



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***

MINUTES
April 10, 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**

The meeting was called to order at 10:13 am.

Present: Jonathan Butler, Roberto Vargas, Saeeda Hafiz, Irene Hilton

Guests: Vanessa Lieu, Simone Combs

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

Roberto motioned to approve the February and March meeting minutes. Saeeda seconded the motion. The minutes were approved.

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

Roberto moved to approve agenda. Saeeda second. Agenda approved.

4. **General Public Comment** – there was no general public comment.

5. **Guest Speaker: Simone Combs, Senior Analyst, Our Children Our Families (OCOF)** – [Discussion]

Saeeda introduced context for Simone and the purpose of D/E subcommittee. Simone and Saeeda have been connected because SFUSD is building its strategic plan after OCOF's to be in alignment with the city's plan. She invited Simone to talk about their progress and share her understanding of the Mayor's priorities.

Simone shared an overview of OCOF Council and its outcomes framework, including their 5 overarching goals and 19 quantifiable measures. The OCOF Council is a collective impact model charged with coordinating across city, school district and community systems and is co-chaired by mayor and the superintendent. There are three buckets of work (data and research, systems coordination, policy) to address the 19 outcomes and 5 goals. [Read the Outcomes Framework Summary to see targets.](#)

Training and capacity building component to focus on training workforce to have skills and competencies to serve all children youth and families. Internal staff project goes live this month to inventory all publicly funded services geared for services for 0-24+ year-olds. One challenge is to



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connect people with services, and this would help fill that gap.

Goal C indicators should be of interest to SDDTAC. All these are quantifiable measures and have data sources.

Goal C: Children, youth and families, esp. those most in need, are physically, emotionally and mentally healthy		
Goal	Indicator	Data Source(s)
C1	Healthy births	DPH for SF, CA, US
C2	Healthy bodies	SFUSD FitnessGRAM 5, 7, 9 in SFUSD. Not population level indicator.
C3	Oral health	kindergarteners - SFUSD and DPH
C4	Mental wellbeing	CHKS and YRBS, culture climate survey
C5	Caring adult	CHKS and YRBS, culture climate survey

Data analysis and outcomes working group started in January 2017 to look at baseline and trend analysis. They looked at race/ethnicity/gender/income data that was readily available. As a city, we want every child, youth and family and esp. those most in need to meet OCOF's 19 standards.

In May 2018, OCOF Council approved the final targets and OCOF staff are now focused on implementation to affect population level change. How? OCOF joins existing spaces (ex. CavityFreeSF has adopted oral health target in strategic plan); and OCOF will convene when there are spaces/measures without cross-sector action planning.

Discussion -

Q. Does prop C generate new money and if so, how much?

A. DCYF pulls a lot from prop C from Children's Fund, but not sure how much. Simone will find out and report back to D/E via Saeeda.

Q2. Does OCOF fund new research or just reviewing existing research?

A2. OCOF's focus is on implementation. The data workgroup will come in to support implementation.

Q3. Is policy around imagining policy change or advocating around which policies are supportive of getting to OCOF objectives? SDDTAC has made recommendations that are a nexus between data and research and community identified need and community-supported recommendations. Would OCOF take a position to support those recommendations or is that beyond policy scope of OCOF?

A3 – As staff to the OCOF Council, Simone would like to see a broad approach to policy and be flexible to support/sign on to existing efforts. Having a 42-member body sign on could be helpful to policy efforts. The OCOF Director will be back mid-May, so the conversations will resume, but may take a couple months to figure out how they see themselves in policy space. Possible to have sign on by next set of recommendations. Can send info to prime them now.

Q4. Are there any OCOF Council champions that SDDTAC should focus on?

A4. Allen Nance, Ingrid Mezquita (OECE director), Kevin Truitt, Landon Dickey, Jill Hoogendyk, Myong Leigh, Brent Stephens, Meenoo Yashar, Phil Halperin, and Jenny Lam, Mayor's liaison on education and



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policy, children, youth and families. Appointed by mayor on the school board, similar to Hydra Mendoza’s role.

OCOF takeaways:

- (1) Request OCOF to potentially support the SDDTAC 19-20 recommendations.
- (2) Create a document illustrating the alignment between SDDTAC recommendations with OCOF's measures of success.
- (3) Contact champions of OCOF council members. SDDTAC to write a letter to potential OCOF champions for their buy-in.

6. Data and Evidence Housekeeping -

- a. No update on Mawuli progress to discuss collaboration of PR campaign with Mayor’s office. Jonathan will connect with SPUR. Subcommittee discussed concern that it is taking so long to get funds out. We need the campaigns. ex. SFUSD hired a dedicated nurse through SDDT funds and is doubling the number of low-income schools receiving sealants.
- b. D/E presentation assignments – Send article and slides/bullets 1 week prior to D/E meeting to Marianne.

Topic	Committee Member	Month
Oral Health	Irene Hilton	April
Increasing Water Consumption	Roberto Vargas	May
Physical Activity	Saeeda Hafiz	June
Community-Based Participatory Research	Jonathan Butler	August
Decreasing Consumption of SSB (or another topic)	Rita Nguyen	September
Healthy eating/food security	Joi Jackson-Morgan	October

7. **Discuss experts/guest speakers** – This discussion will include guest speakers for the subcommittee as well as full SDDTAC meetings. Infrastructure subcommittee will compile the list and calendar guests for full SDDTAC meetings. [discussion and action]
Infrastructure recommended Laura present to D/E, but after discussion, D/E will make recommendation for Laura to present at full committee.

Subcommittee	Full committee
Emma Sanchez - professor and PA	Laura Schmidt – Jonathan to follow up with Laura on other presentation topics
Susan Zieff - SFSU professor of Kinesiology	
Priya - MS connect with Lyra	



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8. **Data and Evidence Subcommittee Presentation: Oral Health** [Discussion]

Irene Hilton presented on two articles:

- a. *Awareness Among US Adults of Dental Sealants for Caries Prevention* discussed a survey that found that 55% of parents of kids 0-18 years old knew what sealants were. Application of sealants requires parental consent and low-income, less educated, parents of color were more likely to not know what sealants are. African American parents are least likely to sign consent forms. Discussion: A lot more parent education needs to be done about the effectiveness of sealants as an evidence-based strategy to prevent dental decay among youth.
- b. *Tobacco industry involvement in children's sugary drinks market* discussed the tobacco industry's efforts to purchase food brands to diversify their portfolios and how they targeted kids for brands that originally intended to target adults. Marketing is pervasive and powerful. Discussion: Need to get media campaigns on impact/storytelling ASAP.

9. **Data and Evidence Workplan for March-July 2019** [discussion and possible action] – 10 min

Add subcommittee presentations to the workplan

10. **Adjournment** – Irene motioned to adjourn the meeting. Saeeda seconded the motion. The meeting was adjourned at 12:05 pm.

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.

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Mayor's Task Force on Anti-Human Trafficking meetings are held in Room 305 at City Hall, 1 Dr. Carlton B. Goodlett

Place in San Francisco. City Hall is accessible to persons using wheelchairs and other assistive mobility devices. Ramps are available at the Grove, Van Ness and McAllister entrances.

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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
CBOs working with SFUSD	<p>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.</p>
Media	<p>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 storytelling campaigns and guidance from the Infrastructure Subcommittee on the merchant focused campaign.</p>
Community engagement	<p>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.</p>



San Francisco Department of Public Health

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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	



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<p>DPH Infrastructure</p>	<p>A. Personnel 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 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. 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 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 C. Materials/Supplies for meetings and printing costs D. Training to support staff development E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>
<p>Strategic planning</p>	<p>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</p>
<p>Evaluation</p>	<p>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</p>
<p>WATER ACCESS</p>	
<p>Water Access - SFUSD</p>	<p>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.</p>



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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	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.