



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 12, 2019

10:00 AM -12 PM

25 Van Ness Avenue, suite 650 conference room, San Francisco, CA 94102

* 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** – Jonathan called the meeting to order at 10:10 am. Present: Jonathan Butler, Saeeda Hafiz, Christina Goette, Michelle Kirian, Carrie Wu, Joi Jackson-Morgan, Roberto Vargas, Irene Hilton. On phone: Theo Leenman and Juan Chung
- 2) **Approval of Previous Meeting Minutes** - [discussion and action]– Saeeda motioned to approve May minutes. Joi seconded the motion. Minutes approved.
- 3) **Review and Consideration of Agenda** – [discussion and action] – Joi motioned to approve agenda. Saeeda seconded the motion. Agenda is approved.
- 4) **General Public Comment**- [discussion] – no public comment
- 5) **Evaluation Framework** – Harder & Co.– [discussion]
Harder + Co. developed the framework with Christina, Michelle and Patricia’s input. The goal is to collect feedback to revise the draft. The eval framework is based in part on the logic model that DPH developed and a document review from other municipalities that are evaluating soda tax efforts. Need to refine framework. Consider: What are goals we will measure regardless of grantee activity? What are goals specific to grantee activity? Will incorporate feedback from D/E and presenting the framework one more time and then finalize and incorporate indicators. Discussion:
 - a) Other SDDT activities need to be captured in the evaluation framework like the campaigns. Perhaps in the systems/policy.
 - b) Non-descript activities include other health-related movement in tandem like decrease in obesity. It is important to account for other changes in SF that improve health and reduce health inequities.
 - c) Specifically need to understand how we are impacting economic opportunity as a social determinant of health. Need a few standardized questions for city and cbo. Ex. How many people from impacted communities was hired to implement the work? At what level were they hired? FTE? Stipend? Part-time?
 - d) Self-report – ask city agencies if money was used in alignment with the SDDTAC principles. Likert scale and ask to elaborate.



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- e) Looking at immediate and intermediate outcomes. Make sure that the questions indicate timeframe because funds may be used to plant the seed but there needs to be something within the questioning that pushes the agencies to explain if you're not seeing results right away, why, and when should we see results? Self-report allows to paint a rosier picture than it should be. SDDTAC knows it takes time but give space to be honest.
- f) Add outcome question – after 6 months or 1 year, is anyone better off? Who? Repeat. Ask process questions on steps taken to amend strategies. Add a time component to each of the process and outcome questions. Track how the pieces are moving throughout the grant. 3-5 years.
- g) Consider adding questions for newer agencies to account for a ramp up period. If year 1, year 2 and they just started hiring people, or contracts took forever to get through, there needs to be built in pilot phase of 6 months or so and then start requiring data. This seems reasonable and dependent on the agency. The RFP states you don't have to be a HEAL expert to do this work. We can help with content. They will need more hands-on support, so we need to build in that ramp up time and make sure it is reflected in their workplan.
- h) One of first activities once grant is awarded is a phone interview to ask about eval capacity. Review workplan to understand when they expect to see results for what they are proposing.
- i) Theoretical example – additional effects – funding doesn't directly improve health and equity. Does it need to loop to something else? Was there an increased distribution of funds for pops in need? Were they able to successfully pursue the funds? Were they able to increase capacity with increased funding? When money is distributed to communities affected, it can improve health. The Funding box on the chart is confusing. It looks like a direct correlation, despite the legend on top. Needs a companion doc with eval questions.
- j) Harder meeting with Christina tomorrow to review survey for city agencies to understand the types of populations impacted by the funds, process for how the funds were administered, if they know it was from SDDT. Asking types of people impacted and process the funds were used.
- k) At Community Input, Harder + Co. will share the RFP process feedback survey.

Next steps:

1. D/E will have 2 weeks for further comments/questions.
2. DPH and Harder need to create formal check in on evaluation to revisit the framework/design if it's not getting the information we need. Catch problems early. Set up weekly meeting in the beginning.
3. August – Harder to come back to D/E with tool for all funded agencies (city/cbo) getting funding in 19/20
4. 2 weeks, D/E will send more feedback/questions. Review eval tool in August.

6) **Housekeeping** [discussion and possible action]

- a) Update on meeting with Mayor's Office to discuss collaboration on PR campaign - [discussion and
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possible action] – Jonathan has a call with Andrea Bruss today to set up a meeting time. Discussed the mayor’s omission of any mention of SDDTAC in press release and her vacant Health Policy Advisor. Need to develop plan to respond to Mayor’s proposal and understand her agenda and how it aligns with the SDDTAC. Discussed importance to have these conversations with MO so SDDTAC can be prepared in future. SDDTAC could use social media to deliver our message. SDDTAC can communicate to press or social media. Mayor’s allocations are mostly aligned, we’re proud of the work, the differences are the mayor’s prerogative. Look forward to continuing this work. Can’t change the mayor’s mind. But imp to share the process to increase awareness to public of the process.

- b) July D/E subcommittee meeting recess – [action] – D/E will meet on July 10.
 - c) Updates from Infrastructure/Community Input subcommittees [discussion]
 - i) Infrastructure – public engagement tool. Activate community gatekeepers
 - ii) Community input – Harder will share the RFP process survey tool. D/E want to look at questions. Staff will send revised questions after CI reviews.
 - d) OCOF follow-up. Progress on draft letter for potential champions; list to sign up for meetings with champions. [discussion and possible action] – Jonathan and Saeeda will meet mid-July to revisit champions. Landon dickey quit.
- 7) **Expert Speaker recommendations** – [discussion and action] Subcommittees need to recommend d 1-2 speakers to co-chairs to present at the full committee. Guest speakers would have 15 minutes on the agenda: 5-10-minute presentation and ~5 min Q/A.
Joi motioned to nominate Emma Sanchez, Jim Krieger, and Priya Fielding-Singh.
- 8) **Emma can talk about PA in school settings and may be interesting given the Mayor’s prioritizing of PA.**
Good to learn what RPD efforts are in schools. Jim is chair of the Seattle soda tax committee and leads national soda tax efforts. Jim could offer practical strategies. Priya is a sociologist and Stanford researcher who has studied health disparities across gender, race, and socioeconomic status. She is not available until November or December. Joi motioned to move forward with Emma, Jim and Priya. Saeeda seconded the motion. All voted in favor. The motion passed.
- 9) **Subcommittee membership** – [Action]
Vote on official members of D/E subcommittee. At May meeting, motion to approve: Jonathan, Roberto, Joi, Irene and Saeeda as official D/E members. Rita serves on two subcommittees and would be unofficial member of D/E. D/E would vote on this motion. Joi motioned to approve the motion. Saeeda second. All in favor.
- 10) **Data and Evidence Subcommittee Presentation: Physical Activity** [Discussion] Saeeda presented Emma Sanchez’s work. While her focus may be on schools, she uses a holistic approach through her work, recognizing that it’s the community that supports the dynamics for PA opportunities.
- 11) **Future Agenda Items** [Discussion and possible action]
July – review RFP process survey tool, evaluation framework
- 12) **Adjournment** – Joi motioned to adjourn the meeting. Saeeda seconded the motion. The meeting was adjourned at 12:01 pm.



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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.

The Brown Act forbids a Committee from taking action or discussing any item not appearing on the posted agenda, including those items raised at Public Comment. In response to public comment on an item that is not on the agenda, the Committee is limited to:

- 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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they have been adopted by the Family Violence Council/Mayor's Task Force on Anti-Human Trafficking. Assistance in additional languages may be honored whenever possible. To request assistance with these services please contact the Minouche Kandel 415-252-3203, or minouche.kandel@sfgov.org at least 48 hours in advance of the meeting. Late requests will be honored if possible.

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Family Violence Council meetings are held in room 617 at 400 McAllister Street in San Francisco. This building is accessible to persons using wheelchairs and other assistive mobility devices.

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Comparison between SDDTAC Recommendations and Mayor's Allocations FY18-19

Item	SDDTAC Rx Amount	SDDTAC Rx %	SDDTAC Rx Agency	Mayor's Budget	% of Mayor's Budget	Mayor's Proposed Agency	Variance
Community-Based Grants	\$4,680,000	45% (7% school-based)	DPH/CHEP	\$3,817,000		DPH	
				\$728,000	7%	SFUSD via DCYF	
					\$4,545,000	44%	Total
School Food, Nutrition Education, Student Led Action	\$1,000,000	15%	SFUSD	\$1,500,000	14%	SFUSD via DCYF	\$0
	\$500,000		SFUSD			SFUSD via DCYF	
Food Access	\$1,000,000	9.6%	DPH	\$1,035,000	10%	DPH	\$35,000
Healthy Retail SF	\$150,000	1.40%	OEWD	\$150,000	1%	OEWD	\$0
Oral Health	\$1,000,000	10.0% (5.5% school-based)	DPH	\$550,000	5%	SFUSD via DCYF	
				\$450,000	4%	DPH	
					\$1,000,000	10%	Total
Infrastructure	\$1,000,000	10%	DPH/CHEP	\$800,000	8%	DPH	-\$200,000
Water Access - SFUSD	\$300,000	4% (3% school-based)	SFUSD	\$450,000	4%	SFUSD via DCYF	\$0
Water Access - Public Spaces	\$150,000		PUC/DPH				
SF Recreation & Parks	\$520,000	5%	RPD	\$520,000	5%		\$0
HOPE SF Peer Enhancements	\$0	N/A	N/A	\$400,000	4%	DPH	\$400,000
Total	\$10,300,000	100.0%		\$10,400,000	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 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%	



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	Budget Descriptions
COMMUNITY-BASED GRANTS	<p>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:</p> <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
Health education, food security, physical activity	
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.



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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	
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>



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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: 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.