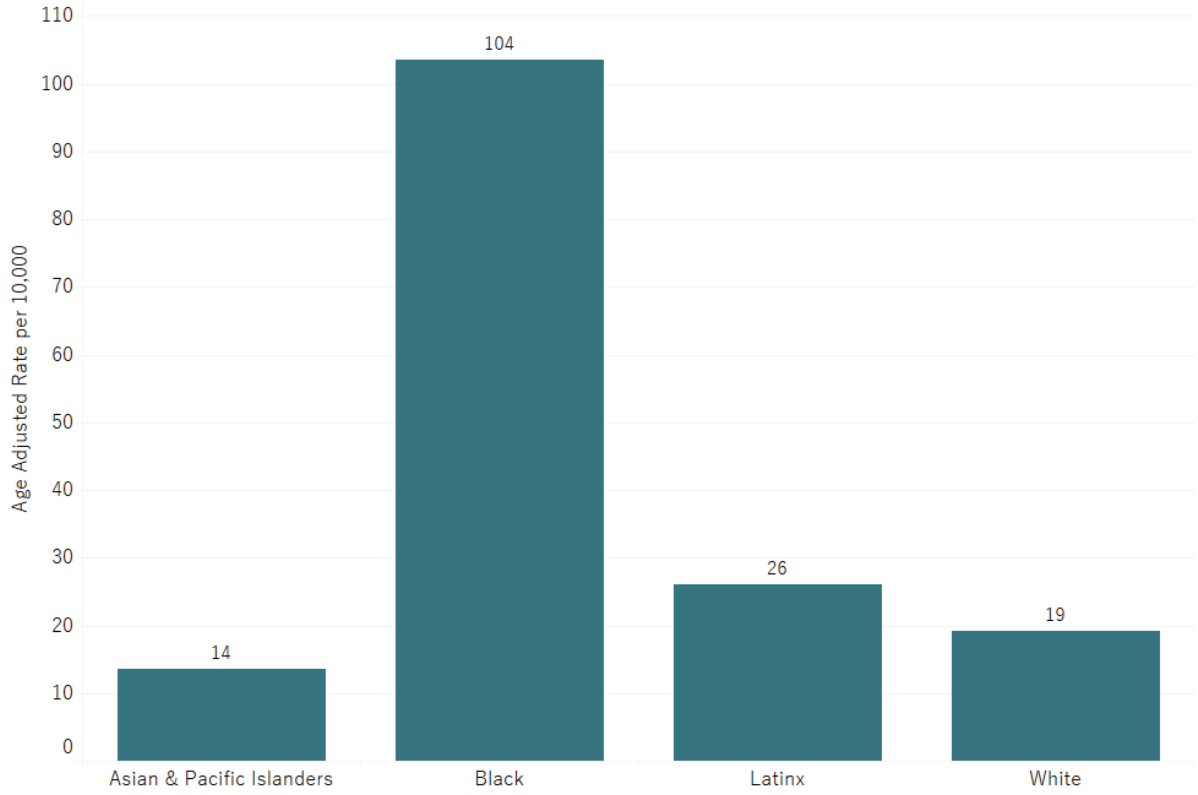
Cardiovascular disease refers to a class of diseases that involve the heart and blood vessels and is the leading cause of death in San Francisco and nationally. Many of these diseases are attributed to atherosclerosis, a condition where excess plaque builds up in the inner walls of the arteries. This buildup narrows the arteries and constricts blood flow. Diet, physical inactivity, being overweight/obese, cigarette smoking, diabetes, stress, and hypertension all contribute to cardiovascular disease.[123] Common types of cardiovascular diseases include:

- Coronary heart disease which can lead to heart attack (when blood flow to the heart is blocked)
- Heart failure which is when the heart is not functioning at its full potential and the body is not receiving all of the blood and oxygen it requires.
- Stroke which occurs when not enough blood is getting to the brain which can be due to a blocked blood vessel or a burst blood vessel.

In 2014 –17, 5.2% of adults living in San Francisco reported being told that they had any kind of heart disease. Hospitalization rates due to heart failure are highest among Black/African Americans. In 2016, Black/African American hospitalization rate (104 per 10,000 residents) for heart failure was more than four times higher than White San

Franciscans (19 per 10,000 residents) (Figure 45). Hospitalization rates due to heart failure among Latinx (26 per 10,000 residents) was approximately 1.4 times that of White San Franciscans.

Figure 45. Age-Adjusted Rates of Hospitalization Due to Heart Failure among adults, 2012-2016

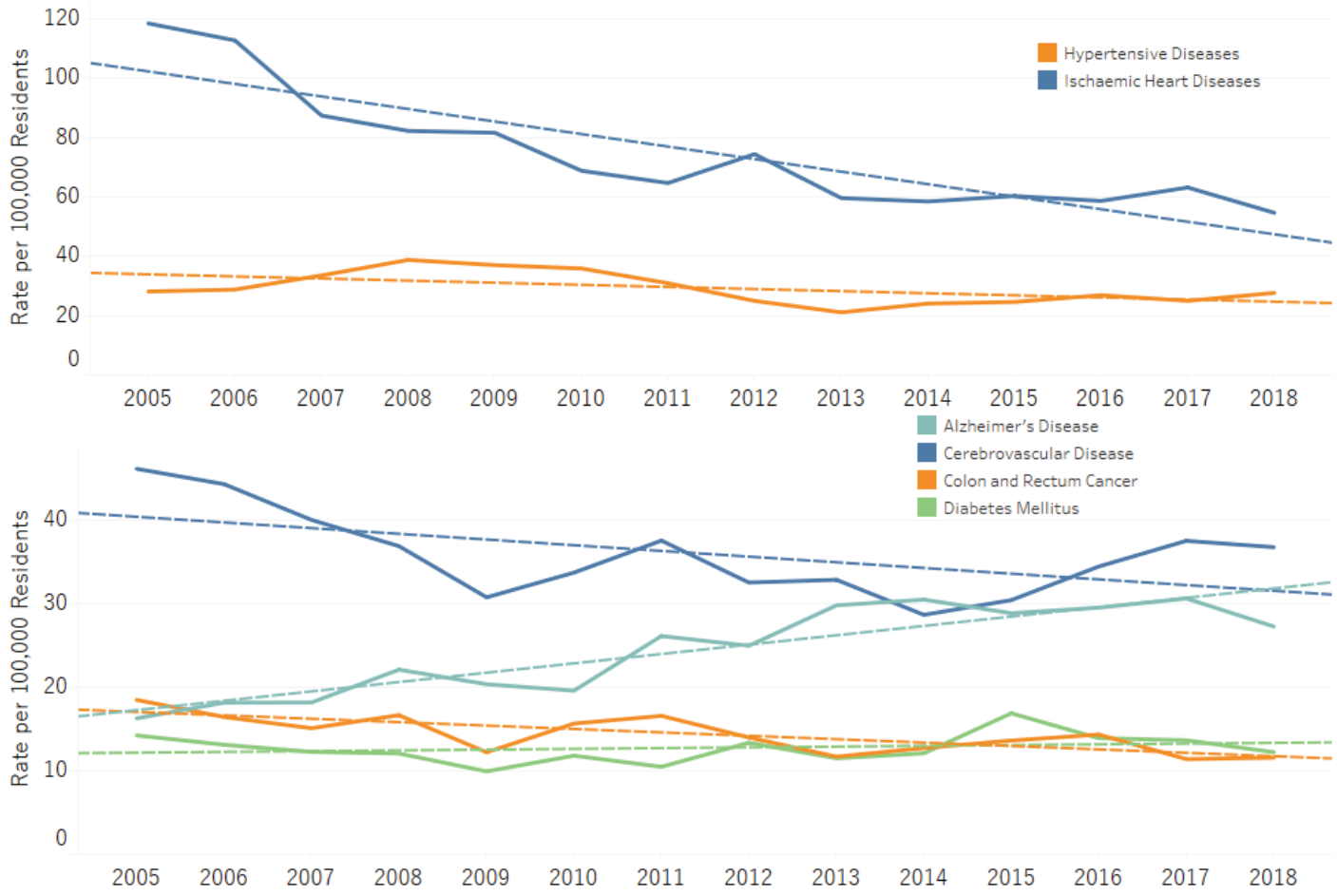


Data for Asian and Pacific Islander residents are received from the source mixed and separate analyses cannot be performed.
Source: Office of Statewide Health Planning and Development

Mortality Due to Diet-sensitive Disease

In San Francisco, the leading 10 causes of death are predominately chronic diseases and the majority of these, 6, are diet-sensitive chronic diseases associated, directly or indirectly, with sugar consumption—Ischemic heart disease, cerebrovascular disease, Alzheimer's, hypertension, diabetes, and colon cancer. Between 2005 and 2018, death rates due to Ischemic heart disease, hypertensive disease, cerebrovascular disease, and colon cancer decreased significantly, while rates due to and Alzheimer's increased (Figure 46). Mortality rates due to Diabetes have remained stable.

Figure 46. Age-adjusted Mortality Rates for the Leading Causes of Death, Diet Sensitive Diseases

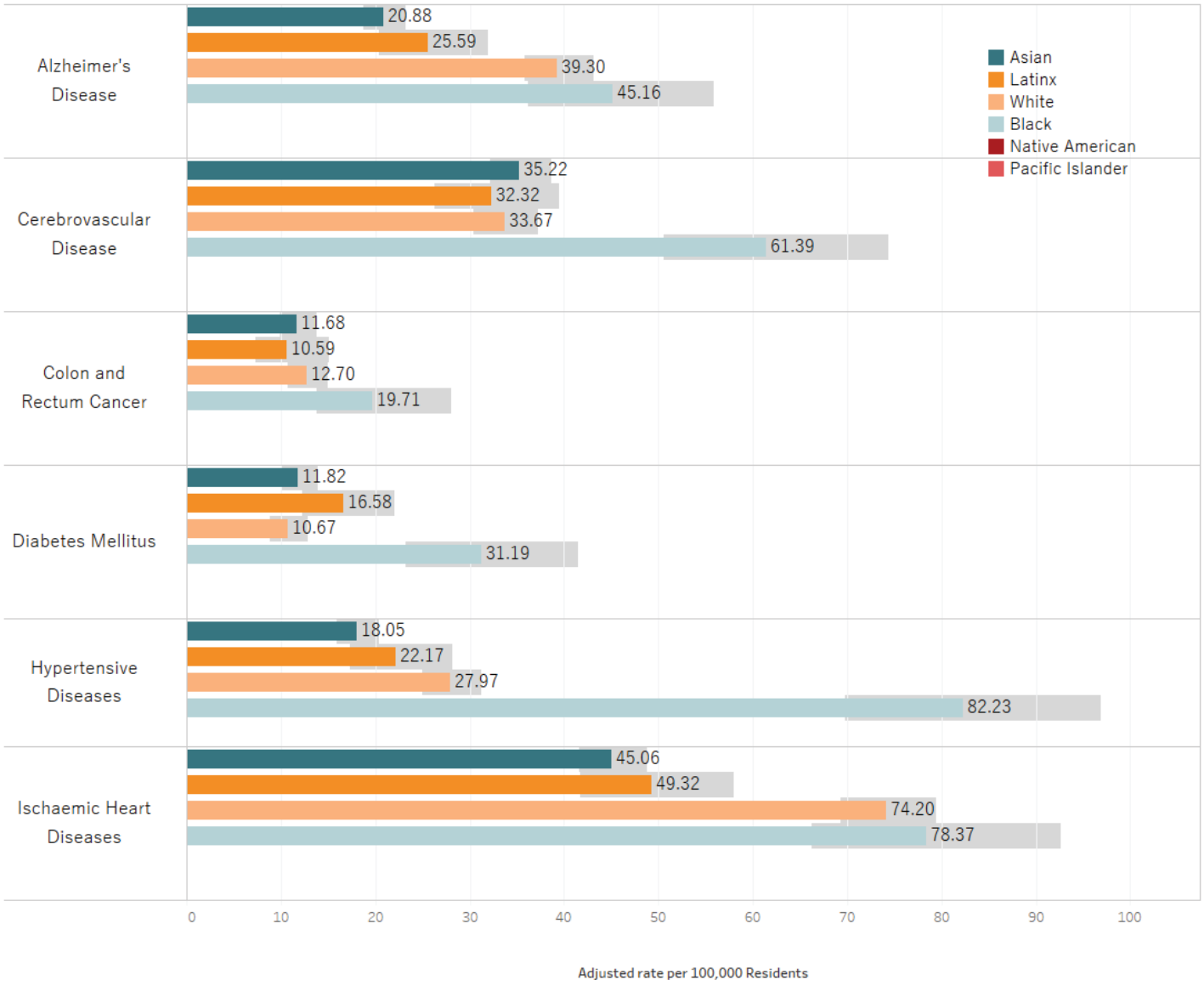


Data split onto two axes due to large differences in rates between causes.

Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-2018, Created on June 4, 2019.

Mortality rates for diet-sensitive diseases vary by race and ethnicity (Figure 47). Like for mortality overall, Black/African American residents experience the highest rates across all causes. Black/African American death rates due to Diabetes are 2 times as high as that of the next highest group and 3 times as high for Hypertension. Only for Ischemic Heart Disease does another group, White residents, surpass the rate among Black/African American residents. Years of life lost similarly show Black/African American residents experiencing the highest rates of death due to diet-sensitive diseases in San Francisco (Figure 48). Furthermore, decreases seen for the population overall are not seen for all subgroups; mortality rates due to hypertension and cerebrovascular diseases are stable for Latinx, Black/African American, and White residents and population level decreases may be driven by rates among Asians. The rate of colon cancer, however; has not decreased among Asians.

Figure 47. Age-adjusted Mortality Rates for the Leading Causes of Death, Diet Sensitive Diseases, by Race/Ethnicity, 2016-2018

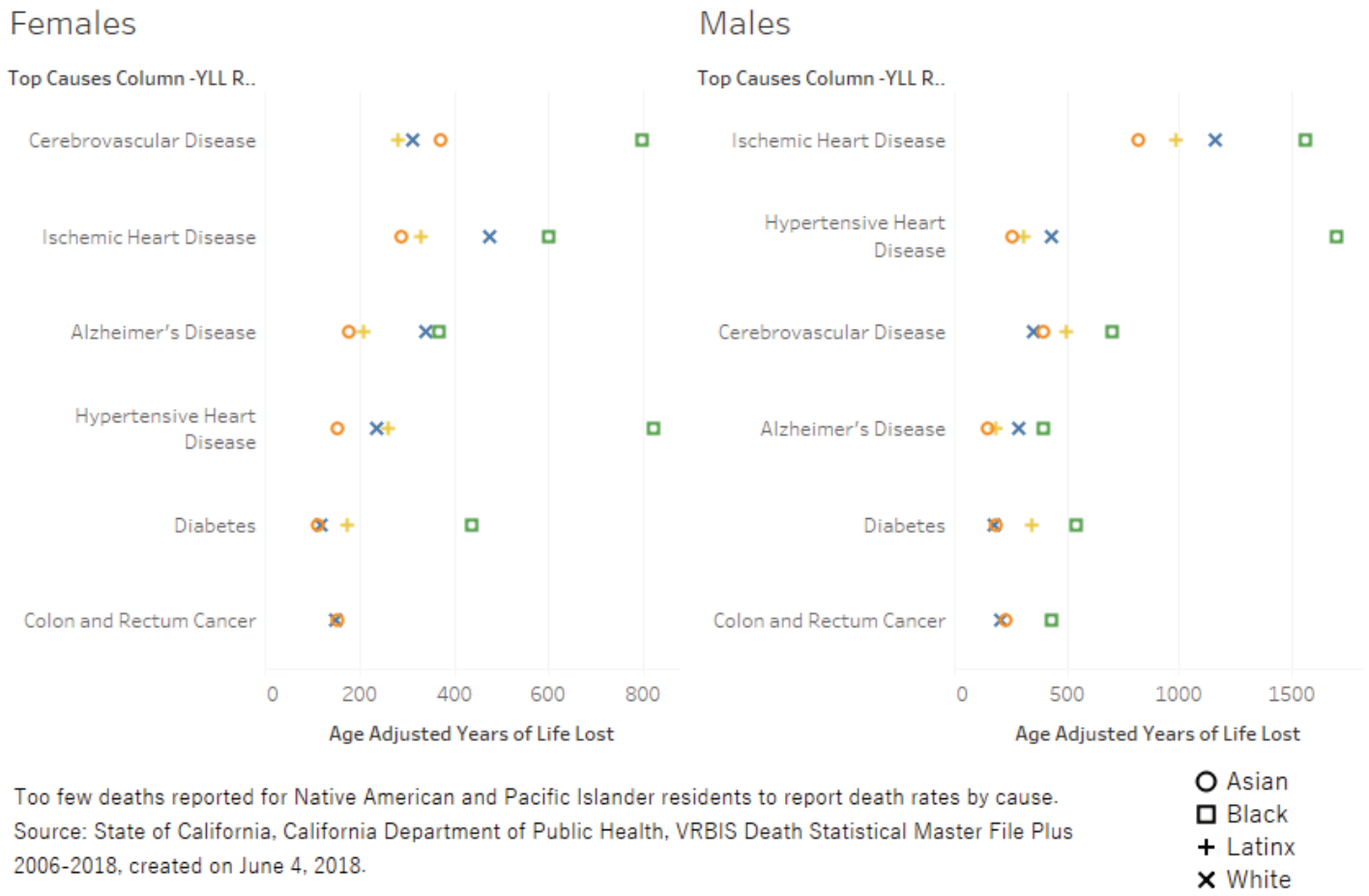


Too few deaths reported for Native American and Pacific Islander residents to report death rates by cause.

95% Confidence intervals shown in grey.

Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-2018, Created on June 4, 2019.

Figure 48. Years of Life Lost for Leading Diet-Sensitive Causes of Death, by Race/Ethnicity, 2016-2018



Too few deaths reported for Native American and Pacific Islander residents to report death rates by cause.
Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-2018, created on June 4, 2018.

Given the disparities, seen not only in mortality rates and the most proximate risk factors for these diseases discussed in this report but also the social determinants of health discussed elsewhere, it is both unfortunate and not surprising that Black/African American and Pacific Islander residents have the lowest life expectancies in San Francisco (Figure 42)[21]. Black/African American and Pacific Islander residents, with an average life expectancy of 72 and 76 years, respectively, live 11-15 years less than Asian residents. Despite having the lowest life expectancy of all San Franciscans, Black/African American residents have seen the largest gains in life expectancy since 2005-2007.

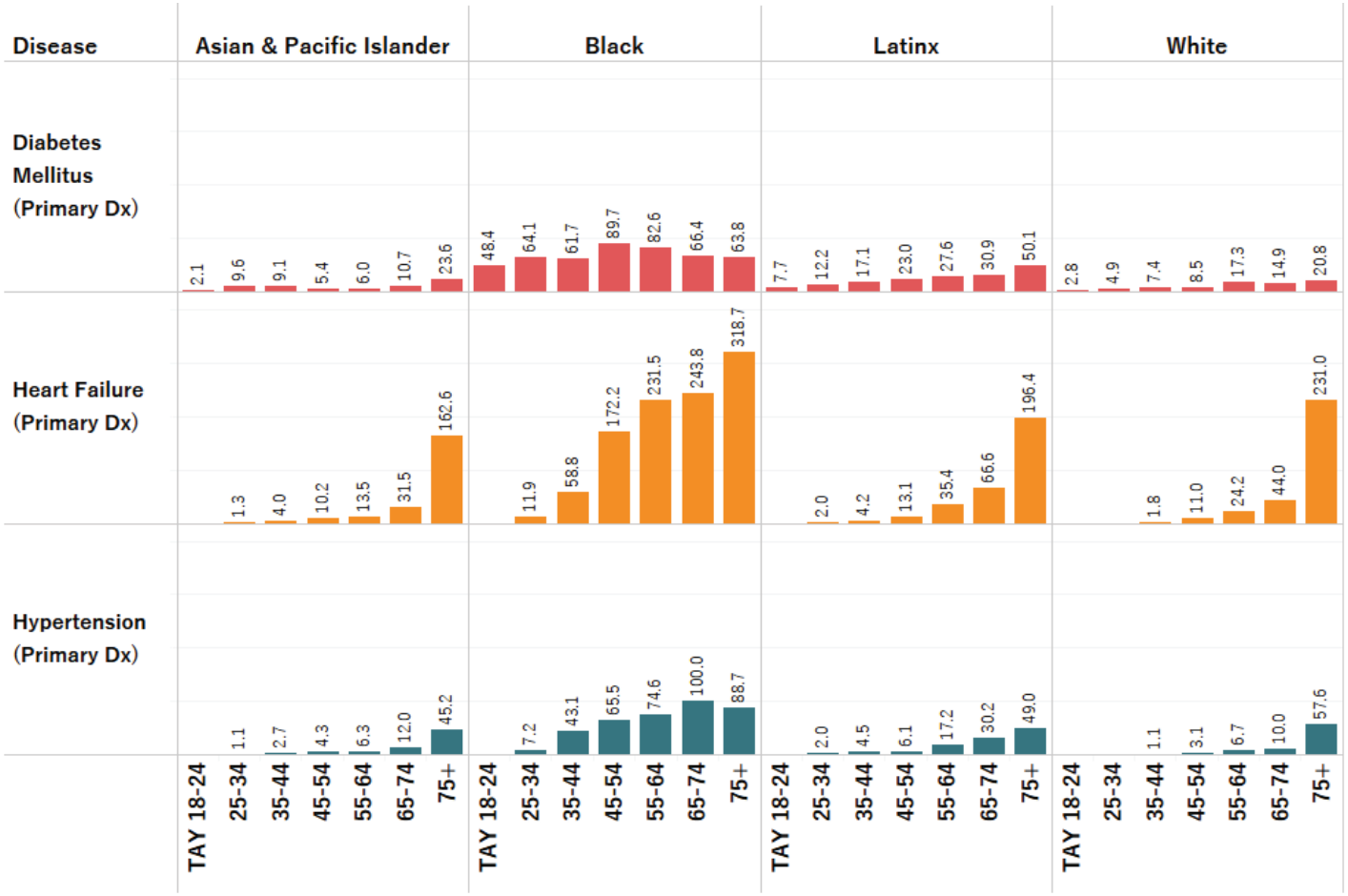
Figure 49. Life Expectancy at Birth

Race and Ethnicity	2006to2008 All	2006to2008 Female	2006to2008 Male	2016to2018 All	2016to2018 Female	2016to2018 Male
All	81.1	84.2	78.1	83.2	86.2	80.4
Asian	85.7	88.1	82.9	87.0	89.4	84.1
Black	68.6	73.2	64.7	72.4	77.0	68.7
Latinx	82.4	85.7	79.0	85.6	88.7	82.7
Pacific Islander	78.1			76.1	77.6	74.6
White	80.1	83.2	77.5	81.8	84.3	79.8

Source: State of California, California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-2017, created on January 31, 2018.

By definition, people are sick with chronic diseases for years to decades. While mortality data cannot tell us for how long affected persons experienced disease before dying, hospitalization data can provide insight into the burden of disease among the living. Hospitalization data for diabetes, heart failure and hypertension by race and age show that while rates for most groups starts to slowly creep up in the early 30's and 40s and only spike among the oldest, rates for Black/African American residents soar early (Figure 43).[119] Rates for Black/African Americans in their 30s and 40s are comparable to those of other race/ethnicities who are 30 or more years older. In fact, for diabetes, rates are higher among young Black/African American residents than they are for others at any age.

Figure 50. Age-Specific Rates of Hospitalization Among Adults, pre 10,000 residents, 2012-2016



Data for Asian and Pacific Islander residents are received from the source mixed and separate analyses cannot be performed.
Source: Office of Statewide Health Planning and Development

Economic Impact of Diet-Sensitive Chronic Diseases

The economic impacts of diet-sensitive chronic diseases are immense.[124] A 2013 report estimated the direct and indirect costs of obesity and diabetes in San Francisco at $748 million.[115] The report found the estimated costs of obesity and diabetes attributed to SSBs was $48.1 to $61.8 million. Hospitalization data for 2016 show that together diabetes, hypertension and ischemic heart failure were the primary causes of 12,448 hospital admissions resulting in more than 29,000 days of hospitalization and a partial reporting of associated medical charges exceeding $350,000,000 in San Francisco.[119]

Methods and Limitations

Birth Statistical Master File, California Department of Public Health (CDPH)

The birth statistical mater file contains birth certificate data for all births. This data provides insights on the health of new mothers and babies born and includes data on gestational diabetes and weight gain during pregnancy.

California Health Interview Survey

The California Health Interview Survey (CHIS) is an annual telephone survey that uses a random-digit-dial technique to landlines and cell-phones and asks respondents to answer health-related questions. In San Francisco, CHIS samples about 400 adults, which provides data for the county, but does not allow annual stratification across different demographic categories for all variables. Data results were obtained either through http://ask.chis.ucla.edu/ or through analysis of the San Francisco-specific dataset. In the latter all weighting was done according to documentation provided by CHIS.

While CHIS asks a number of drink associated questions to children and teens, the sample size is insufficient to get stable estimates in San Francisco. Sample sizes are sufficient among adults to get overall one-year estimates and multiple year pool estimate by poverty, race/ethnicity and gender. Among adults, CHIS asks, “[During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda." Results are converted to and presented as the soda consumption for an average week.”

CHIS also included questions on respondents known chronic diseases. To ascertain diabetes status the question, “Has a doctor ever told you that you have diabetes or sugar diabetes?” is asked. For hypertension the survey asks, “Has a doctor ever told you that you have high blood pressure?”. Additional questions on heart failure, stroke, and prediabetes do not have enough power to produce stable estimates for San Francisco.

To assess food security, CHIS asks persons with incomes less than 200% of the federal poverty level to answer a series of questions. In San Francisco and Alameda Counties these questions are extended to persons earning under 300% of the federal poverty level. Questions asked are 1) "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."--Was that often true, sometimes true, or never true for you and your household in the last 12 months?”; 2) "{I/We} couldn't afford to eat balanced meals.-- Was that often true, sometimes true, or never true for you and your household in the last 12 months?”; 3) “Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?” 4) “In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?”; and 5) “In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?”.

Survey respondents answer two questions on height and weight from which BMI is calculated--“How tall are you without shoes?” and – “{When not pregnant, how/How} much do you weigh without shoes?”. A BMI of 30.0 or higher is labeled as obese, 25.0-29.99 as overweight, 18.5-24.99 as normal, and under 18.5 as underweight.

To determine If an adult walked regularly for transportation, fun or exercises. A series of questions were asked, “During the past 7 days, did you walk to get some place that took you at least 10 minutes?”; “In the past 7 days, how many times did you do that?”, “- {How long did that walk take/On average, how long did those walks take}? “; “Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.”; “In the past 7 days, how many times did you do that?”; and “{How long did that walk take/On average, how long did those walks take}?”.

California Office of Statewide Health Planning and Development (OSHPD).

Hospitalization and ER rates measure the number of admissions or visits, not the number of residents who are hospitalized. Admissions records may include multiple admissions by the same person.

In October 2015, the diagnosis coding standard for Hospitalizations and Emergency Room visits was changed from ICD-9 to ICD-10. Caution should be used in comparing data using the two different standards.

Diabetes. CD-9 and ICD-10 codes for Diabetes were obtained from the PQI 93: Prevention Quality Diabetes Composite (September 2017) and PQI 16: Lower-Extremity Amputation among Patients with Diabetes Rate (March 2015) technical specifications published by the Agency for Healthcare Research and Quality. A medical visit was determined to be primarily due to Diabetes if the primary diagnosis field contained on the identified ICD-9-CM (discharges prior to October 2015) or ICD-10 (October 2015 and later) codes. To Identify visits where Diabetes was the primary cause, a co-morbidity, or coexisting with another primary cause, all 25 diagnosis fields were searched.

Hypertension: Agency for Healthcare Research and Quality's Clinical Classification Software versions 2015 (ICD-9) and 2017 (ICD-10) were used to identify hospitalizations with a primary diagnosis of hypertension.

Table 4. Stores included, zip codes represented, and total number of UPC codes included in the IRI dataset, 2015-2017

	Total	San Francisco	Oakland	Los Angeles	Richmond
Number of Stores	519	124	102	264	29
City Proper	358	108	42	201	7
Neighboring areas	161	16	60	63	22
Number of zip codes	124	27	23	67	7
City proper	95	24	13	55	3
Neighboring areas	29	3	10	12	4
Number of UPCs	20,187				
Drink items	13,643				
Food items	6,554				

*No Stores from zip codes 94129 (Presidio), 94130 (Treasure Island), and 94158 (parts of Mission Bay & Potrero Hill) are included in the sample for San Francisco. IRI data does not include

independent retailers and local chains; SFDPH food retail permit data indicate that while there no retailers in the 94129 zip code, 4 small markets exist in 94130 and 1 local grocery store is in 94158.

Heart Failure: ICD-9 and ICD-10 codes for heart failure were adapted from the PQI 08: Heart Failure Admission Rate (September 2017) and PQI 08 :Heart Failure Admission Rate (March 2015) technical specifications published by the Agency for Healthcare Research and Quality. The case definition used here varies from that in the PQI 08 in that records indicating cardiac procedures were not excluded. A medical visit was determined to be primarily due to heart failure if the primary diagnosis field contained the identified ICD-9-CM (discharges prior to October 2015) or ICD-10 (October 2015 and later) codes.

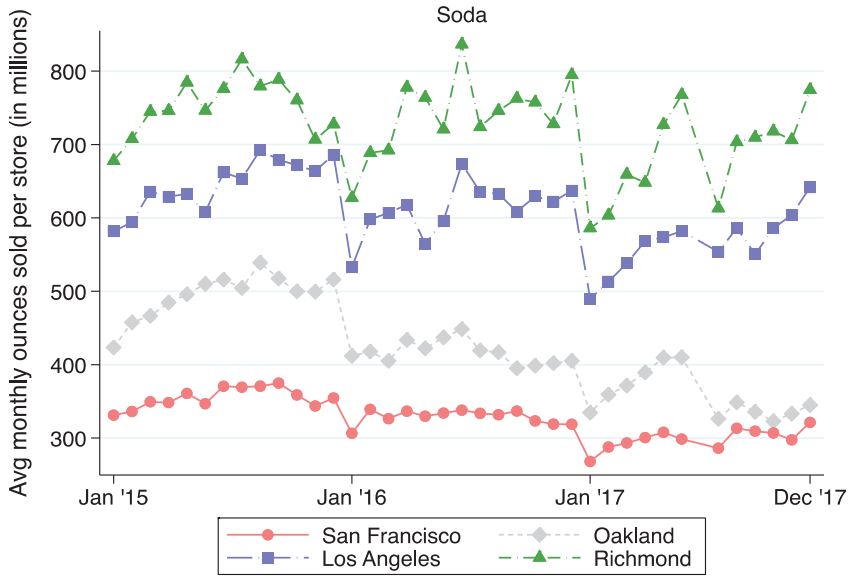
Hospitalization charges: Charges reflect the amount asked for health care services and goods. Charges do not necessarily reflect the expenses incurred by the provider to deliver health care services and goods. Furthermore, the actual amount paid may vary from both charges and costs. Not all hospitals report hospitalization charges to OSHPD.

IRI

To evaluate the effects of the SDDT on beverage purchases in San Francisco, retail scanner data are obtained from Information Resources, Inc. (IRI), a market research company. IRI collects the average price during the period (a weighted quantity), dollar sales, unit sales, and volume sales in ounces for products with UPC codes from a sample of 108 stores (Table 4). While the store names are masked, the 5-digit zip code in which a store resides is available. Stores included in the sample are predominately chain stores and include groceries, pharmacies and mass merchandizers. Not included in the sample are corner stores, convenience stores, and warehouses. Data, going back to 2015, are aggregated to 4-week periods which are denoted as months. While data will be obtained through 2020, as of the writing of this report data through 2017 are available.

IRI classifies UPCs into product categories. Beverage categories include-- regular soda, diet soda, sports drinks, energy drinks, juice and juice drinks, bottled water, club soda, milk, and teas and coffees. Additionally, the categories or cookies and donuts will be analyzed as potential untaxed food substitutes. All analyses included in this report rely on IRI's product classification scheme and should be treated as preliminary. IRI categories are not based on the added sugar of a beverage and therefore preliminary analysis are not available for the following categories which combine sugar-sweetened and non-sugar-sweetened beverages-juice and juice drinks, and teas and coffees. For future analysis nutrition facts panels and lists of ingredients for each UPC will be examined to determine whether each meets the definition of a taxable SSB under the municipal tax ordinances (Section 552 for San Francisco, Section 4.52.020 for Oakland).

Figure 51. Pre-existing trends in monthly ounces sold per store, 2015-2017



Note: This figure shows IRI data from 2015 through 2017, restricted to stores found within the city proper of each metro area. UPCs are sorted into beverage categories based on IRI's classification scheme, not based on final classification currently underway. Oakland's SSB tax went into effect in July 2017. San Francisco's SSB tax went into effect in January 2018.

Once post SDDT implementation data are available, a difference-in-differences study design will be employed to evaluate changes in drink and food sales. We will compare the change in ounces sold of different beverage categories over time in tax-affected cities (San Francisco and Oakland) and tax-unaffected comparator cities (Richmond and Los Angeles).

Table 5. Test of pre-existing trends in volume sold, by beverage category

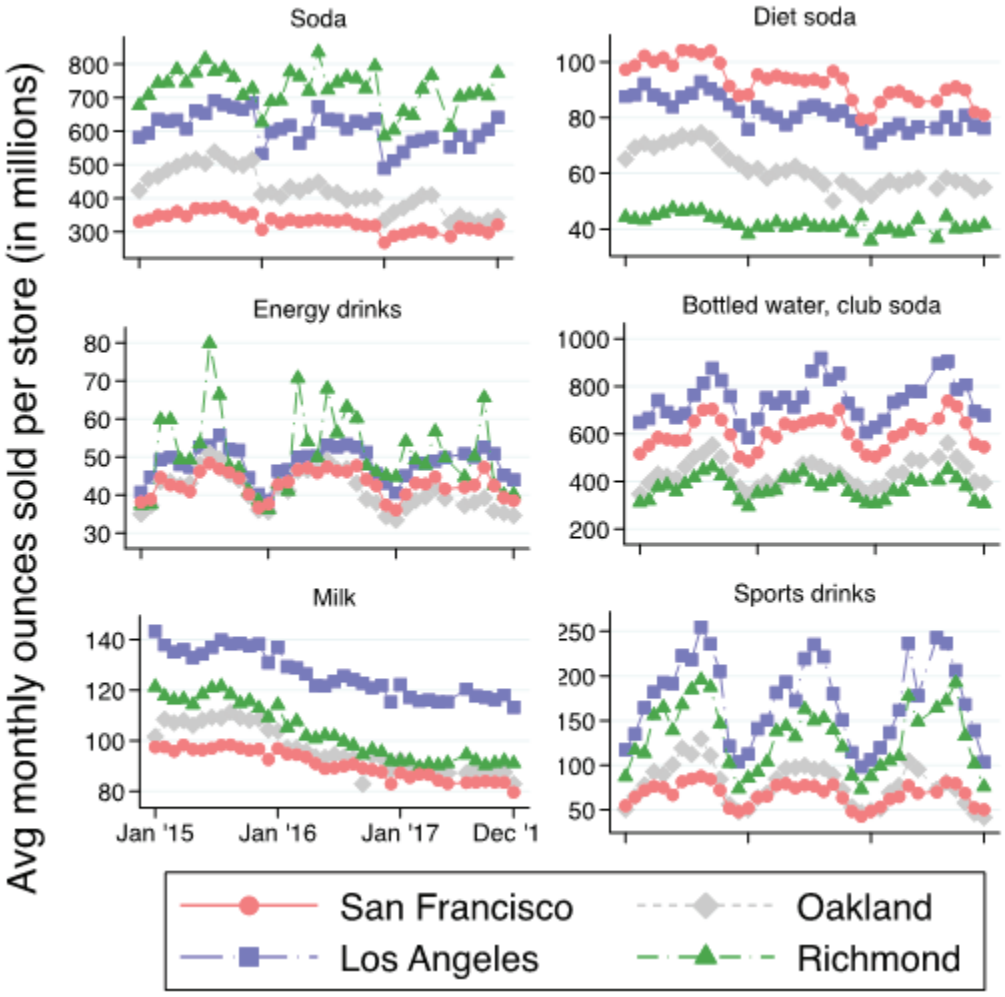
	Tax-affected city × *t'21 (standard error)*	Mean Dependent Variable
Soda	-0.25 (0.91)	616.8
Energy Drinks	-0.04 (0.07)	48.4
Sports Drinks	0.33 (0.20)*	169.1
Diet Soda	-0.09 (0.12)	81.1
Water/Club Soda	-0.79 (1.02)	722.2
Milk	0.29 (0.19)	127.4

This table shows a test of the linear time trend by group (tax-affected vs. tax-unaffected cities) during the pre-tax period, denoted by the coefficient in the first row of the table. The dependent variable is total ounces sold per month in a store, in millions, by beverage category. The model adjusts for store and week fixed effects. For each category there were 11,456 observations and 95 clusters. Robust standard errors, clustered by zip code, are in parentheses. Statistical significance: * denotes significance at $p < 0.10$, ** at $p < 0.05$, and * at $p < 0.01$. The mean of the dependent variable is the mean for control areas (Los Angeles and Richmond) during the pre-tax period.**

Difference-in-differences designs rely on an assumption that unmeasured factors do not vary between groups (in this case between tax-affected and tax-unaffected cities). While this assumption is not directly testable, it is commonly inferred by testing whether pre-existing trends in outcomes for each group are parallel. Using data from 2015 through 2017, the linear trends in ounces sold in San Francisco and Oakland were visualized and tested to see if they were similar (Figures 51 and

52). Tests for differences in pre-existing trends in outcomes by group did not reveal large differences in trends supporting the assumption that there were parallel trends between tax-affected and tax-unaffected cities prior to the implementation of the tax (Table 5).

Figure 52. Pre-existing trends in average monthly ounces sold per store, by beverage category, 2015-2017



Note: This figure shows IRI data from 2015 through 2017, restricted to stores found within the city proper of each metro area. UPCs are sorted into beverage categories based on IRI's classification scheme, not based on final classification currently underway. Oakland's SSB tax went into effect in July 2017. San Francisco's SSB tax went into effect in January 2018.

The primary model will look at the pre- vs. post-tax change in ounces sold of taxed beverage product categories. Estimated on month-by-product category data, the model will include an indicator for after-tax implementation, an indicator for city, and an interaction between the two. The coefficient on the latter is an estimate of the difference-in-differences effect. Models will adjust for fixed effects (i.e., indicator variables) for store, thereby accounting for all fixed store characteristics (including store type, location, chain), and fixed effects for month of purchase, thereby accounting for period-specific events (including seasonality trends). In sensitivity analyses, we will also adjust for a group-specific linear time trend that relaxes the standard parallel trends assumption for difference-in-differences models.

Building on the primary model, we will assess month-by-month tax effects on ounces sold of taxed products in an event study framework. This will accomplish several things: 1) testing whether tax-affected and tax-unaffected areas had observed differences in sales of taxed products during the pre-tax period (a test of the "parallel trends"); 2) examining whether there the tax induced anticipatory responses from consumers; and 3) examining how the effects of the SSB taxes varied over time. For example, it would be plausible for the effect to grow over time as consumers learn about new prices or adjust their ingrained consumption habits, or it is possible that the effect shrunk over time as the tax becomes less salient to consumers over time.

We will also look separately at pre-post changes in ounces sold for several taxed product categories: regular soft drinks, fruit drinks and juices with sugar added, energy drinks, sports drinks, and coffee and tea products with sugar added.

In a secondary analysis, we will examine dollar sales, substitution to selected untaxed beverage and food categories, spillover effects in nearby areas, and heterogeneous effects by area-level characteristics (at the zip code level).

Our substitution analysis will assess changes in ounces sold of all untaxed product categories as well as separate analyses for the following untaxed product categories: diet soft drinks, 100% fruit juice, (flavored) water and club soda, and milk without added sugars. Moreover, we will examine substitution to two untaxed food categories: cookies and doughnuts. The food categories were selected to be representative, plausible substitutes, namely ones that are high in sugar and potential impulse purchases.

Our spillover analysis will determine whether consumers shift purchases of taxed beverages to neighboring cities (negative spillovers) or whether people in untaxed neighboring areas reduce consumption of taxed products in response to media exposure from tax campaigns (positive spillovers). We will use stores within an approximately 10-mile radius of a tax city to compare changes in ounces sold of taxed products in neighboring jurisdictions in tax-affected cities versus tax-unaffected comparator cities. In San Francisco, the neighboring jurisdictions are: Daly City, San Bruno, and South San Francisco.

Our analysis of area-level characteristics will focus on differences by zip code in the effect of SSB taxes. Area-level characteristics will include factors such as population, household income, educational attainment, and race and ethnicity.

Kindergarten Oral Health Screening Program

The San Francisco Unified School District (SFUSD) and the San Francisco Department of Public Health (SFDPH) Dental Services jointly run the Kindergarten Oral Health Screening Program which assesses all SFUSD kindergarteners for the experience of caries and treated caries.

Maternal and Infant Health Assessment

The Maternal and Infant Health Assessment (MIHA), is an annual, statewide-representative survey of women with a recent live birth in California. MIHA questions on mother's intention to breastfeed, food security during pregnancy, and more.

SFUSD FitnessGram

Measure of fitness and weight among San Francisco youth are captured by the FitnessGram® which SFUSD measures annually in grades 5, 7, and 9. The FitnessGram® assesses students in 6 areas-aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength and flexibility. For each students are determined to be in the "Healthy Fitness Zone" or not. Body composition within the "Healthy Fitness Zone" is determined by BMI and a measure of body fat. Aerobic capacity testing includes the pacer, one mile run and the walk test.

SFUSD School Health Survey

Since 2015, University of California, Berkeley and the Nutrition Policy Institute in partnership with SFUSD have been administering the School Health Survey to 7th to 10th grade students each spring. The survey includes a modified beverage frequency questionnaire, which asks students how often (calculated as times per day) they drink various sugar-sweetened beverages (e.g., soda, energy drinks, coffees and teas) and other beverages (including water, milk and diet soda) (See Appendix x for full survey).

University of California, Berkeley Madsen Group Pricing Study

In April-June of 2017 and 2018, beverage retail prices were collected from stores in San Francisco and the comparison cities of Richmond and San Jose, which do not have SSB taxes.[125] Stores were selected for price collection using stratified random sampling. First, a list of all stores in these cities classified by the following NAICS codes were obtained: supermarket and other grocery (445110); convenience store (445120); beer, wine or liquor store (445310); pharmacies and drug stores (446110); and gasoline stations (4471) from the ReferenceUSA database. Additional stores were

identified through corporate websites and Google Maps. All stores were classified as chain supermarket, independent supermarket, discount supermarket, mass merchandiser, small grocery, drugstore, convenience store, and liquor store based in NAICS code or name recognition. Stores were geocoded and assigned census tract median income. Within each city, store category, and chain (where applicable), retailers were randomly sampled. Sampling was further stratified by tertile of census tract median income for non-chain stores and supermarkets, to ensure representation across neighborhood SES. Specialty (e.g., "natural grocery") chains and chain liquor stores were not included. Data collection is expected to continue through 2020.

The final sample of stores includes 39 stores in San Francisco, 30 stores in Richmond, and 45 stores in San Jose. Across all cities, 11.28% are chain convenience stores, 39.13% are corner stores, 5.22% are discount supermarkets, 6.08% are drugstores, 6.83% are independent supermarkets, 8.70% are liquor stores, 13.05% are chain supermarkets, and 8.70% are mass merchandizers.

Price data are collected for the following categories of sugar-sweetened beverages: soda, energy drinks, sport drinks, sweetened water, presweetened tea, presweetened coffee, and fruit-flavored drinks.[126] Brands were selected based on industry reports of top-selling sugar-sweetened beverages in the United States and researcher observations of drinks commonly sold in the San Francisco Bay Area. Prices are also collected for the following untaxed drinks: diet soda, diet energy drinks, unsweetened flavored waters, reduced fat milk, water, and 100% orange juice brands from top selling producers. Prices of "single serving" (<33.8 fl. oz) sizes were collected for all beverages. Prices of larger sizes were also collected for beverages as available for soda (e.g., 1L, 2L, multipacks), fruit-flavored drinks (e.g., 64 fl oz) and water (1L, 1 gal). Data collectors gathered prices either by directly recording visible price tags or by asking store staff when price tags were not available. In cases where prices could not be provided by store staff, beverages were purchased, and prices recorded from receipts. Both regular and sales prices were collected. If a beverage was on-sale, the sale price was used in the analysis.

Price changes were assessed using a longitudinal design, contrasting absolute changes in pre-tax (April-June 2017) versus post-tax (April-June 2018) beverage prices in San Francisco to changes in Richmond and San Jose (which have no beverage tax) over the same time period to adjust for non-tax factors that might affect price changes. Prices for each beverage (in cents per oz) were used to estimate category-level (i.e. regular soda, diet soda, sports drinks, etc.) and SSB level (i.e. SSB and non-SSB) price changes. Prices were weighted by local sales of each product or category. The data were fit to a linear high dimensional fixed-effects regression model, including a binary indicator for period (pre-tax or post-tax), a binary indicator for San Francisco, their interaction, and fixed effects for each store[127].

VRBIS

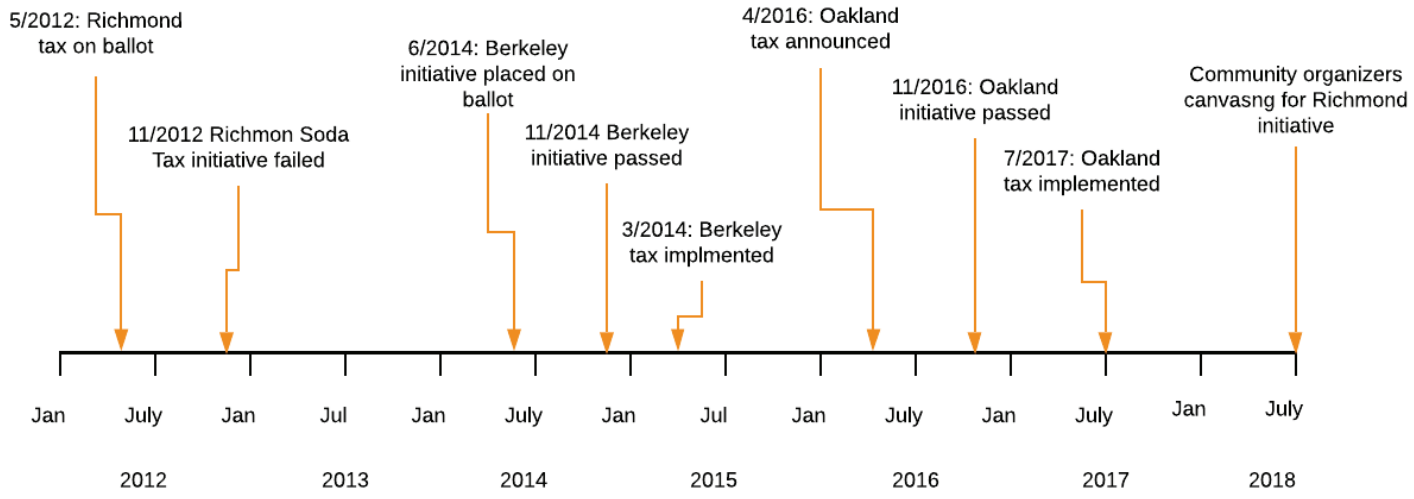
The California Department of Public Health maintains a dataset of all deaths in California. Each death has a recorded and coded primary cause of death. The analysis presented in this document examines only the indicated primary cause of death and cannot consider co-morbid or contributing causes of death. Specific cause-of-death categories were designed based on the World Health Organization Global Burden of Disease and Injury (WHO GBD) and the National Center for Health Statistics 113 Selected and 50 Rankable Causes of Death.[128,129] Race/ethnicity was categorized according to San Francisco ethnicity data guidelines.[130]

Youth Risk Behavior Surveillance Survey

The Youth Risk Behavior Surveillance Survey (YRBSS) is a national biennial survey that asks students a range of health-related questions. With respect to sugar-sweetened beverage consumption the survey asks two questions, "How many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)", and "How many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as a soda, sports drink, energy drink, lemonade, sweetened tea or coffee drink, or flavored milk?" High school students are asked about their consumption during the past 7 days while middle school students reflect only upon the prior day.

Sugar-sweetened beverage Tax Timelines for Comparison Cities

Figure 53. Sugar-Sweetened Tax Initiatives Timeline for Comparison Cities



Contributor Biographies:

Kristine Madsen, MD, MPH

Dr. Madsen is an Associate Professor of Public Health Nutrition in the School of Public Health and faculty director of the Berkeley Food Institute at UC Berkeley. She is a pediatrician and research scientist with expertise in the design and evaluation of interventions related to pediatric obesity, cardiovascular risk, and health disparities. She has partnered with schools, health departments, and cities to expand the reach of school and community programs that promote health, and her team recently conducted the first study to examine the impact of Berkeley's soda tax on sugar-sweetened beverage consumption in low-income neighborhoods in Berkeley.

Jennifer Falbe, ScD, MPH

Dr. Falbe's research focuses on studying programmatic, policy, and environmental interventions to prevent chronic disease and reduce health disparities. Dr. Falbe led an evaluation of the nation's first soda tax in Berkeley, California. She has also examined primary care obesity interventions for underserved youth, healthy retail programs, multi-sector community interventions to address childhood obesity, and the impact of screen time on adolescent sleep and health. Dr. Falbe's research employs quantitative and qualitative methods and experimental and observational designs.

Christina Goette

Christina Goette, Healthy Eating Active Living (HEAL) Program Manager in the Community Health Equity and Promotion Branch, manages chronic disease prevention programs related to HEAL, including supporting the Shape Up SF Coalition, managing the community-based Sugary Drinks Distributor Tax (SDDT) grants, providing backbone support to the Sugary

Drinks Distributor Tax Advisory Committee which includes the evaluating the impact of the SDDT which this report is a key element.

Ana Ibarra, BA

Ana Ibarra worked as a Research Associate with Dr. Kris Madsen and her research team for 3 years at UC Berkeley School of Public Health. She coordinated data collection for several studies and provided data collection support for the soda tax evaluation. Ana is passionate about leveraging technology to improve food systems as well as advancing social justice and equity.

Michelle Kirian, MPH

Michelle Kirian, MPH, REHS, is a Senior Epidemiologist with the San Francisco Department of Public Health (SFDPH). She is currently dedicated to understanding the impacts of the Sugary Drinks Distributor Tax and more generally in determining the status of chronic diseases in San Francisco and the impacts of interventions to reduce their burden. Over the more than 10 years she has worked with SFDPH she has been a key contributor on many divergent projects. As the lead epidemiologist of the Community Health Assessment and Impact Unit, she and her team provided data supporting population health policies, programs, and funding through health assessment, data access, and knowledge integration. She has also led or contributed to outbreak investigations, communicable disease surveillance, and regulatory design for onsite non-potable water re-use systems.

Matthew Lee, MS

Matthew Lee is a research associate with the Madsen research group and holds a Master of Science degree in Epidemiology from the UC Berkeley School of Public Health. He has helped support the design, management, and analysis of the Bay Area soda tax evaluation and is interested in examining long-term health trajectories related to nutrition policies at the state and federal levels, with a focus on quantitative epidemiologic methods.

Rita Nguyen, MD

Rita Nguyen, MD is an Assistant Health Officer for the San Francisco Department of Public Health Population Health Division and serves as the Chronic Disease Physician Specialist. In this role, she supports and provides thought leadership to chronic disease prevention efforts for the City and County of San Francisco. This includes supporting community-based initiatives, working collaboratively with health systems to advance population health, and informing efforts that promote policy, systems, and environmental changes that support health. She occupies the SFDPH Chronic Disease Seat on the Sugary Drink Distributor Tax Committee. She is a practicing hospitalist at Zuckerberg San Francisco General Hospital and an Assistant Clinical Professor at UCSF.

Julian Ponce, BA

Julian Ponce's experiences growing up in a rural, low-income, farm-working household has taught him the importance of culture, food, and nutrition in health outcomes. Moreover, as a Mexican-American son of immigrants he witnessed firsthand the contributions of immigrant communities to the food system in the United States. Julian earned a public health (B.A) degree from UC Berkeley where he conducted research on sugar-sweetened beverage consumption in schools and Latinx communities with non-potable tap water. His recent work as a research associate with Professor Kristine Madsen at the UC Berkeley School of Public Health builds on his past research by evaluating the Berkeley soda tax's effect on beverage consumption, price, and businesses.

Jodi Stookey, PhD

Jodi Stookey is currently a Senior Epidemiologist at San Francisco Department of Public Health, Maternal, Child & Adolescent Health. She has a PhD in Nutrition Epidemiology from the School of Public Health, UNC Chapel Hill, and was a postdoctoral fellow at Duke University Center for the Study of Aging and Human Development and the Stanford Prevention Research Center. As Assistant Staff Scientist at Children's Hospital Oakland Research Institute, she was the Principal Investigator on outpatient interventions to promote drinking water

for weight management among adolescents and improve fruit, vegetable intake of lower income children. Over the past 20 years, she has worked on a variety of projects, including different population groups, social, behavioral, and biological risk factors, and short- and longer-term health outcomes. She has worked with data from randomized clinical studies as well as population-based surveys.

Justin White, PhD

Justin White, Ph.D., is Assistant Professor of Health Economics in the UCSF School of Medicine, with joint appointments in the Philip R. Lee Institute for Health Policy Studies and the Department of Epidemiology and Biostatistics. Dr. White studies how monetary and non-monetary incentives can be used to promote healthy behavior, informed by research from the field of behavioral economics. His main research focus is chronic disease prevention, notably smoking cessation. He is currently testing several incentive-based interventions using randomized designs. This work is being undertaken in several countries, including Thailand, Indonesia, and the US. In other recent and ongoing projects, he is evaluating the health impacts of economic and social policies, including: sugar-sweetened beverage taxes, cash and food assistance programs, and poverty alleviation programs.

Sofia B. Villas-Boas, PhD

Sofia Berto Villas-Boas is a professor in the Department of Agricultural and Resource Economics at U C Berkeley. Born in Portugal in 1971 she received her Ph.D. in Economics from U. C. Berkeley in May 2002. Her research interests include industrial organization, consumer behavior, food policy, and environmental regulation. Her recent empirical work estimates the effects of policies on consumer behavior, such a bottled water tax, a plastic bag ban, and a soda tax campaign and its implementation. Other published work has focused on the economics behind wholesale price discrimination banning legislation, contractual relationships along a vertical supply chain, and identifying the role of those contracts in explaining pass-through of cost shocks along the supply chain into retail prices that consumers face. She has published in top economics and field journals such as Review of Economic Studies, Rand Journal of Economics, American Journal of Agricultural Economics, Journal of Environmental Economics and Management, Marketing Science, Management Science, and Review of Economics and Statistics.

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Print

San Francisco Business and Tax Regulations Code

ARTICLE 8:
SUGARY DRINKS DISTRIBUTOR TAX ORDINANCE

SEC. 550. SHORT TITLE.

This Article shall be known as the "Sugary Drinks Distributor Tax Ordinance."

(Added by Proposition V, 11/8/2016)

SEC. 551. FINDINGS AND PURPOSE.

The U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the World Health Organization, based on a summary of the available evidence linking intake of added sugar and sugar-sweetened beverages (SSBs) to adverse health outcomes including obesity and diabetes, have recommended that Americans consume no more than 10% of their daily calories in the form of added sugar. Yet, standard single serving sizes of SSBs provide all (in a 20-ounce serving of many SSBs) or nearly all (in a 12-ounce serving) of the recommended maximum daily added sugar amount for most adults, and generally exceed the recommended maximum daily added sugar amount for children.

Numerous organizations and agencies, includ ing the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and SSBs to improve health. Sugary beverages, though they can contain hundreds of calories in a serving, do not signal "fullness" to the brain and thus facilitate over-consumption.

Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this "sugar rush" over time leads to fat deposits and metabolic disturbances that cause diabetes, cardiovascular disease, and other serious health problems. Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. For example, diabetes hospitalizations are more than triple in low-income communities as compared with higher income areas. African American death rates from DM2 are five times higher than San Francisco's overall rate. DM2 is the fifth leading

cause of death in SF (which is an underestimate, since heart disease, the leading killer, is often a result of DM2); DM2 reduces the lifespan of San Franciscans by eight to ten years.

As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight; and in San Francisco, 46.4% of adults are obese or overweight, including 61.7% of Hispanics and 51.3% of African Americans. Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese. Every additional sugary beverage consumed daily can increase a child's risk for obesity by 60%; and one or two sugary beverages per day increases the risk of Type II diabetes by 26%.

Sugary beverages, including sweetened alcoholic drinks, represent nearly 50% of added sugar in the American diet, and, on average, 11% of daily calories consumed by children in the U.S.

Seven percent of San Franciscans are diagnosed with diabetes, and it is estimated that the City and County of San Francisco pays over $87 million for direct and indirect diabetes care costs.

This Article 8 is intended to discourage the distribution and consumption of sugar-sweetened beverages in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugar-sweetened beverages are consumed per person each year, enacted an excise tax on sugary drinks, with the result that the purchase of taxed sugar sweetened beverages declined by 12% generally and by 17% among low-income Mexicans. The Mexico data indicate that, when people cut back on SSBs, to a significant extent they choose lower-caloric or non-caloric alternatives. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of SSBs, which in turn will reduce obesity and DM2.

The City of Berkeley became the first city in the United States to follow in Mexico's footsteps, by passing a one-cent-per-ounce general tax on distributors of SSBs within the city limits. It is estimated that the City of Berkeley, which began implementing the tax in March 2015, will collect at least $1.2 million from the tax annually.

(Added by Proposition V, 11/8/2016)

SEC. 552. DEFINITIONS.

Unless otherwise defined in this Article 8, terms that are defined in Article 6 of the Business and Tax Regulations Code shall have the meanings provided therein. For purposes of this Article, the following definitions shall apply.

"Beverage for Medical Use" means a beverage suitable for human consumption and manufactured for use as an oral nutritional therapy for persons who cannot absorb or metabolize dietary nutrients from food or beverages, or for use as an oral rehydration electrolyte solution formulated to prevent or treat dehydration due to illness. "Beverage for Medical Use" also means a "medical food" as defined in Section 109971 of the California Health and Safety Code. "Beverage for Medical Use" shall not include beverages commonly referred to as "sports drinks," or any other similar names.

"Bottle" means any closed or sealed container regardless of size or shape, including, without limitation, those made of glass, metal, paper, plastic, or any other material or combination of materials.

"Bottled Sugar-Sweetened Beverage" means any Sugar-Sweetened Beverage contained in a Bottle that is ready for consumption without further processing, such as, and without limitation, dilution or carbonation.

"Caloric Sweetener" means any substance or combination of substances that is suitable for human consumption, that humans perceive as sweet, and that adds calories to the diet of any human who consumes it. "Caloric Sweetener" includes, but is not limited to, sucrose, fructose, glucose, other sugars, and high fructose corn syrup.

"City" means the City and County of San Francisco.

"Distribution" includes:

(a) The transfer in the City, for consideration, of physical possession of Sugar- Sweetened Beverages, Syrup, or Powder by any person other than a common carrier. "Distribution" also includes the transfer of physical possession in the City by any person other than a common carrier, without consideration, for promotional or any other commercial purpose.

(b) The possession, storage, ownership, or control in the City, by any person other than a common carrier, of Sugar-Sweetened Beverages, Syrup, or Powder for resale in the ordinary course of business, obtained by means of a transfer of physical possession outside the City or from a common carrier in the City.

"Distribution" does not include:

(a) The return of any Sugar-Sweetened Beverages, Syrup, or Powder to a person, if that person refunds the entire amount paid in cash or credit.

(b) A retail sale or use.

"Distributor" means any person engaged in the business of Distribution of Bottled Sugar- Sweetened Beverages, Syrup, or Powder. A Distributor does not include a common carrier. Where a common carrier obtains physical possession of Sugar-Sweetened Beverages, Syrup, or Powder outside the City and transfers physical possession of the Sugar-Sweetened Beverages, Syrup, or Powder in the City, the transferee of the Sugar-Sweetened Beverages, Syrup, or Powder is a Distributor.

"Milk Product" means: (a) any beverage whose principal ingredient by weight is natural liquid milk secreted by an animal. "Milk" includes natural milk concentrate and dehydrated natural milk, whether or not reconstituted; and (b) any plant-based substance or combination of substances in which (1) water and (2) grains, nuts, legumes, or seeds constitute the two greatest ingredients by volume. For purposes of this definition, "Milk Product" includes, but is not limited to, soy milk, almond milk, rice milk, coconut milk, hemp milk, oat milk, hazelnut milk, or flax milk;

"Natural Fruit Juice" means the original liquid resulting from the pressing of fruit, the liquid resulting from the complete reconstitution of natural fruit juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural fruit juice.

"Natural Vegetable Juice" means the original liquid resulting from the pressing of vegetables, the liquid resulting from the complete reconstitution of natural vegetable juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural vegetable juice.

"Nonalcoholic Beverage" means any beverage that is not subject to tax under California Revenue and Taxation Code sections 32001 *et seq.* as "beer, wine or distilled spirits."

"Powder" means any solid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Powder with one or more other ingredients.

"Sugar-Sweetened Beverage" means any Nonalcoholic Beverage intended for human consumption that contains added Caloric Sweetener and contains more than 25 calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to as "soda," "pop," "cola," "soft drinks," "sports drinks," "energy drinks," "sweetened ice teas," or any other similar names. "Sugar-Sweetened Beverage" does not include:

(a) Any beverage sold for consumption by infants, which is commonly referred to as "infant formula" or "baby formula," or any product whose purpose is infant rehydration.

(b) Any Beverage for Medical Use.

(c) Any beverage designed as supplemental, meal replacement, or sole-source nutrition that includes proteins, carbohydrates, and multiple vitamins and minerals (this exclusion does not include beverages commonly referred to as "sports drinks," or any other similar names, which are defined as Sugar-Sweetened Beverages).

(d) Any Milk Product.

(e) Any beverage that contains solely 100% Natural Fruit Juice, Natural Vegetable Juice, or combined Natural Fruit Juice and Natural Vegetable Juice.

"Sugary Drinks Distributor Tax" or "Tax" means the general excise tax imposed under Section 553.

"Syrup" means any liquid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used, or actually used, in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Syrup with one or more other ingredients.

(Added by Proposition V, 11/8/2016)

SEC. 553. IMPOSITION OF TAX; DEPOSIT OF PROCEEDS.

(a) Effective January 1, 2018, for the privilege of engaging in the business of making an initial Distribution within the City of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder, the City imposes a Sugary Drinks Distributor Tax, which shall be a general excise tax, on the Distributor making the initial Distribution of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder in the City.

(b) The Tax shall be calculated as follows:

(1) One cent ($0.01) per fluid ounce of a Bottled Sugar-Sweetened Beverage upon the initial Distribution within the City of the Bottled Sugar-Sweetened Beverage; and

(2) One cent ($0.01) per fluid ounce of a Sugar-Sweetened Beverage that could be produced from Syrup or Powder upon the initial Distribution of Syrup or Powder. The Tax for Syrups and Powders shall be calculated using the largest volume of Sugar-Sweetened Beverage that would typically be produced by the amount of Syrup or Powder based on the manufacturer's instructions or, if the Distributor uses the Syrup or Powder to produce a Sugar-Sweetened Beverage, the regular practice of the Distributor.

(c) The Tax is a general tax. Proceeds of the Tax are to be deposited in the General Fund.

(Added by Proposition V, 11/8/2016)

SEC. 554. REGISTRATION OF DISTRIBUTORS; DOCUMENTATION; ADMINISTRATION.

(a) Each Distributor shall register with the Tax Collector according to rules and regulations of the Tax Collector, but no earlier than 30 days after the effective date of Article 8.

(b) Each Distributor shall keep and preserve all such records as the Tax Collector may require for the purpose of ascertaining compliance with Article 8.

(c) Except as otherwise provided under Article 8, the Tax shall be administered pursuant to Article 6 of the Business and Tax Regulations Code.

(Added by Proposition V, 11/8/2016)

SEC. 555. CREDITS AND REFUNDS.

The Tax Collector shall refund or credit to a Distributor the Tax that is paid with respect to the initial Distribution of a Bottled Sugar- Sweetened Beverage, Syrup, or Powder: (a) that is shipped to a point outside the City for Distribution outside the City; or (b) on which the Tax has already been paid by another Person; or (c) that has been returned to the Person who Distributed it and for which the entire purchase price has been refunded in cash or credit.

(Added by Proposition V, 11/8/2016)

SEC. 556. TECHNICAL ASSISTANCE TO THE TAX COLLECTOR.

(a) The Department of Public Health shall provide to the Tax Collector technical assistance to identify Bottled Sugar-Sweetened Beverages, Syrups, and Powders subject to the Tax.

(b) All City Departments shall provide technical assistance to the Tax Collector to identify Distributors of Bottled Sugar-Sweetened Beverages, Syrups, and Powders.

(Added by Proposition V, 11/8/2016)

SEC. 557. MUNICIPAL AFFAIR.

The People of the City and County of San Francisco hereby declare that the taxation of the distribution of Sugar-Sweetened Beverages, Syrups and Powders, and that the public health impact of Sugar-Sweetened Beverages, separately and together constitute municipal affairs. The People of the City and County of San Francisco hereby further declare their desire for this measure to coexist with any similar tax adopted at the local or state levels.

(Added by Proposition V, 11/8/2016)

SEC. 558. NOT A SALES AND USE TAX.

The tax imposed by this measure is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages.

(Added by Proposition V, 11/8/2016)

SEC. 559. SEVERABILITY.

If any provision of this measure, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this measure are severable. The voters hereby declare that this measure, and each portion and part, would have been adopted irrespective of whether any one or more provisions or parts are found to be invalid or unconstitutional.

(Added by Proposition V, 11/8/2016)

SEC. 560. AMENDMENT.

The Board of Supervisors may by ordinance amend or repeal Article 8 of the Business and Tax Regulations Code without a vote of the people except as limited by Article XIIIC of the California Constitution.

(Added by Proposition V, 11/8/2016)

Print

San Francisco Administrative Code

ARTICLE XXXIII: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

There is hereby established the Sugary Drinks Distributor Tax Advisory Committee (the "Advisory Committee") of the City and County of San Francisco.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-2. MEMBERSHIP.

The Advisory Committee shall consist of the following 16 voting members.

(a) Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.

(b) Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

(c) Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.

(d) Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.

(e) Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

(f) Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.

(g) Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.

(h) Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.

(i) Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.

(j) Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.

(k) Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.

(l) Seat 16 shall be held by a person with experience or expertise in services and programs for children five and under, appointed by the Board of Supervisors.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-3. ORGANIZATION AND TERMS OF OFFICE.

(a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.

(b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.

(c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.

(d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.

(e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the

Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-5. MEETINGS AND PROCEDURES.

(a) There shall be at least 10 days' notice of the Advisory Committee's inaugural meeting. Following the inaugural meeting, the Advisory Committee shall hold a regular meeting not less than four times each year.

(b) The Advisory Committee shall elect officers and may establish bylaws and rules for its organization and procedures.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-6. SUNSET.

Unless the Board of Supervisors by ordinance extends the term of the Advisory Committee, this Article XXXIII shall expire by operation of law, and the Advisory Committee shall terminate, on December 31, 2028. In that event, after that date, the City Attorney shall cause this Article XXXIII to be removed from the Administrative Code.

(Added by Proposition V, 11/8/2016)

City and County of San Francisco

Sugary Drinks Distributor Tax Advisory

Committee Bylaws

I. Name and Membership:

In accordance with the provisions of Article XXXII of the San Francisco Administrative Code, there shall be a Sugary Drinks Distributor Tax Advisory Committee ("Committee") composed of 16 voting members, appointed as follows:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors. (3 Members)

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar- Sweetened Beverages, appointed by the Board of Supervisors. (2 Members)

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat. (1 Member)

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office. (1 Member)

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member. (2 Members)

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health. (1 Member)

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health. (1 Member)

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health. (1 Member)

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department. (1 Member)

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department. (1 Member)

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again. (1 Member)

Seat 16 shall be held by a person with experience or expertise in services and programs for children five years old and under, appointed by the Board of Supervisors. (1 Member)

II. Purpose

The purpose of the Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax, as established by Article 8 of the San Francisco Business Tax and Regulations Code. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco.

III. Attendance

Committee members are expected to attend each regular or special meeting of the Committee. Committee staff shall maintain a record of members' attendance.

Any member who misses three regular Committee meetings within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee.

If any member cannot attend a meeting of the Committee, the member shall notify the Committee Staff in writing of the member’s intent to be absent and the reason for the absence, and shall indicate whether the member seeks approval of the absence from the Advisory Committee. Such notice shall be given not less than 72-hours in advance of the meeting. Any request for approval of the absence shall be placed before the Committee at its next meeting for review and possible action.

A Committee member’s absence shall be approved if the member has shown good cause for the absence. For purposes of attendance, good cause exists where the absence is due to

unforeseen circumstances, such as illness or emergency. Good cause shall not extend to planned vacations or professional or personal scheduling conflicts.

IV. Election of Officers and Terms of Offices

The Committee shall elect Co-Chairs annually in March or after adopting the annual report, whichever is later.

The election of Co-Chairs may be held at a regular or special meeting of the Committee. The Co-Chairs or any two members may call a special meeting for the election of officers, if needed, or call for such an election at a regular Committee meeting.

V. Duties of the Co-Chairs

The duties of the Co-Chairs are to:

Preside at all meetings of the Committee, and perform all other duties necessary to ensure a productive body that is engaged in all facets of the Committee's work;

Set the agenda for Committee meetings in consultation with other members and with Committee staff; and

Prior to each meeting, decide who will facilitate and lead the meeting.

VI. Committee Meetings

a. Regular Meetings

Regular Meetings of the Committee shall be open and public. The Committee shall hold its regular meetings on the third Wednesday of every month at 5 PM. Please check the meeting notice for location at www.sfdph.org/sddtac. If a recommendation is made by DPH that a Regular Meeting be canceled or changed, the Committee or the Co-Chairs may cancel the Regular Meeting or fix another time therefor. Written notice of cancellation or of a change in a Regular Meeting time must be given at least seventy-two (72) hours before the scheduled time of such Regular Meeting. The Committee must hold a minimum of 4 meetings per year.

b. Special Meetings

Special Meetings of the Committee shall be open and public. Special Meetings shall be held at such times as the Committee may determine, or may be called by the Co-Chairs at any time. Written notice of a Special Meeting must be given at least seventy-two (72) hours before the scheduled time of such Meeting. Special Meetings shall be held at the regular meeting place except that the Committee may designate an alternate meeting place provided that the notice designating the alternate meeting place is issued 15 days prior to the date of the Special Meeting.

c. Public Comment

Members of the public are entitled to comment on any matter on the calendar prior to action being taken by the Committee on that item or prior to calling the next item on the agenda. In addition, the agenda shall provide an opportunity for members of the public to address the Committee on items within the subject matter jurisdiction of the Committee and have not been the subject of public comment on other items on the agenda. Upon the

specific findings of the Committee and support thereof, the presiding Co-Chair may set a reasonable time limit for each speaker, based on such factors as the complexity and nature of the agenda item, the number of anticipated speakers for that item, and the number and anticipated duration of other agenda items. Individual Committee members and Committee staff should refrain from entering into any debates or discussion with speakers during public comment.

d. Minutes of Meetings

DPH shall maintain written minutes of Committee meetings. A draft copy of the minutes of each meeting shall be provided to each member before the next regular meeting of the Committee. Approved Committee minutes shall be made available at the San Francisco Main Library, posted on the DPH website and by email ten (10) days after the meeting approving the minutes.

VII. Subcommittees

a. Standing Subcommittees

Upon approval by a majority of the members of the Committee, standing subcommittees may be formed to advise the Committee. The Chair of the Committee shall name the Chair and members of each subcommittee.

b. Special Subcommittees

Upon approval by a majority of the members of the Committee, special or ad-hoc subcommittees may be formed. Special subcommittees shall be formed for a specific purpose and cease to exist after completion of that purpose.

VIII. Quorum

The presence of a majority of members is required to conduct a meeting and shall constitute a quorum for all purposes. The only official business that can be transacted in the absence of a quorum is: (1) to take measures to obtain a quorum; (2) to fix the time to which to adjourn; (3) to take a recess; or (4) to adjourn.

IX. Rules of Order and Compliance with Open Meeting Requirements

a. All meetings shall be conducted in accordance with Robert's Rules of Order.

b. The Committee and its subcommittees shall perform its duties in compliance with all applicable provisions of the San Francisco Charter, California's Ralph M. Brown Act (California Government Code §§54950 et seq.), and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67).

X. Voting

Each member present at Advisory Committee meetings must vote on all motions and questions put before the Committee by voting "for" or "against," unless abstaining from the vote.

XI. Technical Assistance

Under Chapter 5 of the Administrative Code, the City Administrator is charged with providing administrative and clerical support to the Committee. The City Administrator has