



# 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)*

### NOTES

**April 14, 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**

Present: Abby Cabrera, Maureen Guerrero, Saeeda Hafiz, Irene Hilton, Diana Lau

Absent: Maysha Bell, Marna Armstead

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

Irene motions to approve minutes. Abby seconds. 1 abstention. Minutes are approved.

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

Irene motions to approve agenda. Abby seconds. Agenda is approved.

##### 4) **General Public Comment**- [discussion] - No Public Comment

##### 5) **New Member Introductions** [discussion]

Saeeda asks new members to state names, positions and workplace and data point that has inspired or impacted them.

Saeeda Hafiz, SFUSD, Wellness Policy Project Manager. Data points: if we look at school across the US, currently 50% of students of color and 50% of white students, beginning to look like a multicultural nation. If we don't do something to change our habits, students of color will get type 2 diabetes.

Irene – Dentist, has been with DPH for 32 years, native San Franciscan, clinician and at Silver Avenue Health Center, also works in Palo Alto; identifies as La Raza; worked previously at Chinatown Public Health Clinic and Native American Health Center. Role is to remind people that people have teeth and oral health cuts across everybody and every place. Teeth has the direct correlation to sugar sweetened beverages. She shared slide regarding kindergarten who experience caries.



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Diana Lau – nurse educator. There are language disparities between different groups and specifically the Asian community due to different Asian subgroups. Language is the foundation to healthcare, and it has been her passion. Previously worked at the Immigrant Rights Coalition and completed UCSF School of Nursing Doctoral Program then with the Asian Health Institute of UCSF since 2012. Work is mainly with Asian Community; focus has been on Asian community looking at disparities and facilitating research with participants; conducted research and managed programs with NIH. Data point – 3 major groups that have least COVID vaccination rates: Asians, Black/African-American and Latinx.

Abby – Project Manager at UCSF Center of Excellence of Primary Care, overseeing 7 research projects; 10 sites, 8 within health network and clinic consortium. Focus areas are COPD and sleep apnea; working with Lucille Packard collecting survey to go national for children with special healthcare needs. Very big policy advocate; Previously employed in Philadelphia hospital and involved with the hospital mandated community health needs assessment; involved with coalitions to advocate on soda tax in Philadelphia. In addition, Abby is the project manager for patient community advisory board for COVID 19 and works with CBOs. Data point – in high school: each high school year that is completed your overall health improves by 50%. Data point: blood clots from J&J COVID vaccine when there are much higher blood clot rates from cigarettes and birth control.

Maureen – Director of Service at YMCA, focusing on case management, housing, employment, and financial literacy. Currently in the Mills College public policy program. Data point – in SF the annual income is \$16,000/year for those who live in public housing and average income in SF is \$80K.

Christina – works with DPH for almost 22 years and manages chronic disease program, focusing on healthy eating and active living. She has been involved in soda tax work since day 1, adapted Alameda County soda free summer campaign to SF and Bay Area and was the launch pad for SF soda tax work. Also activated to do COVID work. Data point – Racism isn't getting worse but rather getting filmed. Grateful to be here.

Melinda – employed with DPH since 2019 on soda tax work; previously employed by DPH doing youth work in the Bayview. Background working with community health centers focusing on API communities. Data Point – the lack of disaggregation of API data.

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

Staff shares that the SDDTAC annual report has been sent to the Mayor's Office and has reached out to the DPH government relations staff to send report to the Board of Supervisors. Currently seat 15 – SFUSD Parent Advisory Council (PAC) seat is vacant, and staff is working with the PAC to fill the seat.

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

Staff provides high level overview of Data and Evidence work plan. The data report and evaluation report, both provide background and evidence for annual report submissions. Sales data is included as part of data



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report, UCSF analyzes sales data for DPH. Member asks if the dissemination of data is a charge of the data and evidence subcommittee. Saeeda responds that before anything is disseminated, it has to be presented to the SDDTAC and voted on and data is shared with other cities and can be done via town halls. Member notes that town halls have been conducted in the past, as well as each SDDTAC member has been surveyed on how each member liaises and accepts feedback and suggestions from the constituency of each seat that is represented. We each have to have our own strategy on how information is shared. Most co-chairs also do the work of sharing of information. Member adds that it is important to share soda tax data that has been collected, as it is owed to the community to give them a report back when we have the data and best use of data is sharing with public to use to educate them. One of the things we can do is, more of a regular reporting when important media from respective communities to be involved. Hopefully this year there will be some catch up and education to inform to drive policy work in that manner. Bad data is missing data and data should be representative of the communities. Member noted that DPH transitioned to EPIC data system in 2019, the challenge has been it's been its limitations and not able to analyze data due to activation. Member added that backbone staff work with outside contractors to support community engagement work and marketing campaigns. Member shares that initially committee wanted to brand the funding, but since the soda tax funds goes to the general fund and not specifically on soda tax it was difficult to do so. Staff shared that DPH did get clearance to do so, and its branding has evolved.

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

Member shares the current research categories that the data and evidence subcommittee has focused on. She adds that there can be others topic areas added here and to look at other categories that were included since Raimi & Associates has been working with the SDDTAC. Member clarifies if the tax is also collected from grocery stores. Member responds that the sugary drink tax is a distributor tax, that the first point of distributor who get taxed. Staff adds that the tax collector tries to capture every retail location and data purchased from IRI, data collector that gets data from stores, it does not collect data from corner stores because they don't have an agreement to collect the data. Data comes from grocery stores, drug stores, Home Depot, and stores alike, however no data is collected from Costco and smaller stores. Kris Madsen is part of the Bay Area Evidence Team who collects data on pricing and availability, where sugary drinks are and DPH gets a snapshot of data from Kris' work. We are lucky to partner with the bay area evidence team and that has been a collaboration between Stanford, UC Berkeley, and UCSF, and they have put out a number of papers on SF, Oakland, Berkeley soda tax and sales.

Member suggests adding a category of COVID impacts on chronic disease prevention and to also include literature not only from journals but from health blogs and op-eds as well. Abby will consider leading the work of data collection/literature and will be a living document. Member notes that the SSB listserv has been helpful to look at the work that has been done locally and internationally. Member adds that there has been some literature how on Oakland's soda tax is redirecting their funds.

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

Saeeda shares what the data and evidence subcommittee has been tasked to do in respect to healthcare and pipeline programs. There is evidence to support this work and have had a presentation from Don Woodson



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from UCSF for high school students pipeline programs with a focus on equity. Would like to identify when Don Woodson could come to present for the SDDTAC. Member shares that the work is exciting especially with knowing the disparities between underserved populations, the lack of focused programs for these communities and how to incorporate the learning of the effects of SSB and putting the idea of going into the workforce and mitigate the impacts for the long term.

### 10) **Agenda items for Next Meeting** [discussion and possible action]

- Revisit Literature Database
- Healthcare/Pipeline Programs
- Data and Evidence workplan
- Review definition of Data & Evidence subcommittee
- Invite former members: Roberto, Joi, and Jonathan to share their perspectives of their work; to address full subcommittee tips or guidance

### 11) **Public Comment** – No Public Comment

### 12) **Adjournment**

Abby motions to adjourn. Diana seconds. Meeting is adjourned at 11:57pm.

### **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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### **DISABILITY ACCESS**

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 FY19-20

Item	SDDTAC Rx Amount	SDDTAC Rx %	SDDTAC Rx Agency	Mayor's Budget	% of Mayor's Budget	Mayor's Proposed Agency	Variance
Community-Based Grants	\$4,290,000	41.25%	DPH/CHEP	\$2,995,000	26.76%	DPH	
				\$300,000	2.68%	SFUSD via DCYF	
			Comm Engag	\$50,000	.45%	Total	-\$345,000
School Food, Nutrition Education, Student Led Action	\$1,000,000	14.42%	SFUSD	\$1,500,000	14%	SFUSD via DCYF	\$0
	\$500,000		SFUSD	\$500,000		SFUSD via DCYF	
Food Access	\$1,000,000	9.62%	DPH	\$1,000,000	10%	DPH	\$35,000
Healthy Retail SF	\$150,000	1.44%	OEWD	\$150,000	1%	OEWD	\$0
Oral Health	\$1,000,000	9.62%	DPH – Task Force	\$450,000	4.02%	SFUSD via DCYF	
			Sealant Pgm	\$450,000	3.13%	DPH	
			Edu/Case Mg	\$200,000	1.79%	Total	\$0
Infrastructure	\$1,000,000	11.92%	DPH/CHEP	\$1,000,000	8%	DPH	-\$240,000
Water Access - SFUSD	\$0	2.88%	SFUSD	\$0	0%	SFUSD via DCYF	\$0
Water Access - Public Spaces	\$300,000		PUC/DPH	\$300,000	2.68%		
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%	DPH	\$400,000
<b>Total</b>	<b>\$10,400,000</b>	<b>100.0%</b>		<b>\$11,190,000</b>	<b>100%</b>		



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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
<b>COMMUNITY-BASED GRANTS</b>					
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
<b>TOTAL COMMUNITY BASED GRANTS</b>	<b>\$3,800,000</b>	<b>40%</b>	<b>\$3,800,000</b>	<b>34.86%</b>	
<b>SFUSD</b>					
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
<b>TOTAL SFUSD</b>	<b>\$1,500,000</b>	<b>15.79%</b>	<b>\$1,650,000</b>	<b>15.14%</b>	
<b>FOOD ACCESS</b>					
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
<b>TOTAL FOOD ACCESS</b>	<b>\$1,250,000</b>	<b>14.21%</b>	<b>\$1,650,000</b>	<b>15.14%</b>	
<b>ORAL HEALTH</b>					
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
<b>TOTAL ORAL HEALTH</b>	<b>\$1,000,000</b>	<b>10.53%</b>	<b>\$1,000,000</b>	<b>9.17%</b>	
<b>INFRASTRUCTURE</b>					
DPH Infrastructure	\$800,000	8.42%	\$450,000	4.13%	DPH/CHEP
<b>TOTAL INFRASTRUCTURE</b>	<b>\$800,000</b>	<b>8.42%</b>	<b>\$450,000</b>	<b>4.13%</b>	
<b>WATER ACCESS</b>					
Water Access - SFUSD	-	-	\$400,000	3.67%	SFUSD via DCYF
Water Access - Public Spaces	\$95,000	1%	-	-	PUC via RPD
<b>TOTAL WATER ACCESS</b>	<b>\$95,000</b>	<b>1%</b>	<b>\$400,000</b>	<b>3.67%</b>	
<b>SF RECREATION &amp; PARKS</b>					
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
<b>TOTAL SF RECREATION &amp; PARKS</b>	<b>\$780,000</b>	<b>8.21%</b>	<b>\$1,775,000</b>	<b>16.28%</b>	
<b>BREASTFEEDING</b>	<b>\$175,000</b>	<b>1.84%</b>	<b>\$175,000</b>	<b>1.61%</b>	DPH/MCAH
<b>Total Proposed</b>	<b>\$9,500,000</b>	<b>100%</b>	<b>\$10,900,000</b>	<b>100%</b>	





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	<b>Budget Descriptions: SDDTAC recommends investing in strategies that support mental health and wellbeing and workforce pathways for impacted/priority populations.</b>
<b>COMMUNITY-BASED GRANTS</b>	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"> <li>1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health</li> <li>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)</li> <li>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.</li> <li>4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing</li> <li>5. Community Based Participatory Research</li> </ol>
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.
<b>SFUSD</b>	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.
<b>FOOD ACCESS</b>	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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<b>ORAL HEALTH</b> 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	
<b>INFRASTRUCTURE</b>          DPH Infrastructure	<p><b>A. Personnel</b></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>B. Professional services</b> 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><b>C. Materials/Supplies</b> for meetings and printing costs</p> <p><b>D. Training</b> to support staff development</p> <p><b>E. Data</b> for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>
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
<b>WATER ACCESS</b>	
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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<b>Water Access - Public Spaces</b>	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).
<b>SF RECREATION &amp; PARKS</b>	
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
<b>BREASTFEEDING</b>	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  
London N. Breed  
Mayor

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
		<b>TOTAL</b>	<b>1,157,000</b>

\*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.