



San Francisco Department of Public Health

Dr. Grant Colfax
Director of Health

City and County of San Francisco
London N. Breed
Mayor

Sugary Drinks Distributor Tax Advisory Committee Community Input Subcommittee

MINUTES

December 8, 2020 - 4:00PM

Join Online Via Webex

<https://sfdph.webex.com/sfdph/j.php?MTID=m2c8655d07d10a452a63c746e70471740>

Meeting Number: 141 905 7023; Password: Qh32grGPJP5

Join By Phone: +1-415-655-0003; Access Code: 141 905 7023

* Please note that public comment will be held after every agenda item. If the public would like to comment on a topic that is *not* on the agenda, they may do so during general public comment at the start of the meeting. Please see the *Notes* section of this document for additional information about public comment.

Order of Business:

1. **Call to Order / Roll Call** [discussion and action] Meeting called to order at 4:01pm

Present: Kiana Sezawar, Jennifer Lebarre, Vanessa Bohm, John Maa, Christina Goette, Austin Truong, Christina Shea, Kym Dorman, Jessica Ho, Mory Chhom

Absent: Janna Cordeiro, Joi Jackson-Morgan, Veronica Shepard

2. **Approval of November Meeting Minutes** [discussion and action]

John - at the end of Page 1, Community Check In: CBOs are "disheartened to hear about the budget being mitigated."

Jennifer motions to approve minutes with amendment. John seconds. Minutes are approved.

3. **Review and Consideration of Agenda** [discussion and action]

Adjust agenda to include presentation from Raimi & Associates to present evaluation report after SDDT Community Engagement agenda item.

John motions to approve agenda with adjustments. Jennifer seconds. Agenda is approved.

4. **General Public Comment** - No Public Comment

5. **Community Check In** [discussion and possible action]

John – Within the Asian/Pacific Islander community, the focus has been in Portsmouth Square where there they been doing mobile testing in partnership with Chinese Hospital. There is anxiety nationwide about hospital utilization. Due to weather climate, people are unable to social distance. Hospitals in SF stopped allowing visitors coming to the hospital which makes it difficult for family communications with hospital staff. There is an adequate supply of PPE. States are stopping elective surgeries again and California will

soon announce the same having seen a resemblance from March/April 2020.

Vanessa – DPH and COVID response team, trying to adapt strategies in reaching out to disproportionate families from SOMA to get tested at the Alemany testing site. COVID 19 testing was at a certain positivity rate during Thanksgiving as well as in the Mission with a significant rise in positive testing. She encourages others to continue with social distancing and wearing masks.

6. **House Keeping** [discussion and possible action] No Updates

7. **SDDTAC Youth Seat Amendment Process** [discussion and possible action]

Vanessa shares that youth seat amendment will also be a full agenda items at the December SDDTAC meeting. We are at the beginning phase of the process. Austin, staff for Youth Commission, thanks members for including them in the process. In terms of process for adding additional youth seats to the SDDTAC, which was created via voters is to identify a Board of Supervisor who can sponsor this amendment as well as getting community buy in. Through the Youth Commission's experience, it is suggested to draft your own document and bring it potential Board of Supervisor sponsor and possibly their legislative aides can support. Youth Commission has drafted their own in the past. Supervisors Ronen and Walton would be great sponsors, however you will have to demonstrate why having multiple youth seat(s) would be necessary especially with having only a small pool of recruitment, you will need to show proof in the pudding to show buy in from the community. Despite that there are seats to be open it can be difficult to launch. Calvin can support to review documents. When the draft is developed the youth commission can hear that proposal and support. Staff shared that the SDDTAC is not part of the charter; change can be made by ordinance and it would not have to go back to the voters.

Member asked if the Youth Commission has been engaged in efforts similar to this in the past or has had any experience in putting forward draft amendments together and how was youth involved in that process? Austin responds, Prop F in 1995 which came from voters and from our roles and responsibilities, we advise Board of Supervisors on budget. Youth Commission can support to put in recommendation and budget and with an upcoming process and formal motion of support, as well as promote on its social media platform. Within the 26 years, the Youth Commission has its niche and have built stronger ties to the community especially with the closure of Juvenile Hall, etc. We can also direct outreach and also have youth service workers' support. Kiana expressed her interest in support of more youth engagement in this process. Member expressed that this will be a long process. Member noted that the SDDTAC is a new committee overall, do we have a social media presence and is that part of our issue, do we need to do better, and it may be the issue why we haven't gotten much engagement from youth? Austin responds that the Youth Commission is unpaid and is compensated in a variety of ways such as via volunteer hours, letters of recommendations and organizing skills. Austin expressed the critical component of having strong ties to the community as in the earlier stages the SDDTAC youth application was not user friendly but has now changed the process and how it was being advertised. Recruitment on various platforms, Facebook was not useful, however Instagram has worked and is the best in being more visible. Austin also noted that DPH worked with Youth Commission on recruitment and reached out to various entities. Member asked that once draft amendment is created, is it the whole committee or wondering if Youth Commission wants to highlight anything or make suggestions. Austin suggested to tap into backbone staff and identify why additional youth seats are needed, and Youth Commission staff can go over their resolution tools noting why you need more youth, it just means what do you have ready and do Board of Supervisors have time on their plate and to get community engaged. Despite that if it may fail, you can use the learnings for future terms to submit. Vanessa suggests Austin to participate in SDDTAC December meeting and to have community based organizations to support as well as the Youth Commission.

8. **SDDTAC Community Engagement** [discussion and possible action]

In the previous meeting Vanessa and John committed to reach out to the Joint Health Equity groups and for

community groups to identify any potential ways to engage. This subcommittee has been discussing how to involve community members as part of the process of SDDT and we are entering the process to discuss budget recommendations for next year. Final recommendations are provided in March and it is important to inform community about when budget discussions are January and February. A big chunk of the SDDT funds in 2018, we were able to provide the funds to the community and this current year there were cuts to the Community Based Grants line. SDDTAC makes budget recommendations to the Mayor and the Mayor and Board of Supervisor makes finalizations to the budget and for this year with the COVID-19 crisis there are deductions. Vanessa asks what areas are of need for the community, as we make our budget recommendations? John also suggests that for community members who have been impacted by the budget reductions to share challenges in funding and processes. Christina Shea of RAMS asks what is the rationale with the budget cuts? She adds that some CBOs are providing cultural relevant foods to support community beyond what was being provided by the Food Bank. Many of our communities are entry level professionals and those who are working are risking their health and the young adults end up being the bread winner due to the adults being laid off. Jessica HO of Northeast Medical Services (NEMS) shares that the community health center does not receive a whole lot of city funding but are part of the community and want to make sure voices are heard. NEMS would be interested in informing what community health centers are doing since they are not able to reach everyone and would be helpful to mobilize in providing feedback on how to make impact on their communities or themselves, she is happy to discuss further. In order to bring in more people that has direct impact from the SDDT funding to ensure we are making an impact in a robust way of the soda tax funding. Member shares that community based organizations are part of the safety net and that the city is making significant cuts in positions and what would be the impact of community based organizations and what would this decreased funding represent. Staff shared that it was projected by the Controller's Office that there is a \$3.5Mil decrease in soda tax revenue for the first quarter. There is definitely a budget deficit and there will be a challenge in the city overall including soda tax funding. Member asked how the revenue was decreased via stores, restaurants, etc? Staff responded that that the Controller's Office did not identify. It will be interesting to look back at what happens to sugary drink consumption and it is difficult to identify now. Member noted that since there is an expectation of decreased funds and considering the pandemic, what priorities can we put forth to the larger committee to consider. Jessica shared that it is difficult to think outside of COVID-19 and it is hard to think outside of a COVID lens, while everyone is just trying to survive. She shares that vaccine planning is being discussed and a lot of people are not getting the care they usually get, with tele health it has been a blessing and but how do we get people to continue prevention methods instead of chronic disease management especially with people scared to come out of their home. Is it possible to reframe some of the categories to others that respond to COVID? Member notes that messaging regarding fears about vaccines and the importance to consider, along with the decrease in prevention care and more of crisis management that is going on right now. Member asked if priorities can be made around COVID-19 response to support significant crisis. Member stated to focus on health impacts that COVID 19 has exacerbated and less on COVID vaccine, since we are unaware of what funding will be released for communities to get vaccinated, to focus on COVID health impacts and what it is exacerbating. Member noted earlier comment of provision of culturally relevant food distribution and partnering better with various organizations, for example SYSCO has a partnership with SFUSD. Member reviews what they have discussed as priorities: distribution of culturally relevant foods, access to healthcare services, education to the community about health and nutrition values of food and COVID 19 vaccine. Christina Shea noted that in regard to the vaccine, non-Chinese, Asian and Pacific Islander groups will need to outreach to. Member responded that many groups are left out in the vaccination messaging. Mory stated that there is a lot of uncertainty with the Mayor's Office reallocating funds and talking with program managers, it is understood that those most vulnerable are being hit the hardest. Recognizing it is during these times that access to unhealthy foods become greater and SDDT funds should go to the community to feed healthier foods and SEADC has been able to reprioritize SDDT funding to support distribution of cultural relevant foods. Being mindful of those who are in need and to allow the pivot of funding to support the cultural needs of the community. Although

communities want the sugary drinks and junk foods to comfort them during these difficult times in COVID 19. Mory expressed the interest of how to identify the vaccination education will be, will it be targeted and whether it will inform about the vaccine successes before promoting to the community? How do we as community providers, provide messaging to the community and to keep in mind the initial goal of soda tax and continue to recognize those fearful of vaccinations. Mory shared that there have been some experiences that families are fearful of community out of the house since they are high risk and so SEADC has been coordinating with other families to support others by delivering food for those most high risk. For elderly community members who live alone, there is a need to do more planning especially if CBO staff is already stretched. Member also expressed the difficulty in door to door delivery as there too is high demand. Member thanks joint equity members and welcomes them to participate in future meetings.

9. Raimi & Associates – Evaluation

Kym shares overview of evaluation report aligning with SDDTAC values and principles, data findings from SDDT grantees and noting its lifting up of big impact and using data visualization to make data information pop. Page 30 of the report highlights what was done due to the COVID pandemic and the work from SDDT funded CBOs. Kym is seeking feedback on conclusion section that notes to lift up longer term outcomes and to highlight change over time will be take longer and how SDDT has been effectively reaching priority populations and will continue to do so. Kym reviews recommendations and underlining leadership of CBOs and water consumption due to the pandemic. Member suggests adding one additional area, Prop B, which built the research infrastructure of chronic disease and will continue to guide SDDTAC in future decades. Member expressed how the layout of the report is easily readable and to keep in mind how to report more accessible to community and possibly making a 1-2 pager to be more digestible to community members. Kym shares that Bay Area evaluation team has also provided feedback.

10. SDDT Potential Priority Areas [discussion and possible action]

a. SDDT Community Input Subcommittee FY 21-22 Budget Recommendations

Member shared with members to consider looking at original budget recommendations and looking at the categories of what is not listed. Categories to consider food security, oral health, access to water, access to regular care, and communication and education for COVID 19 vaccination. Subcommittees should go through budget line items and knowing too there is a projected loss in soda tax funds and what are some of these budget line items that are less of a priority. January meeting will focus on budget allocations and vote in February. Christina Shea recommends sending email to share budget to get feedback for priority areas for budget recommendations from the community. More time on the January agenda for this to be fleshed out.

10. **Discussions on Current State of Affairs** [discussion and possible action] - moved to next meeting

11. **Proposed Agenda Items for January 2021 Meeting** [discussion and possible action]

- Current State of Affairs
- Capitalize efforts statewide since Tomas Aragon was appointed for Director of CDPH
- SDDT Priority Areas

11. **General Public Comment**

- Very happy for Tomas Aragon but sad that he will not be with us in San Francisco

12. **Adjournment**

John motions to adjourn meeting. Kiana seconds. Meeting is adjourned at 6:02pm.

NOTES:**PUBLIC COMMENT**

General Public Comment: At this time, members of the public may address the SDDTAC Advisory Committee on items of interest to the public that are within the subject matter jurisdiction of the Committee but do not appear on the agenda.

With respect to agenda items, the public will be given an opportunity to address the Committee when the item is reached in the meeting. Each member of the public may address the Committee for up to three minutes.

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- Briefly responding to statements made or questions posed by members of the public, or
- Requesting staff to report back on a matter at a subsequent meeting, or
- Directing staff to place the item on a future agenda. (Government Code Section 54954.2(a.) 10.

Each action item will hold public comment before a vote is made.

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Ang mga pagpupulong ng Task-Force ng Mayor sa Anti-Trafficking ay ginaganap sa Room 305 sa City Hall, 1 Dr. Carlton B. Goodlett Place sa San Francisco. Ang City Hall ay accessible para sa mga taong gumagamit ng wheelchair at iba pang mga gamit na tumutulong sa pagkilos. Mayroong mga rampa sa mga pasukan sa Grove, Van Ness at McAllister. Ang mga kagamitan sa pagtulong sa pandinig, mga interpreter ng American Sign Language, mga tagapagbasa, mga adyenda na malalaki ang print, at iba pang pangangailangan ay maaaring hilingin. Para humingi ng tulong, tawagan si Minouche Kandel (415) 252-3203, o mag email sa minouche.kandel@sfgov.org. Kailangan mag-request ng mga pangangailangan sa hindi bababa sa 72 oras bago ng pagpupulong upang matiyak kung maaaring ipaglingkod ang inyong kahilingan.

LOBBYIST ORDINANCE

Ayon sa San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100], ang mga indibidwal o mga entity na nag-iimpluensiya o sumusubok na mag-impluensiya sa mga lokal na pambatasan o administrative na aksyon ay maaring kailangan mag-register o mag-report ng aktibidad ng lobbying. Para sa karagdagan na impormasyon tungkol sa Lobbyist Ordinance, mangyaring tumawag sa San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, website: sfgov.org/ethics.

Comparison between SDDTAC Recommendations and Mayor's Allocations FY19-20

Item	SDDTAC Rx Amount	SDDTAC Rx %	SDDTAC Rx Agency	Mayor's Budget	% of Mayor's Budget	Mayor's Proposed Agency	Variance
Community-Based Grants	\$4,290,000	41.25%	DPH/CHEP	\$2,995,000	26.76%	DPH	
				\$300,000	2.68%	SFUSD via DCYF	
			Comm Engage	\$50,000	.45%	Total	\$345,000
School Food, Nutrition & Ed	\$1,000,000	14.42%	SFUSD	\$1,500,000	14%	SFUSD via DCYF	\$0
Student Led Action	\$500,000		SFUSD	\$500,000		SFUSD via DCYF	
Food Access	\$1,000,000	9.6%	DPH	\$1,000,000	10%	DPH	\$0
Healthy Retail/SF	\$150,000	1.44%	OEWD	\$150,000	1%	OEWD	\$0
Oral Health	\$1,000,000	9.62%	DPH – Task Force	\$450,000	4.02%	SFUSD via DCYF	
			Sealant Program	\$450,000	3.13%	DPH	
			Edu & case mgt	\$200,000	1.79%	Total	\$0
Infrastructure	\$1,240,000	11.92%	DPH/CHEP	\$1,000,000	8%	DPH	-\$240,000
Water Access - SFUSD	\$0	2.88%	SFUSD	\$0	0%	SFUSD via DCYF	\$0
Water Access - Public Spaces	\$300,000		PUC/DPH	\$300,000	2.68%		\$0
SF Rec & Parks	\$520,000	5%	RPD	\$2,895,000	5%		\$2,375,000
HOPE SF Peer Enhancements	\$400,000	3.85%	N/A	\$0	0%	DPH	\$400,000
Total	\$10,400,000	100.0%		\$11,190,000	100%		

Description of intended purpose from Mayor's Budget

Community-Based Grants: Funding to issue grants to CBOs for programs and services in the following areas (1) Health Education, (2) Physical Activity, (3) Food Access, and (4) a Media/Awareness Campaign.

School Food, Nutrition Education, student-led action: Funding to (1) improve the quality of school meals, (2) support nutrition education, and (3) support student-led efforts to decrease consumption of SSBs and increase awareness around students.

Food Access: Healthy Food Purchasing Supplement

Healthy Retail: Will provide Healthy Store makeovers to 2 additional stores and continue ongoing providing support to 10 stores.

Oral Health school-based: Funding to support oral health in schools, including the cost of sealants.

Oral Health: Funding for Community Task Forces

Infrastructure: To fund a contract through DPH for facilitation and strategic support for the SDDTAC. Will also support research needs, including purchasing of data, and costs at DPH related to the administration of CBO grant program.

Water Access: One-time for the installation of water refilling stations in schools. Also can be used to purchase refillable water bottles for students.

SFRPD: Funding to Rec Park to provide continued support of the Peace Parks program.

Hope SF Peer Enhancements: Fund training and peer wage increases.

SDDTAC Recommendations FY19-20 and 20-21

	FY19-20	FY20-21	%	Department
COMMUNITY-BASED GRANTS				
Health education, food security, physical activity	\$3,260,000	\$3,260,000		DPH/CHEP
CBOs working with SFUSD	\$300,000	\$300,000		DPH/CHEP
Media	\$680,000	\$680,000		DPH/CHEP
Community engagement	\$50,000	\$50,000		DPH/CHEP
TOTAL COMMUNITY BASED GRANTS	\$4,290,000	\$4,290,000	41%	
SFUSD				
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF
Student Led Action	\$500,000	\$500,000		SFUSD via DCYF
TOTAL SFUSD	\$1,500,000	\$1,500,000	14%	
FOOD ACCESS				
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP
Healthy Retail	\$150,000	\$150,000		OEWD
TOTAL FOOD ACCESS	\$1,150,000	\$1,150,000	11%	
ORAL HEALTH				
Community task forces	\$450,000	\$450,000		DPH/MCAH
School-based sealant application	\$350,000	\$350,000		DPH/SF Health Network
School-based education and case management	\$200,000	\$200,000		SFUSD via DCYF
TOTAL ORAL HEALTH	\$1,000,000	\$1,000,000	10%	
INFRASTRUCTURE				
DPH Infrastructure	\$1,000,000	\$1,000,000		DPH/CHEP
Strategic planning	\$40,000	\$ -		DPH/CHEP
Evaluation	\$200,000	\$200,000		DPH/CHEP
TOTAL INFRASTRUCTURE	\$1,240,000	\$1,200,000	12%	
WATER ACCESS				
Water Access - SFUSD	\$ -	\$340,000		PUC via RPD/DPW?
Water Access - Public Spaces	\$300,000	\$ -		PUC via RPD
TOTAL WATER ACCESS	\$300,000	\$340,000	3%	
SF Recreation & Parks	\$520,000	\$520,000	5%	RPD
HOPE SF Chronic Disease Equity	\$400,000	\$400,000	4%	DPH/Behavioral Health
Total Proposed	\$10,400,000	\$10,400,000	100%	

	Budget Descriptions
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:
Health education, food security, physical activity	<ol style="list-style-type: none"> 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	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	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	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.
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.
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 and case management	
INFRASTRUCTURE	<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 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. 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>
DPH Infrastructure	
Strategic planning	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	Additional funds for evaluation may: <ul style="list-style-type: none"> 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
WATER ACCESS	
Water Access - SFUSD	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	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).
SF Recreation & Parks	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations
HOPE SF Chronic Disease Equity	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.

* 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.

ONGOING ADBACKS FROM FY 2017-2018

PROGRAM	DEPARTMENT	DESCRIPTION	
Food Security – Healthy Food Purchasing Supplement	DPH	Maintain current service levels: Vouchers and education to increase consumption and access to nutritious foods by increasing the ability of low income residents to purchase fruits and vegetables at neighborhood vendors and farmers’ markets in collaboration with DPH Healthy Retail Program.	50,000
Healthy Corner Store Retail	ECN	Promoting corner stores and markets to sell healthy products as opposed to sugary beverages, etc.	60,000
Food Security – Home Delivered Meals (HDM)	HSA	Address current waitlist: Delivery of nutritious meals, a daily-safety check/friendly interaction to homebound seniors/adults with disabilities who cannot shop or prepare meals themselves. Many providers offer home assessments/nutrition education/counseling.	477,000
Food Security – Congregate Lunch Meals	HSA	Address current waitlist: Daily, hot, nutritious meals for seniors/adults with disabilities	220,000
Senior Fitness	HSA	Senior fitness programming at IT Bookman and George Davis	200,000
Congregate Meal Program	HSA	Congregate Meal Program A	75,000
Congregate Meal Program	HSA	Congregate Meal Program B	75,000
		TOTAL	1,157,000

*The Board of Supervisors made a series of adbacks in the FY 17-18 budget. When the Board of Supervisors makes changes to the Mayor’s budget, some of these changes are “adbacks” denoting the Board’s decision to add funds back for a particular service. Adbacks become part of an agency’s baseline budget.