Survey of SF SDDTAC Current and Former Members
Experience
1. In which San Francisco neighborhood(s) do you have experience working?

To see a map of SF neighborhoods, visit: [https://data.sfgov.org/Geographic-Locations-and-Boundaries/Planning-Neighborhood-Groups-Map/iacs-ws63#revert](https://data.sfgov.org/Geographic-Locations-and-Boundaries/Planning-Neighborhood-Groups-Map/iacs-ws63#revert).

<table>
<thead>
<tr>
<th>Neighborhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>City-wide focus (no specific neighborhoods)</td>
</tr>
<tr>
<td>Bayview Hunters Point</td>
</tr>
<tr>
<td>Bernal Heights</td>
</tr>
<tr>
<td>Castro/Upper Market</td>
</tr>
<tr>
<td>Chinatown</td>
</tr>
<tr>
<td>Civic Center/Tenderloin</td>
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<tr>
<td>Crocker Amazon</td>
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<tr>
<td>Diamond Heights</td>
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<tr>
<td>Excelsior</td>
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<tr>
<td>Financial District</td>
</tr>
<tr>
<td>Glen Park</td>
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<tr>
<td>Golden Gate Park</td>
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<tr>
<td>Haight Ashbury</td>
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<tr>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Inner Richmond</td>
</tr>
<tr>
<td>Inner Sunset</td>
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<tr>
<td>Lakeshore</td>
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<tr>
<td>Marina</td>
</tr>
<tr>
<td>Mission</td>
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<tr>
<td>Nob Hill</td>
</tr>
<tr>
<td>Noe Valley</td>
</tr>
<tr>
<td>North Beach</td>
</tr>
<tr>
<td>Oceanview/Merced/Ingleside</td>
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<tr>
<td>Outer Mission</td>
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<tr>
<td>Outer Richmond</td>
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<tr>
<td>Outer Sunset</td>
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<tr>
<td>Pacific Heights</td>
</tr>
<tr>
<td>Parkside</td>
</tr>
<tr>
<td>Potrero Hill</td>
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<tr>
<td>Presidio</td>
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<tr>
<td>Presidio Heights</td>
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<tr>
<td>Russian Hill</td>
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<tr>
<td>Seacliff</td>
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<tr>
<td>South of Market</td>
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<tr>
<td>Treasure Island</td>
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<tr>
<td>Twin Peaks</td>
</tr>
<tr>
<td>Visitacion Valley</td>
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<tr>
<td>West of Twin Peaks</td>
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<tr>
<td>Western Addition</td>
</tr>
<tr>
<td>None of the above</td>
</tr>
</tbody>
</table>
2. Which SDDT strategies do you have professional and/or volunteer experience implementing?

Select all that apply.

☐ 1: Build community capacity and develop leadership

☐ 2: Provide health promoting education, programs, and services
  ☐ 2.1 Related to healthy eating (including beverages)/making nutritious choices
  ☐ 2.2 Related to breastfeeding
  ☐ 2.3 Related to physical activity
  ☐ 2.4 Related to oral health
  ☐ 2.5 Related to trauma/adverse childhood experiences (ACEs)
  ☐ 2.6 Related to another health issue (please specify below)

☐ 3: Provide job readiness, skills training and career pathways

☐ 4: Expand access to healthy food, water, and oral health
  ☐ 4.1 Access to healthy food
  ☐ 4.2 Access to water
  ☐ 4.3 Access to oral health services

☐ 5: Decrease access and availability to sugary beverages

☐ 6: Increase opportunities for physical activity

☐ 7: Increase economic opportunities in priority neighborhoods

☐ 8: Increase healthy messaging related to nutrition

☐ None of the above

If you selected "2.6 Related to another health issue," please specify the other health issue(s) here.
3. Are any of the following true? Select all that apply.

I and/or members of my family or household are or have been...

☐ Lower-income (eligible to receive any income-restricted public benefit like CalFresh, free or reduced-price lunch, Medi-Cal, or Section 8, regardless of if they accessed these resources)

☐ Food insecure, meaning they have not had consistent access to enough food and to the types of food (e.g., fresh produce) needed for every person in a household to live an active and healthy life

☐ A person with a chronic health condition (for example, asthma, diabetes, heart disease)

☐ A person with a disability (including learning, intellectual, and developmental disabilities)

☐ I prefer not to say

4. Do you have additional experiences (e.g., “lived experience,” professional experience) that inform(ed) your contributions to the SDDTAC? Please describe those here.

5. How much do you agree or disagree with the following statement?

Serving on the SDDTAC has helped me strengthen my leadership skills.

☐ Strongly agree

☐ Agree

☐ Disagree

☐ Strongly disagree

☐ Not sure

☐ Not applicable (I am a new SDDTAC member)
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Demographic Information

The categories listed for race/ethnicity, gender, sex, and sexual orientation align with San Francisco Department of Public Health Policies & Procedures for Collecting, Coding, and Reporting Identity Data. To learn more, please see the files under "Category #3: Compliance" at sfdph.org/dph/comupg/knowlcol/policies/bycategory.asp.

6. How old are you?

- ☐ 14-17 years old
- ☐ 18-24 years old
- ☐ 25-49 years old
- ☐ 50-64 years old
- ☐ 65 years or older
- ☐ Prefer not to say

7. What language(s) do you speak in addition to English (if any)?

8. What is your race/ethnicity? Please select all that apply.

- ☐ Multiracial
Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent

Asian Indian
Cambodian
Chinese
Filipino/a/x
Hmong
Japanese
Laotian
Thai
Vietnamese
Another Asian ethnicity

Black/African American A person having origins in any of the black ethnic groups of Africa

African American
Caribbean African descent
African
Another Black/African American identity

Latino/a/x A person having origins in Mexico, Central America, South America, Puerto Rico, or Cuba

Mexican or Chicano/a/x
Central American
South American
Puerto Rican
Cuban
Another Latino/a/x identity

Native American A person having origins in any of the original peoples of North America, Central America, or South America
☐ American Indian

☐ Alaska Native

☐ Indígena (Mexico, Central or South America)

☐ Another Native American identity

☐ Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

☐ Guamanian or Chamorro

☐ Native Hawaiian

☐ Samoan

☐ Tongan

☐ Another Pacific Islander ethnicity

☐ White *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*

☐ Arab

☐ Middle Eastern

☐ North African

☐ Russian

☐ Another White ethnicity

☐ Prefer not to say

☐ Another race or ethnicity *(please specify)*
9. **What is your gender?**
Please select the answer that best describes your current gender identity.

- [ ] Male
- [ ] Female
- [ ] Trans Male
- [ ] Trans Female
- [ ] Genderqueer / Gender Non-binary
- [ ] Prefer not to say
- [ ] Another gender not listed (please specify)

10. **What was your sex at birth (assigned at birth)?**

- [ ] Male
- [ ] Female
- [ ] Prefer not to say

11. **How do you describe your sexual orientation or sexual identity?**

- [ ] Straight / Heterosexual
- [ ] Bisexual
- [ ] Gay / Lesbian / Same-Gender Loving
- [ ] Questioning / Unsure
- [ ] Prefer not to say
- [ ] Another sexual orientation or identity not listed (please specify)
Thank you for participating in this survey!

Make sure you click "Done" below to submit your answers.