



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 *Subcommittee: Data and Evidence (D/E)*

MINUTES

June 9, 2021 – 10:00AM

Join Via Zoom

<https://sfdph.zoom.us/j/92705994996?pwd=RIVzRUtBalh3Vk9GaXNpYTJGR0lZUT09>

Meeting ID: 927 0599 4996; Passcode: 269275

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* Please note that public comment will be held after every agenda item. If a member of 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.

Order of Business:

1) **Call to Order / Roll Call** : Meeting called to order at: 10:03am

Present: Irene Hilton, Saeeda Hafiz, Marna Armstead, Abby Cabrera, Maureen Guerrero, Christina Goette

Absent: Diana Lau

2) **Approval of May Meeting Minutes** - [discussion and action]

Member recommends for future minutes to separate dialogue per member by indentation.

Marna motions to approve May meeting minutes. Abby seconds. Minutes are approved.

3) **Review and Consideration of Agenda** – [discussion and action]

Abby motions to approve agenda with edit to agenda #11 title to Announcements instead of Public Comment. Maureen seconds. Agenda is approved.

4) **General Public Comment**- [discussion]

No Public Comment

5) **Housekeeping** – [discussion and possible action]

a) **SDDTAC Legislation Amendment Update**

Staff shared that they will be meeting with DPH Policy staff to review suggested SDDTAC legislation changes and forward proposed changes to city attorney for review. The plan after city attorney makes any revisions as necessary for legal muster, it will go back to SDDTAC to share with the community. The community input subcommittee will develop a plan where and how to shop it out to constituents such as the Joint Health Equity Coalition as well as to Youth Commissions and other groups as relevant as SDDTAC deems necessary. Community Input subcommittee will develop plan of action and share with SDDTAC for input.



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b) Release of Mayor's Budget

Staff announced that Mayor's office staff has been released its proposed SDDT budget. Staff and SDDTAC co-chairs will be meeting with Mayor's Office representative next week and present and report back to SDDTAC at next week's SDDTAC June meeting.

Member asked if the meeting with co-chairs is an informative meeting or an opportunity to talk about funds possibly being rearranged/reinstated. Staff responded the meeting is an opportunity for the Mayor's Office to explain the budget to the co-chairs. Staff imagines that Shalini would be open to hearing feedback from the co-chairs.

Member asked if co-chairs have a specific strategy to engage in. Co-chair responds that she is meeting with staff for context and review of SDDTAC budget recommendations, as well as staff asking if previous co-chairs can participate in meeting with Shalini. Staff to ask Shalini if previous co-chairs can participate in meeting with Shalini.

Member states that the only concern she has is to ensure that the Mayor's Office staff understands that they are presenting to the co-chairs of the SDDTAC and that in no way does it mean that they shouldn't present to the SDDTAC since they should present the budget to the full committee and the public. Member suggests asking Mayor's Office representative when they expect to present to the SDDTAC.

Member suggests if former SDDTAC co-chairs could participate in the meeting with the Mayor's representative. Saeeda offers her support to be at the meeting if needed for background and historical context. Co-chair asks for support either script or talking points to ensure she is able to represent the questions and/or concerns of the SDDTAC. Staff will follow up to invite Mayor's Office representative can participate in the June SDDTAC meeting as well as inviting Jonathan Butler and Joi Jackson Moran to attend meeting with Shalini Rana.

Irene motions to invite previous co-chairs (Jonathan Butler and Joi Jackson Morgan) to attend the budget meeting scheduled with Shalini Rana. Abby seconds.

Staff will follow up with Marna regarding SDDTAC budget recommendations talking points.

6) Data & Evidence Subcommittee Shared Leadership [discussion and possible action]

Saeeda provides background information for agenda item. She shares that in relationship to committee seats, she wants to share the leadership opportunity for co-chair of the subcommittee. She adds that Abby had run for co-chair for SDDTAC and thought that she may be interested in being co-chair for data and evidence subcommittee. There might be others who might be interested in sharing the leadership role of this subcommittee.



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Abby states that she is interested in the opportunity for shared leadership on the subcommittee and is open to others if others are interested in the shared role. Members agree that this leadership model is good to have if a chair transitions.

Marna motions to add Abby Cabrera as co-chair for data and evidence subcommittee. Irene seconds. Motion passes and Abby is the new co-chair of data and evidence subcommittee.

7) **Review of Data & Evidence Workplan** [discussion and possible action]

Members review data and evidence work plan. Member asks if IRI data can be presented. Staff responded that UCSF was able to analyze data for DPH and was told that we will hear back in mid-June whether the SDDT epidemiologist will be deactivated to conduct analysis.

Member asks for clarification on what data is being collected. Staff responds that DPH in partnership with UCSF, UC Berkeley, and Stanford University to share the costs of sales data purchasing from IRI. Sales data from stores in SF and we purchase for drinks with added sugar and bottled water and the limitations of the data does not reflect corner store or small independently owned stores does not include Costco data, only a snapshot of the data. Data includes from Safeway, Target, and other similar stores. Staff notes that we hope to get a deeper dive into behavior data to get more data on B/AA, PI, and Latinx from the CHIS data. Michelle Kirian has been able to get data on hospitalization and chronic disease data, etc. Member notes that it is interesting that corner store data isn't included as many Black/African Americans and Pacific Islander patron corner stores. Member adds that it would be good to identify if SDDT grant participants versus general population to see if there is a difference. SF has demographic data, and it would be good to show improvement in our work, to show the comparison of the general population that is not participating in non SDDT work versus those who are. Maybe we can pull out success in the program. We should begin to think about how to collect and track this data. Staff responds that through the evaluation of SDDT grantees, there is some comparisons, however it has been challenging to collect especially since there was little data collected due to COVID. The Qualtrics data is intended to do some level of comparison, however due to the lack of data it may not be reliable data, similar to tobacco work/data which relies of CHIS data. There is also limited behavioral data. The only way to get corner store data from Kris Madsen from UC Berkeley however the data is focused more on pricing rather than sales. Staff adds that they have also asked the Tax Collector's Office to release receipts from stores if tax is going up or down to see the taxes that are being paid by all distributors if they are buying from a Costco not in SF, whoever brings the drinks into SF is required to pay that fee. If we are able to identify that from the Tax Collector who is paying the tax, but not ideal only if address is not in SF. The data is not reliable, and Tax Collector is not able to that kind of data, lots of limitations. Member is interested in exploring how to get that data by even if tweaking questions to get the answers that are needed. Possibly captures within SDDT grantee reports and compare against the general SF population. Member suggests having SDDT epidemiologist go back to do deeper dives into the relationship of who is receiving the funding and seeing the reports.

Member inquires about the costs of purchasing the data and whether or not there have been strategies to



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include the costs into the budget recommendations. Staff responds that shared purchasing costs are \$6,000 and without partners to it would be \$20,000 for DPH alone. The infrastructure budget line includes those data costs. Member asks if there has been data collected from the Healthy Retail Program on sales data. Staff responds that all stores get a point of sales data to be collected. Prior to COVID, we were able to obtain some data which is proprietary and would like to speak with Larry McClendon about stores to share data anonymously. Currently there are 11 stores in healthy retail program which would still be a data point we hope to include.

Member expresses confusion about data in workplan about COVID impact what does that mean? Is it the regular data we always have or if soda consumption went up due to COVID or other impacts due to COVID? Staff respond that it refers to how COVID impacted any data that was collected and the impact of food insecurity due to COVID. Member adds that there are no examples as of yet and want to make sure how funds have been repurposed on other avenues on how funds were recommended.

Member suggests adding question mark to workplan timeline for data in August or September as we are trying to determine when Michelle Kirian will be deactivated with the hopes of having a more substantive data report this year in comparison to last year. She also suggests compiling data/reports that include data that is focused on going upstream and/or relevant data from other SDDTAC around the nation.

Co-chair recommends reviewing workplan often to ensure that workplan activities are clear and to add dates in the workplan, currently there aren't any dates yet but when data is being collected and analyzed dates will be included. Keep work plan in the forefront and leaving no stone unturned.

Send any proposed tasks to Melinda to include in workplan.

8) **SDDT Literature Database** [discussion and possible action]

Co-chair announces that since the last time the subcommittee discussed SDDT literature database, she hasn't had much time to work on it. She is happy to review and leave as is or add additional areas so that subcommittee can obtain rich data outside of academic research. Abby will work on and present at next meeting.

Member asks what literature is being collected and what is it being used for? Co-chair responds that literature has been collected and used in the past to get started and most of the data comes from the SSB listserv and not all literature comes in a white paper and for SDDT purposes we can share with full committee or other soda tax cities. Staff adds that in the first year the committee did start a database and shares with members, last reviewed in 2019. Co-chair adds that the data and evidence subcommittee would be a way that we can share with the SDDTAC or other soda tax committees.

Co-chair adds that looking at the data and evidence's work and what are we going to use this for, so as the committee creates our report and identify where are the gaps. Objective is to keep up to date and chronicle



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what has been done and identify ways in which this database can be more useful for our work.

Member adds per the google link, initially Roberto Vargas shared literature of when the tax was passed. SDDTAC previously reviewed and had discussions about balancing various funding activities and looking at other activities that aren't evidence based but community centered and not yet evaluated which allow for innovation. Member responds it is important to keep in mind, the humble connection of how SDDTAC relates to community on the ground who is doing the work. It gives SDDTAC the opportunity to look at community organically by having anecdotal stories or emerging and promising practices.

9) **Healthcare & Pipeline Program** [discussion and possible action]

Co-chair shares with members that subcommittee wanted to look at places of recruitment and where pipeline programs could happen. SDDTAC directed data and evidence subcommittee to look at interventions and across the spectrum to get people to enter into health professions at the most entry level and in preparation by using some of the SDDT revenue to allow people the opportunity to become health related professionals and/or step in their career ladders. In the interim, there are pipeline programs, with models from federal programs and to for us to identify if there are existing programs.

Member adds that there is dental literature and programs that set up middle school, high school, or adults for careers, such a broad range to do the groundwork of what programs are successful. We already have the infrastructure, such as SFUSD, CBOs and can set up some kind of career ladder. We have yet to begin on the evidence of what we were going to look for.

Co-chair notes there is a line item within the SDDTAC budget recommendation to do this pilot work. Similarly to the literature database the more we understand, the better the committee is on where things can go. At previous meetings, it was discussed to be have a broad healthcare focus and could open up to younger kids or those who already work in the industry and need support to increase in their career ladder. This also ties back into the budget recommendations and the literature and data would support this pipeline work.

Co-chair shares that SFSU has a program "SF Build" Latinx in STEM for higher education and other pipeline programs that support community health worker programs and also for younger ages.

10) **Proposed Agenda Items for Next Meeting** [discussion and possible action]

- Discussion on Mayor's Office Proposed SDDT Budget
- Member homework assignments on Pipeline Programs, Literature Database

Abby motions to cancel July 2021 Data and Evidence subcommittee and reconvene in August 2021. Maureen seconds. July 2021 data and evidence subcommittee meeting is cancelled.

11) **Announcements**

No Announcements



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12) Adjournment

Abby motions to adjourn. Irene seconds. Meeting is adjourned at 11:58am.

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.

Explanatory documents are available at the 25 Van Ness Ave, Suite 500 during regular business hours. If any materials related to an item on this agenda have been distributed to the SDDTAC after distribution of the agenda packet, those materials are available for public inspection at the address above during normal business hours.

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



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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%	<i>SFUSD via DCYF</i>	
			Comm Engag	\$50,000	.45%	<i>Total</i>	<i>-\$345,000</i>
School Food, Nutrition Education, Student Led Action	\$1,000,000	14.42%	SFUSD	\$1,500,000	14%	<i>SFUSD via DCYF</i>	\$0
	\$500,000		SFUSD	\$500,000		<i>SFUSD via DCYF</i>	
Food Access	\$1,000,000	9.62%	DPH	\$1,000,000	10%	DPH	<i>\$35,000</i>
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%	<i>SFUSD via DCYF</i>	
			Sealant Pgm	\$450,000	3.13%	DPH	
			Edu/Case Mg	\$200,000	1.79%	<i>Total</i>	\$0
Infrastructure	\$1,000,000	11.92%	DPH/CHEP	\$1,000,000	8%	DPH	<i>-\$240,000</i>
Water Access - SFUSD	\$0	2.88%	SFUSD	\$0	0%	<i>SFUSD via DCYF</i>	\$0
Water Access - Public Spaces	\$300,000		PUC/DPH	\$300,000	2.68%		
SF Recreation & Parks	\$520,000	5%	RPD	\$2,895,000	5%		\$2,375,000
HOPE SF Peer Enhancements	\$400,000	3.85%	N/A	\$400,000	0%	<i>DPH</i>	<i>\$400,000</i>
Total	\$10,400,000	100.0%		\$11,190,000	100%		



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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.



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SDDTAC Recommendations FY21-22 and 22-23

	FY21-22	%	FY22-23	%	Department
COMMUNITY-BASED GRANTS					
Health education, food security, physical activity	\$3,500,000	36.84%	\$3,500,000	32.11%	DPH/CHEP
CBOs working with SFUSD	\$300,000	31.6%	\$300,000	2.75%	DPH/CHEP
TOTAL COMMUNITY BASED GRANTS	\$3,800,000	40%	\$3,800,000	34.86%	
SFUSD					
School Food, Nutrition Ed	\$1,000,000	10.53%	\$1,000,000	9.17%	SFUSD via DCYF
Student Led Action	\$500,000	5.26%	\$500,000	4.59%	SFUSD via DCYF
Educational Investments	-	0%	\$150,000	1.38%	SFUSD via DCYF
TOTAL SFUSD	\$1,500,000	15.79%	\$1,650,000	15.14%	
FOOD ACCESS					
Healthy Food Purchasing Supplement	\$1,200,000	12.63%	\$1,500,000	13.76%	DPH/PHD
Healthy Retail	\$150,000	1.58%	\$150,000	1.38%	OEWD
TOTAL FOOD ACCESS	\$1,250,000	14.21%	\$1,650,000	15.14%	
ORAL HEALTH					
Community task forces	\$450,000	4.74%	\$450,000	4.13%	DPH/MCAH
School-based sealant application	\$350,000	3.68%	\$350,000	3.21%	DPH/SF Health Network
School-based education and case management	\$200,000	2.11%	\$200,000	1.83%	SFUSD via DCYF
TOTAL ORAL HEALTH	\$1,000,000	10.53%	\$1,000,000	9.17%	
INFRASTRUCTURE					
DPH Infrastructure	\$800,000	8.42%	\$450,000	4.13%	DPH/CHEP
TOTAL INFRASTRUCTURE	\$800,000	8.42%	\$450,000	4.13%	
WATER ACCESS					
Water Access - SFUSD	-	-	\$400,000	3.67%	SFUSD via DCYF
Water Access - Public Spaces	\$95,000	1%	-	-	PUC via RPD
TOTAL WATER ACCESS	\$95,000	1%	\$400,000	3.67%	
SF RECREATION & PARKS					
Peace Parks	-	-	\$650,000	5.96%	RPD
SVIP Funding – Peace Parks Transportation	-	-	\$225,000	2.06%	RPD
REQUITY: Outreach, Scholarships, equity in recreation	-	-	\$900,000	8.26%	RPD
TOTAL SF RECREATION & PARKS	\$780,000	8.21%	\$1,775,000	16.28%	
BREASTFEEDING	\$175,000	1.84%	\$175,000	1.61%	DPH/MCAH
Total Proposed	\$9,500,000	100%	\$10,900,000	100%	



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	Budget Descriptions: SDDTAC recommends investing in strategies that support mental health and wellbeing and workforce pathways for impacted/priority populations.
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.
SFUSD	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.
School Food, Nutrition Ed	
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.
Educational Investments	Educational investments that support and strive for professional development in health and wellness across lifespan. Scholarships and other supports in higher education in medical technology and health field careers for Priority Populations and including para professionals.
FOOD ACCESS	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 Food Purchasing Supplement	
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.



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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	
DPH 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>
Evaluation	Additional funds for evaluation may: <ol style="list-style-type: none"> support community based participatory research (ex. street intercept, merchant interview, focus groups) develop a system to collect data expand technical assistance 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.



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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	
Peace Parks	Peace Parks programming to serve priority populations
SVIP Funding: Peace Parks Transportation	Transportation for Peace Park participants
REQUITY: Outreach, Scholarships, recreation equity	Scholarships and programming for priority populations
BREASTFEEDING	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: to engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long terms 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 breastfeeding friendly policies and practices.

* 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 ADDBACKS 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



San Francisco Department of Public Health

Dr. Grant Colfax
Director of Health

City and County of San Francisco
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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 Supervisor’s made a series of addbacks in the FY 17-18 budget. When the Board of Supervisors makes changes to the Mayor’s budget, some of these changes are “addbacks” denoting the Board’s decision to add funds back for a particular service. Addbacks become part of an agency’s baseline budget.