

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 focused 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>		

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<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 biennial 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: <p>a. support community based participatory research (ex. street intercept, merchant interview, focus groups)</p> <p>b. develop a system to collect data</p> <p>c. expand technical assistance</p> <p>d. conduct more qualitative evaluation that can help develop stories that describe impact of tax</p>
<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>	RPD	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 intensify 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 for healthy eating/food security/healthy food purchasing supplements 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.