



# San Francisco Department of Public Health

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Director of Health

City and County of San Francisco  
London N. Breed  
Mayor

## Sugary Drinks Distributor Tax Advisory Committee Infrastructure Subcommittee

### DRAFT MEETING NOTES

April 3, 2019  
3:45 – 5:15 PM  
25 Van Ness Ave, Suite 710

\*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 [discussion and action]  
Rita Nguyen agrees to chair this meeting, Roberto Vargas, Derik Aoki, Linda Barnard, Jorge Rivas,  
Absent: Michelle Kim
2. Approval of March Meeting Minutes [discussion and action]  
Roberto motions to approve; Rita seconds. Motion passes with one abstention.
3. Approval of Agenda- [discussion and action]  
Shift agenda item 5 after 6.  
Roberto motions to approve with changes; Derik seconds. Unanimous approval.
4. General Public Comment - NONE
5. House Keeping [discussion and possible action]
  - a. Select new subcommittee chair – Linda nominates Rita. Roberto seconds. Motion passes unanimously. Jorge will serve as alternate.
  - b. Meeting times- need to shift meeting time to accommodate Derik. Christina to send out doodle for new meeting times.
6. Media Campaigns [discussion and possible action]
  - a. 510 Media proposal  
Marianne Szeto shared update on media. DPH met with 510 in January to share what SDDTAC goals: community level storytelling to describe impact of campaign and retailer support campaign – Small Tax Big Benefit (STBB).

She shared staff recommendations from 510 media on next steps.

Staff recommendations on 510 proposal for retailer campaign:

1. Move forward with revisions to the STBB 2.0 (merchant campaign) proposal:
  - a. Reduce budget from \$349,175 to **\$149,175**
  - b. Phase 1: reduce the number of placements (from 10 to 3 in alignment with those who have graduated from HealthyRetailSF program?)
  - c. Phase 2.1: reduce the number of merchants for digital merchant survey (from 10 to 3, as described above)
  - d. Phase 2.2: do 1 merchant feedback session instead of 2
  - e. Phase 5: reduce this line item significantly. 510M was including budget for billboards and placements outside of the store. Staff was imagining posters, refrigeration decals, small signs near checkout lanes, etc. but all *within* the store. The savings from reducing the work in phases 1 and 2 can be applied to this line item, leaving about \$33-40K for in-store collateral materials.
2. Explore other opportunities for the community-driven story-telling campaigns  
Committee reviewed

The committee discussed the proposal, determining that a retailer level campaign that supports merchants with materials and other resources that describe how tax revenue is being used and learns how the tax is being implemented and affecting the merchants, what their experience of the tax is. It was noted that gathering merchant and consumer perspectives helpful to understand what elements of the messaging is useful and supportive.

Public Comment: Katie Ettman, SPUR: there are two main campaign areas: 1) how'd it go collecting/paying tax and effect on business. 2) How did your interactions with customers go? Maybe there 3) What materials worked – helpful, not? What about messaging? Was it supportive.

- b. Storytelling – Qs to ask vendors - TABLED
7. List of Experts for SDDTAC presentations [discussion and possible action]
  - a. D&E proposes: Dr. Laura Schmidt
  - b. Christina to Send reminder email to subcommittee chairs to identify experts.
    - i. Include any specific topics?
    - ii. Ask are there experts you would like – provide specific names or topics. And examples
    - iii. Subcommittee come up with a roster and general timing
    - iv. 10-15 minutes preso with Q&A
    - v. Have committee chair manage invite, presentation, topic
    - vi. Infrastructure will compile list of requests and help with scheduling.
  - c. Infrastructure recommendations
    - i. Media campaigns – what works, what's needed
    - ii. National trends
    - iii. Global presentation on what's happening nationally (Jim Krieger)
8. Strategic Planning Consultant [discussion and possible action]
  - a. Questions/criteria for search. Christina will send google doc out to committee for review. Ask for - 1 samples of a strategic plan they've developed – preferably in chronic disease prevention or public health. Ask one question about process. Decrease number of

questions.

- b. Christina will send questions out to potential consultants. Ask infrastructure committee if they want to review responses when received.

9. Recommendations for Funded Agency Report Backs [discussion and possible action]

- i. OEWD – healthy retail – April
- ii. DPH – infrastructure -April
- iii. DPH – HOPE SF -- May
- iv. Recreation and Parks – Peace Parks – May
- v. SFUSD – June
  1. School food/Nutrition education
  2. Student led action
  3. Water access
- vi. DPH – Healthy Food Purchasing Supplement - August
- vii. DPH - Community Based Grants - September
- viii. DPH – Oral Health - October
  1. Oral Health Task Forces
  2. Sealants

10. Discuss possible Agenda items for 4/17/19 SDDTAC Meeting [discussion and possible action]

- a. Set committee membership
- b. Storytelling campaign
- c. Limits on campaigns with respect to state campaign
- d. Discuss what restrictions are on using campaign logo
- e. Ritas engagement document

11. PUBLIC COMMENT - NONE

12. Adjourn

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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City Hall – Room 244 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4683,  
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Comparison between SDDTAC Recommendations and Mayor's Allocations FY 18-19

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	-\$135,000
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	\$0
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
<b>Total</b>	<b>\$10,300,000</b>	<b>100.0%</b>		<b>\$10,400,000</b>	<b>100%</b>		

**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.

DRAFT

**SDDTAC Recommendations FY19-20 and 20-21**

	<b>FY19-20</b>	<b>FY20-21</b>	<b>%</b>	<b>Department</b>
<b>COMMUNITY-BASED GRANTS</b>				
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
<b>TOTAL COMMUNITY BASED GRANTS</b>	<b>\$4,290,000</b>	<b>\$4,290,000</b>	<b>41%</b>	
<b>SFUSD</b>				
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF
Student Led Action	\$500,000	\$500,000		SFUSD via DCYF
<b>TOTAL SFUSD</b>	<b>\$1,500,000</b>	<b>\$1,500,000</b>	<b>14%</b>	
<b>FOOD ACCESS</b>				
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP
Healthy Retail	\$150,000	\$150,000		OEWD
<b>TOTAL FOOD ACCESS</b>	<b>\$1,150,000</b>	<b>\$1,150,000</b>	<b>11%</b>	
<b>ORAL HEALTH</b>				
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
<b>TOTAL ORAL HEALTH</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>10%</b>	
<b>INFRASTRUCTURE</b>				
DPH Infrastructure	\$1,000,000	\$1,000,000		DPH/CHEP
Strategic planning	\$40,000	\$ -		DPH/CHEP
Evaluation	\$200,000	\$200,000		DPH/CHEP
<b>TOTAL INFRASTRUCTURE</b>	<b>\$1,240,000</b>	<b>\$1,200,000</b>	<b>12%</b>	
<b>WATER ACCESS</b>				
Water Access - SFUSD	\$ -	\$340,000		PUC via RPD/DPW?
Water Access - Public Spaces	\$300,000	\$ -		PUC via RPD
<b>TOTAL WATER ACCESS</b>	<b>\$300,000</b>	<b>\$340,000</b>	<b>3%</b>	
<b>SF Recreation &amp; Parks</b>	<b>\$520,000</b>	<b>\$520,000</b>	<b>5%</b>	RPD
<b>HOPE SF Chronic Disease Equity</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>4%</b>	DPH/Behavioral Health
<b>Total Proposed</b>	<b>\$10,400,000</b>	<b>\$10,400,000</b>	<b>100%</b>	

	Budget Descriptions
<b>COMMUNITY-BASED GRANTS</b>	<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"> <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>
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.
<b>SFUSD</b>	
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.
<b>FOOD ACCESS</b>	



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.
<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>
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	<p>Additional funds for evaluation may:</p> <ul style="list-style-type: none"> <li>a. support community based participatory research (ex. street intercept, merchant interview, focus groups)</li> <li>b. develop a system to collect data</li> <li>c. expand technical assistance</li> <li>d. conduct more qualitative evaluation that can help develop stories that describe impact of tax</li> </ul>
<b>WATER ACCESS</b>	
Water Access - SFUSD	<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>
Water Access - Public Spaces	<p>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).</p>
<b>SF Recreation &amp; Parks</b>	<p>To support staffing and supplies, including healthy food, for Peace Parks programs in target populations</p>
<b>HOPE SF Chronic Disease Equity</b>	<p>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 intensify 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.</p>

\* 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.