

June 28, 2019

To the San Francisco Board of Supervisors:

Thank you for your leadership and service on behalf of the City and County of San Francisco. We are writing on behalf of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) to share the SDDTAC 2019-2020 budget recommendations shared with the Mayor's Budget Office in March 2019. Before the budget cycle closes, we would like to share the Committee's recommendations (attached here) with your offices again.

Since we last spoke with your office, the Mayor proposed an allocation of the Sugary Drinks Distributor Tax (or "soda tax") revenue, and the amount of SDDT funds available increased from \$10.4 to \$11.2 million, leaving an excess of \$800,000 greater than had initially been presented when we prepared our recommendations. As you consider the recommendations of our 16 member committee and the Mayor's proposed budget for the SDDT revenue, **we particularly ask that you consider investing at least \$680,000 of the additional revenue identified for a media budget.**

We heard from community members and experts around the country about the importance of sugary drink taxes in stemming the obesity and diabetes epidemics and the threat of industry tactics to dismantle existing sugary drink taxes like ours in San Francisco. The national spotlight is on San Francisco and what we do with our sugary drink tax. There is great concern that the narrative out of San Francisco will be, "Soda taxes don't work. What good did any of that money do? Their government wasted it." Without a robust media and communications plan, all of San Francisco's efforts to pass a sugary drink tax measure, establish a community-informed process for allocation of the funds, and implement programs that support the health of communities most impacted by sugary drinks will be invisible and vulnerable to attack.

A media budget would also support public education about the health harms of sugary drinks, promote healthy eating and active living, and communicate the successes of our sugary drink tax investments to San Francisco taxpayers. Leaders from the Berkeley sugary tax efforts have relayed their regret in not spending more in media and communications in light of the expected misinformation campaigns and marketing from the multi-billion dollar beverage industry. Seattle has committed at least half a million per year for their media campaigns.

The long-term success of San Francisco's sugary drink tax depends critically on the early investment in raising awareness of the programs and services that are being funded by it. This will help our electorate understand the value of their investments and defend against the misinformation of the beverage industry who invests heavily in media to protect their profits.

Thank you for your careful consideration of the rationale for our recommendations around media investment and our recommendations for how to spend SF Soda Tax dollars-- as is our mandate

as a committee. We would be happy to meet in person to discuss further to help you as the budget process moves forward.

Respectfully,

Roberto Ariel Vargas, MPH and Joi Jackson-Morgan, MPH  
Co-Chairs

On behalf of the San Francisco Sugary Drinks Distributor Tax Advisory Committee (SDDTAC)

**San Francisco**  
**Sugary Drinks Distributor Tax Advisory Committee**  
**March 2019**

**SDDTAC Principles**



The following is an excerpt of the full Sugary Drinks Distributor Tax Advisory Committee report. The complete report will be formatted and submitted upon completion. The Budget Recommendations are being submitted as a separate file.

# ADVISORY COMMITTEE RECOMMENDATIONS

## SDDTAC Principles

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. <sup>1</sup>

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:

1. **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.
2. **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.
3. **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.

4. **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.
5. **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.
6. **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
7. **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
8. **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
9. **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.

## Guidelines for Implementing SDDT Funds

Given the Principles above, the Committee identified the following priority populations to be served by SDDT funding:

- Low-income San Franciscans, and/or
- Populations\* shown to be consuming sugary drinks at a high rate, and/or
- Populations\* disproportionately affected by diet sensitive chronic diseases (such as type 2 diabetes, obesity, heart disease, and/or tooth decay)

If a program, proposal, or initiative does not serve these specifically named populations, the Committee would be supportive of work that included a rationale or evidence that the work is serving a population that consumes sugary drinks at a high rate or is disproportionately

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\*Including but not limited to African Americans, Asian, Latino, Native American, and Pacific Islander populations as well as youth and young adults, particularly adolescent males.

affected by diet sensitive chronic disease.

In addition, to capture the spirit of the SDDT, the Committee made the following recommendations regarding how funds from the SDDT should be spent. Expenditures should:

1) **Support the aims of the tax itself by reducing sugary drink consumption and supporting public health through a reduction of diet related diseases.** Examples include but are not limited to:

- Adding new services/programming
- Improving/augmenting existing services/programming
- Providing replacement funding to fill gaps caused by a well-documented recent cut in funding
- Supporting policy, systems, or an environmental change
- Supporting primary and secondary prevention efforts and not medical treatment of disease (medications, surgeries, etc.)

**Priority categories for the expenditures (in no particular order) are:**

- Decreasing consumption of sugary drinks
- Increasing water consumption
- Oral health
- Healthy eating/food security
- Physical activity
- Other (e.g. research/community-based participatory research (CBPR), new innovations, etc.)

2) **Support implementation of the SDDT and the work of the Committee,** such as:

- Infrastructure to support the Committee
- Infrastructure needed to support evaluation of the Committee, including beverage prices, consumer purchasing behavior, and diet related chronic disease
- Technical assistance to help merchants comply with the tax
- Technical assistance to CBOs to respond to City RFPs related to SDDT funds
- Technical assistance to CBOs around how to evaluate the impact of programs utilizing SDDT funds
- Media and communications

**Additional Recommendation**

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 recommends 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. City Agencies should also be notified that they will be expected to report back on how the funds were spent and the impact it had on San Franciscans.

SDDTAC budget recommendations in accompanying document 'FY19-20\_21 SDDTAC RX-FINAL.PDF'

Final SDDTAC Budget Recommendations for FY19-20 and FY20-21

	FY19-20	FY20-21	%	Department	Budget Description
<b>COMMUNITY-BASED GRANTS</b>					
Health education, food security, physical activity	\$3,260,000	\$3,260,000		DPH/CHEP	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 (ie 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
CBOs working with SFUSD	\$300,000	\$300,000		DPH/CHEP	7% of all CBO funding (eg 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	\$680,000	\$680,000		DPH/CHEP	To develop and implement a media campaign focused on the impact of the SDDT with an emphasis on grassroots, community-led storytelling. Community Based Participatory Principles will be utilized in the development of the storytelling campaign, with CBOs funded to co-develop the campaign with a contracted media agency. The funds should support both a local and regional media campaigns. The regional campaign should be in coordination with other jurisdictions with similar sugary beverage taxes to leverage resources and augment the intended goals of the SDDTAC. A portion of the local media campaigns must include a merchant education component. A smaller proportion of the funds (to be determined by the Department of Public Health and any contracted entities) may support media/communications campaigns that highlight the health harms of sugary beverage intake and encourage tap water consumption. A portion of the funds must include merchant education. The local campaign must include merchant education component. DPH/CHEP will contract with media agency, and oversee the campaign progress, with guidance from the Community Input Subcommittee on the local and regional community-led story telling campaigns and guidance from the Infrastructure Subcommittee on the merchant focussed campaign.
Community engagement	\$50,000	\$50,000		DPH/CHEP	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.
<b>TOTAL COMMUNITY BASED GRANTS</b>	<b>\$4,290,000</b>	<b>\$4,290,000</b>	<b>41%</b>		
<b>SFUSD</b>					
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF	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	\$500,000	\$500,000		SFUSD via DCYF	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.
<b>TOTAL SFUSD</b>	<b>\$1,500,000</b>	<b>\$1,500,000</b>	<b>14%</b>		
<b>FOOD ACCESS</b>					
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP	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 RFPed out to CBOs and FBOs according to the Community Based Grants guidelines.
Healthy Retail	\$150,000	\$150,000		OEWD	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.
<b>TOTAL FOOD ACCESS</b>	<b>\$1,150,000</b>	<b>\$1,150,000</b>	<b>11%</b>		
<b>ORAL HEALTH</b>					
Community task forces	\$450,000	\$450,000		DPH/MCAH	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	\$350,000	\$350,000		DPH/SF Health Network	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 and case management	\$200,000	\$200,000		SFUSD via DCYF	
<b>TOTAL ORAL HEALTH</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>10%</b>		



Final SDDTAC Budget Recommendations for FY19-20 and FY20-21

	FY19-20	FY20-21	%	Department	Budget Description
<b>INFRASTRUCTURE</b>					
DPH Infrastructure	\$1,000,000	\$1,000,000		DPH/CHEP	<p><b>A. Personnel</b></p> <p>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) Working with evaluation team to establish shared measurement practices b. As necessary, manage citywide/soda tax impact media c. Develop/Compile and Manage completion of SDDTAC Annual Report d. Manage SDDTAC bi-ennial nominations process</p> <p>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.</p> <p>3) Staffing to support research and evaluation of SDDT impact, including data purchases as necessary 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</p> <p><b>B. Professional services</b> including: i) technical assistance for funded CBO and FBO; ii) evaluation - to implement evaluation framework and evaluate funded city agencies, CBO and FBO, and process evaluations from applicants, and provide evaluation technical assistance; iii) city attorney to provide ongoing technical consultation</p> <p><b>C. Materials/Supplies</b> for meetings and printing costs</p> <p><b>D. Training</b> to support staff development</p> <p><b>E. Data</b> for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>
Strategic planning	\$40,000	\$ -		DPH/CHEP	Strategic planning consultant to facilitate the SDDTAC in creating a strategic plan to guide the work. The development of this plan should be informed by multiple guiding principles to at least include: the 10 essential public health services, community input regarding its priorities and needs, lessons learned and best practices from other jurisdictions that have implemented similar taxes. The strategic planning process should address, among other aspects, the near and long term strategic goals of the SDDTAC; the role of CBOs, FBOs, and city agencies in achieving this vision; how the SDDTAC's goals fit within the context of city-wide coalitions with similarly aligned goals
Evaluation	\$200,000	\$200,000		DPH/CHEP	Additional funds for evaluation may: a. support community based participatory research (ex. street intercept, merchant interview, focus groups) b. develop a system to collect data c. expand technical assistance d. conduct more qualitative evaluation that can help develop stories that describe impact of tax
<b>TOTAL INFRASTRUCTURE</b>	<b>\$1,240,000</b>	<b>\$1,200,000</b>	<b>12%</b>		
<b>WATER ACCESS</b>					
Water Access - SFUSD	\$ -	\$340,000		PUC via RPD/DPW?	To install hydration stations at low income schools serving students with health disparities (ex. Bayview, Chinatown, Mission), to elevate the schools to the Silver or Gold standard for hydration stations (i.e. one on each floor, centrally located, and conduct water education). Funds may support purchase of Spa Water Supplies, station maintenance and beautification, refillable water bottles to distribute to students, water testing.
Water Access - Public Spaces	\$300,000	\$ -		PUC via RPD	To install or upgrade 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). This funding should support high-quality, visually appealing, stations that can serve as a highlighted example of the potential for hydration stations. This can include beautifying and optimizing current station(s) or creating new one(s).
<b>TOTAL WATER ACCESS</b>	<b>\$300,000</b>	<b>\$340,000</b>	<b>3%</b>		
<b>SF Recreation &amp; Parks</b>	<b>\$520,000</b>	<b>\$520,000</b>	<b>5%</b>	<b>RPD</b>	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations
<b>HOPE SF Chronic Disease Equity</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>4%</b>	DPH/Behavioral Health	To fund services to public housing residents in the HopeSF sites. Public housing is a known risk factor for diet sensitive health disparities. The concentrated poverty and resource isolation intensifies the impact of race and poverty. This funding will be used to support resident peers, trained as community health workers, to provide health education, chronic disease self-care programs, and linkages to care. Each of the 4 sites will have two full time peer community health workers who will provide a variety of programming. The funding supports both wages and some program expenses.
<b>Total Proposed</b>	<b>\$10,400,000</b>	<b>\$10,400,000</b>	<b>100%</b>		

\*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.

**Mayor's Proposed Soda Tax Allocation - FY 2019-20 and FY 2020-21**

Program	Department	FY 2018-19	FY 2019-20	FY 2020-21	Notes
Grants to CBOs	DPH	3,817,000	2,995,000	2,955,000	Community-based grants for (1) Health Education, (2) Physical Activity Opportunities, (3) Healthy Eating/Food Security, (4) Water Promotion, and (5) Community-based participatory research.
Grants to CBOs - SFUSD	DCYF	728,000	300,000	300,000	Community-based grants for (1) Health Education, (2) Physical Activity Opportunities, (3) Healthy Eating/Food Security, (4) Water Promotion, and (5) Community-based participatory research.
Community Engagement	DPH	-	50,000	50,000	Community engagement activities to ensure impacted populations can inform decisions related to sugar-sweetened beverages.
School Food/Education/Action	DCYF	1,500,000	1,500,000	1,500,000	Funding to (1) improve the quality of school meals, (2) support nutrition education, and (3) support student-led efforts to decrease consumption of sugar-sweetened beverages, and increase awareness among students.
School-Based Education and Case Management	DCYF	550,000	200,000	200,000	Support school-based and school-linked preventative oral health programs within SFUSD serving high risk target population. Can also support dedicated oral health staffing.
Water Access (school-based)	DCYF	450,000	-	340,000	Install new or upgrade existing hydration stations in SFUSD sites serving students with health disparities.
Healthy Eating Vouchers	DPH	1,035,000	1,000,000	1,000,000	Supports healthy eating vouchers through the Healthy Food Purchasing Supplement program, which improves food security and access to healthy foods.
HopeSF	DPH	400,000	-	-	Provide services to residents in HopeSF sites. Will be used to support resident peer wages and some program expenses. Department is absorbing/continuing cost.
Peace Parks	REC	520,000	670,000	670,000	Funding to Rec Park to provide continued support of the Peace Parks program.
Peace Parks Staffing - SVIP	DPH	-	225,000	225,000	Provide additional SVIP staffing for the Peace Parks program.
Outreach, Scholarships, and Equity in Recreation	REC	-	2,000,000	2,000,000	New initiative to expand recreation scholarships and outreach to youth under 18 and living in public and low-income subsidized housing.
Oral Health - Community Task Forces	DPH	450,000	450,000	450,000	Support oral health community task forces that work toward addressing oral health needs of children in high risk populations.
School-Based Sealant Application	DPH	-	350,000	350,000	Support school-based and school-linked preventative oral health programs within SFUSD serving high risk target population. Covers cost of sealants.
Healthy Retail	OEWD	150,000	150,000	150,000	Continue support for Healthy Retail program.
Water Access (public spaces)	REC	-	300,000	-	Install or upgrade existing hydration stations in public spaces that target high-risk populations.
Staffing/Research Support	DPH	800,000	800,000	800,000	Support for backbone staffing for SDDTAC.
Evaluation	DPH	-	200,000	200,000	Additional funds for evaluation including funds for community-based participatory research, funds to develop a system to collect data, expand technical assistance, and conduct more qualitative evaluation.
<b>Total</b>		<b>10,400,000</b>	<b>11,190,000</b>	<b>11,190,000</b>	

SDDTAC Recommendations Summary

Comparing Mayor's Proposed Allocation of Sugary Drink Funds in FY 19/20 to SDDTAC Recommendations for FY 19/20							
Item	Mayor's Allocations \$ 18/19	Dept. For Administration	Item	Mayor's Allocations \$ 19/20	SDDTAC Rx 19/20	SDDTAC Rx Dept.	Variance from Mayor's Allocation and SDDTAC Rx 19/20
<b>Community-Based Grants</b>			<b>Community-Based Grants</b>				
Grants to CBO's	\$3,817,000	DPH/CHEP	Health edu., food security, physical activity	\$2,995,000	\$3,260,000	DPH/CHEP	-\$265,000
Grants to CBO's	\$728,000	DPH to SFUSD	School based interventions	\$300,000	\$300,000		\$0
			Media	\$0	\$680,000		-\$680,000
			Community Engagment	\$50,000	\$50,000		\$0
	<b>\$4,545,000</b>	<b>Total</b>		<b>\$3,345,000</b>	<b>\$4,290,000</b>	<b>Total</b>	<b>-\$945,000</b>
<b>SFUSD</b>			<b>SFUSD</b>				
School Food, education, action	\$1,500,000	DCYF/SFUSD	School Food, Nutrition Education,	\$1,000,000	\$1,000,000	SFUSD via DCYF	\$0
			Student Led Action	\$500,000	\$500,000		\$0
	<b>\$1,500,000</b>	<b>Total</b>		<b>\$1,500,000</b>	<b>\$1,500,000</b>	<b>Total</b>	<b>\$0</b>
<b>Food Access</b>			<b>Food Access</b>				
Healthy Eating Vouchers	\$1,035,000	DPH	Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000	DPH/CHEP	\$0
Healthy Retail	\$150,000	ECN	Healthy Retail	\$150,000	\$150,000	OEWD	\$0
	<b>\$1,185,000</b>	<b>Total</b>		<b>\$1,150,000</b>	<b>\$1,150,000</b>	<b>Total</b>	<b>\$0</b>
<b>Oral Health</b>			<b>Oral Health</b>				
Community task forces	\$450,000	DPH	Community task forces	\$450,000	\$450,000	DPH/MCAH	\$0
School-based oral health	\$550,000	DCYF/SFUSD	School -based sealant applicatic	\$350,000	\$350,000	DPH/SF Health Network	\$0
			School-based education and case management	\$200,000	\$200,000	SFUSD via DCYF	\$0
	<b>\$1,000,000</b>	<b>Total</b>		<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>Total</b>	<b>\$0</b>
<b>Infrastructure</b>			<b>Infrastructure</b>				
Staffing/Research Support	\$800,000	DPH	DPH Infrastructure	\$800,000	\$1,000,000		-\$200,000

Community-based grants for (1) Health Education, (2) Physical Activity Opportunities, (3) Healthy Eating/Food Security, (4) Water Promotion, and (5) Community-based participatory research.

Community engagement activities to ensure impacted populations can inform decisions related to sugar-sweetened beverages.

Funding to (1) improve the quality of school meals, (2) support nutrition education, and (3) support student-led efforts to decrease consumption of sugar-sweetened beverages, and increase awareness among students.

Supports healthy eating vouchers through the Healthy Food Purchasing Supplement program, which improves food security and access to healthy

Continue support for Healthy Retail program.

Maternal, Child & Adolescent Health within Dept. of Public Health adminster funds.

Support oral health community task forces that work toward addressing oral health needs of children in high risk populations.

Support school-based and school-linked preventative oral health programs within SFUSD serving high risk target population. Covers cost of sealants.

Support school-based and school-linked preventative oral health programs

**Comparing Mayor's Proposed Allocation of Sugary Drink Funds in FY 19/20 to SDDTAC Recommendations for FY 19/20**

Item	Mayor's Allocations \$ 18/19	Dept. For Administration	Item	Mayor's Allocations \$ 19/20	SDDTAC Rx 19/20	SDDTAC Rx Dept.	Variance from Mayor's Allocation and SDDTAC Rx 19/20	Mayor's descriptions	
			Strategic Planning	\$0	\$40,000	DPH/CHEP	-\$40,000	Support for backbone staffing for SDDTAC. Additional funds for evaluation including funds for community-based participatory research, funds to develop a system to collect data, expand technical assistance, and conduct more qualitative evaluation.	
			Evaluation	\$200,000	\$200,000		\$0		
	\$800,000	total		\$1,000,000	\$1,240,000	total	-\$240,000		
<b>Water Access</b>			<b>Water Access</b>						Install or upgrade existing hydration stations in public spaces that target highrisk populations.
Water Access - SFUSD	\$450,000	DCYF/SFUSD	Water Access - SFUSD	\$0	\$0	PUC via RPD/DPW			
			Water Access - Public Spaces	\$300,000	\$300,000	PUC via RPD	\$0		
	\$450,000	<b>Total</b>		\$300,000	\$300,000	<b>Total</b>	\$0		
<b>Peace Parks</b>	\$520,000	Rec	SF Recreation & Parks	\$670,000	\$520,000	RPD	\$150,000	Funding to Rec Park to provide continued support of the Peace Parks program.	
			SVIP Staffin	\$225,000			\$225,000	Provide additional SVIP staffing for the Peace Parks program.	
			Outreach, Scholarships, and Equity in Recreation	\$2,000,000			\$2,000,000	New initiative to expand recreation scholarships and outreach to youth under 18 and living in public and low-income subsidized housing.	
				\$2,895,000	\$520,000		\$2,375,000		
Hope SF Peer Enhancements	\$400,000	DPH	HOPE SF Chronic Disease Equity	\$0	\$400,000	DPH/Behavioral Health	-\$400,000		
<b>Total</b>	\$10,400,000		<b>Total</b>	\$11,190,000	\$10,400,000		-\$1,435,000		

\* See Final SDDTAC Budget Recommendations for FY 19/20 and FY 20/21 for full description of each line item