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.

- [ ] City-wide focus (no specific neighborhoods)
- [ ] Bayview Hunters Point
- [ ] Bernal Heights
- [ ] Castro/Upper Market
- [ ] Chinatown
- [ ] Civic Center/Tenderloin
- [ ] Crocker Amazon
- [ ] Diamond Heights
- [ ] Excelsior
- [ ] Financial District
- [ ] Glen Park
- [ ] Golden Gate Park
- [ ] Haight Ashbury
- [ ] Other (please specify)

- [ ] Inner Richmond
- [ ] Inner Sunset
- [ ] Lakeshore
- [ ] Marina
- [ ] Mission
- [ ] Nob Hill
- [ ] Noe Valley
- [ ] North Beach
- [ ] Oceanview/Merced/Ingleside
- [ ] Outer Mission
- [ ] Outer Richmond
- [ ] Outer Sunset
- [ ] Pacific Heights

- [ ] Parkside
- [ ] Potrero Hill
- [ ] Presidio
- [ ] Presidio Heights
- [ ] Russian Hill
- [ ] Seacliff
- [ ] South of Market
- [ ] Treasure Island
- [ ] Twin Peaks
- [ ] Visitacion Valley
- [ ] West of Twin Peaks
- [ ] Western Addition

- [ ] None of the above

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 <u>consistent</u> 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.asphttps://www.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.