



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

May 8, 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 10:06 am. Jonathan Butler, Roberto Vargas, Joi Jackson-Morgan and Michelle Kirian were present.

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

Joi motioned to approve minutes. Roberto seconded the motion. The April 10th minutes were approved.

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

Staff asked to add subcommittee membership to agenda item 5. Roberto moved to approve the agenda with the edit. Joi seconded the motion. The agenda was approved.

4) **General Public Comment** – There was no public comment.

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

- a) Update on meeting with Mayor's Office to discuss collaboration on PR campaign – Jonathan has reached out to Mawuli and still not received a response. The subcommittee members discussed the ask for Mayor's office to partner with SDDTAC to use whatever resources at their disposal to get the word out. For example: a press release to alert the public to harms of SSB and benefits of the tax impact. Jonathan may change his approach and reach out to other folks.
 - i) D/E expert/guest speaker list – Jonathan will get an update of specific topics from Laura Schmidt. Laura wanted to discuss updates regarding the state legislation for soda tax and impact for local legislation. Laura advises nationally around SSB policies including instituting policies for hospitals/large institutions. (UCSF, the 2nd largest employer in SF, adopted SSB policy across its 19 campuses to not sell SSB); Institutional policy or policy at municipal state or federal level. Joi



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would like to hear Laura talk about how to change hospital policy or large institutions. Jonathan will get list of topics by end of day from Laura.

ii) Infrastructure is developing a form/process for requesting speakers.

b) June 12 D/E presentation: Saeeda, physical activity

c) Updates from Infrastructure/Community Input subcommittees –

i) Community Input is thinking about a grantee showcase this fall to do some PR about the work that is being funded and to engage with the communities so they are aware of the changes that will be coming to their communities. They also talked with Harder about process evaluation for the RFP process via a survey and conducting focus groups at existing coalition meetings after the RFP proposals have been submitted and before funding notifications are out.

(1) The committee discussed what kind of capacity building support can be done before RFP is released to inform and prepare community groups as they prepare to apply. Staff can send webinars, resources, resources on YouTube. Can the SDDTAC engage community through social media?

ii) Infrastructure – identify 1-2 speakers before November. November/December reserve time for recommendations. July recess. Add to next June agenda and email to Jonathan and Marianne with other potential speakers.

d) **Subcommittee membership** – propose official members: Jonathan, Roberto, Joi, Irene, Saeeda. Rita serves on two subcommittees and would be unofficial member of D/E. Attendance at subcommittee level is not mandatory. Committee members discussed the point of distinguishing between official and unofficial members. If an unofficial member, attending won't contribute to quorum. Add to June agenda for a vote.

6) **Working session: follow-up from April 10 OCOF Conversation** [discussion and possible action] D/E identified tasks from the 4/10 D/E meeting: 1) Document alignment between SDDTAC recommendations and OCOF's measures of success; 2) Draft a letter to potential OCOF champions for their buy-in. Saeeda started the conversation and has worked with OCOF. Not sure what progress she has made. Identify OCOF champions. In the minutes from last meeting, Simone identified the following potential champions. Committee members discussed who would be interested in attending the meetings:

- | | |
|---|-------------------------|
| (1) Allen Nance – Roberto, Joi | (6) Myong Leigh |
| (2) Ingrid Mezquita – Joi knows she is on board. Roberto, Joi | (7) Brent Stephens |
| (3) Kevin Truitt is retiring soon | (8) Meenoo Yashar |
| (4) Landon Dickey | (9) Phil Halperin - Joi |
| (5) Jill Hoogendyk | (10) Jenny Lam |
| | (11) Vincent Matthews |

Develop strategy and wait on implementation until their new director is on board. Saeeda and Jonathan can work on the matrix and the letters and bring that back to the subcommittee.

Jonathan will work with Saeeda to draft the letter and start scheduling meetings and anyone on the subcommittee can join. Frame: we'd like to get to know your role with OCOF and share a little more



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about what we're doing with SDDTAC and in the future when you get a new director, we'd like to engage with you for a more official endorsement of recommendations. Keep it informational.

Next steps: 1) Create a list with meeting times and folks can sign up to participate; 2) Draft a letter; 3) Begin working on an alignment grid.

7) **Data and Evidence Subcommittee Presentation: Water Equity** [Discussion] Roberto presented learnings on two articles:

- a) Lawman, HG, Lofton, X., Grossman, S., Root, M., Perez, M., Tasian, G., Patel, A. A randomized trial of a multi-level intervention to increase water access and appeal in community recreation centers. [Contemp clin trials](#). 2019 apr;79:14-20. Doi: 10.1016/j.cct.2019.02.003. Epub 2019 feb 13.
 - i) One fifth of us children and young adults report no water intake on a given day, and they consumed nearly twice the calories from SSB as those who took water, and they exceeded the recommended 10% of total calories from added sugar.
 - ii) Increase water access and appeal in community recreation centers – Dr. Patel is part of evaluating Hydrate Philly intervention. Can't say definitively that research suggests that adding hydration stations in public spaces will increase consumption of water. But can point to evidence in meal and school settings. Baseline data only. Will learn and follow up in Philly and in Bay Area this summer whether in community-based settings the multi-level approach of policy and increased access makes a difference in consumption of water and SSB. Comparison sites where there is no SSB policy yet.
- b) Rosinger AY, Bethancourt H, Francis LA. Association of Caloric Intake from Sugar-sweetened Beverages with Water Intake Among US Children and Young Adults in the 2011-2016 National Health and Nutrition Examination Survey. *JAMA Pediatr*. Published online April 22, 2019. Doi:10.1001/jamapediatrics.2019.0693
 - i) Looked exclusively at children and young adults' consumption, but not at parent consumption. Interesting that in the table that no water intake – prevalence of no water intake is even high among non-Hispanic white, blacks, Hispanic. Lowest in Asian. Children of immigrant parents are passed down the fear of safety of tap water. Even if they are American born, if their parents are immigrants, this needs to be taken into consideration. Roberto – ask Anisha to share with D/E f/u. invite Anisha as expert speaker once the follow-up has happened to share preliminary data presentation.

8) **Future Agenda Items** [Discussion and possible action] – 5 min

- a) June – vote on subcommittee membership
- b) Speaker list
- c) PA presentation – Saeeda
- d) Update on OCOF f/u. review draft letter for potential champions. List to sign up for meetings with champions.

9) **Adjournment**



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Joi motioned to adjourn. Roberto seconded the motion. The meeting was adjourned at 11:30 am.

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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LANGUAGE ACCESS

SFDPH | 101 Grove Street, Room 308, San Francisco, CA 94102



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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
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.