



# 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

August 14, 2019

10:00 AM -12 PM

Join Zoom Meeting <https://zoom.us/j/441288199> | +1 669 900 6833  
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** – By Zoom: Diana McDonnell, Theo Leeman, Juan Chung, Saeeda Hafiz, Roberto Vargas. Present: Michelle Kirian, Irene Hilton, Joi Jackson-Morgan, Jonathan Butler, Marianne Szeto. Jonathan called the meeting to order at 10:07 am.
- 2) **Approval of Previous Meeting Minutes** - [discussion and action] –Joi motioned to approve the minutes from the July 10 meeting. Saeeda seconded the motion. The meeting minutes were approved.
- 3) **Review and Consideration of Agenda** – [discussion and action] – Joi motioned to approve the agenda. Roberto second the motion. The agenda was approved.
- 4) **General Public Comment**- [discussion] – There was no public comment.
- 5) **Harder+Company Presents Update on Evaluation Framework** – [discussion and possible action] –  
Overview: Harder+Co shared the third and final iteration of the evaluation framework along with the evaluation plan timeline and uniform measures. Discussion:
  - a) “Neighborhood context” on bottom of framework as part of other components of SDDT work that influence health outcomes. Need to be more specific about how transportation and safety impact *access* to healthy foods or healthy behaviors/activities. CBOs have shared that transportation is one of the greatest barriers to engaging residents in health promoting activities. Transportation and neighborhood context are also social determinants of health. How much of the impact categories



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have been spelled out in the RFP? Social determinants of health are not explicitly spelled out in framework.

- b) Employment is a high priority. The impacted communities need to be hired to implement the work. Otherwise it feels like folks parachuting into communities to save them. This is a SDDTAC principle and should be called out to see the impact measure. Folks from impacted communities should help lead the implementation of interventions. Beyond employment, include language to measure how deeply local folks have opportunity to lead the intervention. Consider bi-directional capacity building: we bring technical assistance, but community has many skills and expertise to teach academics about how to better engage community and address health needs of the community.
- c) Evaluation plan – framework takes overarching view; theoretical. The evaluation plan layers specific research questions and connects the framework to research activities. Currently in the field are the RFP feedback survey of orgs that did or did not apply for the community funds and the city agency survey. As community grantees get awarded funding, Harder will work with them on actual outcomes to know what outcomes we expect them to have and determine their evaluation capacity. How can Harder help them tell a bigger story?
- d) Uniform evaluation measures – use the SDDTAC principles to inform the uniform questions. They wouldn't receive funding if their proposal didn't minimally align with the SDDTAC principles. Some of these questions are already informed by their proposal. i.e. What they intend to do with funds, how it aligns with SDDTAC principles, how it addresses chronic diseases, defining priority populations.

- 1) *What did you do with the funds?*
- 2) *How many people did you reach?*
- 3) *How does use of funds align with SDDTAC principles?*
- 4) *How does use of funds address chronic diseases?*
- 5) *What health indicators are reported from individuals who benefit from grant services?*
- 6) *How did you define priority populations?*
- 7) *What evidence do you have/how are you tracking your impact?*

- (1) Health impact questions – putting a burden on orgs may be too difficult. Add questions about behavior change because they can respond to more accurately to their own knowledge.
- (2) Opportunity to ask deeper questions to identify barriers and challenges. Use the SDDTAC principles as a core question. Ex. If a principle is to build capacity and employment, ask how much capacity did you build? What are barriers to you doing this more?
- (3) Structure questions to build trust and transparency between grantor and grantee so they don't feel they need to manipulate their data on the backend. What is the communication line between grantor and grantee when things change?



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- e) Plan is for Harder to talk to grantees several times: Early on when get funded to talk about eval and Harder's role and convey that they will work with them wherever they are at to help measure things and why that is important. Harder will act as liaison to communicate and help overcome challenges. Harder should be explicit about barriers and impact on expectations and how that might have changed. Grantee convenings on the timeline – overview to all grantees to introduce them to eval team, maybe that's a time for SDDTAC to explicitly talk about goals. Provide eval training and framing about how this is a partnership to measure our impact on community's health outcomes.
- f) Build in a PDSA question for funded orgs, Harder and SDDTAC
- g) if what you proposed is not working, how are you going to change approach? Allow grantees to course-correct.
- h) What is not working with how things are being measured? How do you think we should more effectively capture the work you are doing?
- i) How do we measure impact and help build capacity of SDDTAC?
- j) If one goal is to move city's work on these priorities and improve how the city funds things, how are we measuring this?
- k) Harder's job is to figure out how the evaluation will be least burdensome for grantees as possible. Principles are priority to measure. Be cognizant of time it takes to do reporting. Harder next step – process this feedback and talk more specifically about what is required for grantees already and what is Harder's role to get that information. Meeting with backbone eval team on details next week.

### 8) Housekeeping [discussion and possible action] – 10 min

- a) SDDTAC Full Committee Meeting is August 21 at 25 Van Ness, Suite 610
- b) SDDT RFP Process to date – this item was tabled due to lack of time.
- c) Update on meeting with Mayor's Office to discuss collaboration on PR campaign – Jonathan will reschedule the meeting with MO within the next 2 weeks. Jonathan will send doodle. Meet with Mayor's communication team (Andrea Bruss and Jeff Cretan).
- d) Subcommittee Updates – Staff reminded D/E about the purpose of engagement spreadsheet. AAHEC is not active right now. RV naming centers of university that he can't vouch for the depth of expertise but reminding seat to reach out.
  - i) Infrastructure – Michelle Kim was voted Chair of Infrastructure. Will reschedule their meetings beginning September. Working on engagement spreadsheet.
  - ii) Community Input – Will review feedback from Infrastructure on framework for engagement tool (engagement spreadsheet); discussing SDDT showcase. Next meeting August 14 from 4-5 at 25 Van Ness, room 70.
  - iii) Media – Design Charrette on August 14 from 5-7 at 25 Van Ness, room 70.



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- 9) **Draft Data Report** – [discussion] – 30 min – Michelle Kirian presented draft data report and used the May report as the template. Michelle’s focus was on new data or data directly relevant to the work like consumption data. D/E walked through the changes. Red highlights – trying to get updated data. Michelle would like better understanding of what point does the tax get paid? Ex. Merchant buying soda from cheaper stores to circumvent the tax. Michelle is waiting on data from others. Hoping to have final data report by end of August. Highlights/questions:
- a. Minor changes to background for context. Look at the questions she posed and get back to Michelle with feedback.
  - b. Added a timeline for interventions adapted from Shape Up. Give input and other interventions that should be added so it’s not Shape Up-centric.
  - c. SSB sales data – purchased IRI data and getting analyzed. Baseline and preliminary analysis. Analysis based on IRI categories. Some categories don’t fall in line with our definition of SSB. IRI data – collected from chain stores. Need to put in perspective what it is not capturing. IRI won’t tell you who is in the subset. Ex. are 99 cent stores included? Controversial to identify locations within dataset. Against the data contract.
  - d. Data for SSB consumption among adults – 2017 CHIS added throughout but most variables that year are unstable. Chis 2017 didn’t add a lot of value due to low response.
  - e. Food environment is not updated from previous report. Variables aren’t going to change much.
    - o Food deserts – is there data on severity of food desert?
    - o Hydration stations might change. Roberto will send latest maps on water.
  - f. Oral health - Michelle will ask about sealant data. There were no sealants applied last year with SDDT funds. What are oral health taskforces measuring in terms of outcomes? Are any of their outcomes tracked in the data report? Irene will connect Michelle with Prashanti, who is managing the oral health task force work.
  - g. Michelle will add confidence level to all figures.
  - h. Mortality is not included at this time, but since low income communities have greater number of deaths due to complications from type 2 diabetes, for example, it’s helpful to include a handful of data points to represent the magnitude of mortality as a result of diet-related and physical activity related disease.
  - i. Can we link to visualizations of other factors/health behaviors that contribute to poor health outcomes? Ex. published data on local economic or education disparities to illustrate importance of this data and that it guides thinking on interventions.
  - j. Demographics data is pulled from CHNA. Michelle can add section discussing SDOH and link to that data which is already available for SF so we don’t have to keep reprinting it or updating it.
  - k. We can include Years of Life Lost stratified by race, gender, zip code.
  - l. New - Methods and limitations and contributor biographies.



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Since the evaluation and data report took more time than expected, Joi motioned to table agenda items 6, 8 and 9 for next month with exception of 6c. Saeeda seconded the motion to debrief the evaluation agenda item. All voted in favor. The motion was approved.

- 10) **OCOF follow-up** – [discussion and possible action] – 10 min – This item was tabled for future meeting.
- 11) **Debrief on evaluation framework/plan** –  
Progress on evaluation feels too slow and this should be communicated to Harder. D/E anticipated looking at more specific evaluation questions during this meeting, but too much time spent on a framework and the feedback from D/E’s June meeting are not reflected in the framework. Needs more detail to the “other” influences OR drop vague language and move on. Harder’s proposal was strong on CBPR. Jonathan will forward the CBPR framework that he was going to discuss (Kahnawake schools diabetes prevention project) to Harder. If their strength is CBPR, then the framework should reflect that.  
  
Michelle has a bigger framework that includes all the things that might affect intended outcomes: governance, tax collector, is it being allocated from MO to this work, legitimacy in population of the tax and tax from industry, price change mechanism, funding and will share with the group.
- 12) **Data and Evidence Subcommittee Presentation: Community-Based Participatory Research [Discussion]** – 20 min – This presentation was tabled for future meeting.
- 13) **Agenda items for September 18 D/E Meeting** [Discussion and possible action]. OCOF follow-up and CBPR presentation.
- 14) **Adjournment** - Joi motioned to adjourn the meeting. Irene seconded the motion. The meeting was adjourned at 12:11 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.

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- Briefly responding to statements made or questions posed by members of the public, or
- Requesting staff to report back on a matter at a subsequent meeting, or
- Directing staff to place the item on a future agenda. (Government Code Section 54954.2(a).) 10.

Each action item will hold public comment before a vote is made.

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

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