



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

March 2020

Budget Recommendations and Principles



The full Annual

[Report complete with Executive Summary, Co-chair Introduction, Data and Evaluation will be voted on at the March 18, 2020 Sugary Drinks Distributor Tax Advisory Committee meeting.]

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.^{1,2,3,4,5} Although sugary drinks can contain hundreds of calories in a serving, they do not signal “fullness” to the brain and thus facilitate overconsumption.⁶ Sugary drinks are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.⁷

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.⁸ Of note, every additional sugary drink consumed daily can increase a child’s risk for obesity by 60%⁹ and the risk of developing type 2 diabetes by 26%.¹⁰

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.¹¹ 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.¹² 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.

Table 1. 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

Tax collection began January 1, 2018, and for FY20 17-18 \$7,911,731 was collected. According to the Office of the Treasurer and Tax Collector (TTX) and the Controller's Office a total of \$16,097,908 was collected FY 2018-2019. At the midway point of the current FY2019-20, \$7,882,125 has been recorded.

SDDT Revenue History

FY 2017- 2018 Collections began Jan (2018)	\$7,911,731
FY 2018-2019	\$16,097,908
FY 2019 – 2020 As of February 21, 2020	\$7,882,125

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 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 \$11.5 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

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. The Strategic Plan is not yet finalized, but is expected to be included in the complete March 2020 Report. The Committee's values and principles follows:

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.¹³

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.

SDDTAC Budget Recommendations FY2020-21 and 2021-22

Budget descriptions follow

SDDTAC BUDGET RECOMMENDATIONS	FY2020-21	%	FY2021-22	Department
COMMUNITY-BASED GRANTS				
Health education, food security, physical activity	\$3,260,000	29%	\$3,260,000	DPH/CHEP
CBOs working with SFUSD	\$300,000	2.7%	\$300,000	DPH/CHEP
Media	\$250,000	2.2%	\$250,000	DPH/CHEP
Community engagement	\$50,000	0.4%	\$50,000	DPH/CHEP
Capacity Building Grants	\$470,000	4.2%		
TOTAL COMMUNITY BASED GRANTS	\$4,330,000	39%	\$3,860,000	
SFUSD				
School Food, Nutrition Ed	\$1,000,000	9%	\$1,000,000	SFUSD via DCYF
Student Led Action	\$500,000	4%	\$500,000	SFUSD via DCYF
Student Led Media Coordinator	\$250,000	2.2%	\$250,000	SFUSD via DCYF
SFUSD Kitchen/Food Infrastructure Upgrade	\$330,000	2.9%		
College Scholarships in Health Field for Priority Populations			\$150,000	
TOTAL SFUSD	\$2,080,000	19%	\$1,900,000	
FOOD ACCESS				
Healthy Food Purchasing Supplement	\$1,200,000	11%	\$1,200,000	DPH/PHD
Healthy Retail	\$150,000	1.3%	\$150,000	OEWD
TOTAL FOOD ACCESS	\$1,350,000	12%	\$1,350,000	

ORAL HEALTH				
Community task forces	\$450,000	4%	\$450,000	DPH/MCAH
School-based sealant application	\$350,000	3.1%	\$350,000	DPH/SF Health Network
School-based education and case management	\$200,000	1.8%	\$200,000	SFUSD via DCYF
TOTAL ORAL HEALTH	\$1,000,000	10%	\$1,000,000	
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	3%	\$340,000	
SF Recreation & Parks				
Peace Parks	\$650,000	6%	\$650,000	RPD
SVIP Funding – Peace Parks Transportation	\$225,000	2%	\$225,000	RPD
TOTAL SF RECREATION & PARKS	\$875,000	8%	\$875,000	
BREASTFEEDING	\$175,000	1.6%	\$175,000	DPH/MCAH
SUPPORT FOR SMALL BUSINESS/MERCHANTS	\$250,000	2.2%		OEWD
INFRASTRUCTURE	\$,800,000	7%	\$800,000	DPH/CHPEP
Total Proposed	\$11,200,000	100%	\$10,300,000	

BUDGET DESCRIPTIONS

COMMUNITY-BASED GRANTS

COMMUNITY-BASED GRANTS

Health education, food security, physical activity

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

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
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 Infrastructure 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 across lifespan. Scholarships and other supports in higher education in health field for Priority Populations

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 RFPed 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 Funding – Peace Parks Transportation	Transportation for Peace Parks participants

<p>BREAST-FEEDING</p>	<p>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.</p>
<p>SUPPORT FOR SMALL BUSINESS/MERCHANTS</p>	<p>The main objectives for this funding are to 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</p>
<p>INFRASTRUCTURE</p>	
<p>DPH Infrastructure</p>	<p>A. Personnel</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 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. Professional services 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>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>

* 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.

V. ENDNOTES

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- ² Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
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- ⁴ Sohn W, Burt BA, Sowers MR. Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*. Mar 2006;85(3):262-266.
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- ⁷ U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Page 28. Retrieved from [LINK]
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