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**San Francisco
Sugary Drinks Distributor Tax Advisory Committee
March 2019 Report**



Dear San Francisco,

It's only been a few years since the general public has heard the alarm sounded by our country's public health community: sugary drinks are the primary contributor of sugar to the American diet, and unhealthy amounts of it are making us sick. Liquid sugar is particularly harmful. Every year, the beverage industry spends millions on advertising to make sure we keep buying and drinking their products. Research has shown they intentionally target low income communities and communities of color. Existing policy is on their side; subsidies exist to make sugary beverages as cheap or cheaper than bottled water and these companies get tax breaks when advertising to youth. In 2016, San Francisco voters took a stand against soda industry tactics by passing a tax on the distribution of their products, known as the Sugary Drinks Distributor Tax (SDDT) or "soda tax." San Francisco took a stand against an industry that has spent over \$70 million fighting local soda taxes since 2009, and about \$10 million in San Francisco alone during the 2016 Soda Tax campaign. They want to make sure we keep buying their products and they will do everything to protect their profits. There are ways cities can reduce our consumption of sugary drinks, in order to reduce obesity, type 2 diabetes, dental caries and other illness that impact low-income communities and people of color disproportionately in the United States. A "soda tax" is an important tool in this work because it encourages reduced consumption and because it collects resources that San Francisco can invest in communities where consumption is greatest to help reduce consumption of sugary drinks and mitigate the impacts of that consumption.

This tax is new, and the SDDT Advisory Committee is new. As Co-Chairs of this inaugural Committee cohort, we've worked with our colleagues to establish committee processes and structures in ways that will sustain this work into the future. As scientists, health professionals, advocates and parents, our Committee has worked to find the nexus between science, data and community interest. As Co-Chairs born and raised in San Francisco's Mission, Excelsior and Bayview Hunters Point communities, we have worked to keep the focus on the communities most targeted by soda industry marketing, most burdened by the health impacts associated with consumption, and most in need of investment.

In the coming year, we will enjoy the continued service of some Committee members, the energy of new members, and the much awaited deployment of resources across City departments and community-based organizations. And we will continue to strengthen our infrastructure for supporting work to provide healthy food, physical activity, clean water and health education to San Francisco. We will invest more in evaluation and media, to measure the impact of this tax and our investments of it, and to tell the story. We will work to ensure accountability to San Francisco-- like seeking ways to measure where and how impacted community members are employed to implement the strategies we propose here, and whether that employment provides a liveable wage.

While we appreciate the support and the trust the City's Mayor, Board of Supervisors and communities have entrusted in us, it's very important the public stay engaged to make sure the community voice is heard, and to make sure our recommendations and the City's investments hold true to the science, the data, and --especially-- to San Francisco communities most impacted by sugary drinks.

We are pleased to present to you our Annual Report of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) for 2019. Here you will find the latest data on San Franciscans' health conditions,

sugary drinks consumption, food security and other factors that relate to the impacts related to sugary drinks consumption in our City. You will see some of the latest research our Committee has reviewed, and you'll see much of the input we've gathered from San Franciscans-- especially those SF populations we know to be consuming these unhealthy products more than others.

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I. BACKGROUND

Sugary Drinks Distributor Tax Legislation

In November of 2016, the voters of San Francisco approved the passage of Proposition V. Proposition V established a 1 cent per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The Sugary Drinks Distributor Tax (SDDT) is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages. The funds collected from this tax are to be deposited in the General Fund.

The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows:

A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains caloric sweetener and contains 25 or more calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to "soda," "pop," "cola," "soft drinks" "sports drinks," "energy drinks" "sweetened iced teas" or any other similar names.

The passage of Proposition V established two pieces of law: [the Sugary Drinks Distributor Tax](#) in Business and Tax Regulations Code and the [Sugary Drinks Distributor Tax Advisory Committee \(referred to in this report as "Committee"\)](#) in the City's Administrative Code. The ordinance stated that the Advisory Committee shall consist of 16 voting members, who are appointed by either the Board of Supervisors or certain City departments. The powers and duties of the Committee are to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax and to submit a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee is to also provide recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

In May 2018, the SF Department of Public Health was requested to assume staffing of the SDDTAC. The Mayor's Office formalized the change in administrative oversight of the Committee from the City Administrator's Office to Department of Public Health through a transfer of function of the Executive Branch pursuant to [Sec. 4.132 of the City Charter](#).

Unless the Board of Supervisors by ordinance extends the term of the Committee, it shall expire by operation of law, and the Committee shall terminate, on December 31, 2028.

Report requirements and process

Starting in 2018, by March 1, of each year, the Committee shall submit to the Board of Supervisors and the Mayor a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee in their report shall make recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugary drinks in San Francisco.

Within 10 days after the submission of the report, the Department of Public Health (per change referenced above) shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

Relationship Between Sugary Drink Consumption, Health, and Health Equity

A large body of evidence exists indicating that sugary drink consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension and heart disease.^{1,2,3,4,5} Although sugary drinks can contain hundreds of calories in a serving, they do not signal “fullness” to the brain and thus facilitate overconsumption.⁶ Sugary drinks are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.⁷

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and sugary drinks to improve health. Studies show that sugary drinks flood the liver with high amounts of sugar in a short amount of time and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that are associated with the development of type 2 diabetes, cardiovascular disease, and other serious health problems.ⁱⁱ⁸ Of note, every additional sugary drink consumed daily can increase a child’s risk for obesity by 60%⁹ and the risk of developing type 2 diabetes by 26%.¹⁰

¹ Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>

² Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>

³ Johnson, R.K., Appel, L., Brands, M., Howard, B., Lefevre, M., Lustig, R., Sacks, F., Steffen, L., & Wyllie-Rosett, J. (2009, September 15). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation* , 120(11), 1011-20. doi:10.1161/CIRCULATIONAHA.109.192627. Retrieved from <http://circ.ahajournals.org/content/120/11/1011.full.pdf>

⁴ Sohn W, Burt BA, Sowers MR. Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*. Mar 2006;85(3):262-266.

⁵ Sohn W, Burt BA, Sowers MR. Carbonated Soft Drinks and Dental Caries in the Primary Dentition. *J Dent Res*. 2006; 85(3): 262–266.

⁶ Zheng, M. (2014, February). Liquid versus solid energy intake in relation to body composition among Australian children. *J Hum Nutr Diet* . doi:10.1111/jhn.12223

⁷ U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Retrieved from [\[LINK\]](#)

⁸ Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>

⁹ Trust for America’s Health and Robert Wood Johnson Foundation. F as in Fat: How Obesity Threatens America’s Future – Fast Facts: Obesity and Health. 2013. Accessed January 15, 2014 at <http://fasinfat.org/facts-on-obesity-and-health/>

¹⁰ Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>

Diseases connected to sugary drinks are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary drinks. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times higher than San Francisco’s overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinx and 73% of African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and African American children also have a higher prevalence than the average for cavities.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugary drinks in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugary drinks are consumed per person each year, enacted an excise tax on sugary drinks in 2014, with the result that the purchase of taxed sugary drinks declined by 12% generally and by 17% among low-income Mexicans by December 2014. The Mexico data indicate that, when people cut back on sugary drinks, to a significant extent they choose lower-caloric or non-caloric alternatives. Studies have projected that a 10% reduction in sugary drink consumption in Mexico would result in about 189,300 fewer incident type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths occurring from 2013 to 2022. This modeling predicts the sugary drinks tax could save Mexico \$983 million international dollars.¹¹ Following the implementation of Berkeley, California’s sugary drink tax, the first in the nation, there was a 50% decline in sugary drink consumption among diverse adults over the first 3 years of the tax.¹² Modeling suggests that a national sugary drink tax that reduced consumption by just 20% would avert 101,000 disability-adjusted life-years; gain 871,000 quality-adjusted life-years; and result in \$23.6 billion in healthcare cost savings over just 5 years. The tax is further estimated to generate \$12.5 billion in annual revenue. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of sugary drinks, which in turn can reduce the burden of chronic disease.

Advisory Committee

The Committee shall consist of the following 16 voting members:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

¹¹ Sánchez-Romero LM, Penko J, Coxson PG, Fernández A, Mason A, Moran AE, et al. (2016) Projected Impact of Mexico’s Sugar-Sweetened Beverage Tax Policy on Diabetes and Cardiovascular Disease: A Modeling Study. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002158#abstract0>

¹² Lee M, Falbe J, Schillinger D, Basu S, McCulloch C, Madsen KA. Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. *Am J Pub Health*, epub ahead of print February 21, 2019: e1–e3. doi:10.2105/AJPH.2019.304971

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District’s Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.

Seat 16 shall be held by a person with experience or expertise in services and programs for children ages five and under, appointed by the Board of Supervisors.

Sugary Drinks Distributor Tax Advisory Committee, 2018-19

Seat 1	BOS Appointment - Health Equity- Latino/Chicano/Indigena	Vanessa Bohm
Seat 2	BOS Appointment - Health Equity – Asian/Pacific Islander	Kent Woo. Resigned effective January 2019
Seat 3	BOS Appointment - Health Equity – Black/African American	Joi Jackson-Morgan
Seat 4	BOS Appointment - Research/Medical Institutions	Roberto Ariel Vargas
Seat 5	BOS Appointment - Research/Medical Institutions	Jonathan Butler

Seat 6	BOS Appointment - Youth Commission Seat	Areeya Chananudech Resigned effective August 2018
Seat 7	Office of Economic and Workforce Development Appointment	Jorge Rivas
Seat 8	Board of Education Appointment - San Francisco Unified School District	Saeeda Hafiz
Seat 9	Board of Education Appointment - San Francisco Unified School District	Libby Albert Replaced by Alexandra Emmott January 2019
Seat 10	Department of Public Health Appointment - SF Department of Health – Chronic Disease	Rita Nguyen
Seat 11	Department of Public Health Appointment - Oral Health	Irene Hilton
Seat 12	Department of Public Health Appointment - Food Access/Security	Ryan Thayer replaced by Shelley Dyer January 2019
Seat 13	Department of Children Youth and Their Families Appointment	Michelle Kim
Seat 14	Recreation and Parks Department - Appointment	Linda Barnard
Seat 15	BOS Appointment - SFUSD Parent Advisory Council	Janna N. Cordeiro
Seat 16	BOS Appointment - Children 0-5 Years Old	Lyra Ng, resigned effective December 2018

SDDT Revenue & Revenue Projections

The City and County of San Francisco operates on a July - June fiscal year (FY). Each year the Mayor and Board of Supervisors pass a rolling, two-year budget, with the second year becoming the first year of the next budget cycle; similarly, the SDDTAC makes rolling, two-year recommendations.

SDDT Revenues

Tax collection began January 1, 2018, and thus for FY 17-18 \$7,649,971 was collected between January 1 - June 30, 2018 and \$x,xxx,xxx was collected June-Dec 2018, the first half of FY 18-19. According to the Office of the Treasurer and Tax Collector (TTX), a total of \$xx,xxx,xxx was collected for the 2018 calendar year.

2018 SDDT Revenue

FY 2017- 2018	
Jan - Mar 2018	\$2,949,608
Apr-June 2018	\$4,700,363
<i>2018 calendar year subtotal</i>	\$7,649,971
FY 2018-2019	
Jul-Sept 2018	\$4,233,035
Oct-Dec 2018	\$x,xxx,xxx
<i>2018 calendar year subtotal</i>	\$x,xxx,xxx
2018 Calendar Year Total	\$xx,xxx,xxx

Revenue Projections

In 2018, the Controller’s Office projected that in the upcoming five fiscal years (through FY 2023-24), the SDDT is expected to raise \$15 million annually.

After voter-mandated set asides (about 22%), the available amount of SDDT revenue is \$11.6 million. The Board of Supervisors appropriated \$1.2 million of the \$11.6 million in ongoing “Healthy Addbacks” during the FY 17-18 budget process. The Committee makes recommendations on the remaining \$10.4 million.

II. ANNUAL EVALUATION REPORT

The 2019 Annual Report is organized into two sections: 1) Impact of the Sugary Drinks Distributor Tax and 2) Committee Recommendations which details the Committee’s recommendations for tax expenditure.

The Impact section is broken down into the following subsections:

- Use of Funds
- Impact on Beverage Prices and Consumer Purchasing Behavior
- Impact on Public Health

Regarding the subsections on Use of Funds and Impact on Public Health, because tax collection began in January 2018, there has not been adequate data generated, infrastructure developed to collect and analyze relevant data, nor adequate time to fully evaluate the use of funds and its impact on public health. Thus, similar to the inaugural 2018 report, the 2019 report seeks to present a baseline description of health behavior and health outcome domains that the Committee was most interested in affecting. In particular, the Committee has expressed a commitment to supporting primary and secondary prevention to counteract the health impact of sugary beverage consumption. Thus there is more of a focus on nutrition and physical activity in this current report. The major changes between the 2018 and 2019 report are as follows:

- Addition of data on beverage prices which is newly available
- Addition of data on beverages sales which is newly available
- Addition of data on nutrition, food insecurity, and physical activity
- Shortened summary of the current state of diet-sensitive chronic disease since there has not been new data in this realm since the March 2018 report. See Appendix D for more detailed data regarding this

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not robust. It can be difficult to recognize inequities across race, ethnicity, income, and geography or changes in nutrition, food security, physical activity, or burden of diet-sensitive chronic disease. Thus, tracking the measures included in the Impact Section of this report likely will not be able to reflect the full impact of the SDDT over time with the exception of more robust data sources such as the youth soda consumption data collected by San Francisco Unified School District in partnership with UC Berkeley and the Nutrition Policy Institute. Given the need for more robust data and data infrastructure to better understand and track the impact of the SDDT on beverage prices, consumer purchasing behavior, and the health of communities most vulnerable to sugary beverages, the Committee recommends investment in data infrastructure and evaluation.

Section 1: Impact of the Sugary Drinks Distributor Tax

Use of funds

Funded Projects FY 2017-18

As was reported in the Committee’s 2018 Annual Report, because the Committee had not been seated in time to develop recommendations, the Mayor and Board of Supervisors allocated the majority of the expected revenue for the second half of FY 17-18, January - June 2018 which was \$5.5 million. The table below indicates the agencies and programs that received funding.

Program	Department	Description	FY 17-18
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Health and Wellness	Department of Public Health	Black/African American Wellness and Peer Leadership (BAAWPL) program, healthy eating & active living programming, active transportation and pedestrian safety program, and Sunday streets program.	\$2.3M
Peace Parks	Recreation and Parks Dept	Pilot funding for Peace Parks initiative.	\$500K
Home Delivered Meals	Human Services Agency	Increased funding for nutritional supports for low-income, disabled, and senior residents.	\$500K
Addbacks Funded with SDDT in FY 17-18			
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. In 2017, the Board designated \$2.2M toward addbacks, \$1.2M of which will continue into subsequent fiscal years, programs receiving one time funding are indicated in BOLD - designer can indicate it in a different manner			
Family Violence Services	Dept on the Status of Women	Direct services, training and assistance to improve San Francisco child abuse prevention and intervention services building upon existing Family Resource Centers Initiative	\$500K
Food Security - Congregate Lunch Meals	Human Services Agency	Address current waitlist: Daily, hot, nutritious meals for seniors/adults with disabilities	\$220K
Food Security - Healthy Food Purchasing Supplement	Department of Public Health	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.	\$50K
Food Security - Home-Delivered Meals (HDM)	Human Services Agency	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.	\$477K
Healthy Corner Store Retail	Office of Economic and Workforce Development	Promoting corner stores and markets to sell healthy Products as opposed to sugary beverages, etc.	\$60K
Medical Assisting and Hospitality Training	Office of Economic and Workforce Development	Funding to support Medical Assisting and Hospitality Training	\$150K
Women's Health Rights in the Workplace Policy Coordinator	Department of Public Health	New women's health in the workplace outreach coordinator to conduct outreach to businesses and provide trainings on women's health issues	\$80K
Upgrading services for a food pantry in Ingleside/Ocean Avenue	Dept of Aging and Adult Services	Renovation and upgrades for a food pantry that serves residents on Ocean Avenue and Ingleside neighborhood	\$25K
Day laborer mental health support in the Mission	Department of Public Health	Bilingual Spanish speaking Peer Health Navigator to conduct psycho-social training and individualized support sessions with Day Laborers in the Mission	\$65K
I Am Bayview Marketing Campaign	Office of Economic and Workforce	Marketing campaign for Bayview merchant corridor	\$20K

	Development		
Mental health services	Mayor's Office of Housing	Mental health and trauma counseling services at Vis Valley elementary	\$50K
Resilient Bayview	Mayor's Office of Neighborhood Services	Enhancement of existing programming, including free training for residents and non-profits	\$25K
Senior Fitness	Human Services Agency	Senior fitness programming at IT Bookman and George Davis	\$200K
Third Street Economic Development	Office of Economic and Workforce Development	Development and marketing of Third Street corridor	\$75K
Congregate Meal Program	Human Services Agency	Congregate Meal Program A	\$75K
Congregate Meal Program	Human Services Agency	Congregate Meal Program B	\$75K
Small Business Support	Office of Economic and Workforce Development	1.5 FTE to serve Outer Mission and Broad Randolph business development	\$115K
			\$5.5M

In keeping with its mandate to evaluate the impact of the tax, the Committee surveyed City departments receiving SDDT funds to document the impact of the \$5.5 million from FY 17-18. See Appendix E for the department responses. In summary, of the \$5.8 million, one quarter (26%) supported food security and food access; another quarter (25%) supported wellness services for Black/African Americans; approximately 15% supported senior fitness classes and Sunday Streets events; 11% supported mental health and violence prevention; 7% supported workforce and economic development; 10% supported staff for healthy eating, active living and active transportation programs; and 6% supported community based healthy eating and active living mini grants.

As a result of the passage of the SDDT, San Franciscans have directly benefited in a variety of ways, particularly low-income communities of color. Below are a few highlights:

Food security and healthy eating:

- Over 80,000 EatSF produce vouchers were distributed to more than 4,400 unduplicated households helping low-income San Franciscans eat more fruits and vegetables.
 - This included 800 low-income pregnant women in partnership with the San Francisco Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) and 2,100 households receiving SSI (Supplemental Security Income).

- Food security rates among EatSF WIC participants increased 15%.
 - Non-WIC EatSF participants increased their fruit and vegetable intake by 0.7+ daily servings – enough for immediate health impacts.
 - 6-12 months after participants stopped receiving vouchers, 83% of participants still reported eating less junk food and 98% reported improved confidence in purchasing healthy food on a budget
- 525 more homebound seniors and adults with disabilities who cannot shop or prepare meals themselves received 203,000 nutritious, home delivered meals as well as a daily visit from the person delivering the meal.
- Low-income, disabled, and senior residents were served 48,000 additional hot, nutritious meals at congregate meal sites, reducing the waitlist for congregate meals by 145 new clients.
- Over 1,200 additional bags of food were made available through the expansion of food pantry services.
- Two corner stores received equipment and technical assistance supporting the addition of fresh produce to their shelves.

Physical activity

- Over 900 seniors accessed free physical activity at two low-income senior centers.
- Hundreds of families attended nine Sunday Streets events throughout San Francisco. Sunday Streets opens streets to people so they can play and engage in physical activity, community connection and support neighborhood merchants. Sunday Streets events are primarily hosted in neighborhoods with less open space, higher rates of chronic disease, and lower incomes.

Community building in support of wellness

- Peace Parks provided activities that promote physical, mental, and economic health to approximately 600 people per month in Bayview/Hunters Point, Potrero Hill, and Sunnydale. This included sports and dance activities, a Teen Outdoor Experience program, and workshops on anti-bullying, gender respect, job training, workforce development, and housing. Six families received housing through the program at Youngblood Coleman, and participants reported feeling safer and that a sense of togetherness had evolved as result of Peace Parks programming.
- The Black African/American Wellness Peer Leadership (BAAWPL) Program provided funding dedicated to Black/African American health through two community based organizations providing direct services and support. BAAWPL supported 2,000 Black/African American clients with programming to: promote nutrition and physical activity, support stress reduction, and decrease social isolation.

In keeping with the SDDTAC recommendations for FY 17-18, \$200,000 was designated to support the implementation of the SDDT which included:

- Gathering community input to inform the Committee's work and recommendations for expenditures. This took the form of 10 focus groups hosted throughout San Francisco (see Appendix F);
- Developing a preliminary communications plan to help merchants and the public understand the tax; and
- Purchasing beverage sales data to document the potential impact of the tax on sugary drink consumption; the first analyses of these new data will be available in Fall 2019.

Funded Projects FY 2018-19

This report is published three-quarters through FY 18-19, which is the first full fiscal year that SDDT revenue is available. The City and County of San Francisco FY 18-19 budget was approved in August 2018, and funds were available to departments in September 2018. Since the majority of the funds for the FY 17-18 SDDT revenue were used for one-time expenditures or to supplement existing programs, departments that received funds for new programs focused on developing systems and processes for disbursing the new SDDT funds.

San Francisco Department of Public Health (DPH) allocated some SDDT funds to better understand community needs as it relates to healthy eating and active living. With support of a consultant, DPH conducted focus groups in six neighborhoods: Chinatown, Western Addition, Mission, Bayview Hunters Point, OMI, and Tenderloin, reaching over 100 people (see Appendix xx). Another 400 people responded to an online survey or answered surveys at backpack giveaway events in Western Addition and Bayview Hunters Point (see Appendix xx). Input collected through these mixed methods will inform the community grants Request for Proposal (RFP), while also honoring the community engagement values of the Committee. Throughout the development of the Committee recommendations, members consistently stressed the importance of serving the populations that are targeted by the beverage industry and that drink the most sugary drinks. In response, DPH leadership indicated that any SDDT RFP it issues should be accessible to smaller organizations. The City's current structures do not make it easy for grassroots community and faith based organizations, which often have relationships with the very populations the Committee and DPH intend the funding to serve, to access these funding opportunities. To that end, DPH is spending time to ensure new processes and structures are in place to make it possible for a wide range of organizations to be eligible to apply for SDDT funds.

For FY 18-21, the SF Department of Public Health has contracted with Harder + Company to more systematically evaluate the impact of the work funded by the SDDT. Harder will work with City agencies and community organizations that receive general fund revenues tagged as SDDT funds to evaluate the work. The Committee's March 2020 Report, with evaluation and epidemiologist

support, will be able to provide more in depth information about the reach and impact of programs receiving SDDT funds.

SF DPH is also working with a nationally renowned team of researchers at UC San Francisco, UC Berkeley and Stanford University that comprise the EVIDENCE Team (Evaluating Interventions in Diabetogenic Environments through Natural and Controlled Experiments) to assess the impact of the SDDT on beverage prices, consumer purchasing behavior, and public health. Funding, analyses, staff and other resources are being pooled in a collective effort to quantify the impact of the SDDT.

Impact on Beverage Prices and Consumer Purchasing Behavior

About the Data Sources

Beverage Pricing Data

In 2017 and in 2018, the UC Berkeley Madsen Research group collected and analyzed drink pricing data from 39 stores in San Francisco, 30 stores in Richmond, and 44 stores in San Jose. Across all cities, 11.5% were chain convenience stores, 39.8% were corner stores, 5.3% were discount supermarkets, 6.2% were drugstores, 6.2% were independent supermarkets, 8.9% were liquor stores, 13.3% were chain supermarkets, and 8.9% were superstores. Data were collected for the top-selling beverages in the United States and San Francisco Bay Area, including single-serving (eg 16, 20 oz, etc) sodas, sports drinks, energy drinks, sweetened coffee/tea, fruit drinks, water, 100% orange juice, and low-fat milk, larger sodas (e.g. 2 liters), soda multipacks (e.g. 12 packs of 12 oz cans) and diet versions of beverages. Data collectors gathered prices either by directly recording visible price tags or by asking store staff when price tags were not available. In cases where prices could not be provided by store staff, beverages were purchased, and prices recorded from receipts.

Price was assessed using a longitudinal design, contrasting changes in pre-tax (2017) versus post-tax (2018) beverage prices in San Francisco. The price change in San Francisco was compared to price changes in Richmond and San Jose, where no beverage tax has been implemented, over the same time period to control for non-tax factors that might affect prices. The mean price for each beverage (in cents per ounce) was adjusted for household median income of the store census tract and store type and modeled using a difference in difference regression to reduce any distortion from inflation or other economic factors.

Beverage Consumption Data

There are two sources of sugary drink consumption data for public school students: the Youth Risk Behavior Surveillance Survey (YRBSS) and a survey administered by San Francisco Unified School District (SFUSD). The Youth Risk Behavior Surveillance Survey (YRBSS) is a national biennial survey that asks students a range of health related questions. It asks high school students if they drank a can, bottle, or glass of a sugary drink in the prior seven days. Middle school students are asked about sugary drink consumption in the prior day. Additionally, since 2015, UC Berkeley and the Nutrition Policy Institute in partnership with SFUSD conducts a survey of 7th to 10th grade students each spring that provides insight into types of beverages consumed.

The California Health Interview Survey (CHIS) is an annual telephone survey that uses a random-digit-dial technique to landlines and cell-phones and asks respondents to answer health related questions. CHIS only asks about soda consumption and does not include other sugary drinks. In San Francisco, CHIS samples about 400 adults, which provides data for the county, but does not allow to stratify across different demographic categories.

Additional beverage consumption data sources and analyses will be available in Fall 2019.

Beverage Prices

Overall, we saw nearly complete pass-through of the tax after 6-months of tax implementation for single serving sugary beverages, including sweetened coffee/tea, soda, energy drinks, sports drinks, and fruit drinks, and to a less consistent extent with larger sized beverages. Large sized sodas- 2 liter and multipacks-- saw a clear trend toward increased prices whereas there was not a clear price increase for 1-1.25 liter sodas or fruit drinks. Price increases were larger for single sized sugary beverages, for which prices increased by about 2 cents per ounce on average (95% confidence interval: 1.6 - 2.5). In contrast, price increases for large sized sugary drinks were closer to 1 cent per ounce on average (95% CI: 0.8 - 1.4). The price of single sized, non-sugary drinks overall did not increase with the exception of water which increased by 0.7 cents/oz (95% CI: 0.3 - 1.1). However, the price of large sized water did not increase while the price of 2 liter diet sodas and diet soda multipacks did increase by 0.6 cents/oz (95% CI: 0.5 - 0.7) and 0.8 cents/oz (95% CI 0.8 - 1.4), respectively.

Consumer Purchasing Behavior

Sugary Drink Consumption

The U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the World Health Organization, have recommended that Americans consume no more than 10% of their daily calories in the form of added sugar. Yet standard single serving sizes of sugary drinks provide all (in a 20-ounce serving of many sugary drinks) or nearly all (in a 12-ounce serving) of the recommended maximum daily added sugar amount for most adults, and generally exceed the recommended maximum daily added sugar amount for children.¹³

San Francisco data suggest that sugary drink consumption is highest among youth (middle school more than high school), young adults (age 18-29), and ethnic minorities, particularly Pacific Islanders, Filipinx, Latinx, and African American populations. Males also consume more soda than females.^{14, 15}

¹³ Johnson, R.K., Appel, L., Brands, M., Howard, B., Lefevre, M., Lustig, R., Sacks, F., Steffen, L., & Wyllie-Rosett, J. (2009, September 15). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*, 120(11), 1011-20. doi:10.1161/CIRCULATIONAHA.109.192627. Retrieved from [\[LINK\]](#)

¹⁴ [San Francisco Unified School District, Youth Behavior Risk Survey \(YRBS 2017\).](#)

¹⁵ San Francisco Unified School District (SFUSD), UC Berkeley, Nutrition Policy Institute. Preliminary Results of Adolescent Consumption of Sugar-Sweetened Beverages (SSBs) San Francisco, 2015 to 2017.

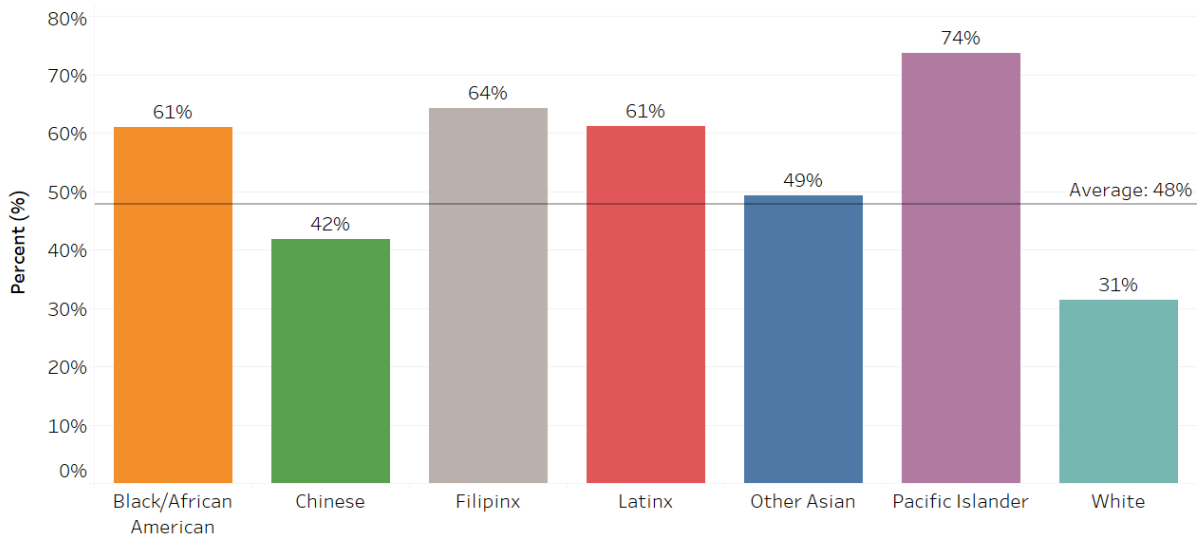
Youth Sugary Drink Consumption

Both the YRBS and SFUSD data suggest middle school students consume more sugary drinks than high school students. Consistent with national trends, students of ethnic minority backgrounds are more likely to have consumed sugary drinks in the prior week than white students. Nationally, among youth, sugary drink intake is higher among boys, adolescents, Black/African Americans, or youth living in low-income families.¹⁶

In San Francisco, 74% of Pacific Islander, 64% of Filipinx, 61% of Latinx, and 61% of African Americans reported consuming a sugary drink in the prior day which is more than the overall average middle school student, of which nearly half (48%) reported consuming a sugary drink in the prior day. 32% of White middle school students reported drinking a sugary drink the prior day.¹⁷

Similar ethnic disparities are seen in high school, with 19% of African American, 18% of Latinx, and 15% of Filipinx high school students reporting drinking at least one sugary drink daily in the prior 7 days compared to 9% of White and Chinese students.

Percent of Middle School Students Who Drank at Least One Sugary Drink Yesterday by Race/Ethnicity, San Francisco, 2017

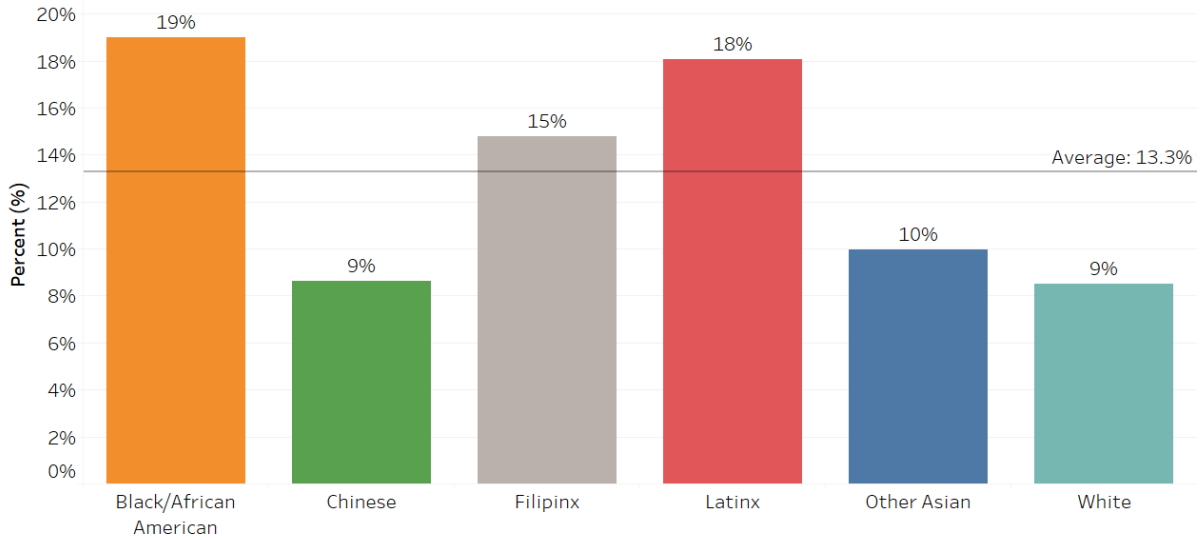


Data Source: Youth Risk Behavioral Surveillance System (YRBSS), Centers of Disease Control and Prevention (CDC), 2017.

¹⁶ CDC, 2018. <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

¹⁷ San Francisco Unified School District, Youth Risk Behavior Survey. 2017.

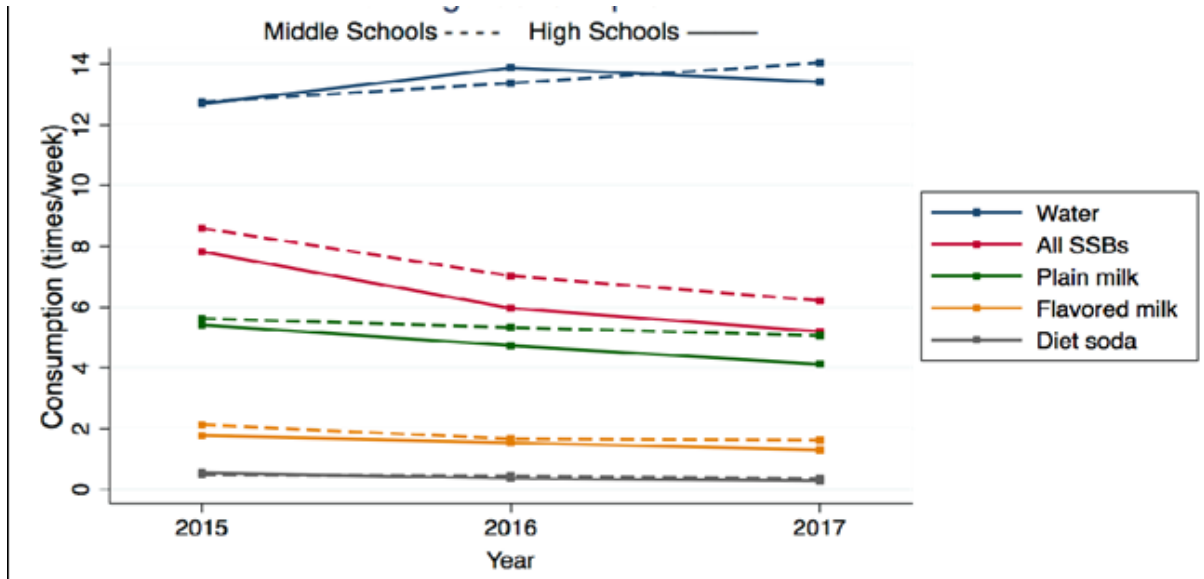
Percent of High School Students Who Drank at Least One Sugary Drink Daily in the Past 7 Days by Race/Ethnicity, San Francisco, 2017



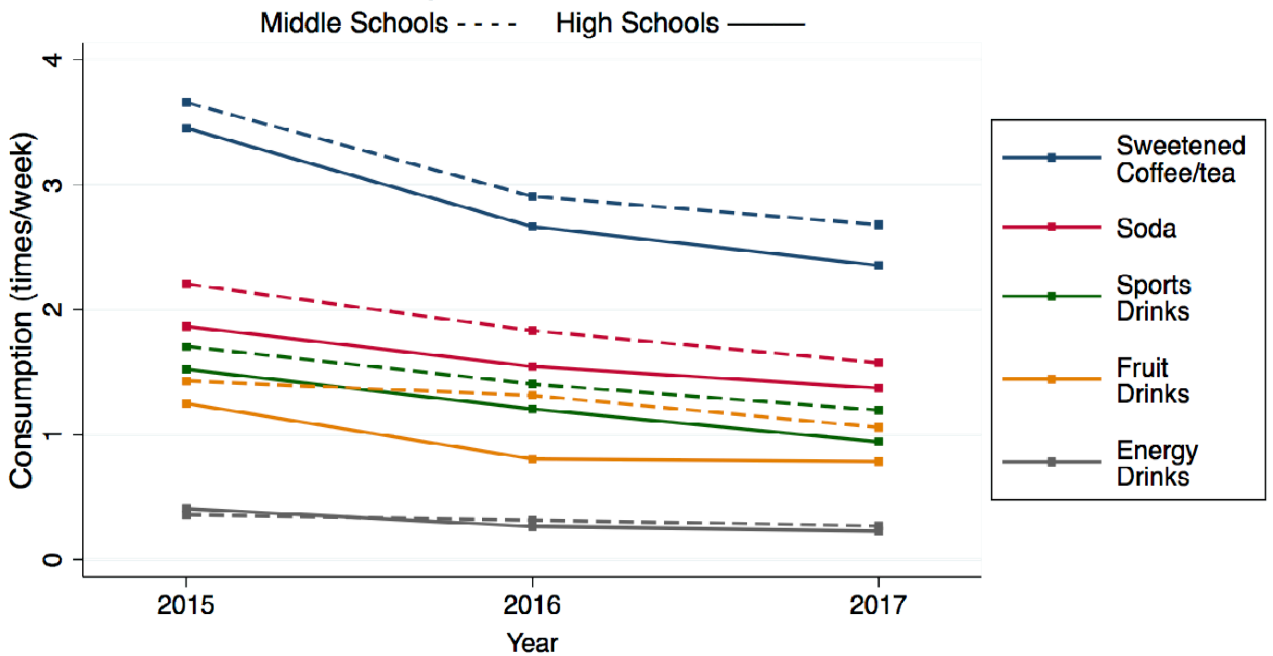
Data Source: Youth Risk Behavioral Surveillance System (YRBSS), Centers of Disease Control and Prevention (CDC), 2017.

Based on surveys conducted with SFUSD middle and high school students by UC Berkeley and the Nutrition Policy Institute, preliminary results appear to indicate a decline in the frequency of consumption of all sugary drinks between 2015 and 2017 with the exception of energy drinks which is the least frequently consumed sugary beverage at baseline. In contrast, there appears to be an increase in the frequency of water consumption between 2015 and 2017.

Changes in Beverage Consumption Among SFUSD Middle and High School Students, 2015-2017



Changes in Sugary Drink Consumption among SFUSD Middle and High School Students, 2015-2017



Data Source: San Francisco Unified School District and UC Berkeley, 2018

Adult Sugary Drink Consumption

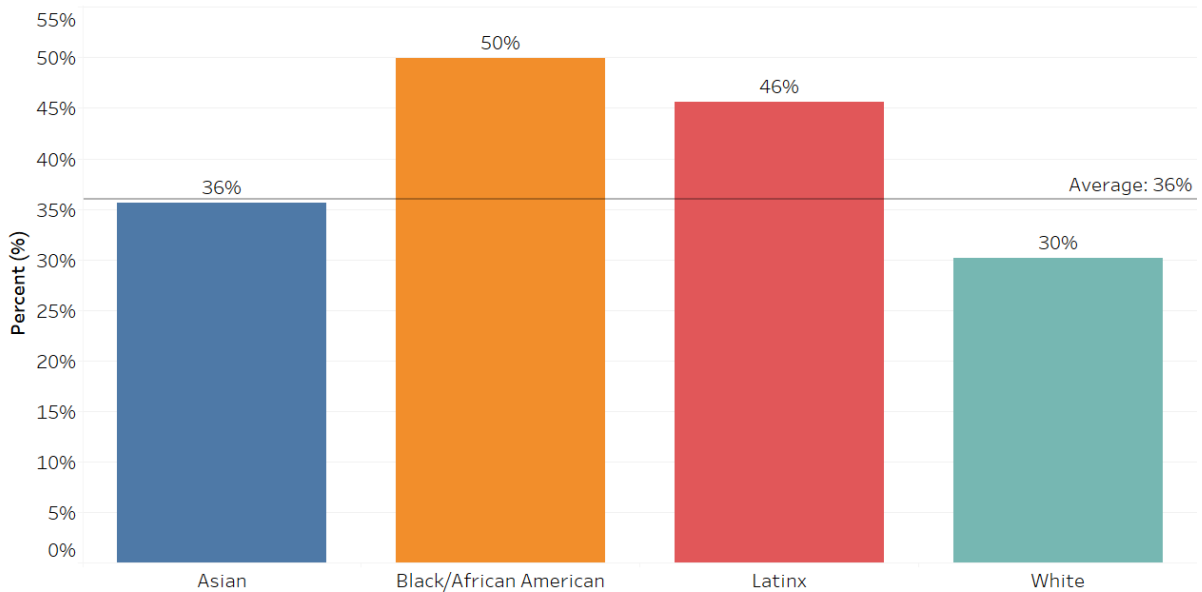
In San Francisco, approximately 36% of adults report drinking soda at least once per week which is comparable to all surveyed Californians, of which approximately 40% report drinking at least one soda per week. This survey question only accounts for soda which is one type of sugary drink.

Consumption is highest among younger San Francisco adults; nearly 50% of adults between 18 and 29

years report consuming soda at least once per week and 13% report consuming soda more than 4 times per week.

Male adults tend to be more likely to consume soda than female adults (44% of males versus 26% of females report drinking at least one soda per week).

Percent of Adults Who Drank at Least One Soda per Week by Race/Ethnicity, San Francisco, 2013-2016



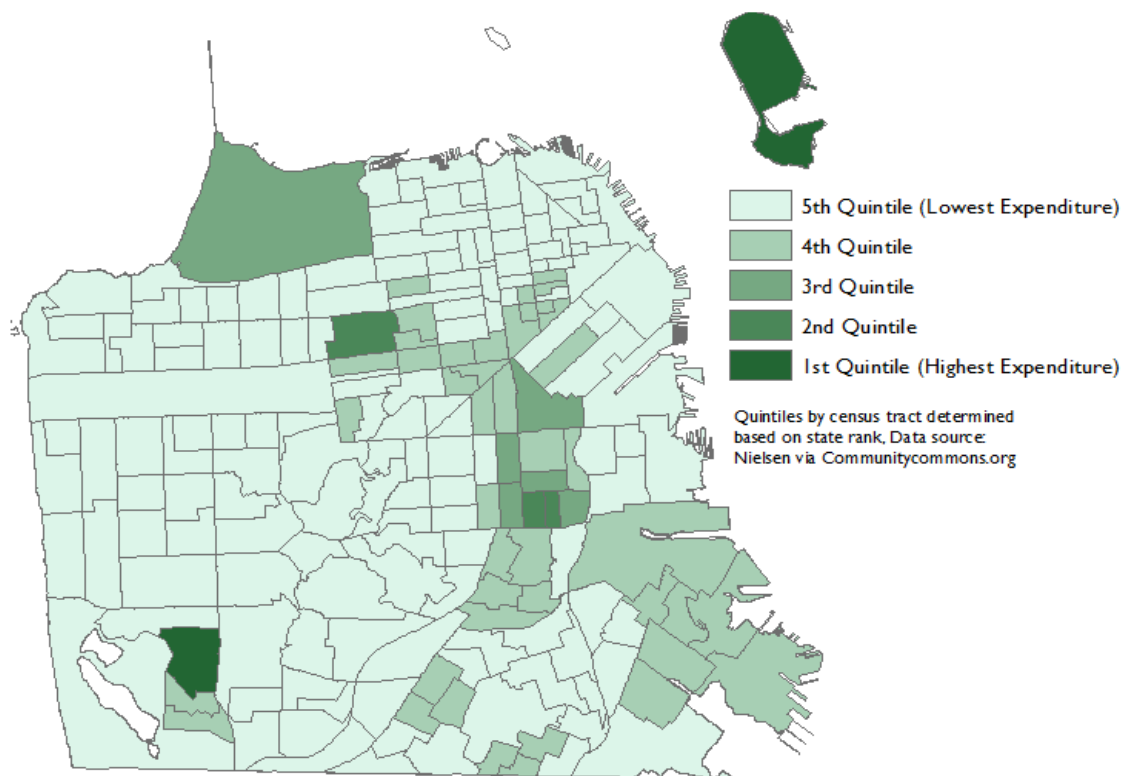
Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2013-2016.

Similar to trends seen in the youth data, San Francisco Black/African American (50%) and Latinx adults (46%) consume more soda than their Asian (36%) and White counterparts (30%).

The data above represents self-reported consumption patterns. Using funds from the Sugary Drinks Distributor Tax (SDDT), the SDDT Advisory Committee purchased retail sales data to more objectively evaluate trends in sugary drink sales over time. This analysis will be completed Fall 2019.

Sugary Drink Sales and Expenditures

Soda Expenditures, percentage of food-at-home expenditures, 2014



Soda expenditures, relative to total at home food expenditures, varies by neighborhood. Residents in Bayview Hunters Point, Mission, Tenderloin, SOMA, Treasure Island, West Addition in Lakeshore spend a greater proportion of their food-at-home expenditures on soda. Neighborhoods with high soda expenditures are the same as those with higher proportions of persons of color--Black/African American and Latinx, and where higher amounts of sugar drinks are consumed.

With respect to sugary drink sales, Nielsen data indicate that sodas account for the largest proportion of weekly sugary drink sales at about 5 oz/capita.

Impact on Public Health

As mentioned previously, because tax collection began in January 2018, there has not been adequate data generated or infrastructure developed to collect and analyze relevant data to fully evaluate the impact of the Sugary Drinks Distributor Tax on public health. Thus, similar to the inaugural 2018 report, the 2019 report seeks to present a baseline description of health behaviors and health outcome domains that the Committee was most interested in affecting. It is also worth reiterating that, in general, existing data sources on health behaviors and diet-sensitive chronic diseases, which the Committee is particularly interested in, are not robust. It can be difficult to recognize inequities across race, ethnicity, income, and geography or changes in nutrition, food security, physical activity, or burden of diet-sensitive chronic disease over time. Thus, tracking the measures included in the Impact Section of this report likely will not be able to reflect the full public health impact of the SDDT over time

About the Data

Community Health Needs Assessment (CHNA)

This report seeks to describe the current state of health and health behaviors in San Francisco as it relates to diet-sensitive chronic diseases that may be affected by sugary drink consumption. This report draws heavily from the 2019 CHNA which is a comprehensive report on the status of health in San Francisco. The CHNA was created as a collaborative process involving community residents, community-based organizations, healthcare partners, academic partners, and the Department of Public Health. The CHNA and Impact Unit of the San Francisco Department of Public Health conducted the data analysis for the report (see: <http://www.sfhip.org/community-health-data.html>).

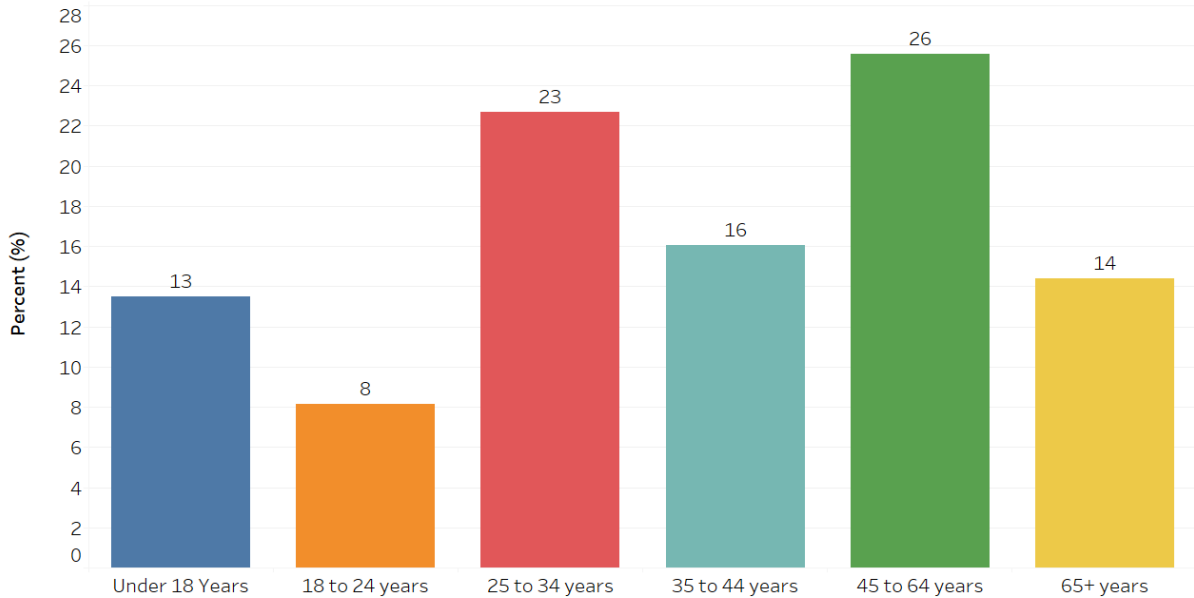
Food security

The food security section draws heavily from the San Francisco Food Security Task Force's 2018 Food Security Assessment of Food Security which compiled data from federal, state and locally funded food programs in order to develop recommendations for policies and systems to support gaps in San Francisco's food needs (see: <https://www.sfdph.org/foodsecurity/>).

San Francisco Demographics

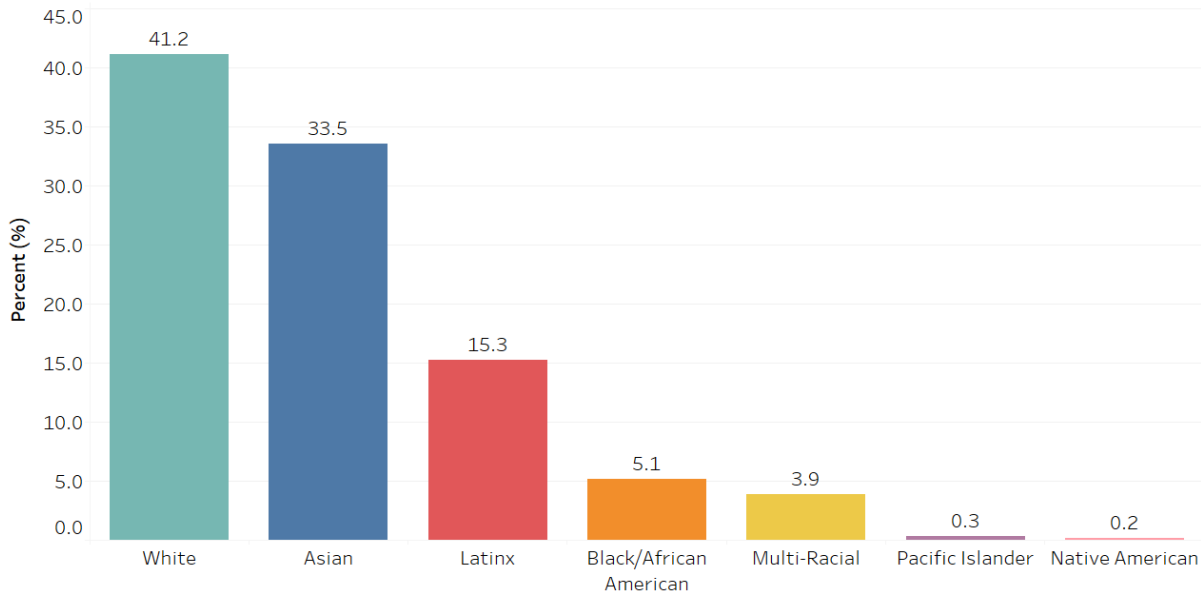
Understanding the demographics of San Francisco is crucial to the Committee's intent to improve the health of San Franciscan communities with strategic investments. There are approximately 850,300 residents in San Francisco with distributions by age and ethnicities shown in the figures below. Visitacion Valley, Bayview/Hunters Point, Outer Mission, and Excelsior all have the highest proportion of households containing youth; all have over 35% of households with youth. 58% of San Francisco's population is non-White and the ethnic diversity score is increasing. This score estimates the probability that any two people chosen at random from a given study area (e.g., neighborhood) are of different races or ethnicities. Communities with a high percentage of Black/African American residents include Bayview/Hunters Point, Western Addition, and Treasure Island, ranging from 20-27% Black/African American residents. Dense Latinx communities are found in the neighborhoods that border Mission Street. In most neighborhoods, Asian residents comprise more than 20% of the population apart from central neighborhoods like, Castro, Mission, Glen Park, and Noe Valley. Neighborhoods that have predominantly White residents include central and northern neighborhoods. Twenty-four percent of San Francisco residents 5 years and older have limited English proficiency – 57% of those persons speak Chinese and 21% speak Spanish.

Percent of Population by Age Group, San Francisco, 2012-2016



Data Source: American Community Survey (ACS), United States Census Bureau, 2012-2016.

Percent of Population by Ethnic Group, San Francisco, 2012-2016



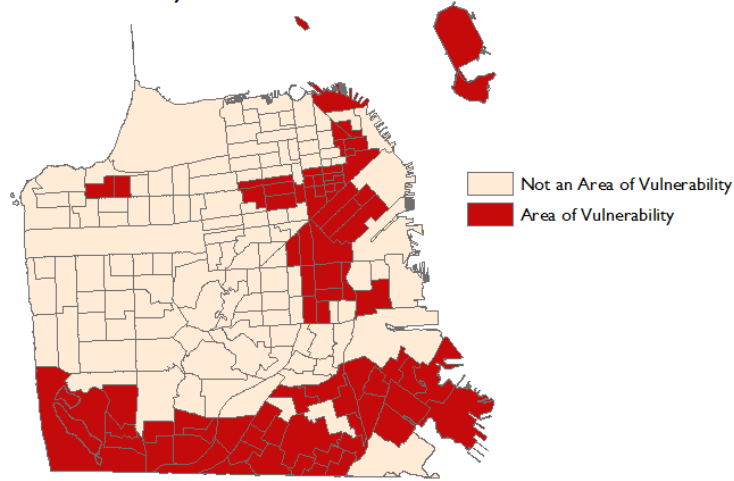
Data Source: American Community Survey (ACS), United States Census Bureau, 2012-2016.

Treasure Island, the northeastern part of San Francisco, and the southern parts of San Francisco have higher density of socioeconomically disadvantaged populations which is identified as measured by the Area of Vulnerability (AOV) index.¹⁸ The population of these Areas of Vulnerability total approximately

¹⁸ The criteria to be designated as an AOV were: 1) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for persons of color or 2) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for youth or seniors (65+) or 3) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for 2 other categories (unemployment, completing high school or less, limited English proficiency persons, linguistically isolated households, or disability).

321,000 individuals, or 38% of San Francisco's population. These areas have higher diversity scores and also have higher percentages of youth and seniors.

Areas of Vulnerability, San Francisco, 2012-2016

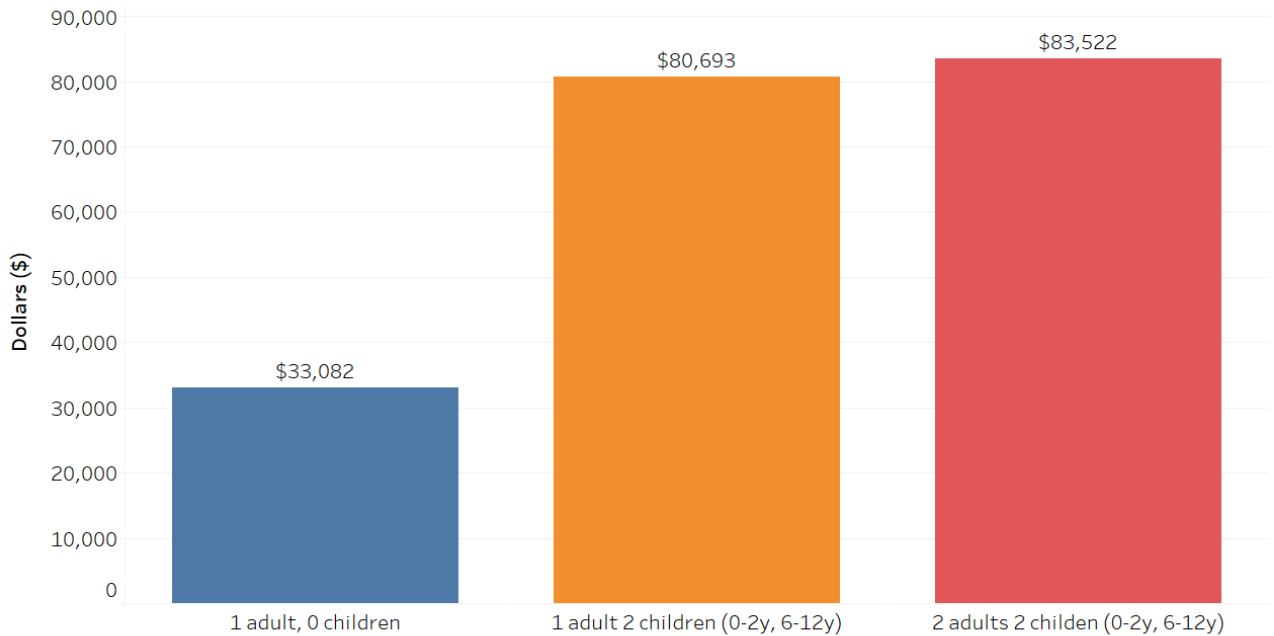


In terms of economic environment, San Francisco is unique in the Bay Area and in the country for its degree of income inequality which in itself is strongly and independently associated with decreased life expectancy and higher mortality.¹⁹ In 2016, the median household income in San Francisco was \$103,801, ranking 14th among all US counties with a population of 65,000 or more.²⁰ However, the increasing cost of living along with inequitable economic opportunity means that many in San Francisco are struggling to meet their basic needs. Whereas the federal poverty level (FPL) is a widely used indicator of poverty and is often used to determine eligibility for public services, the high cost of living in San Francisco means that a significant number of individuals are not making enough to meet basic needs and yet do not qualify for social services designed to support those basic needs. The Family Economic Self-Sufficiency Standard (SSS) measures how much income is needed for a family to adequately meet its minimal basic needs, taking into account the county's cost of living. In San Francisco, the self-sufficient standard for 2 adults, 1 infant, and 1 school aged child was \$83,522 compared to the federal poverty guideline of \$23,850. Thus a family of four has to earn 300-400% federal poverty level to meet basic needs in San Francisco. However, social services like CalFresh (SNAP, formerly known as food stamps) is generally available only to those with less than 200% FPL (and in some cases <130% FPL) and MediCal is available to adults who are less than 138% FPL. San Francisco's \$15.00 minimum wage equates to \$31,200 annually working full time which remains significantly less than what is needed to live in San Francisco with children.

¹⁹ John Lynch, George Davey Smith, Sam Harper, Marianne Hillemeier, Nancy Ross, George A Kaplan, and Michael Wolfson. Is income inequality a determinant of population health? part 1. a systematic review. *The Milbank quarterly*, 82:5-99, 2004.

²⁰ Wikipedia contributors. (2018, August 2). List of highest-income counties in the United States. In *Wikipedia, The Free Encyclopedia*. Retrieved 16:50, August 10, 2018, from https://en.wikipedia.org/w/index.php?title=List_of_highest-income_counties_in_the_United_States&oldid=853055531

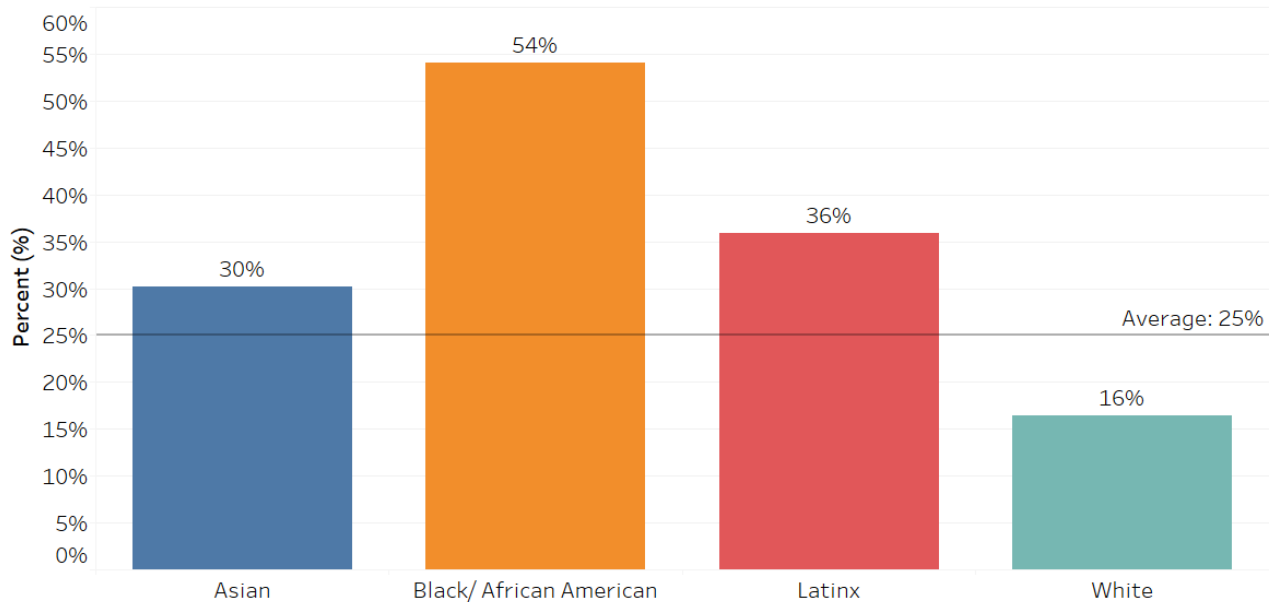
Self-sufficiency Income by Family Type, San Francisco, 2014



Data Source: Insight Center for Community Economic Development, 2014.

Though we do not have good data on the proportion of San Franciscans who are living below the Self Sufficiency Standard (which is approximately 300-400% FPL), data on populations below 200% FPL in San Francisco paints a dire picture particularly for communities of color. 54% of Black/African American residents, 36% of Latinx residents, and 30% of Asian residents are living at less than 200% FPL compared to 16% of White residents. Overall, approximately 1 in 4 San Franciscans are living at less than 200% FPL, well below what is needed to have basic needs met.

Percent of Population Living below 200% Federal Poverty Level by Race/Ethnicity, San Francisco, 2012-2016



Data Source: American Community Survey (ACS), United State Census Bureau, 2012-2016

In this context, the Committee recognizes the need to support basic needs such as food security in order to support the health of low income communities of color whose health is particularly vulnerable to negative influences such as sugary beverage consumption. Investment in affordable food access and food security is also a consistent request the Committee has heard from community members through a variety of forums.

Current State of Food Security, Food & Drink Environment, and Nutrition in San Francisco

Food Security

Food security is the ability, at all times, to obtain and consume enough nutritious food to support an active, healthy life. Food insecurity exists when the ability to obtain and prepare nutritious food is uncertain or not possible. Food insecurity can have far reaching impact throughout the life course that helps establish and perpetuate health disparities; fetal development in utero is impacted by maternal food security and that impact on early development can increase unborn babies' lifetime risk of obesity and diabetes. Children who are food insecure are more likely to have behavioral issues and worse school performance as well as more hospitalizations – all of which can limit socioeconomic advancement and lay the foundations for developing chronic disease as adults. In adults, food insecurity increases the risk of multiple chronic conditions including type 2 diabetes, heart disease, and hypertension, and exacerbates existing physical and mental health conditions. The San Francisco Food Security Task Force (FSTF), frames food security as an issues of:

1. Food Resources: the ability to secure sufficient financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis
2. Food Access: the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently
3. Food Consumption: the ability to prepare and store healthy meals, and the knowledge of basic nutrition, food safety, and cooking

“Food access” and also “affordable food” are priority concerns for community that is consistently heard in multiple forums including the DPH Town Halls, focus groups, online surveys, public testimony, and is the most commonly requested service from 211. For the purposes of this report, the Committee interprets “food access” and “affordable food” as the more encompassing term of food security. Food security is measured at the household level through the use of standard survey questions. The food security status of each household lies somewhere along a continuum extending from high food security to very low food security.

The City does not currently have data infrastructure to fully assess food security in San Francisco. However, we do know that a primary driver of food security is inadequate resources to purchase food. In this regard, data on poverty rates and the Self Sufficiency Standard (see Demographics above) reveal that 54% of Black/African American residents, 36% of Latinx residents, and 30% of Asian residents are living at less than 200% FPL compared to 16% of White residents. Overall, approximately 25%, or 1 in 4 San Franciscans, are living at less than 200% FPL. Data from the 2015-16 CHIS revealed that 50% of San Franciscans surveyed who earned less than 200% FPL were food insecure, which increased from 44% in 2013-14. Additionally, we have some data on the food security status of some specific vulnerable groups including:

- Pregnant women: Data from the Maternal and Infant Health Assessment (MIHA) survey indicate that approximately one quarter of all pregnant women in San Francisco are food insecure.



Food insecurity among pregnant women in San Francisco

26.5% among Latinx women

19.5% among Black/African American women

6.6% among Asian and Pacific Islander women

Almost no White women in San Francisco report food insecurity during pregnancy.

- Low income families with young children: Data from a sample of 803 low-income families in San Francisco participating in the Special Supplemental Program for Women, Infants and Children (WIC) program revealed that 53-60% of these families were food insecure.
- Immigrants: National research indicates that the risk for food insecurity among households with immigrants is higher than households with members who are all US born,²¹ and immigrant families

²¹ Chilton M, Black MM, Berkowitz C, et al. Food Insecurity and Risk of Poor Health Among US-Born Children of

with young children experience disparities in their ability to afford food.²² Although food insecurity rates among immigrants living in San Francisco are not available, 37% of children in San Francisco living in households headed by two immigrant parents live below 200% of FPL, compared to only 6% of children living with two US born parents.²³

- People without homes: During the 2017 San Francisco homeless survey, 52% of respondents indicated that they had experienced a food shortage in the past four weeks. It is estimated that 7,500 people without homes live in San Francisco.
- Residents of Single Room Occupancy Hotels: Approximately 500 SRO hotels in San Francisco provide housing for over 19,000 people. Most were constructed in the years immediately following the 1906 earthquake and have limited or no cooking facilities. In a study of over 600 adult residents of single-room occupancy (SRO) hotels in San Francisco conducted by the FSTF, 84% reported food insecurity even with high utilization of community food resources.
- Transitional aged youth and college students: There is growing awareness of high rates of food insecurity among youth and young adults in San Francisco. According to the 2016 National College Health Assessment data for San Francisco State University, 35% of students surveyed were food insecure. A recent assessment of 1,088 students at City College of San Francisco found that 41% were food insecure.
- Seniors and people with disabilities: An estimated one-third of low-income seniors in San Francisco are reportedly unable to afford enough food.²⁴ In San Francisco, program data from the Department of Aging and Adult Services indicate that 78% of the adults with disabilities (18-59 years) seeking home delivered meal and congregate meals were food insecure.²⁵

Despite the high level of need for food support among many communities in San Francisco, the food safety net is both impacted and not fully utilized. In 2016, 65.6% of eligible San Franciscans were enrolled in CalFresh, compared to a national average of 85% eligible enrollment. In contrast, congregate and home-delivered meal programs and many food pantries often have waiting lists of individuals who are in need of food support.

Immigrants. *American Journal of Public Health*. 2009;99(3):556-562. doi:10.2105/ajph.2008.144394.

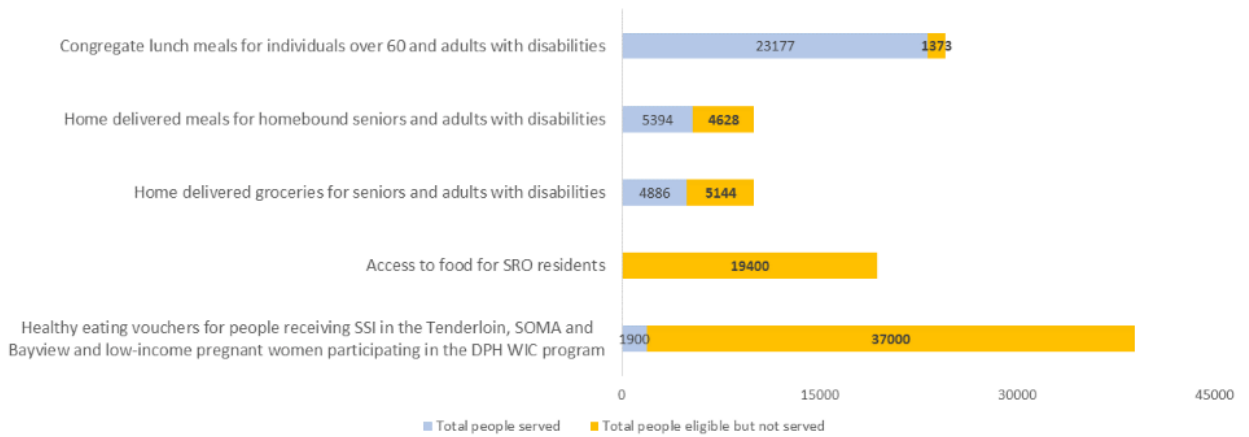
²² Food Insecurity among Immigrants, Refugees, and Asylees in the United States. Food Research and Action Center and Children's HealthWatch. February 2016. Available at: http://org2.salsalabs.com/o/5118/p/salsa/web/common/public/content?content_item_KEY=13089. Accessed June 1, 2018.

²³ United States Census Bureau / American FactFinder. "B05010: RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS BY NATIVITY OF CHILDREN UNDER 18 YEARS IN FAMILIES AND SUBFAMILIES BY LIVING ARRANGEMENTS AND NATIVITY OF PARENTS - Universe: Own children under 18 years in families and subfamilies for whom poverty status is determined." 2011 – 2015 American Community Survey. U.S. Census Bureau's American Community Survey Office, 2015. Web. 6 February 2018 >

²⁴ San Francisco Department of Aging and Adult Services Assessment of the Needs of San Francisco Seniors and Adults with Disabilities: Part II: Analysis of Needs and Services. San Francisco, CA: San Francisco Human Services Agency Planning Unit, 2016.

²⁵ Program data from San Francisco Department of Aging and Adult Services, Fiscal Year 2017-18.

Figure 4. Number of food insecure individuals who were eligible for meal programs or eating vouchers in San Francisco in 2017-2018 by whether or not they were served



Data source: San Francisco Food Security Task Force FY 2017-18 & FY 2019-20 Funding Request.
<https://www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/FSTF-Budget-Request-FY-18-19.pdf>
 Accessed 8-24-2018.

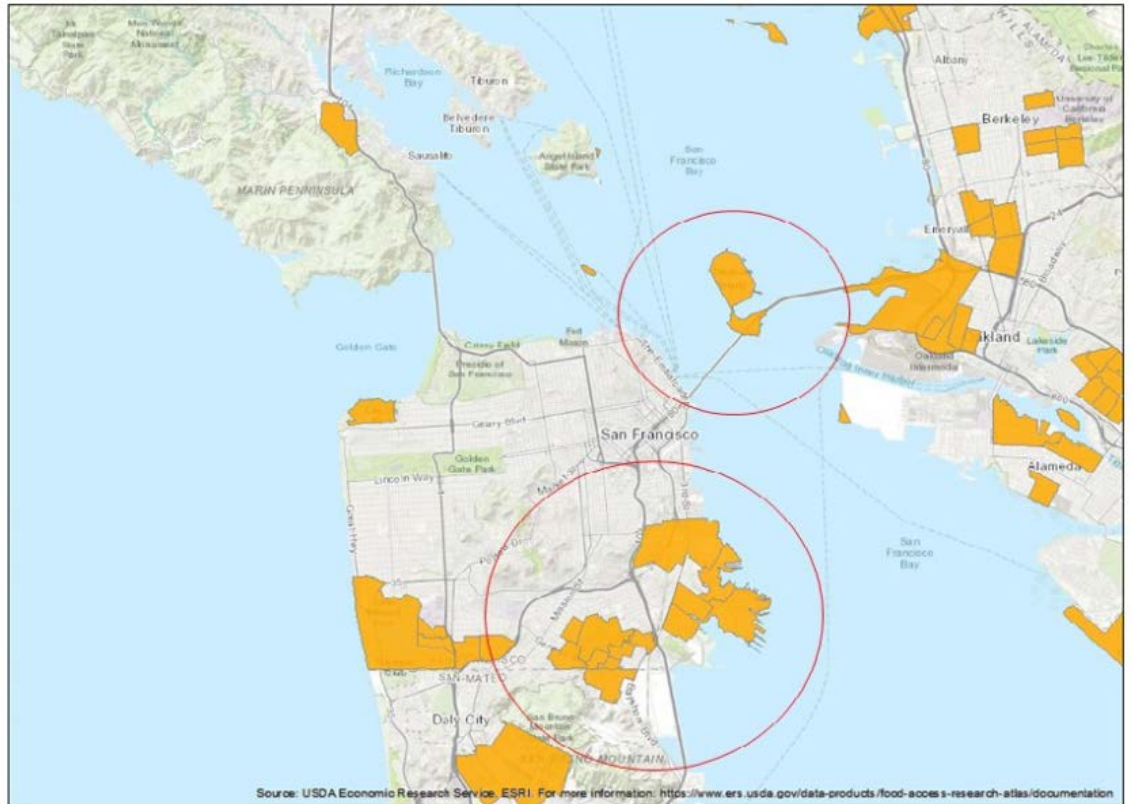
For a more detailed report on food security in San Francisco, please see the 2018 Food Security Task Force Report at www.sfdph.org/foodsecurity.

Food Environment

Although research supports the primary role of income in healthy eating,²⁶ the food retail environment is an important component of equity and the equitable distribution of resources. In several areas throughout San Francisco, there are concentrations of corner/convenience stores paired with a paucity of full service grocery stores, most often found in low-income neighborhoods. Fresh produce and a variety of healthier food items can then be more inconvenient for low-income residents to access, requiring increased travel time and expenses. Whether or not a food retail environment facilitates food security and promotes health is dependent on a number of factors beyond the type of food retail establishments available in a given neighborhood (i.e. corner/convenience store, fast-food restaurant, grocery store, etc.). These include: the convenience, quality, affordability, and cultural acceptability of healthy foods offered within the food retail store; the transportation infrastructure that affects accessibility; the acceptance of federal nutrition programs and local food purchasing supplements; the accessibility of online ordering options; and the food sourcing practices of the food retail establishment (i.e. production, distribution, and procurement of foods from local farms). According to the USDA, Southeast San Francisco and Treasure Island were designated as low-income areas with low food access.

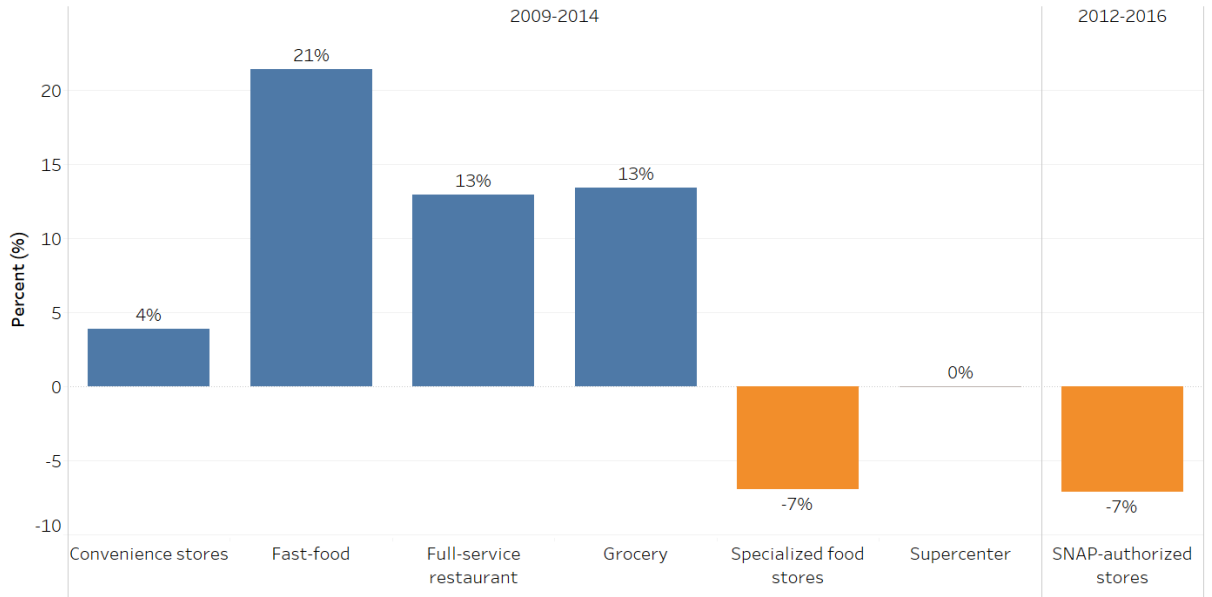
²⁶ Allcott H, Diamond R, Dube J-P, Geography of Poverty and Nutrition: Food Deserts and Food Choices across the United States. NBER Working Paper No. 24094 December 2017. doi:10.3386/w24094.

Southeast San Francisco and Treasure Island were designated as low income areas with low food access by the USDA



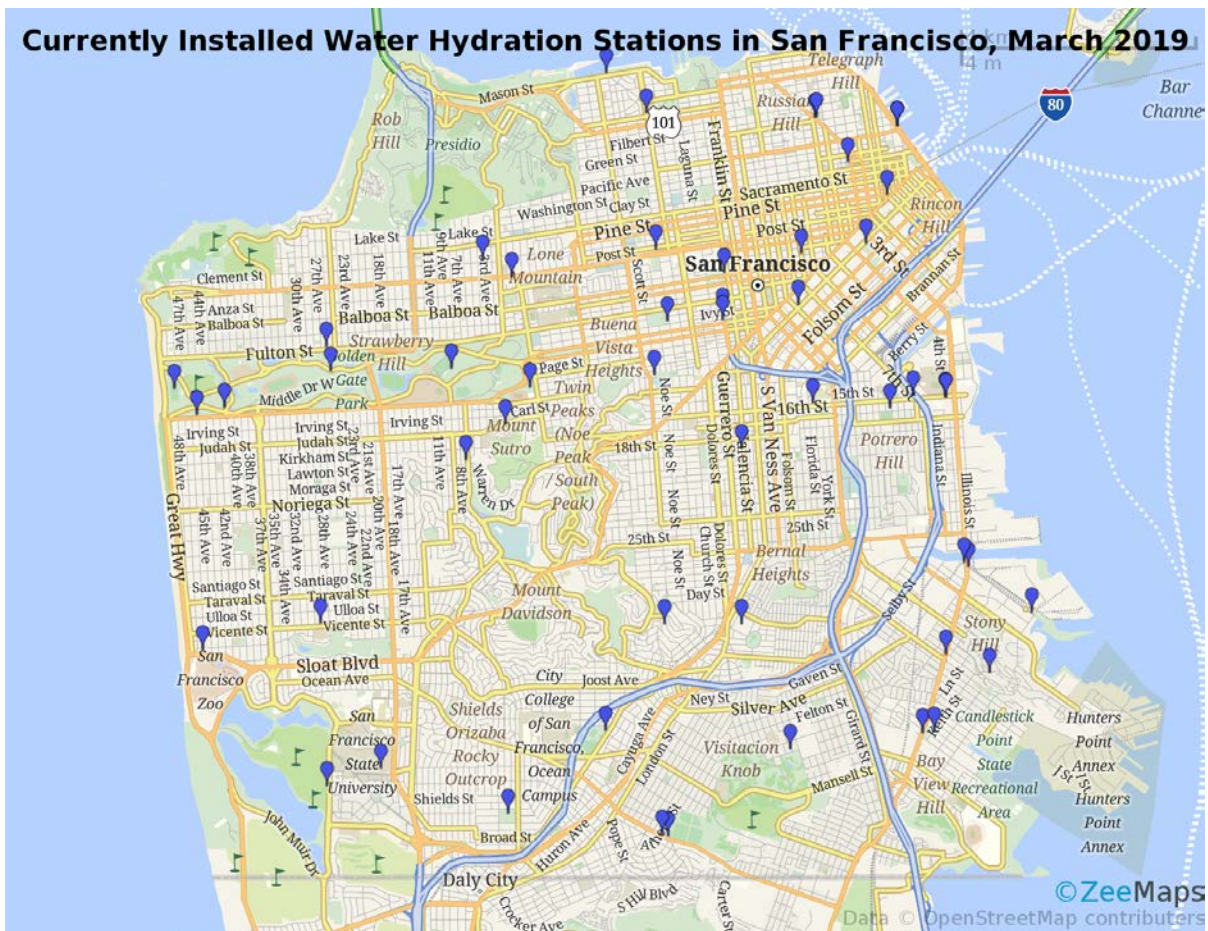
Consistent with nationwide norms to spend less time cooking and eat more meals away from home, access to ready-to-eat meals at fast food stores and full service restaurants increased in San Francisco between 2009 and 2014. The number of fast food restaurants increased by 21% from 761 to 924. The number of full service restaurants increased by 13% from 1676 to 1893. In 2014, there were 1.1 fast food restaurants and 2.2 full service restaurants for every 1,000 people in San Francisco. Meanwhile, the number of vendors authorized to accept SNAP (Supplemental Nutrition Assistance Program, formerly referred to as food stamps) decreased by 7%. In 2016, 0.55 stores per 1,000 people accepted SNAP.

Change in the Types of Food Retail or Stores Available in San Francisco, 2009-2016



As San Francisco communities increasingly recognize the health harms of sugary drinks and the beverage industry tactics to maintain consumption, San Franciscans will increasingly turn to water as the preferred beverage. Infrastructure for water access, including hydration stations, water fountains, and refillable water bottles, must exist to support the community’s desire for healthy, accessible drinking options. Hydration stations, distinct from drinking fountains, are stations designed to fill water bottles. Currently, they are not abundantly available nor equitably distributed throughout San Francisco. Thus the Committee has recommended funding to support hydration stations and refillable water bottles to promote tap water consumption and decrease sugary drink consumption.

Currently Installed Water Hydration Stations in San Francisco, March 2019



Nutrition

Breastfeeding

Breast milk is the optimal source of nutrition for most infants and is associated with health benefits for both the mother and infant. Mothers who do not breastfeed are at higher risk of several diet-sensitive chronic diseases such as diabetes mellitus, hyperlipidemia, hypertension, heart disease, and obesity as well as breast and ovarian cancer.²⁷ Breastfeeding is consistently associated with a modest reduction in the risk of later overweight and obesity in childhood and adulthood.²⁸ Thus good, optimal nutrition in the early months of life can set the stage for health outcomes in adulthood. Breastfeeding also reduces risk of pediatric infections and death in the first year of life, promotes infant brain development and is associated with improved intelligence by about 2 IQ points.²⁹ Breastfeeding has dose-dependent effects, such that both the duration and exclusivity of breastfeeding are associated with positive health benefits.³⁰ Annually, in the US, billions of dollars could be saved by reducing hypertension and heart attacks, and more than 4,000 infant deaths could be prevented, if 90% of U.S. mothers were able to breastfeed for one year after every birth.³¹

²⁷ Schwarz EB, Nothnagle M. The maternal health benefits of breastfeeding. *Am Fam Physician*. 2015 May 1;91(9):603-4

²⁸ Patro-Goląb B, Zalewski BM, Kołodziej M, Kouwenhoven S, Poston L, Godfrey KM, Koletzko B, van Goudoever JB, Szajewska H. Nutritional interventions or exposures in infants and children aged up to 3 years and their effects on subsequent risk of overweight, obesity and body fat: a systematic review of systematic reviews. *Obes Rev*. 2016 Dec;17(12):1245-1257. doi: 10.1111/obr.12476. Epub 2016 Oct 17.

²⁹ Rouw E, von Gartzten A, Weißenborn A. [The importance of breastfeeding for the infant]. [Article in German]. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2018 Aug;61(8):945-951. doi: 10.1007/s00103-018-2773-4.

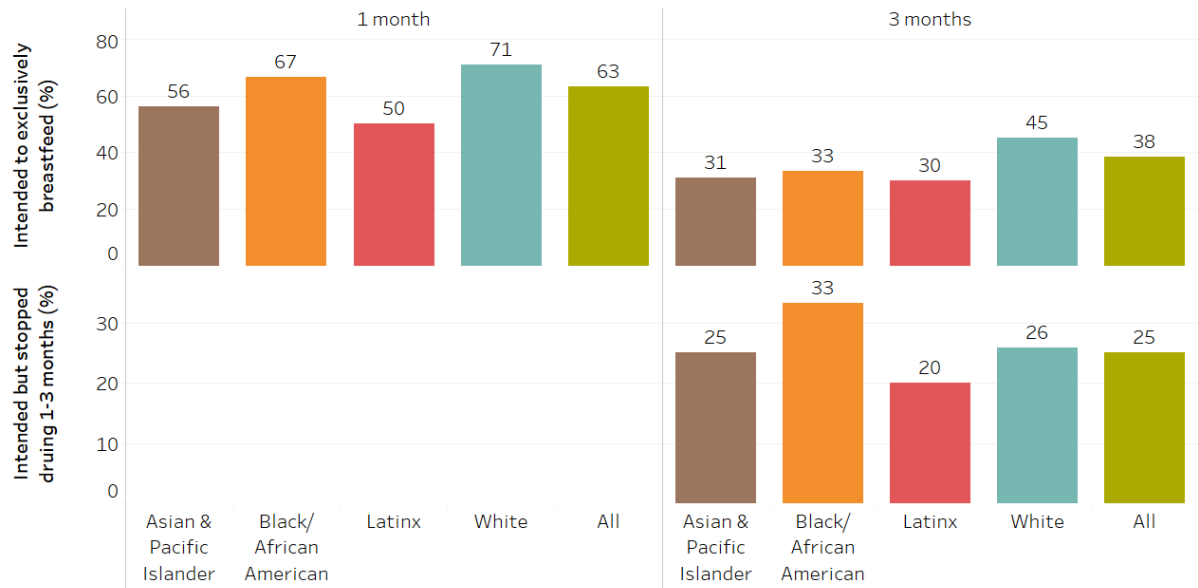
³⁰ Furman L. Breastfeeding: What Do We Know, and Where Do We Go From Here? *Pediatrics* 2017; 139(4) e201701050. <http://pediatrics.aappublications.org/content/pediatrics/139/4/e201701050.full.pdf>

³¹ Schwarz EB, Nothnagle M. The maternal health benefits of breastfeeding. *Am Fam Physician*. 2015 May 1;91(9):603-4.

In San Francisco, rates of exclusive breastfeeding at 1 month and 3 months varied by mother's age, race-ethnicity, education, income level, and parity. Less than one in three Asian/Pacific Islander, Black/African American, and Latinx women exclusively breastfed at 3 months, compared to 50% of White women. The proportion of women with a college degree who exclusively breastfed at 3 months was about triple that of women with less than a high school degree and double that of women with some college coursework but no completed degree. Almost half of women with an income over 200% of the Federal Poverty Level exclusively breastfed their infant at 3 months, compared to about 15% of women with lower income.

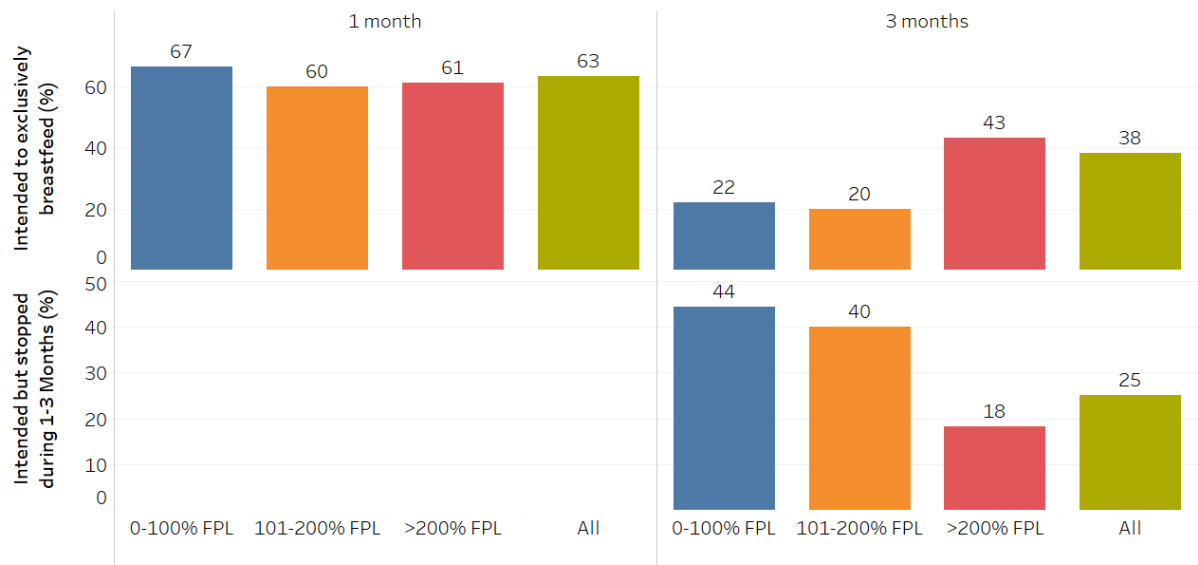
Among women who intended to exclusively breastfeed before birth, the rate of exclusive breastfeeding at 1 month did not differ markedly between groups. Rates were not significantly higher for White vs. Black/African American women, higher income vs lower income, or women with private vs public health insurance. However, after 1 month, rates of exclusive breastfeeding dropped significantly faster for younger, non-White, and lower income groups than for older, White, and higher income groups. The proportion of women with an income below 100% of the Federal Poverty Level, who intended to exclusively breastfeed before birth and did so for the 1st month, decreased by 67% between 1 and 3 months postpartum. The corresponding decrease among women with an income above 200% of the Federal Poverty Level was 30%.

Exclusive Breastfeeding at 1 and 3 Months by Race/Ethnicity, San Francisco, 2013-2015



Data Source: Maternal and Infants Assessment (MIHA), California Department of Public Health (CDPH), 2013-2015

Exclusive Breastfeeding at 1 and 3 Months by Income Level, San Francisco, 2013-2015



Data Source: Maternal and Infants Assessment (MIHA), California Department of Public Health (CDPH), 2013-2015

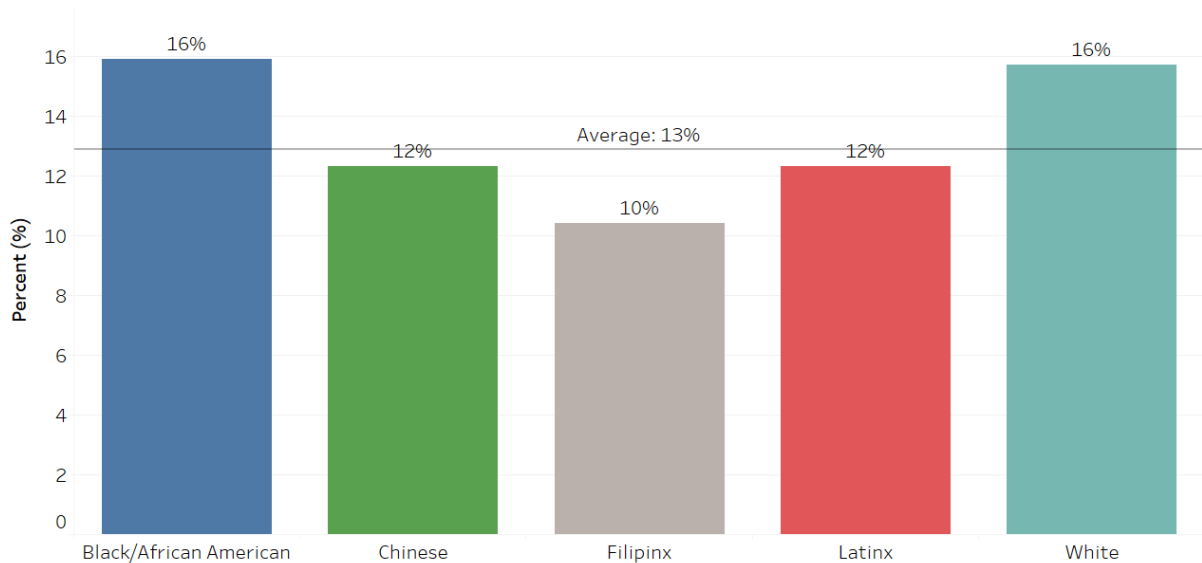
Produce Consumption

Local consumption of fruit and vegetables is below recommendations for the majority of children and teens and for at least 1 in 7 adults. In 2012-2016, about two thirds of San Francisco children and teens reported eating less than 5 servings of fruits and vegetables daily according to the California Health Interview Survey (CHIS). The Behavioral Risk Factor Surveillance System (BRFSS) asks similar questions about adult vegetable consumption which revealed that 14% of San Francisco respondents reported eating vegetables less than one time per day.³²

³² CDC. BRFSS Prevalence & Trends Data: Explore by Topic. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&isIClass=CLASS06&isITopic=TOPIC60&isIYear=2015&rdRnd=67664

Among high school students, the odds of reporting 5 or more servings of fruit and vegetables per day does not vary by race-ethnicity (See Figure 2). In 2013-2017, 16% of Black/African American and White students and 12% of Chinese and Latinx students reported eating 5 or more servings of fruit and vegetables per day.

Percent of High School Students Reporting 5+ Servings of Fruits/Vegetables per Day by Race/Ethnicity, San Francisco, 2013-2017



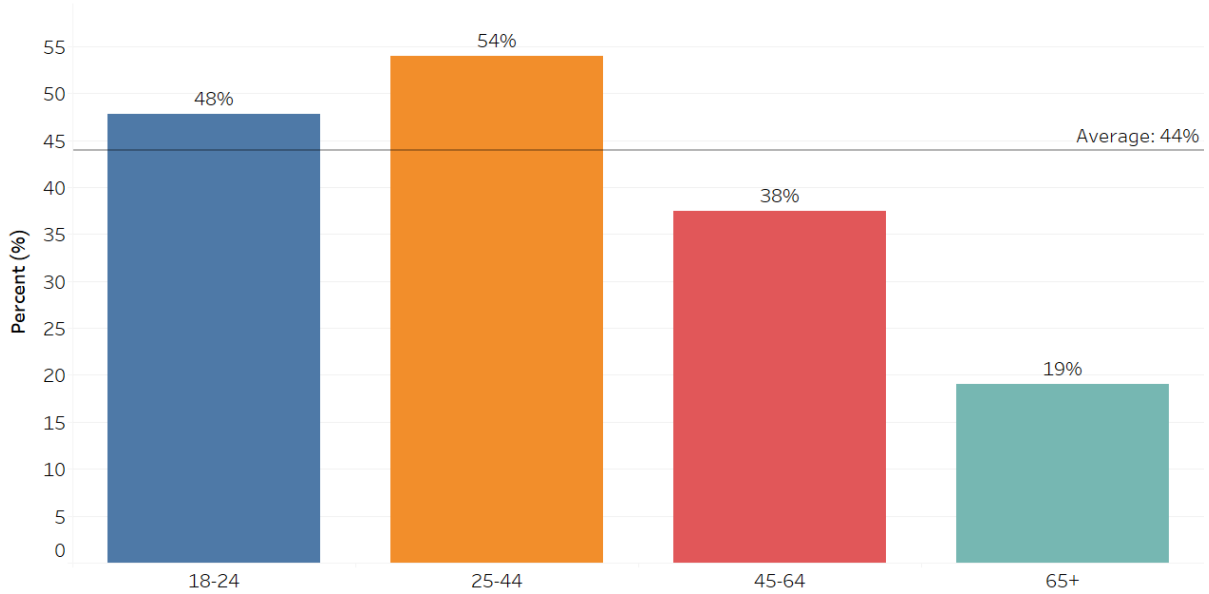
Data Source: Youth Risk Behavior Surveillance System (YRBSS), Center for Disease Control and Prevention (CDC), 2013-2017

In contrast, consumption of fast food is in excess of recommendations. Over the past five years, over 44% of San Franciscans reported eating fast food at least weekly. Younger adults and males were over two times more likely to report eating a fast food meal in the past 7 days³³. In 2014-2016, 54% of adults between the ages 25 to 44 years reported eating fast food at least weekly compared to 19% of adults aged 65 or older. Half of the men who responded to the California Health Interview Survey reported eating fast food weekly, compared to 37% of the women surveyed³⁴.

Among adults, the odds of reporting fast food varies by race-ethnicity. Two times more Latinx adults reported eating fast food at least weekly than White adults.

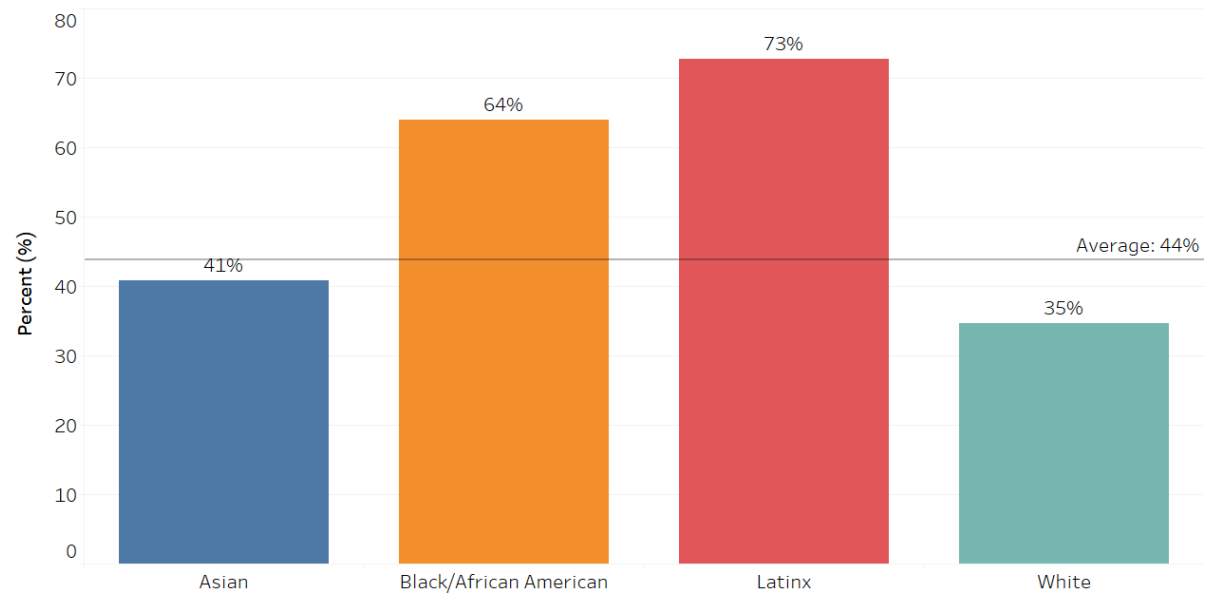
³³ CDC. BRFSS Prevalence & Trends Data: Explore by Topic. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&isIClass=CLASS06&isITopic=TOPIC60&isIYear=2015&rdRnd=67664
³⁴ CDC. BRFSS Prevalence & Trends Data: Explore by Topic. https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByTopic&irbLocationType=StatesAndMMSA&isIClass=CLASS06&isITopic=TOPIC60&isIYear=2015&rdRnd=67664

Percent of Adults Who Reported Eating Fast Food Weekly by Age Group, San Francisco, 2014-2016



Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2014-2016.

Percent of Adults Who Reported Eating Fast Food Weekly by Race/Ethnicity, San Francisco, 2014-2016



Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2014-2016.

Current State of Physical Activity and Built Environment

Physical activity is defined as any bodily movement that requires energy expenditure. The Centers for Disease Control and Prevention (CDC) recommends that children and adolescents, age 5 to 17 years, should do at least 60 minutes of moderate-to-vigorous physical activity daily, while adults, age 18 years and above, should do at least 150 minutes of moderate-intensity physical activity, 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous activity throughout the

week.³⁵ The National Association for Sport and Physical Education set physical activity guidelines for infants to children 5 years old at a minimum of 120 min of daily in the form of 60 min of structured activity and 60 minutes of unstructured activity.³⁶

Regular physical activity can help people live longer, healthier lives. According to WHO, physical inactivity has been identified as the fourth-leading risk factor (after hypertension, tobacco use, and high blood sugar) for mortality, causing an estimated 3.2 million deaths globally.³⁷ Physical activity protects against many chronic health conditions including obesity, cardiovascular disease, type 2 diabetes, metabolic syndrome, and cancer (breast and colon). Through the release of serotonin, exercise can help reduce stress, anxiety, and depression.³⁸

Beyond physical and mental health, physical activity has been found to be vital to the success of students. It supports learning by improving concentration and cognitive functioning, and has been shown to have a positive influence on students' academic performance.³⁹ California uses the FitnessGram® to assess physical fitness of 5th, 7th and 9th graders. On average, California students who achieve more fitness standards perform better on standardized tests.⁴⁰

Despite health advantages of physical activity, a 2009 summary by the Robert Wood Johnson Active Living Research Program revealed that less than 50 percent of children and adolescents as well as less than 10 percent of adults in the U.S. achieve public health recommended goals of 30 to 60 minutes per day of moderate to vigorous physical activity on five or more days per week.⁴¹

The environments in which we live can have significant impact on our level of physical activity. Institutional policies and practices, living conditions, especially physical and social environments, and individual factors interact to promote or inhibit physical activity.^{42,43,44} Land use and transportation policies determine the location and design of infrastructure and activities.⁴⁵ Neighborhood features such as parks, sidewalks, bicycle trails, recreational facilities, nearby shops, and public transportation stops promote leisurely physical activity, sports, and active transportation.^{(40)46,47}

Although 95% of San Francisco's population lives within one half mile of a public recreation facility (defined as athletic fields, meeting spaces/activity centers, performance spaces, and recreational centers/pools run by the San Francisco Recreation and Park Department), Treasure Island currently has no recreation facilities, and only 32% of Mission Bay and 41% of Financial District/South Beach residents are

³⁵ Centers for Disease Control and Prevention, "Physical Activity Guidelines," Centers for Disease Control and Prevention. [Online]. Available: https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm. [Accessed: 07-Sep-2018].

³⁶ N. A. for Sport and P. Education (NASPE), *Active Start: A statement of physical activity guidelines for children from birth to age 5. (2nd ed.)*. American Alliance for Health, Physical Education, Recreation, and Dance, 2009.

³⁷ World Health Organization (WHO), "Physical activity, Fact sheet No. 385, updated January 2015," 2015.

³⁸ Robert Wood Johnson Foundation, "Active Education: Growing Evidence on Physical Activity and Academic Performance. 2015," Robert Wood Johnson Foundation, 2015.

³⁹ C. E. Basch, "Physical activity and the achievement gap among urban minority youth.," *The Journal of school health*, vol. 81, no. 10, pp. 626–634, Oct. 2011.

⁴⁰ G. Green, J. Henry, and J. Power, "Physical Fitness Disparities in California School Districts: A Practicum Issue Briefer for The City Project," USC Price School of Public Policy, May 2015.

⁴¹ Active Living Research Program, "Active Transportation: Making the Link from Transportation to Physical Activity and Obesity," Active Living Research Program, 2009.

⁴² Transportation Research Board, *Does the Built Environment Influence Physical Activity?* Washington, D.C.: National Academies Press, 2005.

⁴³ J. F. Sallis and M. F. Hovell, "Determinants of exercise behavior.," *Exercise and sport sciences reviews*, vol. 18, no. 1, pp. 307–330, 1990.

⁴⁴ N. E. Sherwood and R. W. Jeffery, "The behavioral determinants of exercise: implications for physical activity interventions," *Annual review of nutrition*, vol. 20, no. 1, pp. 21–44, 2000.

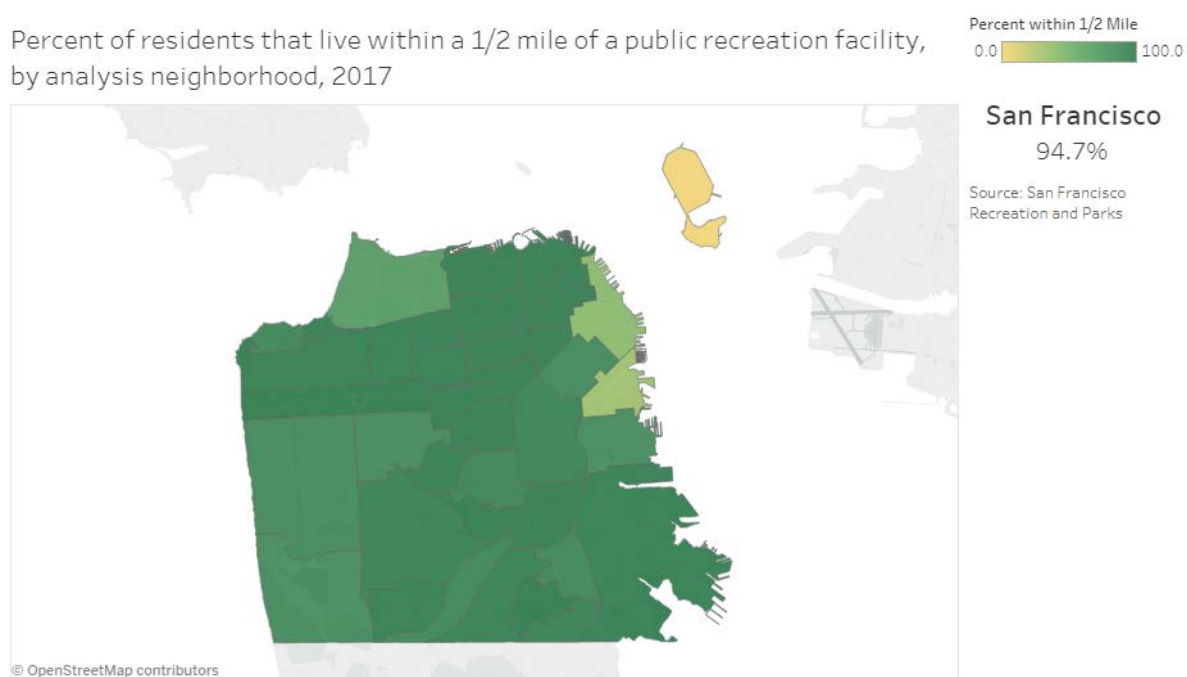
⁴⁵ E. S. L Parker AC Burns, Ed., "Local Government Actions to Prevent Childhood Obesity," Washington (DC): National Academies Press (US), 2009.

⁴⁶ Center for Disease Control and Prevention, *Barriers to Physical Activity*. 2016.

⁴⁷ S. Allender, G. Cowburn, and C. Foster, "Understanding participation in sport and physical activity among children and adults: a review of qualitative studies," *Health education research*, vol. 21, no. 6, pp. 826–835, 2006.

within one half mile of a facility. Potrero Hill and western neighborhoods (including Sunset/Parkside, Inner Sunset, and Lakeshore) also have 10% or more of residents living more than a half mile away from a recreation facility.

Percent of residents that live within a 1/2 mile of a public recreation facility, by analysis neighborhood, 2017



However, existence of infrastructure alone is insufficient. Barriers to use of facilities and physical activity include costs, poor access to facilities, and perceived unsafe environments.^{48,49,50} Institutional policies, including those in the workplace and school and childcare, also affect health. Policies including transportation vouchers, on-location gyms, safe routes to school, recess, physical education, and after-hours availability of the school yard for play can boost physical activity among children and adults.⁵¹ Additionally, social support is instrumental in starting and maintaining a physically active lifestyle. Persons who receive encouragement, support or companionship from family and friends are more likely to form positive views of physical activity and to begin and continue being physically active. (prior footnotes 44,45,49,⁵²) At the individual level, interest in and ability to do physical activity vary. Individuals may have physical or emotional blocks to doing physical activity. Examples include a lack of skills or confidence; a functional limitation associated with a disability, a chronic disease, or increased age; habits such as cigarette smoking or drinking alcohol; as well as a dislike for physical activity. (prior footnote 44,^{53,54}) Additional personal barriers which are commonly cited are competing priorities, limited discretionary time

⁴⁸ S. Allender, G. Cowburn, and C. Foster, "Understanding participation in sport and physical activity among children and adults: a review of qualitative studies," *Health education research*, vol. 21, no. 6, pp. 826–835, 2006.

⁴⁹ V. Rangul, T. L. Holmen, A. Bauman, G. H. Bratberg, N. Kurtze, and K. Midthjell, "Factors predicting changes in physical activity through adolescence: the Young-HUNT Study, Norway.," *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, vol. 48, no. 6, pp. 616–624, Jun. 2011.

⁵⁰ V. Seefeldt, R. M. Malina, and M. A. Clark, "Factors affecting levels of physical activity in adults," *Sports Medicine*, vol. 32, no. 3, pp. 143–168, 2002.

⁵¹ A. C. Lindsay, M. L. Greaney, S. F. Wallington, T. Mesa, and C. F. Salas, "A review of early influences on physical activity and sedentary behaviors of preschool-age children in high-income countries," *Journal for Specialists in Pediatric Nursing*, 2017.

⁵² S. J. Chung, A. L. Ersig, and A. M. McCarthy, "The Influence of Peers on Diet and Exercise Among Adolescents: A Systematic Review," *Journal of Pediatric Nursing*, vol. 36, pp. 44–56, 2017.

⁵³ S. Yazdani, C. T. Yee, and P. J. Chung, "Factors predicting physical activity among children with special needs.," *Preventing chronic disease*, vol. 10, p. E119, Jul. 2013.

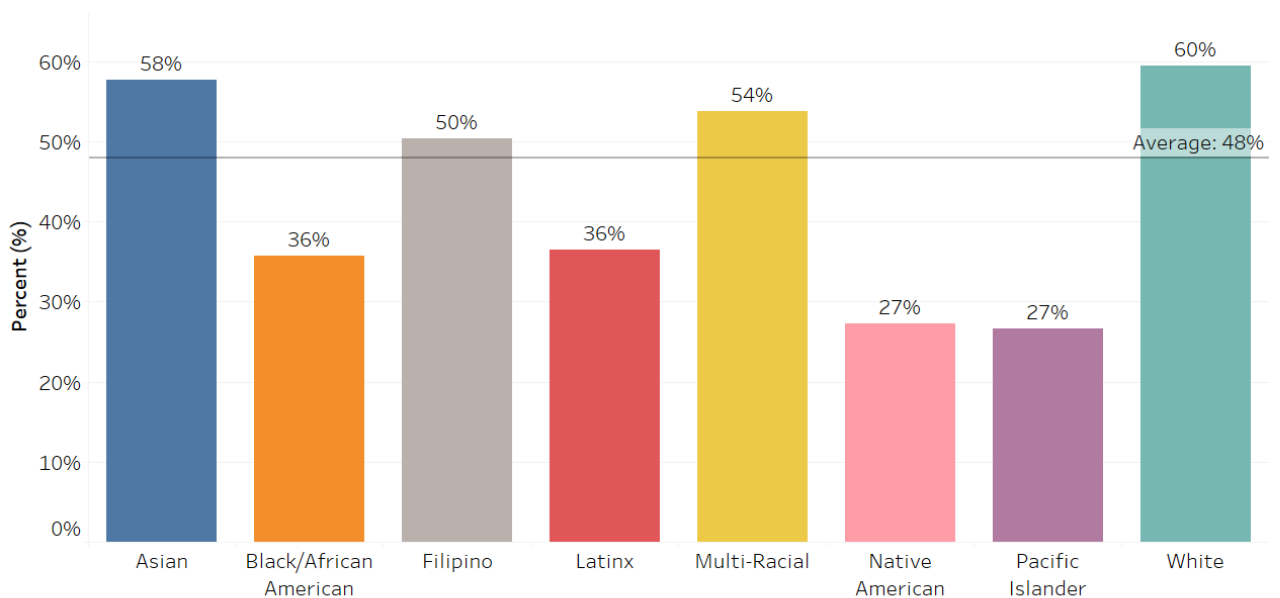
⁵⁴ K. Hesketh, R. Lakshman, and E. Sluijs, "Barriers and facilitators to young children's physical activity and sedentary behaviour: a systematic review and synthesis of qualitative literature," *Obesity Reviews*, 2017.

and/or money, lack of childcare, and a lack of culturally-appropriate activities.

Walking or biking for utilitarian trips, sometimes referred to as active transportation, is an opportunity to incorporate routine physical activity into daily living. In San Francisco, 50% of adults age 18 and older reporting walking for transportation or leisure for at least 150 minutes in one week in 2014 which is significantly higher than the 33% of adults statewide who walked for at least 150 minutes.

According to the California State Board of Education’s standardized FitnessGram® which tests students in grades 5, 7, and 9 on six measures of fitness, almost half of 5th, 7th and 9th grade SFUSD students are not physically fit - defined as being in five or six out of six “Healthy Fitness Zones”. Overall, San Francisco students perform worse than California students overall. Children from economically disadvantaged households perform worse than students from families who are not economically disadvantaged. While 60% of Asian and White 5th grade students score within five or six zones, less than 40% of Black/African American, Latinx, and less than 30% of Pacific Islander, Native American grade students do the same).

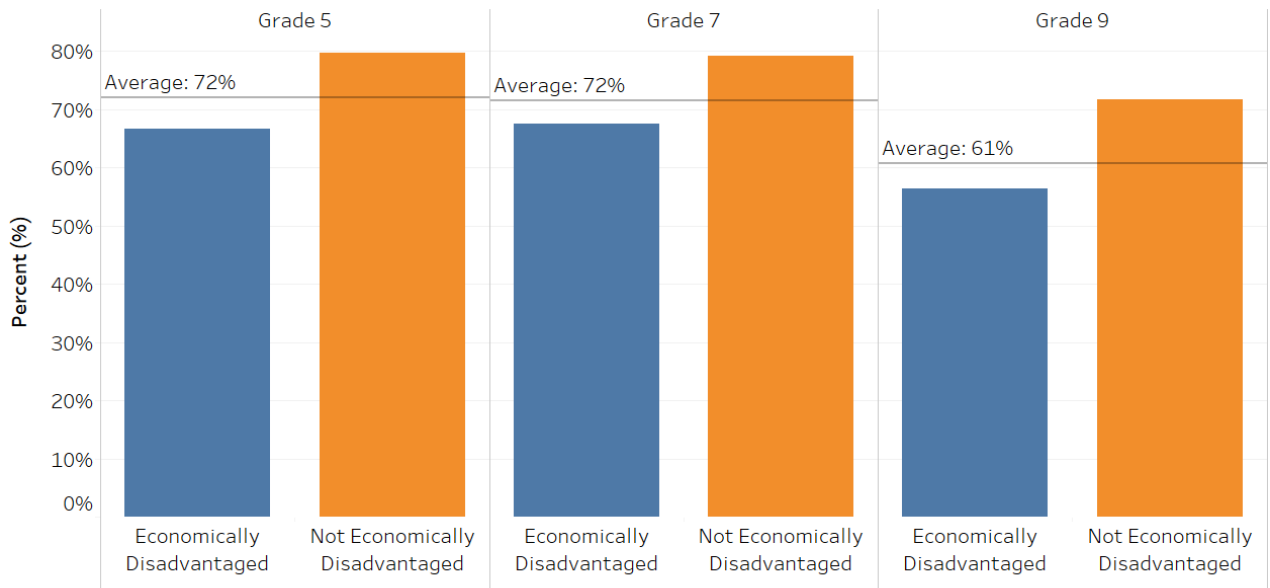
Percent of SFUSD 5th Grade Students Meeting 5+ of 6 Statewide Fitness Standards by Race/Ethnicity, San Francisco, 2016-2017



Data Source: California Department of Education FitnessGram, 2016-2017

One of the most potent measures of physical fitness from the FitnessGram® test is aerobic capacity because of its relationship to cardiovascular and metabolic health. In San Francisco, about 70% of 5th and 7th graders meet the standard for aerobic capacity. About 60% of high school students meet the standard. When examined by income, the percentage of students identified as not economically disadvantaged who met the aerobic standard was more than 10 percentage points higher than those identified as economically disadvantaged. By ethnicity, around 80% of White and Asian students meet aerobic standards in 5th and 7th grade while only 50-65% of Black/African American and Latinx students do the same. In 9th grade those rates for White and Asian students drop to around 70%, while for Black/African American and Latinx students they drop to around 40%.

Percent of SFUSD Students Who Do Not Meet the Aerobic Capacity Fitness Standard by Income Level, 2016-2017



Data Source: California Department of Education FitnessGram, 2016-2017

Mortality in San Francisco

A broad summary of the findings above about the current economic environment as well as the state of nutrition and physical activity in San Francisco generally show worse measures among lower income communities and ethnic minorities, particularly Latinx and Black/African American communities. Most data sources do not allow for sub-analyses that show the health behaviors or outcomes for ethnic minority communities like Pacific Islander, Native Americans, and Filipinx who are known to face disparities in health outcomes and health behaviours similar to Latinx and Black/African American communities. Looking downstream at the ultimate health consequences of these factors and many other determinants of health, it is both unfortunate and not surprising that Black/African Americans and Pacific Islanders have the lowest life expectancy in San Francisco, with an average life expectancy of 72 and 76 years, respectively, compared to the average life expectancy of 83 years. Latinx and Asians both have longer life expectancies than Whites.

Life Expectancy at Birth by Race/Ethnicity and Gender, San Francisco, 2015-2017

Race/Ethnicity	All	Female	Male
All	83	86	80
Asian	87	90	84
Black/African American	72	76	68
Latinx	85	88	83
Multi-Racial	96	97	94
Native American	75		
Pacific Islander	76	77	75
White	82	84	80

Data Source: Death Statistical Master Files, California Department of Public Health (CDPH), 2015-2017.

When looking at the burden of premature mortality, Years of Life Lost (YLL) weights each death by the years of remaining life expectancy at the time of death, based on a standard population. From this, we see the top contributors to Years of Life Lost are diet-sensitive chronic diseases like ischemic heart disease, cerebrovascular disease, hypertensive disease, and diabetes which is consistent with the major causes of death. What is rather striking is the disproportionate Years of Life Lost among Black/African Americans relative to other ethnic groups for virtually all causes of death.

Diseases connected to sugary drinks are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary drinks. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. Black/African American death rates from diabetes are two times higher than San Francisco’s overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinx and 73% of Black/African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and Black/African American children also have a higher prevalence than the average for cavities.

Further information on the Current Status of Diet-Sensitive Disease can be found in Appendix D. Most of the data presented in that section were presented in the 2018 Sugary Drinks Distributor Tax Report and remain largely unchanged since, for the most part, there have not been any new, updated data to incorporate into new analyses.

III. Sugary Drinks Distributor Tax Advisory Committee Recommendations

ADVISORY COMMITTEE PROCESS

Upon completion of its first report in March 2018, the Committee was not reconvened again until May 2018, this time with DPH serving as the backbone staff. From May through December, the Committee met monthly and added an extra meeting in February 2019 to complete its recommendations and this report.

In addition to the full monthly Committee meetings, many Committee members participated in one or two subcommittees. The three subcommittees continued their work from the previous year: Data and Evidence, Community Input, and Infrastructure. Each subcommittee gathered input from experts, stakeholders, community groups, and sugary drink tax advisors from other cities. The full Committee also heard community input at meetings and through DPH Town Halls, and each subcommittee was encouraged to incorporate public feedback in its recommendations. The Committee's recommendations were informed by scientific data and evidence; community input via community focus groups, town halls, and online surveys; and the learnings from other jurisdictions that have implemented similar taxes.

The Co-Chairs also conducted meetings with the Mayor's office and members of the Board of Supervisors to describe the process for developing recommendations and to describe our strategies in more depth. Additionally, they participated along with backbone staff in national conference calls with representatives of other jurisdictions that have passed sugary drink taxes.

As previously described in this report, the Committee is tasked with making two-year budget recommendations to coincide with the City's two-year budget cycle every year. The Committee expects new information will emerge during the course of the first year (from funded organizations, ongoing community input, new data and evidence, etc.) that will inform potential changes to its second year budget recommendations. For example, this year the Committee is making recommendations for expenditures in FY 19-20 and FY 20-21. The Committee will re-evaluate its FY 20-21 recommendations at the end of 2019 and may make changes, if deemed appropriate, for its final FY 20-21 recommendations in early 2020.

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee recommends that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco. Report back when about funds us

The Sugary Drinks Distributor Tax Advisory Committee voted on February 20, 2019 to make the funding recommendations for FY 19-20 and FY 20-21 as described in the recommendations section.

Data and Evidence Subcommittee

The mission of the Data and Evidence Subcommittee is to review, analyze and share research within the context of our San Francisco communities to help inform and support the work of the Sugary Drinks Distributor Tax Advisory Committee.

The duties of the subcommittee are to:

- Collect and review research and data that would be helpful to the work of the committee;
- Help inform and support efforts to analyze the impact of the SDDT on sugary drink pricing, public health, and consumer purchasing behavior; and
- Help inform efforts to evaluate programs and work funded by SDDT.

The following members of the Committee were active members of the Data and Evidence Subcommittee during the development of this report:

Jonathan Butler, (Seat 5: research/medical institution), Data and Evidence Subcommittee Chair

Joi Jackson-Morgan, (Seat 3: Health equity Black/African American), SDDTAC Co-Chair

Roberto Vargas, (Seat 4: research/medical institution), SDDTAC Co-Chair

Saeeda Hafiz, (Seat 8: San Francisco Unified School District)

Libby Albert, (Seat 9: San Francisco Unified School District, resigned January 2019)

Rita Nguyen, (Seat 10: DPH chronic disease)

Irene Hilton, (Seat 11: DPH oral health)

Lyra Ng, (Seat 16: Children 0-5 years-old, resigned January 2019)

The Data and Evidence Subcommittee met on a monthly basis with a total of nine meetings from September 2018–February 2019:

September 5, 2018	January 16, 2019
September 19, 2018	January 22, 2019*
October 17, 2018	February 4, 2019*
November 29, 2018	February 13, 2019
December 19, 2018	

*Special meetings to prepare for extra Committee meetings

Meetings are approximately 2 hours long and agenda items included: (1) developing the subcommittee’s mission and duties; (2) creating a work plan that identifies subcommittee tasks in alignment with the goals of the Committee; (3) reviewing and discussing data collected by DPH; (4) reviewing and discussing DPH’s focus group report; (5) reviewing the Committee’s evaluation plans, needs, and funding; (6) presenting research on health disparities and factors that contribute to health disparities; and (7) presenting FY19/20 and FY20/21 recommendations for strategic investments that are evidence-based and data-driven to the SDDTAC.

Additionally, select subcommittee members have: (1) hosted SFUSD student forum to develop and share student-designed strategies to be funded by the SDDT; (2) contacted Bay Area academic researchers to review the subcommittee's synthesis of data driven and evidence-based interventions and strategies to be considered by the full Committee; and (3) Invited speakers to present on relevant research to the Committee.

Future Considerations for Data and Evidence

The Data and Evidence Subcommittee recommends that the DPH data section of the annual report be prepared by each fall for the Data and Evidence Subcommittee to review and provide input that may inform the full Committee's recommendations.

The Data and Evidence Subcommittee remains committed to helping inform the SDDTAC recommendations with objectiveness and dedication to evidence-based scientific information in the context of community through the remaining time of the SDDTAC on behalf of all the residents of the City and County of San Francisco.

Community Input Subcommittee

The mission of the Community Input Subcommittee is 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. This subcommittee recognizes the disproportionate health burdens felt by communities of color and low-income communities and the need to have members of these communities actively participate in shaping funding recommendations for strategies, approaches and services that contribute to decreasing the consumption of sugary drinks for those most impacted, as well as all San Franciscans. This subcommittee also recognizes the necessity for the Committee to create mechanisms by which information about the recommendation process and the implementation of the SDDT can be communicated to members of the public, including disproportionately impacted communities. With this as our guiding perspective, the Community Input Subcommittee worked in partnership with the Department of Public Health (DPH), who provided backbone staffing for the Committee, to support and give feedback related to community engagement and outreach efforts.

The duties of this subcommittee are to:

1. Evaluate the funding process and extent to which the intent of the original recommendations are implemented through community input;
2. Make recommendations to full committee for any needed improvements to next round of recommendations/funding process based on community input;
3. Ensure that implementing organizations are getting the support they need; as well those who may need support responding to calls for proposals;

4. Solicit input from the community about SDDTAC recommendations and related processes;
5. Advocate for community engagement activities such as Town Hall meetings; be present at such events and report back to the committee;
6. Recommend the addition of public engagement component be a part of the funding process;
7. In collaboration with the Infrastructure Subcommittee, develop a process for some funded organizations to report out to the Committee and the public what they have done or what they intend to do; and
8. Oversee strategic outreach to communities.

The following members of the Committee were active members of the Community Input Subcommittee during the development of this report:

Vanessa Bohm, (Seat 1: Health equity – Latino/Chicano/Indigena), Community Input Subcommittee Co-Chair

Ryan Thayer, (Seat 12: DPH Food Access/Security, resigned January 2019), Community Input Subcommittee Co-Chair

Kent Woo, (Seat 2: Health equity - Asian/Pacific Islander)

Joi Jackson-Morgan, (Seat 3: Health equity - Black/African American), SDDTAC Co-Chair

Jonathan Butler, (Seat 5: research/medical institution)

Janna Cordeiro, (Seat 15: SFUSD Parent Advisory Council)

Shelley Dyer, (Seat 12: DPH food access/food security)*

Alexandra Emmott, (Seat 9: San Francisco Unified School District)**

*Shelley Dyer was appointed to replace Ryan Thayer. Shelley's first meeting of SDDTAC was January 16, 2019.

**Alexandra Emmott was appointed to Seat 9 by SFUSD as of January 2019.

Almost all of the subcommittee members participated in one or both the sugary drink tax campaigns in 2014 and 2016. All members of the subcommittee have extensive work experience with diverse communities disproportionately impacted by the consumption of sugary drinks and have expert knowledge on important issues and concerns affecting these communities. As a result, subcommittee members are well positioned to inform recommendations for community engagement and outreach efforts.

The Community Input Subcommittee has met 7 times between August 2018–February 2019:

August 24, 2018

September 21, 2018
November 16, 2018
November 30, 2018
January 11, 2019
January 31, 2019
February 15, 2019

Each meeting was approximately two hours in length. Agenda items included: (1) developing a subcommittee work plan in alignment with the SDDTAC overarching work plan; (2) discussing and providing feedback related to the 510Media campaign, DPH community engagement and outreach efforts; (3) reviewing and discussing FY 19-20 and FY 20-21 funding recommendations; and discussing and developing the subcommittee's report for the Committee's 2019 Annual Report. In addition, subcommittee members reported to and gathered community input from various community stakeholders to inform the Committee's work.

2018 Community Engagement Activities

DPH staff partnered with Resource Development Associates to organize community engagement opportunities and outreach efforts from May through October 2018 in the form of 10 focus groups (Appendix F), surveys (Appendix G) and six town hall meetings (Appendix H). In addition, community input was gathered at monthly Committee meetings through public comment. While subcommittee members did not participate directly in focus groups or the implementation of surveys, subcommittee members did have the opportunity to attend all town hall meetings to learn from the community, observe the process and provide feedback to DPH on the organization and implementation of the town hall meetings.

The feedback through the DPH-led community outreach showed that the community wanted to see more access to healthy foods, nutrition and water education, physical activity programming, etc. Participants also indicated a desire for more emphasis on health equity-related components such as access, cultural responsiveness, and age appropriateness.

Considerations for Future Community Input Opportunities

Community engagement activities and outreach efforts to gather input from diverse communities, including those most impacted by the consumption of sugary drinks, were successful overall. In general, activities were held at locations and times that were convenient for community members, taking into account working individuals, youth and elderly populations, and language and accessibility needs. Through these activities, DPH was able to collect the comments and feedback by members of the public. DPH backbone staff presented data gathered at community engagement activities at the general meetings of

the Committee. Please see DPH reports on community engagement efforts for an analysis of the community input data in Appendices F-H.

While the community engagement activities were successful in gathering important perspectives and feedback from the public representing diverse communities across San Francisco, the subcommittee suggests the following activities to inform future community engagement opportunities:

- Implement mechanisms or procedures to ensure a bi-directional flow of information between the Committee and the public, particularly from communities most impacted by the consumption of sugary drinks. Mechanisms should be established for the Committee to report back to the public the investment and impact of SDDT funding and for gathering input on the health and wellness needs, concerns and priorities of community members.
- Allocate adequate resources to fund effective community engagement strategies and activities, including but not limited to focus groups, surveys, presentations at coalition meetings, and town halls.
- Partner with community-based and faith-based organizations and coalitions, particularly those working directly with impacted communities, to effectively promote community engagement activities, gather input and ensure participation by diverse members of the community.
- Ensure input from youth via SFUSD, the Committee youth seat, etc. The subcommittee has included youth input by other means to date, in lieu of the youth seat being filled this year. Youth engagement in 2018 included: attending presentations by John O'Connell High School students on sugary drinks consumption and ideas for improvement of student health and wellness at SFUSD; youth participation in several town halls; and outreach within SFUSD; and A community convener model could be a promising approach for gathering community input in the future. Greater discussion is needed to assess the feasibility of implementing such a model.
- Identify mechanisms or procedures for both City Departments and community-based and faith-based funded programs and services to report back to community stakeholders about their impact, especially for those most impacted by the consumption of sugary drinks.
- Ongoing option for input through a standing survey link on the Committee's webpage.
- Reminding all Committee members that, as a basic premise of their Committee membership, they are responsible for representing their designated communities and/or sectors.
 - Consider developing a regular/quarterly schedule for Committee members to collect and share input to/from communities.
 - Committee members track/report information collected and provide at monthly meetings via evaluation form.
- Host Committee meetings in the community

The Community Input Subcommittee will work with DPH backbone staff to design a community engagement process and infrastructure, taking the above recommendations into consideration.

Infrastructure Subcommittee

The mission of the Infrastructure Subcommittee is to ensure needed staffing and resources are in place to support the functioning, administrative, and evaluation needs of the Committee and Subcommittees.

The duties of this subcommittee are to:

1. Provide recommendations regarding the infrastructure resources needed to support implementation of the SDDT which includes infrastructure to:
 - a. Provide administrative and operational support to the Committee and its Subcommittees
 - b. Support coordination across City departments and funded agencies.
 - c. Ensure community engagement so that Committee recommendations are developed and implemented in partnership with community
 - d. Track the economic impact of the tax on small businesses and larger corporations
 - e. Support evaluation of funded City agencies and programs
 - f. Support the creation of an annual report
 - g. Support CBOs and FBOs to respond to City RFPs related to SDDT funds
 - h. Help merchants comply with the tax
2. Ensure the full Committee is updated regularly on the progress of implementation and has opportunities to provide input as needed
3. Provide guidance/recommendations in the Committee's media relationships/communications, ensuring alignment and consistency of messaging
4. Provide regional representation with other cities with sugary beverage taxes, regularly reporting back to Subcommittee and full Committee
5. Contextualize the work of the Committee within City Department systems and processes

The following members of the Committee were active members of the Infrastructure Subcommittee during the development of this report:

Michelle Kim, (Seat 13 - Department of Children, Youth & Their Families), chair of Infrastructure Subcommittee

Linda Barnard, (Seat 14, Recreation and Parks Department)

Rita Nguyen (Seat 10 - Department of Public Health, Chronic Disease)

Jorge Rivas (Seat 7, Office of Economic and Workforce Development)

Roberto Vargas, (Seat 4 - Research/Medical Institution), Committee Co-Chair

The subcommittee met 8 times August 2018-February 2019.

August 28, 2018

September 19, 2018

October 17, 2018

November 20, 2018

December 19, 2018

January 9, 2019

January 17, 2019

February 14, 2019

Meetings are approximately 1.5 hours long. Topics for these meetings consist of: (1) reevaluating the Infrastructure Subcommittee's mission and duties; (2) creating a work plan (in coordination with Committee's overarching work plan), and (3) creating a survey to receive updates from City departments about SDDT funding. In addition, the Infrastructure Subcommittee has also dedicated time to prepare for the March 2019 report by reviewing FY 19-20 and FY 20-21 funding recommendations.

Between Subcommittee meetings, the Chair and a few other Subcommittee members have spent additional time with RDA to help facilitate and prepare for Subcommittee meetings. Subcommittee members have spent additional time outside of the Infrastructure Subcommittee to check-in with DPH regarding infrastructure needs, participate in regional media campaign meetings with other cities with sugary drink taxes, draft survey questions for reporting updates from City departments, and provide input on branding and a media campaign geared toward retailers.

Future Considerations for Infrastructure Subcommittee

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not robust. It can be difficult to recognize changes in nutrition, food security, physical activity, and diet-sensitive chronic disease. Thus the Committee has made recommendations to support data and evaluation infrastructure to better understand the impact of the SDDT especially on the communities most affected by the impact of sugary beverages. Additionally the Infrastructure subcommittee will be recommending which SDDT funded agencies should present their work to the Committee.

ADVISORY COMMITTEE RECOMMENDATIONS

SDDTAC Principles

The Committee has focused on addressing health inequities and disparities because low-income communities, communities of color, and others have historically suffered disproportionately. Despite the belief that health inequities are caused by individual behaviors, these inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create grossly unequal conditions in which people live. The cumulative impact of living under these oppressive systems, and the consistent trauma that is experienced as a result, leads to not only poor physical health but also poor mental health, including depression, anxiety, post-traumatic stress, substance abuse and addiction.

The City of San Francisco is not an exception but a reflection of these entrenched inequities and health disparities among low-income, communities of color and other discriminated groups. Data shows that within San Francisco these populations experience the highest rates of chronic diseases such as type 2 diabetes, obesity, heart disease and tooth decay. These same communities have the highest concentration of sugary beverage consumption and are disproportionately targeted by aggressive and exploitative marketing campaigns by the soda and sugary drinks industry. It is also the case that San Francisco is one of the cities in which the wealth gap between rich and poor is growing the fastest. The top 5% of the City's wealthiest make 16.6 times more than the middle class (middle 20 percent) and even greater in comparison to the City's poorest. ¹

It is imperative to address poverty and social exclusion as a root cause of health inequities while also working to address social determinants of health, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, among others. In addition, it is necessary to address health disparities from holistic approaches such as bio-psycho-social models and mind, body, spirit models that take into account the whole person and the communities in which they live.

For these reasons, the Committee prioritizes the majority of funds to be directed toward community-led initiatives. In this vein, the following strategies and approaches should be prioritized in the implementation of initiatives funded by the Sugary Drinks Distributor Tax:

1. **Community-Led & Informed.** Funded activities should value and involve communities in determining how activities are shaped and implemented in advancing health outcomes. Community-led and informed activities incorporate vision and priorities created by the people who live in a particular geographic community, put local voices in the lead, build on local strengths, and collaborate across sectors in intentional and adaptable ways that build community power and works to address root causes of inequities. Community-based organizations and faith based organizations have concrete ties to community members, demonstrated experience working in target communities, and have staff and governance that reflect those they serve. Community-based programs and services are also community endorsed and evidence- or practice-based.
2. **Culturally Relevant.** Funded activities should be shaped and informed by languages, cultural practices, traditional knowledge, perspectives, and expressions that reflect the communities and populations targeted by the activities, including being multi-cultural and multi-generational.
3. **Peer-Led/Promotora Approach.** Funds should support activities that incorporate peer led and/or promotora (community health worker) led interventions. Peer/promotora led approaches value community members as vehicles for promoting and enhancing change

among peers by educating and sharing information with those who share the same language, culture, ethnicity and life experiences as them. By doing so, peer educators/promotoras are able to remove barriers to information and services. They are natural advocates and committed to equity and social justice.

4. **Implementation provides training and employment for target community members (Workforce Development).** Activities should support development opportunities that lead to increased employability and employment, including but not limited to local hiring, job readiness training, skill and capacity building, career path development, and entrepreneurial opportunities.
5. **Collaborations & Partnerships.** Funding should support existing and new community-based partnerships and collaborations that leverage resources in order to increase capacity, effectiveness and impact of strategies, programs and services.
6. **Leadership Development.** Funding should support activities that promote the development of skills and capacity of community members to become more effective leaders in their communities; enhance leadership skills to create and implement purposeful desired community change; and build capacity of community members to work effectively with a broad range of community issues
7. **Accessible - Free & Low Cost Services.** Funding should support programs and activities that offer free and/or low-cost services to target populations to ensure accessibility and engagement with community members
8. **Intersection of Strategies and Program Areas.** Funding should support activities that incorporate multiple strategies or program areas that represent holistic approaches addressing health disparities and inequities
9. **Promotes long term policy, systems, or environmental change.** Funding should support policy, systems and environmental changes that go beyond programming and focus on the systems that create the structures in which we work, live, learn and play. Adopting a Policy, Systems & Environmental (PSE) change approach can help create sustainable, comprehensive measures to improve community health. PSE can enrich and expand the reach of current health preventive efforts and engage diverse stakeholders around the goal of improving health.

Guidelines for Implementing SDDT Funds

Given the Principles above, the Committee identified the following priority populations to be served by SDDT funding:

- Low-income San Franciscans, and/or
- Populations⁵⁵ shown to be consuming sugary drinks at a high rate, and/or
- Populations⁷⁶ disproportionately affected by diet sensitive chronic diseases (such as type 2 diabetes, obesity, heart disease, and/or tooth decay)

If a program, proposal, or initiative does not serve these specifically named populations, the Committee would be supportive of work that included a rationale or evidence that the work is serving a population that consumes sugary drinks at a high rate or is disproportionately affected by diet sensitive chronic disease.

In addition, to capture the spirit of the SDDT, the Committee made the following

⁵⁵ Including but not limited to African Americans, Asian, Latinx, Native American, and Pacific Islander populations as well as youth and young adults, particularly adolescent males.

recommendations regarding how funds from the SDDT should be spent. Expenditures should:

- 1) **Support the aims of the tax itself by reducing sugary drink consumption and supporting public health through a reduction of diet related diseases.** Examples include but are not limited to:
 - Adding new services/programming
 - Improving/augmenting existing services/programming
 - Providing replacement funding to fill gaps caused by a well-documented recent cut in funding
 - Supporting policy, systems, and environmental change
 - Supporting primary and secondary prevention efforts and not medical treatment of disease (medications, surgeries, etc.)

Priority categories for the expenditures (in no particular order) are:

- Decreasing consumption of sugary drinks
 - Increasing water consumption
 - Oral health
 - Healthy eating/food security
 - Physical activity
 - Other (e.g. research/community-based participatory research (CBPR), new innovations, etc.)
- 2) **Support implementation of the SDDT and the work of the Committee,** such as:
 - Infrastructure to support the Committee
 - Infrastructure needed to support evaluation of the Committee, including beverage prices, consumer purchasing behavior, and diet related chronic disease
 - Technical assistance to help merchants comply with the tax
 - Technical assistance to CBOs to respond to City RFPs related to SDDT funds
 - Technical assistance to CBOs around how to evaluate the impact of programs utilizing SDDT funds
 - Media and communications

Additional Recommendation

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee recommends that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco. City Agencies should also be notified that they will be expected to report back on how the funds were spent and the impact it had on San Franciscans.

SDDTAC Budget Recommendations FY19-20 and 20-21

Budget descriptions follow (designer – if possible to present the recommendations adjacent to the descriptions that would be ideal – included is an excel sheet that does so, but not very readable)

	FY19-20	FY20-21	%	Department
COMMUNITY-BASED GRANTS				
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
TOTAL COMMUNITY BASED GRANTS	\$4,290,000	\$4,290,000	41%	
SFUSD				
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF
Student Led Action	\$500,000	\$500,000		SFUSD via DCYF
TOTAL SFUSD	\$1,500,000	\$1,500,000	14%	
FOOD ACCESS				
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP
Healthy Retail	\$150,000	\$150,000		OEWD
TOTAL FOOD ACCESS	\$1,150,000	\$1,150,000	11%	
ORAL HEALTH				

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
TOTAL ORAL HEALTH	\$1,000,000	\$1,000,000	10%	
INFRASTRUCTURE				
DPH Infrastructure	\$1,000,000	\$1,000,000		DPH/CHPEP
Strategic planning	\$40,000	\$ -		DPH/CHPEP
Evaluation	\$200,000	\$200,000		DPH/CHPEP
TOTAL INFRASTRUCTURE	\$1,240,000	\$1,200,000	12%	
WATER ACCESS				
Water Access - SFUSD	\$ -	\$340,000		PUC via RPD/DPW?
Water Access - Public Spaces	\$300,000	\$ -		PUC via RPD
TOTAL WATER ACCESS	\$300,000	\$340,000	3%	
SF Recreation & Parks	\$520,000	\$520,000	5%	RPD
HOPE SF Chronic Disease Equity	\$400,000	\$400,000	4%	DPH/Behavioral Health
Total Proposed	\$10,400,000	\$10,400,000	100%	

	Budget Descriptions
COMMUNITY-BASED GRANTS	
COMMUNITY-BASED GRANTS	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"> 1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health 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) 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. 4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing 5. Community Based Participatory Research
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

	<p>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 storytelling campaigns and guidance from the Infrastructure Subcommittee on the merchant focused campaign.</p>
<p>Community engagement</p>	<p>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.</p>
<p>SFUSD</p>	
<p>School Food, Nutrition Ed</p>	<p>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.</p>
<p>Student Led Action</p>	<p>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.</p>
<p>FOOD ACCESS</p>	
<p>Healthy Food Purchasing Supplement</p>	<p>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.</p>
<p>Healthy Retail</p>	<p>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.</p>

ORAL HEALTH	
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	
INFRASTRUCTURE	
DPH Infrastructure	<p>A. Personnel</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. Professional services 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>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>E. Data 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	Additional funds for evaluation may: <ul style="list-style-type: none"> 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
WATER ACCESS	
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.
Water Access - Public Spaces	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).
SF Recreation & Parks	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations
HOPE SF Chronic Disease Equity	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.

* 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.

IV. ENDNOTES (designer - footnotes go into endnotes)

V. Appendices

Final SDDTAC Budget Recommendations for FY19-20 and FY20-21

	FY19-20	FY20-21	%	Department	Budget Description
COMMUNITY-BASED GRANTS					
Health education, food security, physical activity	\$3,260,000	\$3,260,000		DPH/CHEP	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: 1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health 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) 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. 4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing 5. Community Based Participatory Research
CBOs working with SFUSD	\$300,000	\$300,000		DPH/CHEP	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	\$680,000	\$680,000		DPH/CHEP	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	\$50,000	\$50,000		DPH/CHEP	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.
TOTAL COMMUNITY BASED GRANTS	\$4,290,000	\$4,290,000	41%		
SFUSD					
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF	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	\$500,000	\$500,000		SFUSD via DCYF	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.
TOTAL SFUSD	\$1,500,000	\$1,500,000	14%		
FOOD ACCESS					
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP	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	\$150,000	\$150,000		OEWD	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.
TOTAL FOOD ACCESS	\$1,150,000	\$1,150,000	11%		
ORAL HEALTH					
Community task forces	\$450,000	\$450,000		DPH/MCAH	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	\$350,000	\$350,000		DPH/SF Health Network	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	\$200,000	\$200,000		SFUSD via DCYF	
TOTAL ORAL HEALTH	\$1,000,000	\$1,000,000	10%		

Final SDDTAC Budget Recommendations for FY19-20 and FY20-21

	FY19-20	FY20-21	%	Department	Budget Description
INFRASTRUCTURE					
DPH Infrastructure	\$1,000,000	\$1,000,000		DPH/CHEP	<p>A. Personnel</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. Professional services 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>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>F. Data for collection (pricing) analysis (Nielsen) and purchase (IRI)</p>
Strategic planning	\$40,000	\$ -		DPH/CHEP	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	\$200,000	\$200,000		DPH/CHEP	<p>Additional funds for evaluation may:</p> <p>a. support community based participatory research (ex. street intercept, merchant interview, focus groups)</p> <p>b. develop a system to collect data</p> <p>c. expand technical assistance</p> <p>d. conduct more qualitative evaluation that can help develop stories that describe impact of tax</p>
TOTAL INFRASTRUCTURE	\$1,240,000	\$1,200,000	12%		
WATER ACCESS					
Water Access - SFUSD	\$ -	\$340,000		PUC via RPD/DPW?	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.
Water Access - Public Spaces	\$300,000	\$ -		PUC via RPD	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).
TOTAL WATER ACCESS	\$300,000	\$340,000	3%		
SF Recreation & Parks	\$520,000	\$520,000	5%	RPD	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations
HOPE SF Chronic Disease Equity	\$400,000	\$400,000	4%	DPH/Behavioral Health	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.
Total Proposed	\$10,400,000	\$10,400,000	100%		

*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.

[Print](#)

San Francisco Business and Tax Regulations Code

ARTICLE 8:

SUGARY DRINKS DISTRIBUTOR TAX ORDINANCE

Sec. 550.	Short Title.
Sec. 551.	Findings and Purpose.
Sec. 552.	Definitions.
Sec. 553.	Imposition of Tax; Deposit of Proceeds.
Sec. 554.	Registration of Distributors; Documentation; Administration.
Sec. 555.	Credits and Refunds.
Sec. 556.	Technical Assistance to the Tax Collector.
Sec. 557.	Municipal Affair.
Sec. 558.	Not a Sales and Use Tax.
Sec. 559.	Severability.
Sec. 560.	Amendment.

SEC. 550. SHORT TITLE.

This Article shall be known as the “Sugary Drinks Distributor Tax Ordinance.”

(Added by Proposition V, 11/8/2016)

SEC. 551. FINDINGS AND PURPOSE.

The U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the World Health Organization, based on a summary of the available evidence linking intake of added sugar and sugar-sweetened beverages (SSBs) to adverse health outcomes including obesity and diabetes, have recommended that Americans consume no more than 10% of their daily calories in the form of added sugar. Yet, standard single serving sizes of SSBs provide all (in a 20-ounce serving of many SSBs) or nearly all (in a 12-ounce serving) of the recommended maximum daily added sugar amount for most adults, and generally exceed the recommended maximum daily added sugar amount for children.

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and SSBs to improve health. Sugary beverages, though they can contain hundreds of calories in a serving, do not signal “fullness” to the brain and thus facilitate over-consumption.

Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that cause diabetes, cardiovascular disease, and other serious health problems. Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. For example, diabetes hospitalizations are more than triple in low-income communities as compared with higher income areas. African American death rates from DM2 are five times higher than San Francisco’s overall rate. DM2 is the fifth leading

cause of death in SF (which is an underestimate, since heart disease, the leading killer, is often a result of DM2); DM2 reduces the lifespan of San Franciscans by eight to ten years.

As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight; and in San Francisco, 46.4% of adults are obese or overweight, including 61.7% of Hispanics and 51.3% of African Americans. Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese. Every additional sugary beverage consumed daily can increase a child's risk for obesity by 60%; and one or two sugary beverages per day increases the risk of Type II diabetes by 26%.

Sugary beverages, including sweetened alcoholic drinks, represent nearly 50% of added sugar in the American diet, and, on average, 11% of daily calories consumed by children in the U.S.

Seven percent of San Franciscans are diagnosed with diabetes, and it is estimated that the City and County of San Francisco pays over \$87 million for direct and indirect diabetes care costs.

This Article 8 is intended to discourage the distribution and consumption of sugar-sweetened beverages in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugar-sweetened beverages are consumed per person each year, enacted an excise tax on sugary drinks, with the result that the purchase of taxed sugar sweetened beverages declined by 12% generally and by 17% among low-income Mexicans. The Mexico data indicate that, when people cut back on SSBs, to a significant extent they choose lower-caloric or non-caloric alternatives. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of SSBs, which in turn will reduce obesity and DM2.

The City of Berkeley became the first city in the United States to follow in Mexico's footsteps, by passing a one-cent-per-ounce general tax on distributors of SSBs within the city limits. It is estimated that the City of Berkeley, which began implementing the tax in March 2015, will collect at least \$1.2 million from the tax annually.

(Added by Proposition V, 11/8/2016)

SEC. 552. DEFINITIONS.

Unless otherwise defined in this Article 8, terms that are defined in Article 6 of the Business and Tax Regulations Code shall have the meanings provided therein. For purposes of this Article, the following definitions shall apply.

“Beverage for Medical Use” means a beverage suitable for human consumption and manufactured for use as an oral nutritional therapy for persons who cannot absorb or metabolize dietary nutrients from food or beverages, or for use as an oral rehydration electrolyte solution formulated to prevent or treat dehydration due to illness. “Beverage for Medical Use” also means a “medical food” as defined in Section 109971 of the California Health and Safety Code. “Beverage for Medical Use” shall not include beverages commonly referred to as “sports drinks,” or any other similar names.

“Bottle” means any closed or sealed container regardless of size or shape, including, without limitation, those made of glass, metal, paper, plastic, or any other material or combination of materials.

“Bottled Sugar-Sweetened Beverage” means any Sugar-Sweetened Beverage contained in a Bottle that is ready for consumption without further processing, such as, and without limitation, dilution or carbonation.

“Caloric Sweetener” means any substance or combination of substances that is suitable for human consumption, that humans perceive as sweet, and that adds calories to the diet of any human who consumes it. “Caloric Sweetener” includes, but is not limited to, sucrose, fructose, glucose, other sugars, and high fructose corn syrup.

“City” means the City and County of San Francisco.

“Distribution” includes:

(a) The transfer in the City, for consideration, of physical possession of Sugar- Sweetened Beverages, Syrup, or Powder by any person other than a common carrier. “Distribution” also includes the transfer of physical possession in the City by any person other than a common carrier, without consideration, for promotional or any other commercial purpose.

(b) The possession, storage, ownership, or control in the City, by any person other than a common carrier, of Sugar-Sweetened Beverages, Syrup, or Powder for resale in the ordinary course of business, obtained by means of a transfer of physical possession outside the City or from a common carrier in the City.

“Distribution” does not include:

(a) The return of any Sugar-Sweetened Beverages, Syrup, or Powder to a person, if that person refunds the entire amount paid in cash or credit.

(b) A retail sale or use.

“Distributor” means any person engaged in the business of Distribution of Bottled Sugar- Sweetened Beverages, Syrup, or Powder. A Distributor does not include a common carrier. Where a common carrier obtains physical possession of Sugar-Sweetened Beverages, Syrup, or Powder outside the City and transfers physical possession of the Sugar-Sweetened Beverages, Syrup, or Powder in the City, the transferee of the Sugar-Sweetened Beverages, Syrup, or Powder is a Distributor.

“Milk Product” means: (a) any beverage whose principal ingredient by weight is natural liquid milk secreted by an animal. “Milk” includes natural milk concentrate and dehydrated natural milk, whether or not reconstituted; and (b) any plant-based substance or combination of substances in which (1) water and (2) grains, nuts, legumes, or seeds constitute the two greatest ingredients by volume. For purposes of this definition, “Milk Product” includes, but is not limited to, soy milk, almond milk, rice milk, coconut milk, hemp milk, oat milk, hazelnut milk, or flax milk;

“Natural Fruit Juice” means the original liquid resulting from the pressing of fruit, the liquid resulting from the complete reconstitution of natural fruit juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural fruit juice.

“Natural Vegetable Juice” means the original liquid resulting from the pressing of vegetables, the liquid resulting from the complete reconstitution of natural vegetable juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural vegetable juice.

“Nonalcoholic Beverage” means any beverage that is not subject to tax under California Revenue and Taxation Code sections 32001 *et seq.* as “beer, wine or distilled spirits.”

“Powder” means any solid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Powder with one or more other ingredients.

“Sugar-Sweetened Beverage” means any Nonalcoholic Beverage intended for human consumption that contains added Caloric Sweetener and contains more than 25 calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to as “soda,” “pop,” “cola,” “soft drinks,” “sports drinks,” “energy drinks,” “sweetened ice teas,” or any other similar names. “Sugar-Sweetened Beverage” does not include:

(a) Any beverage sold for consumption by infants, which is commonly referred to as “infant formula” or “baby formula,” or any product whose purpose is infant rehydration.

(b) Any Beverage for Medical Use.

(c) Any beverage designed as supplemental, meal replacement, or sole-source nutrition that includes proteins, carbohydrates, and multiple vitamins and minerals (this exclusion does not include beverages commonly referred to as “sports drinks,” or any other similar names, which are defined as Sugar-Sweetened Beverages).

(d) Any Milk Product.

(e) Any beverage that contains solely 100% Natural Fruit Juice, Natural Vegetable Juice, or combined Natural Fruit Juice and Natural Vegetable Juice.

“Sugary Drinks Distributor Tax” or “Tax” means the general excise tax imposed under Section 553.

“Syrup” means any liquid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used, or actually used, in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Syrup with one or more other ingredients.

(Added by Proposition V, 11/8/2016)

SEC. 553. IMPOSITION OF TAX; DEPOSIT OF PROCEEDS.

(a) Effective January 1, 2018, for the privilege of engaging in the business of making an initial Distribution within the City of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder, the City imposes a Sugary Drinks Distributor Tax, which shall be a general excise tax, on the Distributor making the initial Distribution of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder in the City.

(b) The Tax shall be calculated as follows:

(1) One cent (\$0.01) per fluid ounce of a Bottled Sugar-Sweetened Beverage upon the initial Distribution within the City of the Bottled Sugar-Sweetened Beverage; and

(2) One cent (\$0.01) per fluid ounce of a Sugar-Sweetened Beverage that could be produced from Syrup or Powder upon the initial Distribution of Syrup or Powder. The Tax for Syrups and Powders shall be calculated using the largest volume of Sugar-Sweetened Beverage that would typically be produced by the amount of Syrup or Powder based on the manufacturer’s instructions or, if the Distributor uses the Syrup or Powder to produce a Sugar-Sweetened Beverage, the regular practice of the Distributor.

(c) The Tax is a general tax. Proceeds of the Tax are to be deposited in the General Fund.

(Added by Proposition V, 11/8/2016)

SEC. 554. REGISTRATION OF DISTRIBUTORS; DOCUMENTATION; ADMINISTRATION.

(a) Each Distributor shall register with the Tax Collector according to rules and regulations of the Tax Collector, but no earlier than 30 days after the effective date of Article 8.

(b) Each Distributor shall keep and preserve all such records as the Tax Collector may require for the purpose of ascertaining compliance with Article 8.

(c) Except as otherwise provided under Article 8, the Tax shall be administered pursuant to Article 6 of the Business and Tax Regulations Code.

(Added by Proposition V, 11/8/2016)

SEC. 555. CREDITS AND REFUNDS.

The Tax Collector shall refund or credit to a Distributor the Tax that is paid with respect to the initial Distribution of a Bottled Sugar- Sweetened Beverage, Syrup, or Powder: (a) that is shipped to a point outside the City for Distribution outside the City; or (b) on which the Tax has already been paid by another Person; or (c) that has been returned to the Person who Distributed it and for which the entire purchase price has been refunded in cash or credit.

(Added by Proposition V, 11/8/2016)

SEC. 556. TECHNICAL ASSISTANCE TO THE TAX COLLECTOR.

(a) The Department of Public Health shall provide to the Tax Collector technical assistance to identify Bottled Sugar-Sweetened Beverages, Syrups, and Powders subject to the Tax.

(b) All City Departments shall provide technical assistance to the Tax Collector to identify Distributors of Bottled Sugar-Sweetened Beverages, Syrups, and Powders.

(Added by Proposition V, 11/8/2016)

SEC. 557. MUNICIPAL AFFAIR.

The People of the City and County of San Francisco hereby declare that the taxation of the distribution of Sugar-Sweetened Beverages, Syrups and Powders, and that the public health impact of Sugar-Sweetened Beverages, separately and together constitute municipal affairs. The People of the City and County of San Francisco hereby further declare their desire for this measure to coexist with any similar tax adopted at the local or state levels.

(Added by Proposition V, 11/8/2016)

SEC. 558. NOT A SALES AND USE TAX.

The tax imposed by this measure is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages.

(Added by Proposition V, 11/8/2016)

SEC. 559. SEVERABILITY.

If any provision of this measure, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this measure are severable. The voters hereby declare that this measure, and each portion and part, would have been adopted irrespective of whether any one or more provisions or parts are found to be invalid or unconstitutional.

(Added by Proposition V, 11/8/2016)

SEC. 560. AMENDMENT.

The Board of Supervisors may by ordinance amend or repeal Article 8 of the Business and Tax Regulations Code without a vote of the people except as limited by Article XIIC of the California Constitution.

(Added by Proposition V, 11/8/2016)

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San Francisco Administrative Code

ARTICLE XXXIII: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

- Sec. 5.33-1. Creation of Advisory Committee.
- Sec. 5.33-2. Membership.
- Sec. 5.33-3. Organization and Terms of Office.
- Sec. 5.33-4. Powers and Duties.
- Sec. 5.33-5. Meetings and Procedures.
- Sec. 5.33-6. Sunset.

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

There is hereby established the Sugary Drinks Distributor Tax Advisory Committee (the “Advisory Committee”) of the City and County of San Francisco.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-2. MEMBERSHIP.

The Advisory Committee shall consist of the following 16 voting members.

- (a) Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.
- (b) Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.
- (c) Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.
- (d) Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.
- (e) Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

- (f) Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.
- (g) Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.
- (h) Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.
- (i) Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.
- (j) Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.
- (k) Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.
- (l) Seat 16 shall be held by a person with experience or expertise in services and programs for children five and under, appointed by the Board of Supervisors.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-3. ORGANIZATION AND TERMS OF OFFICE.

- (a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.
- (b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.
- (c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.
- (d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.
- (e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the

Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-5. MEETINGS AND PROCEDURES.

(a) There shall be at least 10 days' notice of the Advisory Committee's inaugural meeting. Following the inaugural meeting, the Advisory Committee shall hold a regular meeting not less than four times each year.

(b) The Advisory Committee shall elect officers and may establish bylaws and rules for its organization and procedures.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-6. SUNSET.

Unless the Board of Supervisors by ordinance extends the term of the Advisory Committee, this Article XXXIII shall expire by operation of law, and the Advisory Committee shall terminate, on December 31, 2028. In that event, after that date, the City Attorney shall cause this Article XXXIII to be removed from the Administrative Code.

(Added by Proposition V, 11/8/2016)

City and County of San Francisco



Sugary Drinks Distributor Tax Advisory

Committee Bylaws

I. Name and Membership:

In accordance with the provisions of Article XXXII of the San Francisco Administrative Code, there shall be a Sugary Drinks Distributor Tax Advisory Committee (“Committee”) composed of 16 voting members, appointed as follows:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors. (3 Members)

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar- Sweetened Beverages, appointed by the Board of Supervisors. (2 Members)

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat. (1 Member)

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office. (1 Member)

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member. (2 Members)

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health. (1 Member)

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health. (1 Member)

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health. (1 Member)

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department. (1 Member)

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department. (1 Member)

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again. (1 Member)

Seat 16 shall be held by a person with experience or expertise in services and programs for children five years old and under, appointed by the Board of Supervisors. (1 Member)

II. Purpose

The purpose of the Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax, as established by Article 8 of the San Francisco Business Tax and Regulations Code. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco.

III. Attendance

Committee members are expected to attend each regular or special meeting of the Committee. Committee staff shall maintain a record of members' attendance.

Any member who misses three regular Committee meetings within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee.

If any member cannot attend a meeting of the Committee, the member shall notify the Committee Staff in writing of the member's intent to be absent and the reason for the absence, and shall indicate whether the member seeks approval of the absence from the Advisory Committee. Such notice shall be given not less than 72-hours in advance of the meeting. Any request for approval of the absence shall be placed before the Committee at its next meeting for review and possible action.

A Committee member's absence shall be approved if the member has shown good cause for the absence. For purposes of attendance, good cause exists where the absence is due to

unforeseen circumstances, such as illness or emergency. Good cause shall not extend to planned vacations or professional or personal scheduling conflicts.

IV. Election of Officers and Terms of Offices

The Committee shall elect Co-Chairs annually at the first regularly scheduled meeting of the calendar year.

The election of Co-Chairs may be held at a regular or special meeting of the Committee. The Co-Chairs or any two members may call a special meeting for the election of officers, if needed, or call for such an election at a regular Committee meeting.

V. Duties of the Co-Chairs

The duties of the Co-Chairs are to:

Preside at all meetings of the Committee, and perform all other duties necessary to ensure a productive body that is engaged in all facets of the Committee's work;

Set the agenda for Committee meetings in consultation with other members and with Committee staff; and

Prior to each meeting, decide who will facilitate and lead the meeting.

VI. Committee Meetings

a. Regular Meetings

Regular Meetings of the Committee shall be open and public. The Committee shall hold its regular meetings on the third Wednesday of every month at 5 PM. Please check the meeting notice for location at www.sfdph.org/sddtac. If a recommendation is made by DPH that a Regular Meeting be canceled or changed, the Committee or the Co-Chairs may cancel the Regular Meeting or fix another time therefor. Written notice of cancellation or of a change in a Regular Meeting time must be given at least seventy-two (72) hours before the scheduled time of such Regular Meeting. The Committee must hold a minimum of 4 meetings per year.

b. Special Meetings

Special Meetings of the Committee shall be open and public. Special Meetings shall be held at such times as the Committee may determine, or may be called by the Co-Chairs at any time. Written notice of a Special Meeting must be given at least seventy-two (72) hours before the scheduled time of such Meeting. Special Meetings shall be held at the regular meeting place except that the Committee may designate an alternate meeting place provided that the notice designating the alternate meeting place is issued 15 days prior to the date of the Special Meeting.

c. Public Comment

Members of the public are entitled to comment on any matter on the calendar prior to action being taken by the Committee on that item or prior to calling the next item on the agenda. In addition, the agenda shall provide an opportunity for members of the public to address the Committee on items within the subject matter jurisdiction of the Committee and have not been the subject of public comment on other items on the agenda. Upon the

specific findings of the Committee and support thereof, the presiding Co-Chair may set a reasonable time limit for each speaker, based on such factors as the complexity and nature of the agenda item, the number of anticipated speakers for that item, and the number and anticipated duration of other agenda items. Individual Committee members and Committee staff should refrain from entering into any debates or discussion with speakers during public comment.

d. Minutes of Meetings

DPH shall maintain written minutes of Committee meetings. A draft copy of the minutes of each meeting shall be provided to each member before the next regular meeting of the Committee. Approved Committee minutes shall be made available at the San Francisco Main Library, posted on the DPH website and by email ten (10) days after the meeting approving the minutes.

VII. Subcommittees

a. Standing Subcommittees

Upon approval by a majority of the members of the Committee, standing subcommittees may be formed to advise the Committee. The Chair of the Committee shall name the Chair and members of each subcommittee.

b. Special Subcommittees

Upon approval by a majority of the members of the Committee, special or ad-hoc subcommittees may be formed. Special subcommittees shall be formed for a specific purpose and cease to exist after completion of that purpose.

VIII. Quorum

The presence of a majority of members is required to conduct a meeting and shall constitute a quorum for all purposes. The only official business that can be transacted in the absence of a quorum is: (1) to take measures to obtain a quorum; (2) to fix the time to which to adjourn; (3) to take a recess; or (4) to adjourn.

IX. Rules of Order and Compliance with Open Meeting Requirements

a. All meetings shall be conducted in accordance with Robert's Rules of Order.

b. The Committee and its subcommittees shall perform its duties in compliance with all applicable provisions of the San Francisco Charter, California's Ralph M. Brown Act (California Government Code §§54950 et seq.), and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67).

X. Voting

Each member present at Advisory Committee meetings must vote on all motions and questions put before the Committee by voting "for" or "against," unless abstaining from the vote.

XI. Technical Assistance

Under Chapter 5 of the Administrative Code, the City Administrator is charged with providing administrative and clerical support to the Committee. The City Administrator has

delegated this function to the Department of Public Health (DPH). In addition, the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

XII. Order of Business

The order of business at any Regular Meeting shall be as follows:

- a. Call to Order/Roll Call
 - Approval of Absences
- b. Approval of Minutes
- c. Review and Consideration of Regular Agenda
- d. General Public Comment
- e. DPH Staff Report
- f. Funding Update
- g. New Business
- h. Subcommittee Update
- i. Committee Members' Proposed Future Agenda Items
- j. Announcements
- k. Adjournment

These Bylaws were adopted by the Sugary Drinks Distributor Tax Advisory Committee on February 6, 2019.

Appendix D

Current Status of Diet-Sensitive Disease

About the Data

Weight data

Measure of fitness and weight among San Francisco youth are captured by the FitnessGram® which SFUSD measures annually in grades 5, 7, and 9. FitnessGram® data for youth in San Francisco describe students as having body compositions either being within or outside the “healthy fitness zone” which is comprised of BMI and a measure of percent body fat.

The California Health Interview Survey (CHIS) is an annual telephone survey that uses a random-digit-dial technique to landlines and cell-phones and asks respondents to answer health related questions, including respondents’ height and weight which is then utilized to determine their overweight or obesity status. In San Francisco, CHIS samples about 400 adults, which provides data for the county, but does not allow annual stratification across different demographic categories.

Chronic Disease Prevalence

The California Health Interview Survey (CHIS), the annual telephone survey of approximately 400 San Franciscans referenced above, asks respondents “Has a doctor ever told you that you have diabetes or sugar diabetes?” and “Has a doctor ever told you that you have high blood pressure?” which provides us with an estimate of diabetes and hypertension prevalence.

Maps from the CDC 500 Cities Project 2015 provide modeled estimates of chronic disease prevalence at the census tract and San Francisco city levels. CDC used multi-level regression and post-stratification to account for the associations between individual health outcomes, individual characteristics, and geographical factors at multiple levels (e.g. state, county). These maps can be used to establish a baseline estimate of the geographic distribution of disease burden and health behaviors, but it cannot be used to compare pre-prevention and post-prevention outcomes to evaluate the effectiveness of prevention programs.

Hospitalizations

The Office of Statewide Health Planning and Development (OSHPD) collects and publicly discloses facility level data from more than 6,000 CDPH-licensed healthcare facilities—hospitals, long-term care facilities, clinics, home health agencies, and hospices.

Current State of Diet-Sensitive Health in San Francisco

Oral Health

Oral health is essential to general health and quality of life. It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial well-being.¹ Sugary drink consumption is associated with increased tooth decay and cavities.(4, 5)

¹ http://www.who.int/oral_health/en/

Children's oral health

Tooth decay is the most common chronic disease of childhood and the leading cause for missed school days. Poor oral health can cause pain, dysfunction, school or work absences, difficulty concentrating, and poor appearance—problems that greatly affect quality of life and ability to interact with others. Children who experience dental decay miss more school, have lower academic achievement, and have an increased risk for a lifetime of dental problems.^{2,3} California students are estimated to miss 874,000 days of school each due to dental problems, costing schools over \$29 million in funding based on reductions in the average daily attendance rate.⁴ Poor oral health can reflect systemic inflammation, which over time may limit growth and development, as well as increase risk of adverse health outcomes, including hypertension, cardiovascular disease, and cancer.⁵

Routine preventive dental care including daily oral hygiene, fluoride treatments and dental sealants, and reduction of sugars in the diet can prevent tooth decay. Fluoride varnish applications reduce decayed/missing/filled tooth surfaces by 43% in permanent teeth and by 37% in primary teeth.⁶ Dental sealants can prevent up to 80% of tooth decay in children and adolescents.⁷

² Children Now, 2014 California Children's Report Card.
http://www.childrennow.org/uploads/documents/2014_CA_Childrens_Report_Card.pdf

³ Seirawan H, Faust S, Mulligan R. The Impact of Oral Health on the Academic Performance of Disadvantaged Children. *Am J Public Health*. 2012; 102:1729-1734.

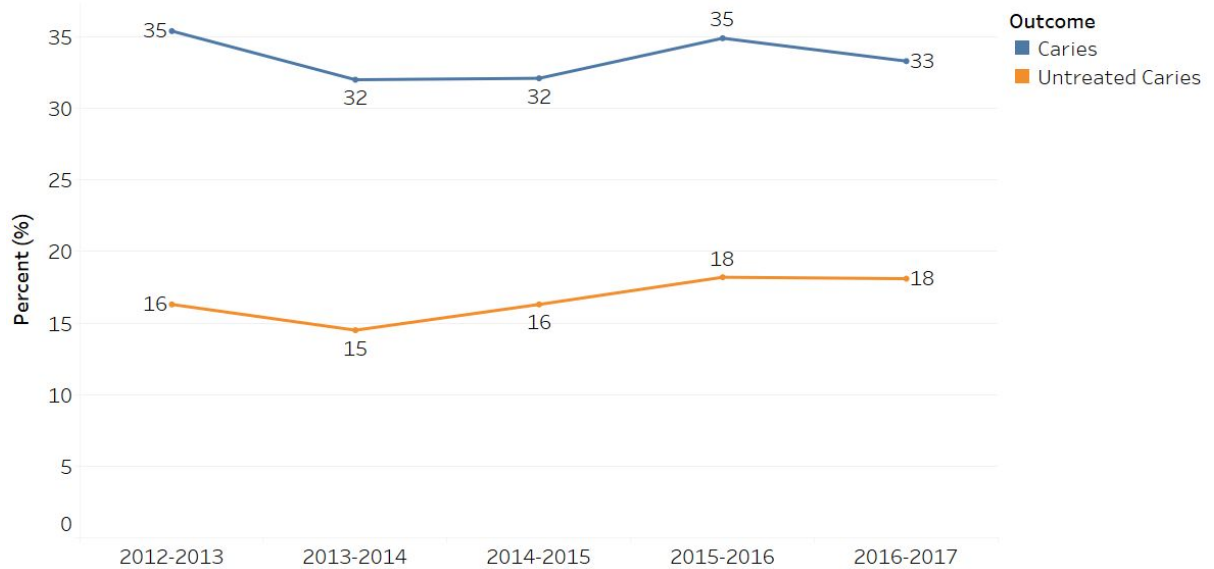
⁴ Pourat N and Nicholson G. Unaffordable Dental Care Is Linked to Frequent School Absences. Los Angeles, CA: UCLA Center for Health Policy Research, 2009.
<http://healthpolicy.ucla.edu/publications/Documents/PDF/Unaffordable%20Dental%20Care%20Is%20Linked%20to%20Frequent%20School%20Absences.pdf>

⁵ http://www.who.int/oral_health/en/

⁶ *Marinho VC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2013 Jul 11;(7)*
http://www.cochrane.org/CD002279/ORAL_fluoride-varnishes-for-preventing-dental-caries-in-children-and-adolescents

⁷ Wright JT, Tampi MP, Graham L, Estrich C, Crall JJ, Fontana M, Gillette EJ, Nový BB, Dhar V, Donly K, Hewlett ER, Quinonez RB, Chaffin J, Crespín M, Iafolla T, Siegal MD, Carrasco-Labra A. Sealants for Preventing and Arresting Pit-and-fissure Occlusal Caries in Primary and Permanent Molars. *Pediatr Dent*. 2016;38(4):282-308. [http://jada.ada.org/article/S0002-8177\(16\)30475-5/pdf](http://jada.ada.org/article/S0002-8177(16)30475-5/pdf)

Percent of SFUSD Kindergartener with Caries or Untreated Caries Experience, 2012-2016



Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2012-2016.

Despite steady decreases in caries (i.e. tooth decay or cavities) prevalence in San Francisco over the past 10 years, tooth decay remains a prevalent local health problem. In 2016–17, 33% of SFUSD kindergarteners had experienced caries. Nationally, in 2013–2014, 29.7% of children ages 3 to 5 years experienced at least one cavity in their primary teeth. In 2013–14, 51.7% of children ages 6–9 years had dental caries in at least one primary or permanent tooth.⁸ In California, 54% of kindergartners and 71% of third graders had experienced dental caries, and that 28% and 29%, respectively, had untreated caries.⁹

Even if decay is properly treated before kindergarten, children who do not receive fluoride treatments, dental sealants, or reduce sugars in the diet are at higher risk for the development of further caries. Cavity fillings also need ongoing care, management, and possible replacement. Therefore, the initial development of caries signals the beginning of a lifetime of otherwise preventable dental procedures.

Consistent with nationwide patterns and trends, disparities in oral health persist in San Francisco. Low-income and minority children have higher tooth decay rates. In San Francisco, Black/African American, Latinx, and Asian children continue to be more than two to three times as likely to experience dental decay as White children. Pacific Islander kindergarteners are seven times more likely than White kindergarteners to have caries. Disparities are similar for *untreated* caries with Black/African American, Latinx, and Asian children experiencing more than two to three times the prevalence of untreated caries as compared to White children. The dental caries rate at the lowest income schools for kindergarteners is

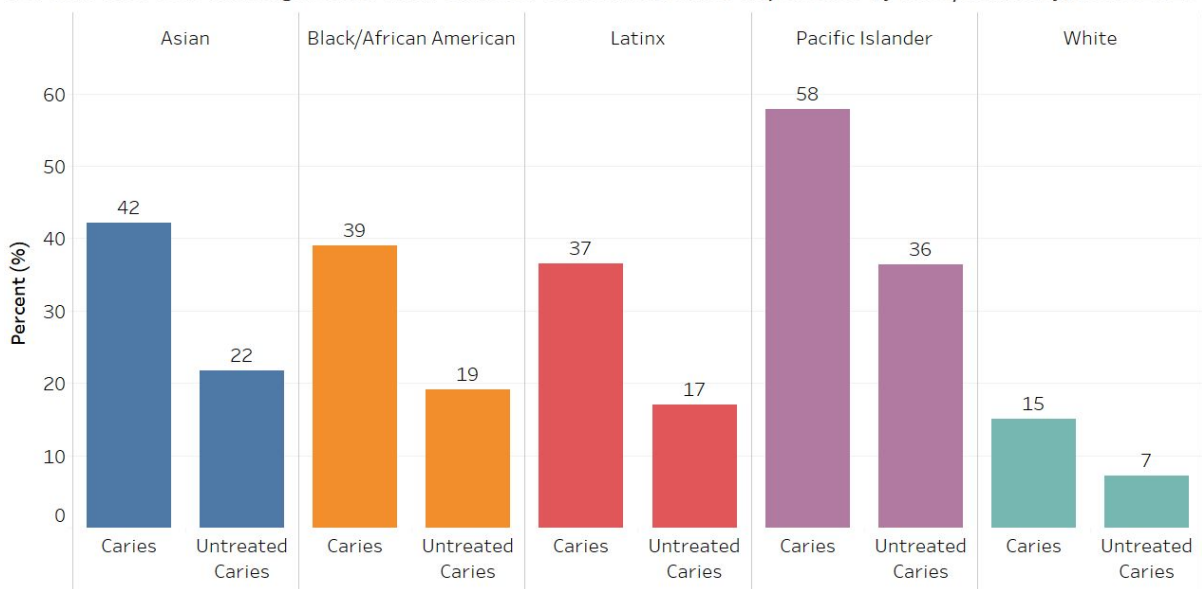
⁸ [Healthy People 2020](#)

⁹ California Department of Health Care Services, Systems of Care Division, [2016, March](#).

one and a half times as high as the caries rate for the highest incomes schools. This is also true for *untreated* caries rate between lowest and highest income schools for kindergarteners.

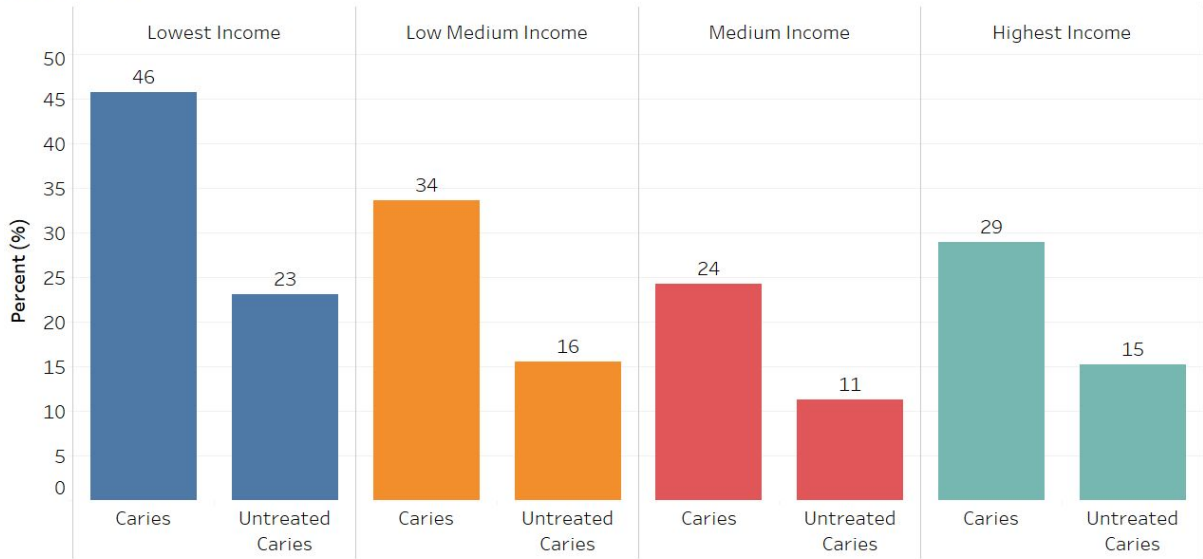
There were too few Pacific Islander children to estimate annual rates of caries experience for Pacific Islander Kindergarteners. However, over 5-years, between 2012-2016, 58 percent of Pacific Islander Kindergarteners had caries experience.

Percent of SFUSD Kindergartener with Caries or Untreated Caries Experience by Race/Ethnicity, 2012-2016



Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2012-2016.

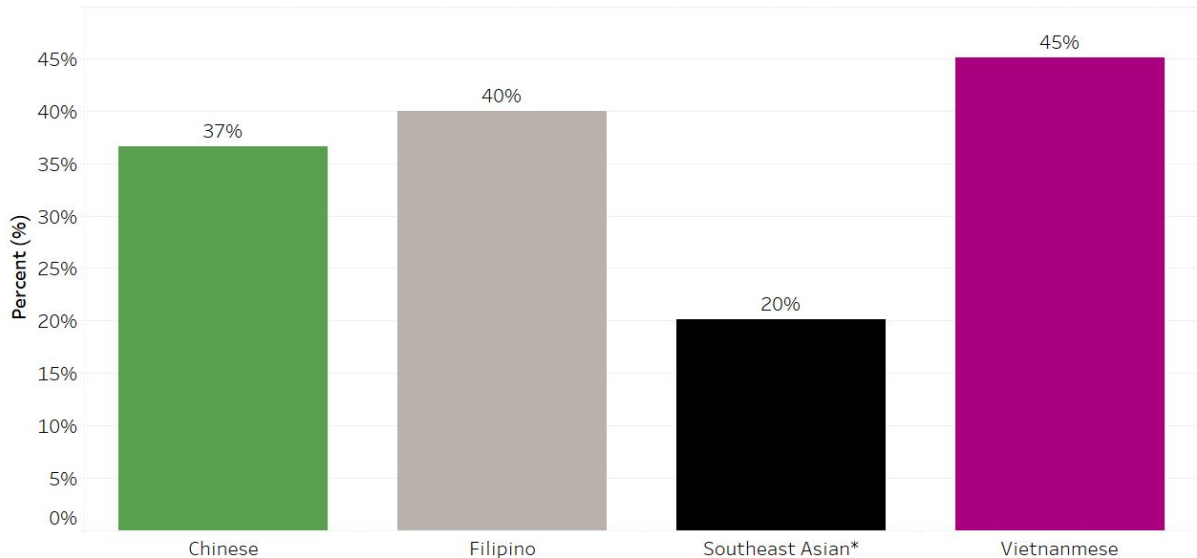
Percent of SFUSD Kindergartener with Caries or Untreated Caries Experience by School Income Level, 2012-2016



Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2012-2016.

Among Asians who have the highest rate of overall caries (42%) and untreated caries (22%), Asian Indian, Cambodian, Hmong, Japanese, Korean, and Laotian collectively have lower rates of caries prevalence (20%) compared to Chinese, Vietnamese, and Filipinx (37-45%).

Percent of SFUSD Kindergarteners with Caries Experience by Asian Sub-Group, San Francisco, 2017-2018

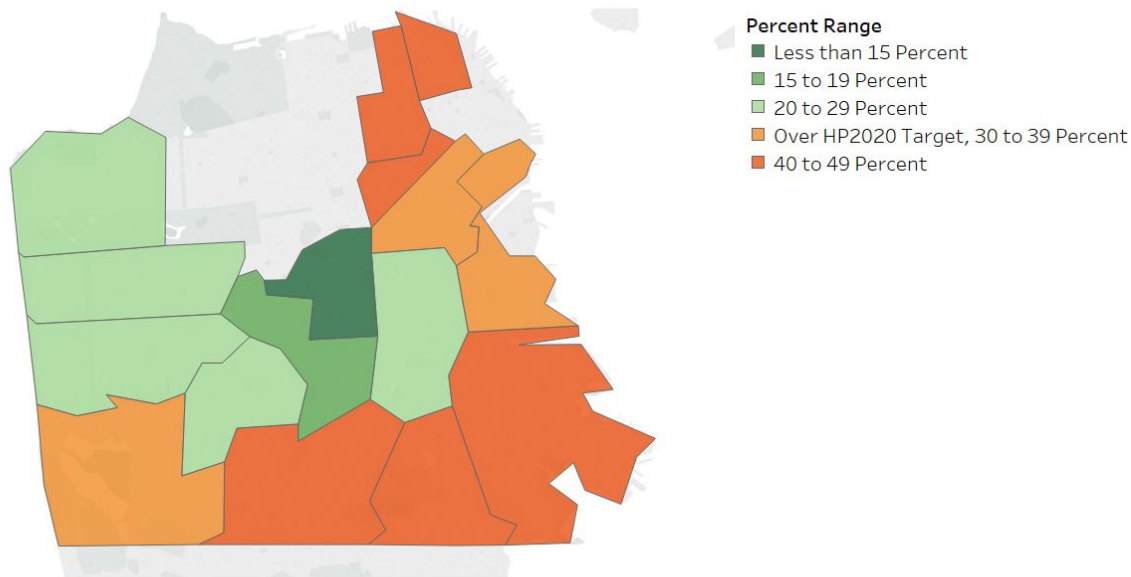


* Southeast Asian: Asian Indian, Cambodian, Hmong, Japanese, Korean and Loatian.

Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2017-2018.

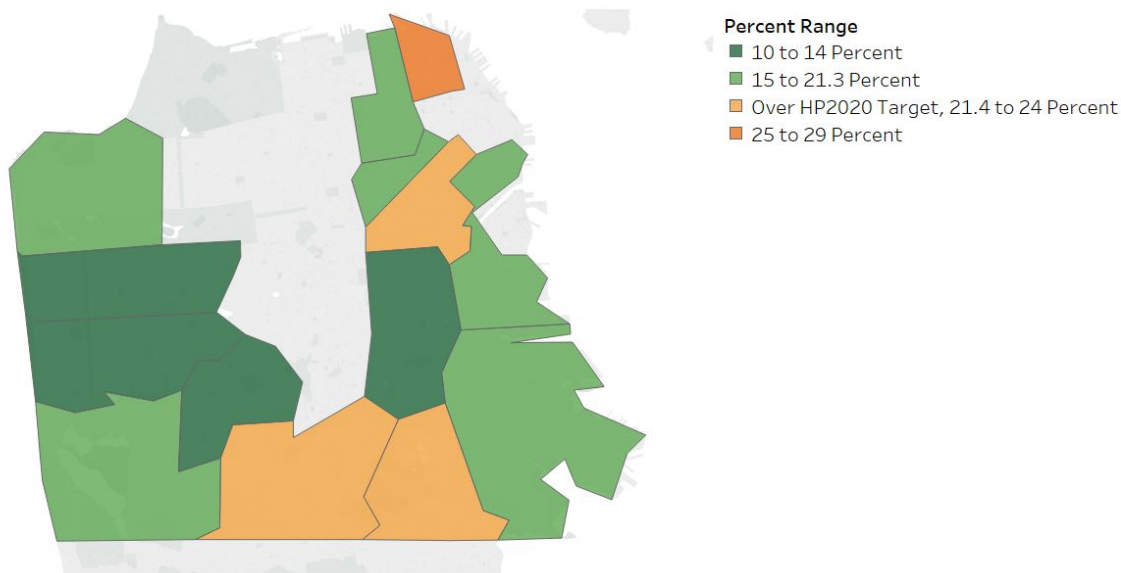
Caries experience clusters by neighborhood. Over time, children in some San Francisco neighborhoods like Chinatown, North Beach, Nob Hill/Russian Hill/Polk, Tenderloin, SOMA, Bayview/Hunters Points, Visitacion Valley, Excelsior, and Portola have consistently experienced two to three times more caries. These are also the neighborhoods with high proportions of Latinx, African American, Asian, and low-income residents.

Percent of SFUSD Kindergartener with Caries Experience by Zip Code, 2012-2016



Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2012-2016.

Percent of SFUSD Kindergartener with Untreated Caries Experience by Zip Code, 2012-2016



Data Source: San Francisco Unified School District (SFUSD)-San Francisco Department of Public Health (SFDPH) Dental Services. Kindergarten Oral Health Screening Program, 2012-2016.

Adult oral health

While data on tooth decay and caries experience rates is not available for San Francisco adults, there is statewide, county-level data on the number of emergency department visits for Non-Traumatic Dental Conditions (NTDCs), most of which are a result of tooth decay. According to California Department of Public Health, Office of Oral Health data, during the years 2012-2016 there were 12,025 visits to emergency departments in San Francisco for NTDCs. Ninety-two percent of these visits were by individuals aged 18 and over. African-Americans, American Indians/Alaska Natives and Native Hawaiians/Pacific Islanders utilized emergency departments for NTDCs at much higher rates than other groups.

Age Group	Count	Population	Crude Rate
<1	67	47751	140.3
1-2	193	89666	215.2
3-5	220	114724	191.8
6-9	235	121437	193.5
10-13	135	110678	122.0
14-17	143	131948	108.4
18-34	4250	1187774	357.8
35-64	5790	1742768	332.2
65-100	992	604019	164.2
Total	12025		

California Department of Public Health Office of Oral Health

Race/Ethnicity	Count	Population	Crude Rate
Native American	85	9304	914
Asian	1236	1374041	90
Black/African American	3788	227080	1668
Latinx	1890	659030	287
Pacific Islander	160	17233	928
Multi-Racial	621	139454	445
White	4245	1724623	246

Overweight and Obesity

Sugary drink consumption is associated with overweight and obesity. (1, 2) Overweight and obesity reflect excess body weight relative to height. Overweight and obesity are associated with greater risk of chronic disease, pain, disability, anxiety, depression, mental illness, and lower quality of life.¹⁰¹¹ Obesity increases risk of chronic conditions, including high blood pressure, high cholesterol, heart disease, type 2 diabetes, osteoarthritis, breast and colon cancers, sleep apnea, and gynecological problems.⁶³ Obesity is associated with all-cause mortality, and is a leading cause of preventable death.¹² Obese adults age 20 to 39 have an estimated six years of life lost.⁽⁶³⁾ That being said, overweight and obesity are not absolutely predictive of negative health outcomes for a given individual whose personal risk of disease can be equivalent or less than that of a normal weight individual depending on their genetics, diet, and level of physical activity.

For adults, overweight is defined as a body mass index (BMI) of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m².¹³ For infants and toddlers up to two years of age, excess weight is identified as a weight-for-length greater than or equal to the 98th percentile.¹⁴ For children and adolescents, the CDC defines overweight as a body mass index (BMI) percentile over the 85th percentile for age and sex.¹⁵

¹⁰ Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. "Adult obesity causes & consequences." <http://www.cdc.gov/obesity/adult/causes.html>

¹¹ Grover SA, Kaouache M, Rempel P, Joseph L, Dawes M, Lau DC, Lowensteyn I, "Years of life lost and healthy life-years lost from diabetes and cardiovascular disease in overweight and obese people: a modelling study." *The Lancet Diabetes & Endocrinology*, (2015) Feb;3(2):114-22. doi: 10.1016/S2213-8587(14)70229-3. Epub 2014 Dec 5.

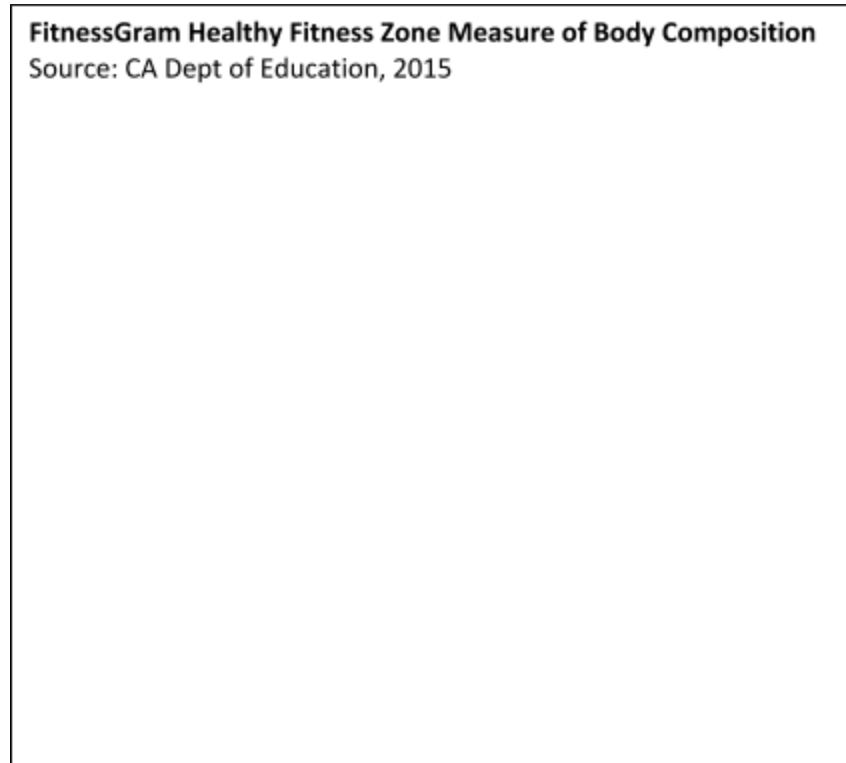
¹² Abramowitz MK, Hall CB, Amodu A, Sharma D, Androga L, Hawkins M. Muscle mass, BMI, and mortality among adults in the United States: A population-based cohort study. *PLoS One*. 2018 Apr 11;13(4):e0194697. doi: 10.1371/journal.pone.0194697. eCollection 2018.

¹³ Centers for Disease Control and Prevention, Division of Nutrition, "Physical Activity, and Obesity. Defining adult overweight and obesity." <http://www.cdc.gov/obesity/adult/defining.html>

¹⁴ California WIC Program Manual, WIC 2010 – 10, "Determining anthropometric nutrition need for all categories, 2010."

¹⁵ Centers for Disease Control and Prevention, Division of Nutrition, "Physical Activity, and Obesity. Defining childhood obesity." <http://www.cdc.gov/obesity/childhood/defining.html>

FitnessGram® data for youth in San Francisco describe students as having body compositions either being within or outside the “healthy fitness zone” which is comprised of BMI and a measure of percent body fat. For pregnant women, excess weight gain is defined as a gain of more than 40 pounds if the mother is underweight before pregnancy, more than 35 pounds if she is normal weight before pregnancy, more than 25 pounds if she is overweight before pregnancy, and more than 20 pounds if she is obese before pregnancy.¹⁶



Risk of overweight and obesity begins early in life, during pregnancy, and tracks throughout the life course. Excess maternal weight gain during pregnancy programs the unborn fetus for a lifetime of exaggerated response to insulin and stress hormones, and increased susceptibility to weight gain.^{17, 18, 19, 20, 21, 22, 23} Excess

¹⁶ The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. “Weight gain during pregnancy.”

¹⁷ Li et al, “Maternal prepregnancy body mass index and gestational weight gain on pregnancy outcomes.” *PLoS One* (2013), Dec 20;8(12):e82310.

¹⁸ Simas et al., “Prepregnancy weight, gestational weight gain, and risk of growth affected neonates.” *J Womens Health* (Larchmt) (2012) Apr;21(4):410-7.

¹⁹ Mamun et al., “Gestational weight gain in relation to offspring obesity over the life course: a systematic review and bias-adjusted meta-analysis,” *Obesity Reviews* (2013).

²⁰ Poston L., “Maternal obesity, gestational weight gain and diet as determinants of offspring long term health,” *Best Practice & Research: Clinical Endocrinology & Metabolism* (2012) Oct;26(5):627-39.

²¹ Johnson et al., “Pregnancy outcomes with weight gain above or below the 2009 Institute of Medicine guidelines,” *Obstetrics & Gynecology* (2013) May;121(5):969-75.

²² Sparano et al., “Being macrosomic at birth is an independent predictor of overweight in children: results from the IDEFICS study,” *Maternal and Child Health Journal* (2013) Oct;17(8):1373-81.

weight gain during pregnancy is associated with excess infant weight at birth, excess weight gain before age five, and childhood and adult obesity. Overweight children are more likely to become overweight adolescents who in turn have a 70% chance of becoming an overweight or obese adult.^{24,25} Prevention and early intervention are very important, because obesity is difficult to treat once established.²⁶



YOUTH – Overweight and Obesity

Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese.²⁷

²³ Ornoy et al., “Prenatal origin of obesity and their complications: Gestational diabetes, maternal overweight and the paradoxical effects of fetal growth restriction and macrosomia,” *Reproductive Toxicology*, (2011) Sep;32(2):205-12.

²⁴ Singh AS, Mulder C, Twisk JW, van Mechelen W, Chinapaw MJ, “Tracking of childhood overweight into adulthood: a systematic review of the literature,” *Obesity Reviews*, (2008) Sep;9(5):474-88. doi: 10.1111/j.1467-789X.2008.00475.x. Epub 2008 Mar 5. The NS, Suchindran C, North KE, Popkin BM, Gordon-Larsen P, “Association of Adolescent Obesity With Risk of Severe Obesity in Adulthood,” *JAMA*, 2010;304(18):2042-2047.

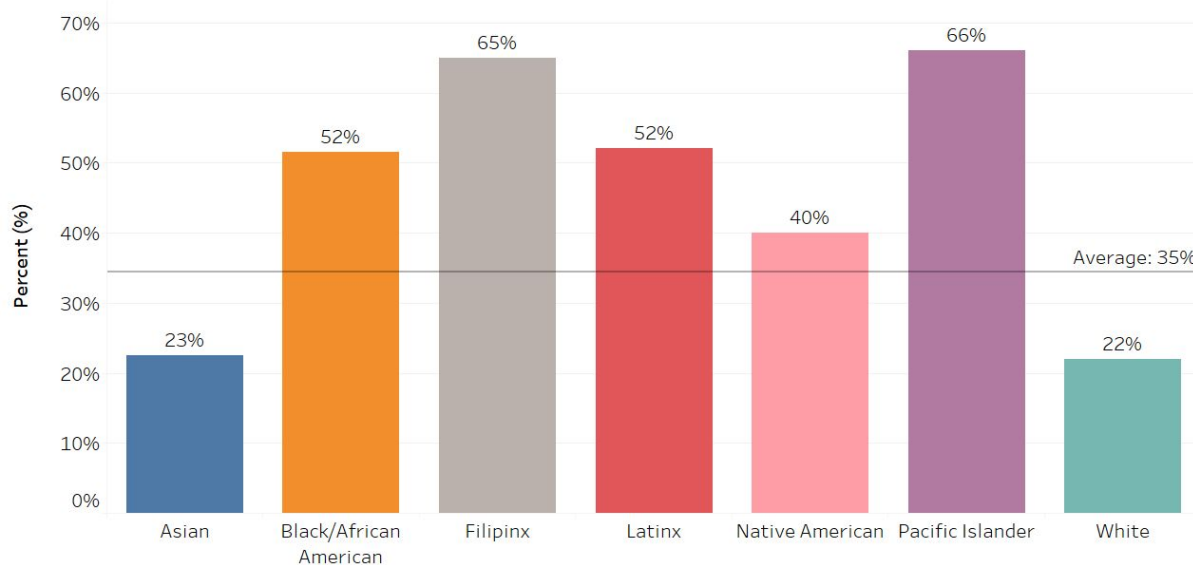
²⁵ Torgan, C. (2002)

²⁶ Public Health England, Health risks. https://www.noo.org.uk/NOO_about_obesity/child_

²⁷ Centers for Disease Control and Prevention, Childhood Obesity Facts. https://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.htm

SFUSD assesses students for body mass index (BMI) and other fitness measures annually in grades 5, 7, and 9 (the Fitness Gram®). Due to the incomplete data for 7th and 9th grade students, only 5th grade students' data is shown here. In school year 2016-2017, 35% of 5th grade students had a measured body composition outside the healthy fitness zone

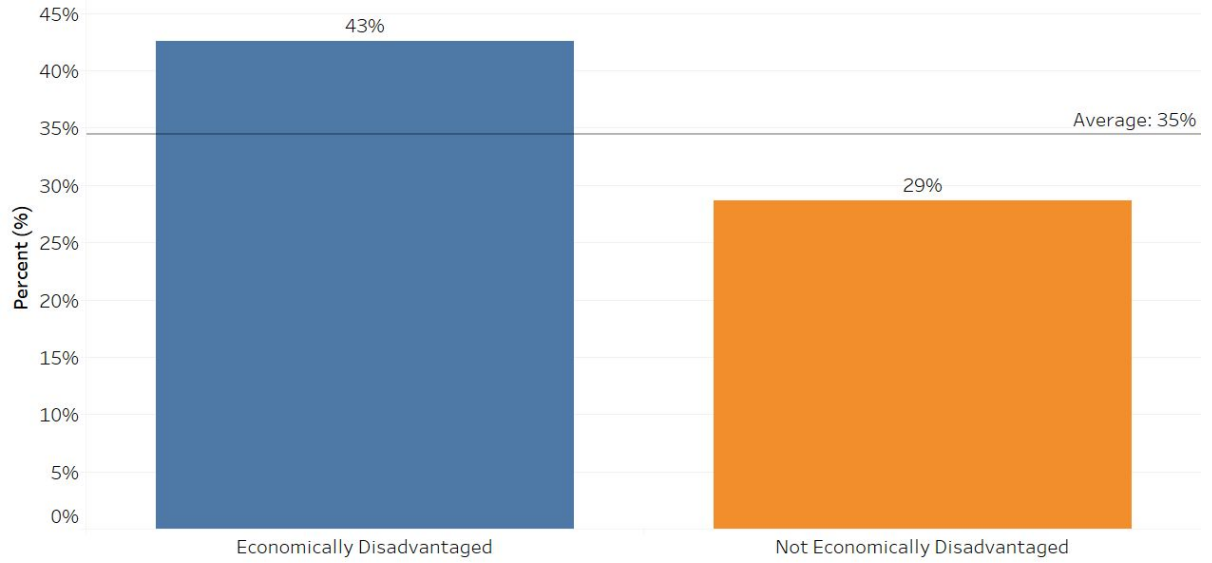
Percent of SFUSD 5th Grade Students with a Measured Body Composition outside the Healthy Fitness Zone by Race/Ethnicity, 2016-2017



Data Source: FitnessGram Physical Fitness Test, California Department of Education, 2016-2017.

Compared to the broader population of SFUSD students, a higher proportion of racial minority 5th grade students have a body composition outside of the healthy fitness zone with approximately 65% of Filipino and Pacific Islander and 52% of African American and Latinx students compared to about 22% of White and Asian students. White and Asian students have lower prevalence of body composition outside of the healthy fitness zone than the general population by grade. These trends are mirrored in the adult population. Economically disadvantaged students are more likely to have a measured body composition outside the healthy fitness zone than not economically disadvantaged students

Percent of SFUSD 5th Grade Students with a Measured Body Composition outside the Healthy Fitness Zone by Income Level, 2016-2017



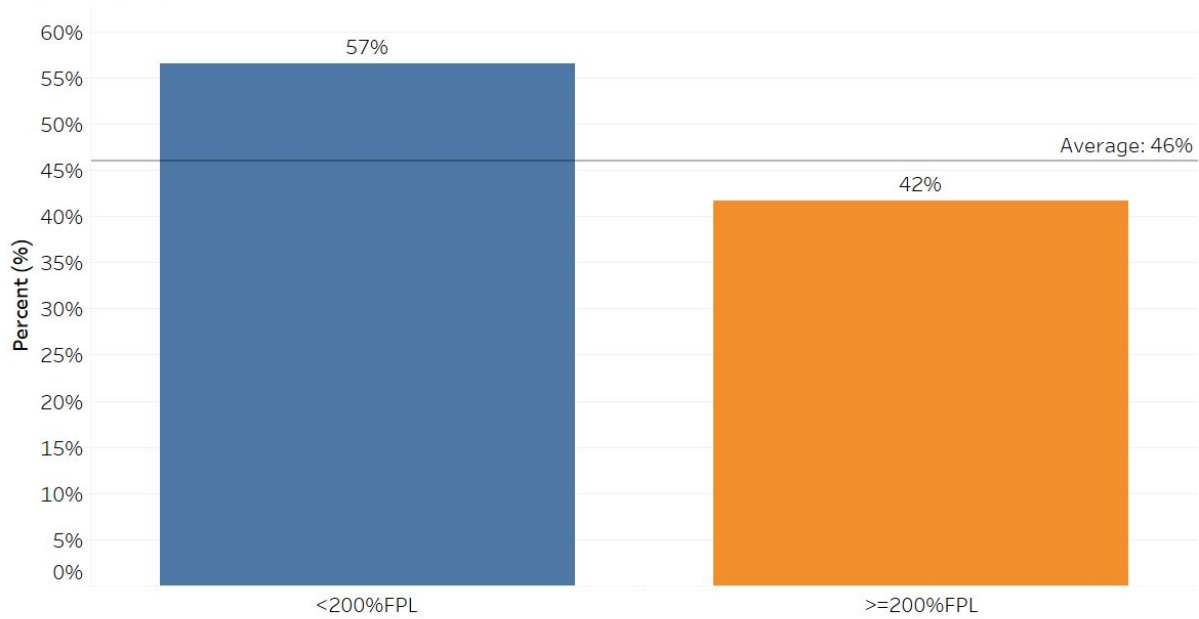
Data Source: FitnessGram Physical Fitness Test, California Department of Education, 2016-2017.

ADULTS – Overweight and Obesity

Overweight (which includes obesity BMI>30) among adults has remained relatively stable since 2013. In 2015-2016, 46% of San Francisco adults reported a height and weight consistent with the overweight/obesity category compared to 63% of adults in California.²⁸

Consistent with national obesity disparities, the risk of overweight and obesity locally varies by income, race/ethnicity, and zip code.

Percent of Adults Who are Overweight or Obese (BMI>=25) by Household Poverty Level, San Francisco, 2015-2016



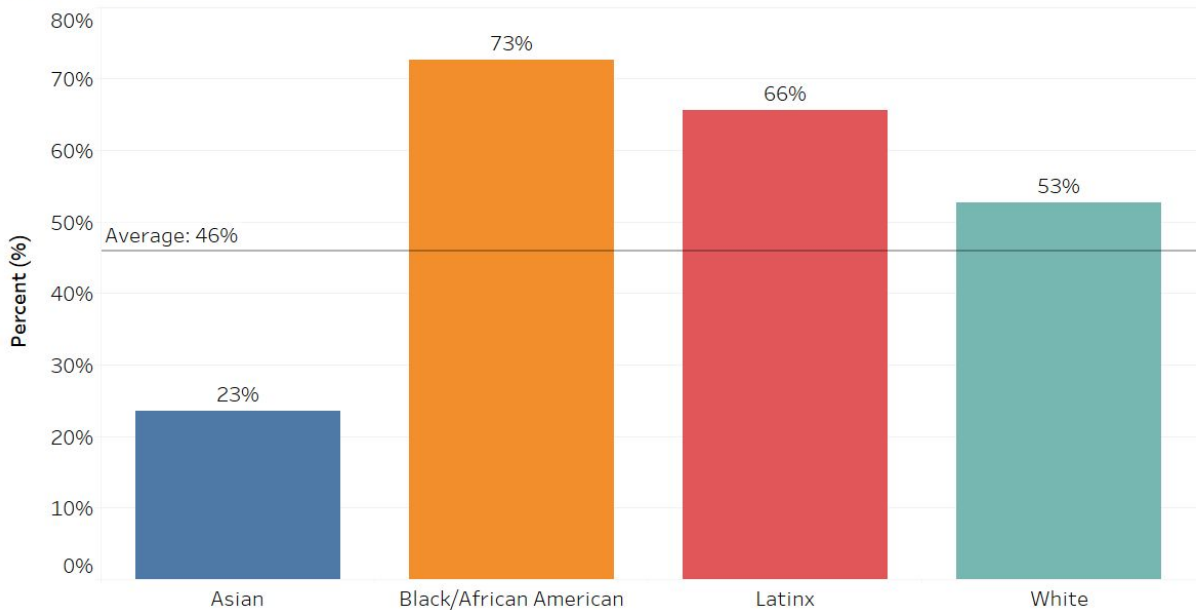
Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

Pooled data from the California Health Interview Survey indicates that Black/African Americans (73%), Latinx (66%), and Whites (53%) have higher prevalence of overweight/obesity than the general San Francisco adult population (46%) and are statistically significantly higher as compared with Asian populations (23%).²⁹

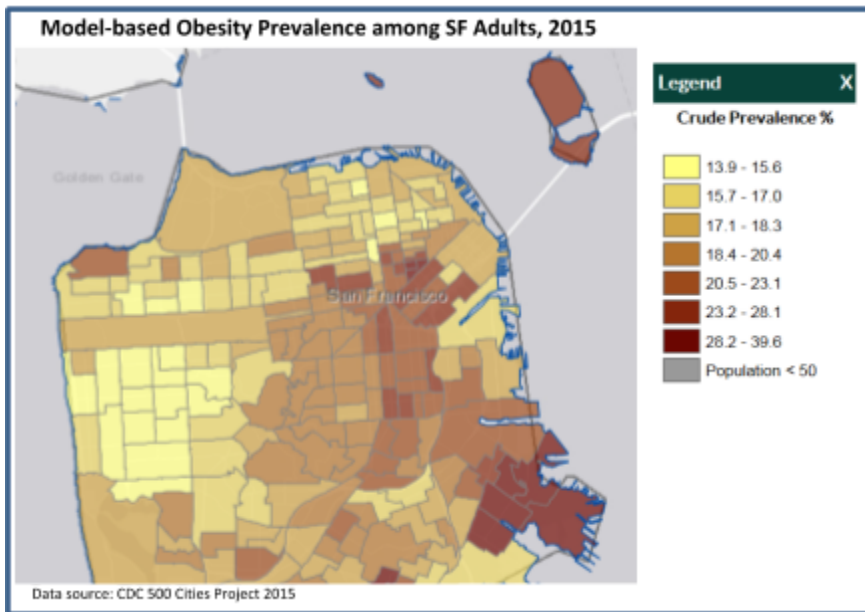
²⁸ UCLA Center for Health Policy Research, California Health Interview Survey. <http://ask.chis.ucla.edu/main/default.asp> California Health Interview Survey, 2016.

²⁹ UCLA Center for Health Policy Research, California Health Interview Survey. <http://ask.chis.ucla.edu/main/default.asp> California Health Interview Survey, 2013-2016.

Percent of Adults Who are Overweight or Obese (BMI \geq 25) by Race/Ethnicity, San Francisco, 2015-2016



Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

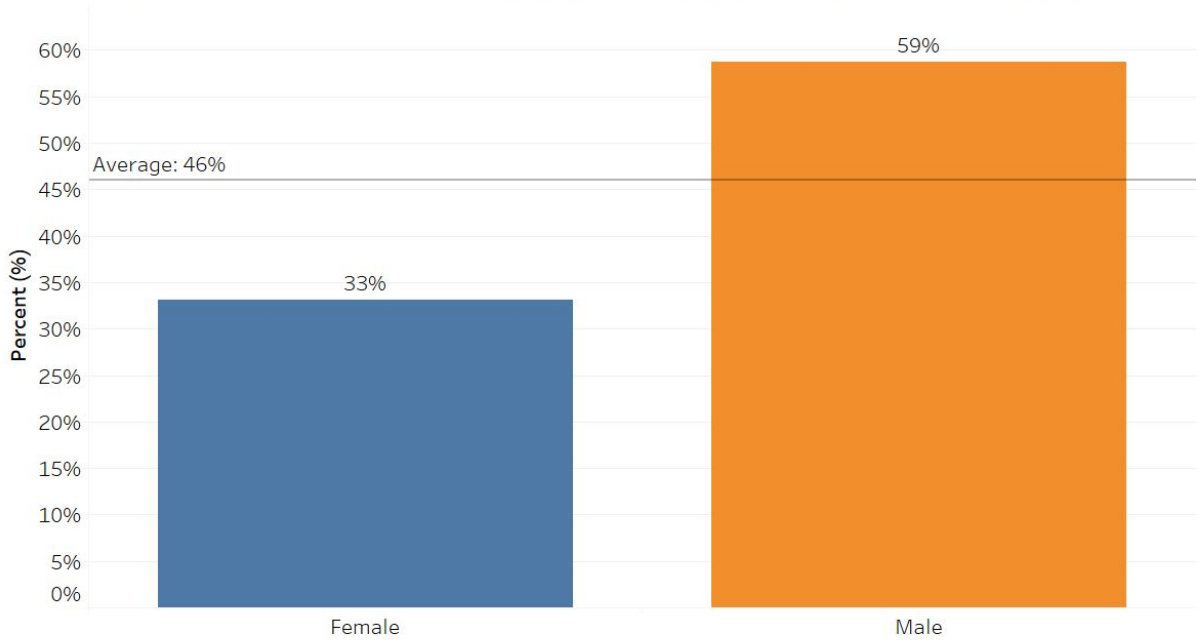


The CDC's modeling of obesity suggests obesity is concentrated in parts of Bayview Hunters Point, Tenderloin, Western Addition, Hayes Valley, Visitacion Valley, and McLaren Park, coinciding with concentrations of populations at higher risk.³⁰

When considering gender, adult males (59%) have a statistically significantly higher prevalence of overweight than females (33%). Nationally, men (71%) have a higher prevalence of overweight than women (59%) as well.

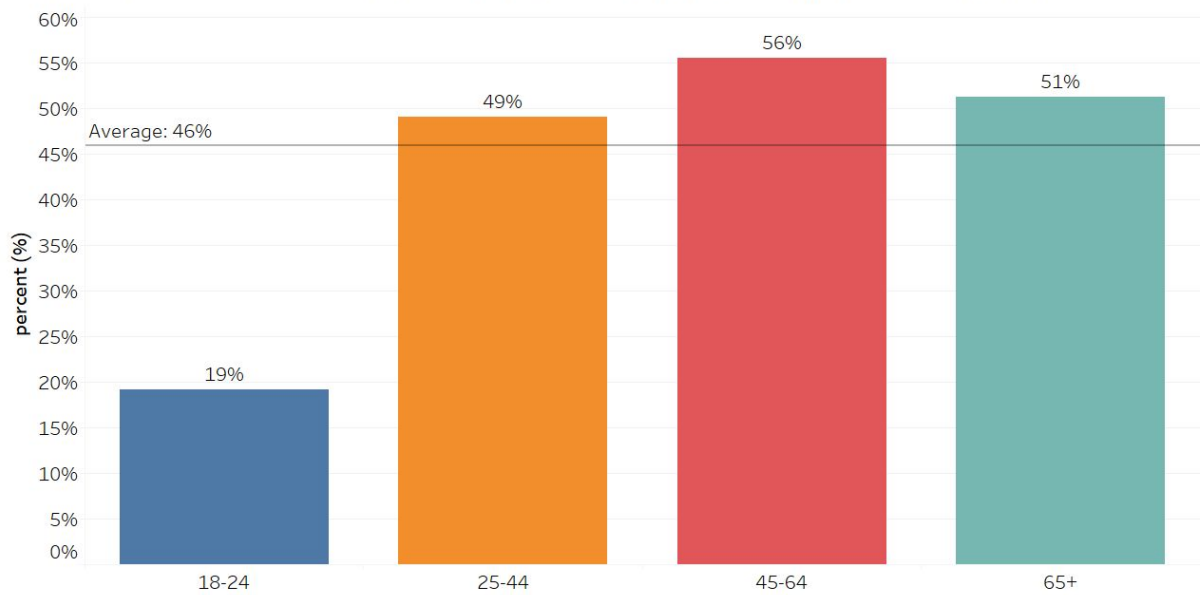
³⁰ CDC 500 Cities. <https://www.cdc.gov/500cities/>. Website 2018.

Percent of Adults Who are Overweight or Obese (BMI \geq 25) by Gender, San Francisco, 2015-2016



Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

Percent of Adults Who are Overweight or Obese (BMI \geq 25) by Age Group, San Francisco, 2015-2016



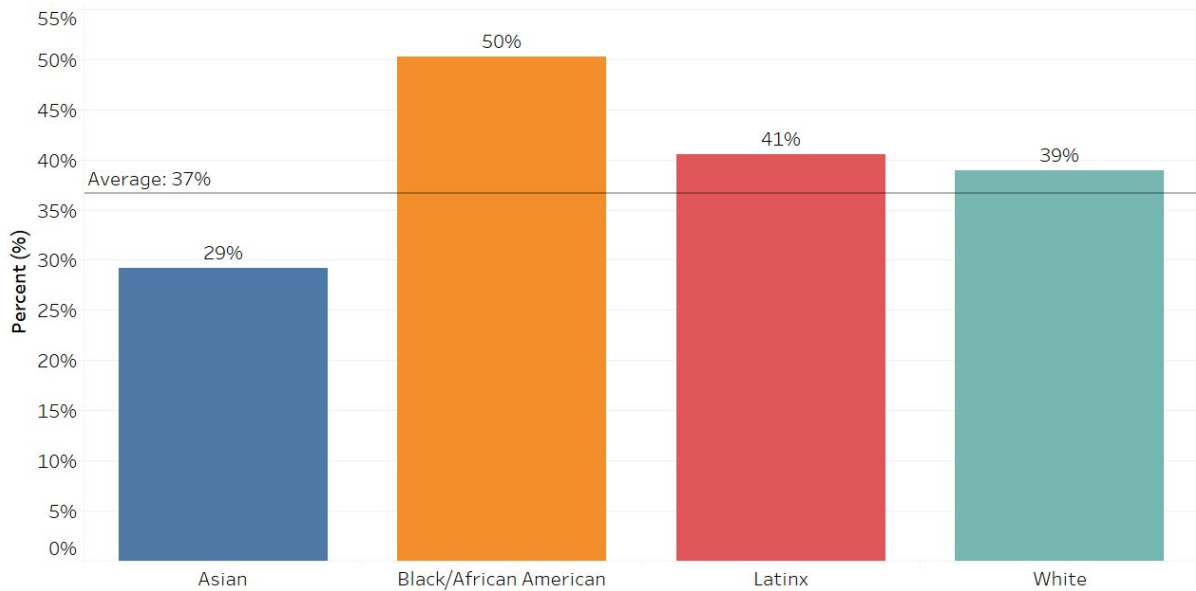
Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

Adults aged 45-64 are overweight at a significantly higher prevalence than 18-24 year olds.

PREGNANT WOMEN – Overweight and Obesity

More than one third of women (37%) gained excess weight during pregnancy in San Francisco in 2016, representing a general decline since 2007. Approximately twice as many women who are overweight or obese before pregnancy gain excess weight during pregnancy compared to women who are normal weight before pregnancy.³¹ Although there has generally been a decline in excess weight gain during pregnancy, disparities remain. Black/African American are more than 1.5 times as likely as Asian women to gain excess weight during pregnancy compared to Asian women (50% vs. 29%).

Percent of Women Who Gained Excess Weight during Pregnancy by Race/Ethnicity, San Francisco, 2016

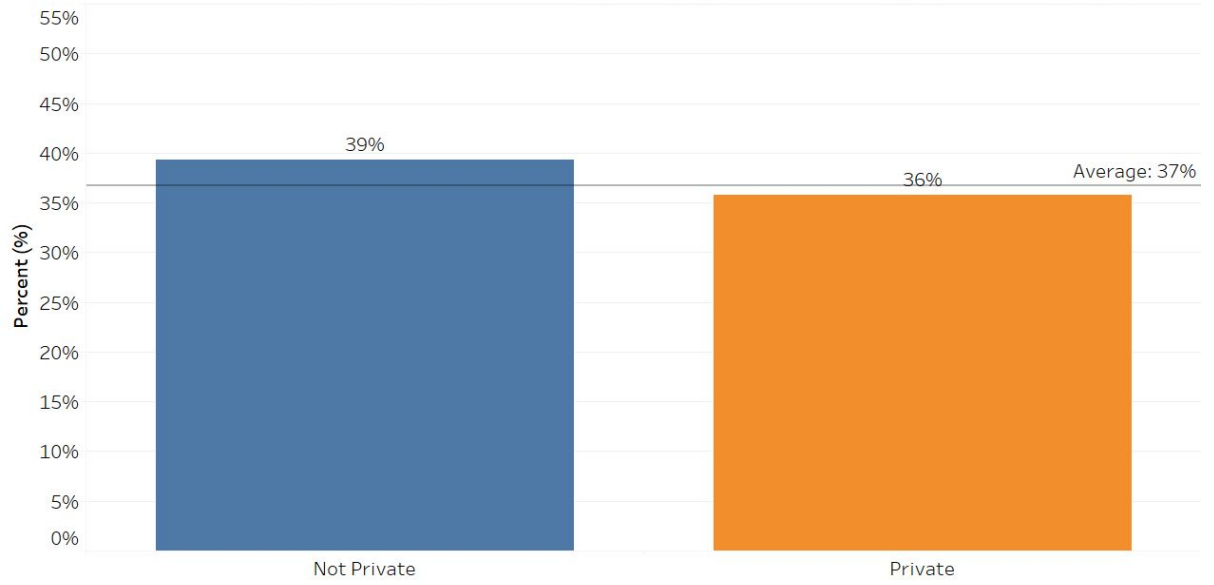


Data Source: Birth Statistical Master Files, California Department of Public Health (CDPH), 2016.

The disparity gap in excess weight gain during pregnancy between mothers with private versus public insurance has narrowed in recent years from 2012 when there was a 10 percentage point difference between private and publicly insured women to a 3.2 percentage gap in 2016.

³¹ City and county of San Francisco Department of Public Health, “Health disparities in San Francisco, Excess Pregnancy Weight Gain, 2015.”

Percent of Women Who Gained Excess Weight during Pregnancy by Insurance Type, San Francisco, 2016



Data Source: Birth Statistical Master Files, California Department of Public Health (CDPH), 2016.

Data source: CDPH Birth Statistical Master File

Diabetes

Diabetes is a condition in which the body does not properly process food for use as energy, leading to increased levels of glucose in the blood which can cause damage to tissues and organs throughout the body. The two main types of diabetes are type 1 diabetes and type 2 diabetes.³² Type 1 diabetes, previously called insulin-dependent diabetes mellitus or juvenile onset diabetes, accounts for five to 10% of all cases of diabetes and is considered primarily a genetic disease whose onset is not particularly influenced by diet or the environment. In contrast, Type 2 diabetes, previously called non-insulin-dependent diabetes mellitus or adult-onset diabetes, accounts for about 90 to 95% of all diagnosed cases of diabetes. Sugary drink consumption is associated with increased risk of developing Type 2 diabetes.³³ A third type, gestational diabetes, develops only during pregnancy. Babies born to mothers with gestational diabetes may suffer from excessive birth weight, preterm birth, respiratory distress syndrome, low blood sugar, and type 2 diabetes later in life. Women who have gestational diabetes during pregnancy have a 7.5-fold increased risk for the development of type 2 diabetes after delivery. This increased risk persists for their lifetime, even if the diabetes does not develop immediately following pregnancy.³⁴ Risk factors for Type 2 diabetes and gestational diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, unhealthy diet, physical inactivity, and race/ethnicity.

Prediabetes, also referred to as impaired glucose tolerance or impaired fasting glucose, is a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. People with prediabetes have a much higher risk of developing type 2 diabetes, as well as an increased risk for cardiovascular disease.³⁴ Without intervention, up to 30 % of people with prediabetes will develop type 2 diabetes within five years, and up to 70 % will develop diabetes within their lifetime.³⁵

Type 2 Diabetes can be prevented or delayed through moderate weight loss, exercise and improved nutrition, yet, type 2 diabetes impacts health and health spending significantly.^{36, 37} Diabetes is the eighth leading cause of death in San Francisco which is an underestimate since heart disease, the leading killer, is often worsened by having concurrent diabetes.³⁸ It is also the leading cause of kidney failure and the need for dialysis³⁹ and can cause other serious health complications including blindness and lower-extremity amputations. Diabetes reduced the lifespan of San Franciscans by approximately eight years and as estimated by San Francisco's Budget and Legislative Analyst Office, the City and County of San Francisco pays over \$87 million for direct and indirect diabetes care costs.⁴⁰

³² Centers for Disease Control and Prevention. Basics about diabetes. <http://www.cdc.gov/diabetes/basics/diabetes.html>, 2015.

³³ R. Bentley-Lewis, "Gestational Diabetes Mellitus: An Opportunity of a Lifetime." *Lancet* (2009): 1738-1740, 1773-1779.

³⁴ Centers for Disease Control and Prevention. Prediabetes. <https://www.cdc.gov/diabetes/basics/prediabetes.html>, 2016

³⁵ Adam G Tabák, Christian Herder, Wolfgang Rathmann, Eric J Brunner, and Mika Kivimäki. Prediabetes: a high-risk state for diabetes development. *The Lancet*, 379(9833):2279–2290, 2012.

³⁶ Vasanti S Malik and Frank B Hu. Sweeteners and risk of obesity and type 2 diabetes: The role of sugar-sweetened beverages. *Current diabetes reports*, January 2012

³⁷ Centers for Disease Control and Prevention. Preventing diabetes. <https://www.cdc.gov/diabetes/basics/prevention.html>, 2016.

³⁸ American Heart Association. Cardiovascular disease and diabetes. Website, 2015.

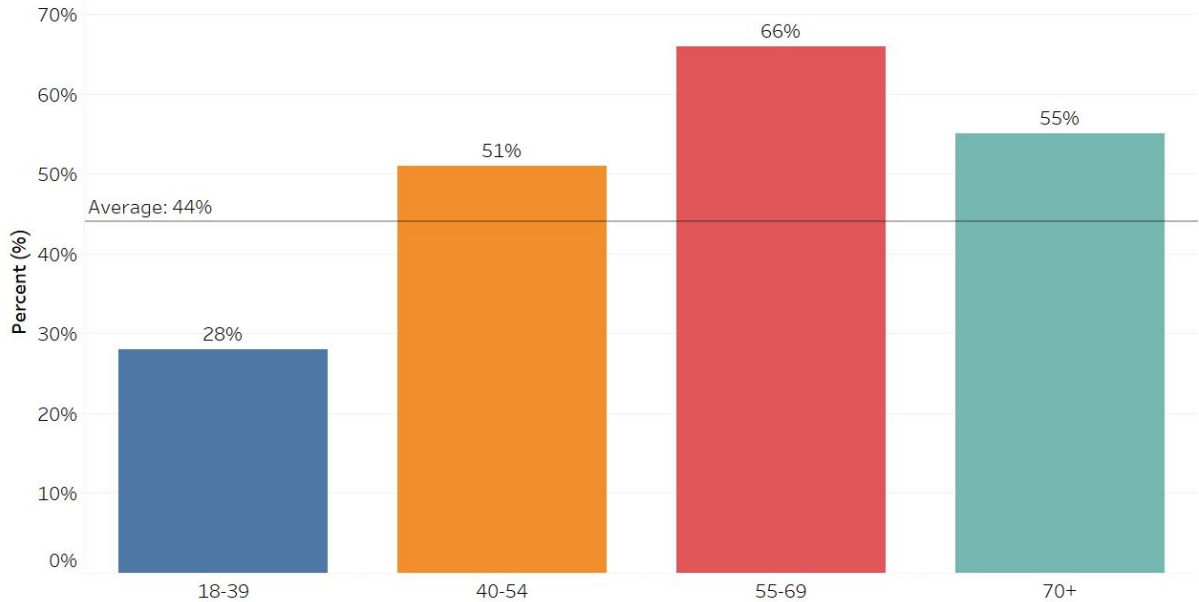
³⁹ Robert N Foley and Allan J Collins. End-stage renal disease in the United States: an update from the united states renal data system. *Journal of the American Society of Nephrology* : *JASN*, 18:2644–2648, October 2007

⁴⁰ City and County of San Francisco, Budget and Legislative Analyst. Policy Analysis Report. December 12, 2013. <http://sfbos.org/sites/default/files/FileCenter/Documents/47337-BLA%20SugarSweetenedBeverages%20121213%20Rvsd.pdf>

San Francisco Prediabetes Prevalence

A study conducted by the UCLA Center for Health Policy Research and commissioned by the California Center for Public Health Advocacy (CCPHA) analyzed hemoglobin A1c and fasting plasma glucose findings from the National Health and Nutrition Examination Survey together with California Health Interview Survey data from over 40,000 respondents. The study estimates prediabetes rates by county and estimated that 44% of adults in San Francisco have prediabetes compared to 46% in California generally.⁴¹

Estimated Rates of Prediabetes by Age Group, San Francisco, 2016



Data Source: UCLA Center for Health Policy Research, California Center for Public Health Advocacy, 2016

San Francisco Type 2 Diabetes Prevalence

Approximately 4.4% of surveyed San Franciscans reported ever being diagnosed with diabetes on the CHS survey compared to 8.9% of Californians. However nationally, nearly 1 in 4 people living with diabetes are undiagnosed⁴² thus the true prevalence of type 2 diabetes in San Francisco is likely higher. The CDC has modeled diabetes prevalence in San Francisco and estimates the prevalence to be closer to 8.6%.⁴³

San Francisco Gestational Diabetes Prevalence and Disparities

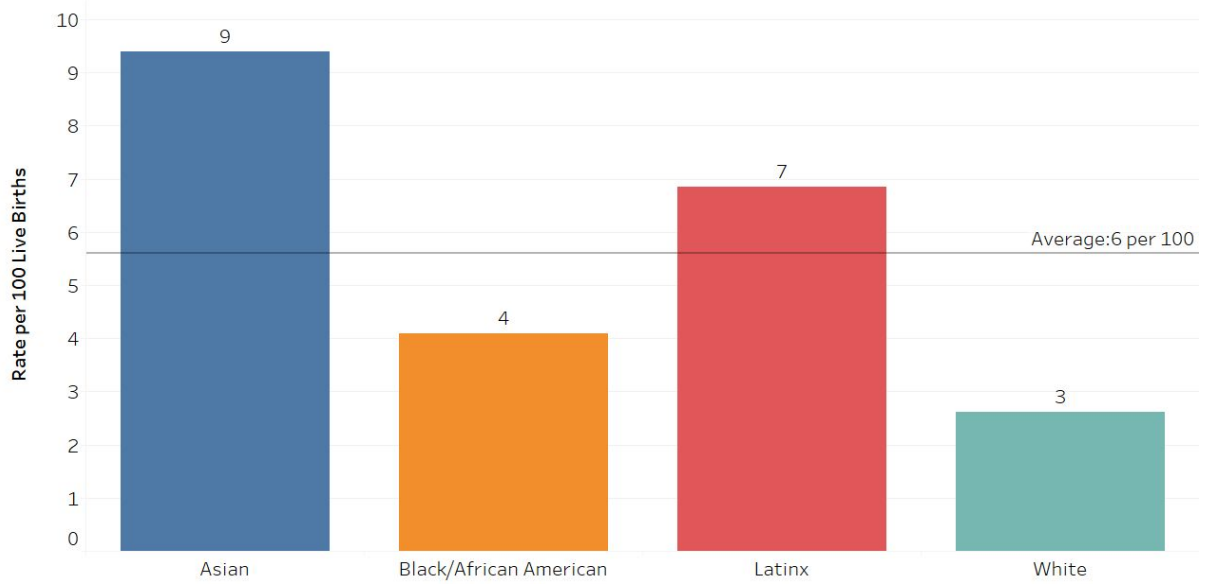
The incidence rate of gestational diabetes in San Francisco decreased in 2014-2016, but disparities still exist among racial groups. In 2016, Asian women had the highest rate of 9 per 100 live births which is almost 3 times higher than White women. The rate for Latinx women is also higher than average (6 per 100 live births).

⁴¹ Susan H Babey, Joelle Wolstein, Allison L Diamant, and Harold Goldstein. Prediabetes in California: Nearly half of California adults on path to diabetes. *Policy brief (UCLA Center for Health Policy Research)*, pages 1–8, March 2016.

⁴² American Diabetes Association. Statistics about diabetes. www.diabetes.org/diabetes-basics/statistics/. Website 2018.

⁴³ CDC 500 Cities. <https://www.cdc.gov/500cities/>. Website 2018.

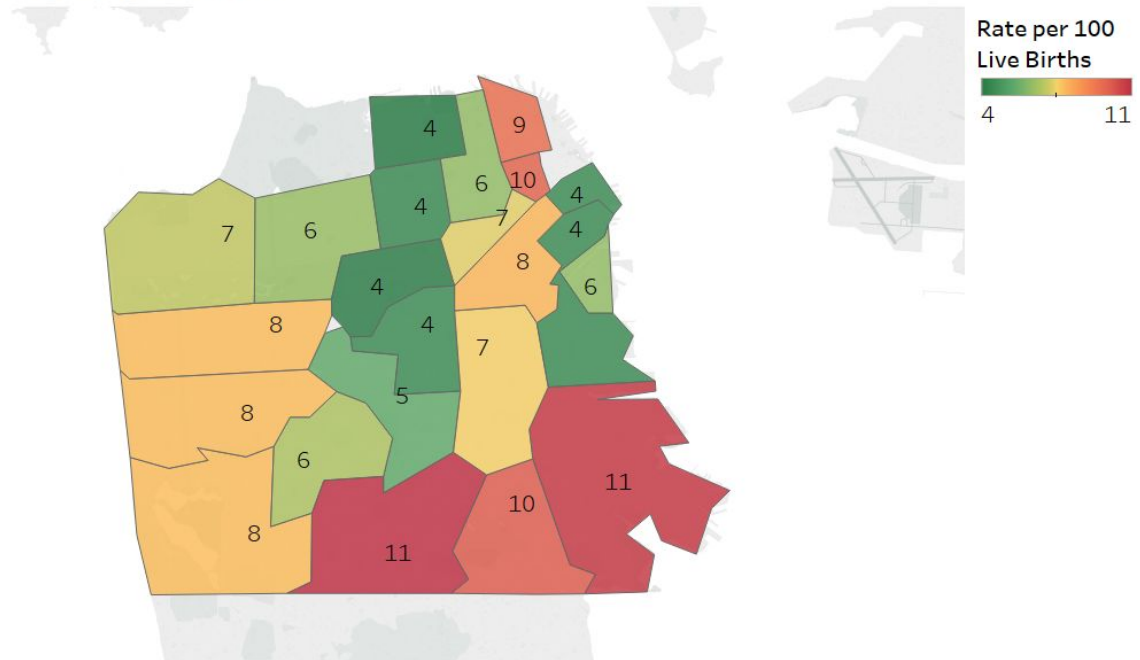
Gestational Diabetes Rate per 100 Live Births by Race/Ethnicity, San Francisco, 2016



Data Source: Birth Statistical Master Files, California Department of Public Health (CDPH), 2016.

Women who living in the Sunset and Southeast neighborhoods of San Francisco were at highest risk of gestational diabetes

Incidence Rates of Gestational Diabetes per 100 Live Births by Zip Code, San Francisco, 2012-2016



Data Source: Birth Statistical Master Files, California Department of Public Health (CDPH), 2012-2016.

National Ethnic Disparities in Prediabetes and Type 2 Diabetes

Data on disparities in prediabetes and Type 2 diabetes prevalence across ethnicity are lacking in San Francisco but trends are expected to mirror state and national data. There are statistically higher prediabetes rates among young adult (age 18 to 39) Pacific Islanders (43 percent), African-Americans (38 percent), American Indians (38 percent), multi-racial Californians (37 percent), Latinx (36 percent) and Asian Americans (31 percent) than Whites (29 percent).⁴⁴

As for Type 2 diabetes, Latinx, Native Americans, and some Asian Americans and Pacific Islanders have increased risk for type 2 diabetes. Black/African Americans are at particularly high risk for type 2 diabetes. An estimated one out of every two Black/African American and Latinx children born after 2000 will have type 2 diabetes in their lifetime.⁴⁵ Over the past 30 years the prevalence of type 2 diabetes among Black/African Americans nationally has quadrupled and Black/African Americans are 1.7 times as likely to develop type 2 diabetes as Whites.⁴⁶ Black/African Americans are not only more likely than Whites to develop type 2 diabetes but also experience greater disability from diabetes-related complications such as amputations, adult blindness, kidney failure, and increased risk of heart disease and stroke; death rates for Black/African Americans with type 2 diabetes are 27 % higher than for Whites.

San Francisco Disparities in Diabetes

The diabetes specific data available for San Francisco that can be stratified by ethnicity pertains to

⁴⁴ Susan H Babey, Joelle Wolstein, Allison L Diamant, and Harold Goldstein. Prediabetes in California: Nearly half of California adults on path to diabetes. *Policy brief (UCLA Center for Health Policy Research)*, pages 1–8, March 2016.

⁴⁵

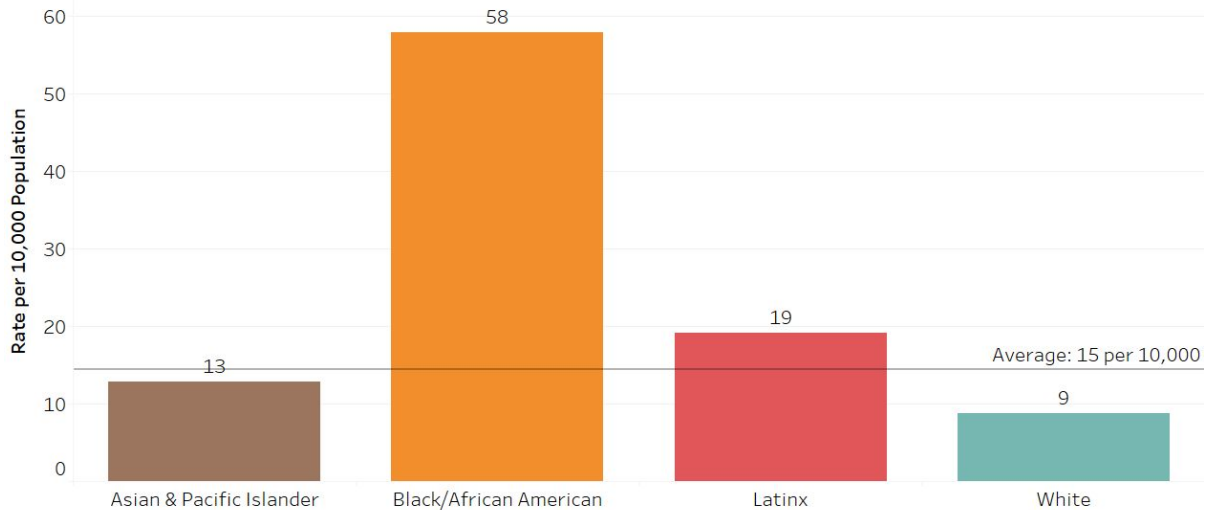
Gregg E, Zhuo X, Cheng Y, Albright A, Narayan K M, Thompson T. "Trends in lifetime risk and years of life lost due to diabetes in the USA, 1985-2011: a modelling study." *The Lancet*. 2014

⁴⁶ Centers for Disease Control and Prevention. Diabetes. <https://www.cdc.gov/media/presskits/aahd/diabetes.pdf>, 2008.

hospitalizations due to diabetes.

Diabetes hospitalization rates (shown here as cases per 10,000 residents) were markedly higher among Black/African Americans (58 per 10,000 residents) and Latinx (19 per 10,000 residents) than Whites (8 per 10,000 residents) and Asian Pacific Islanders (13 per 10,000 residents).

Age-adjusted Rates of Hospitalizations due to Diabetes per 10,000 Population by Race/Ethnicity, San Francisco, 2016

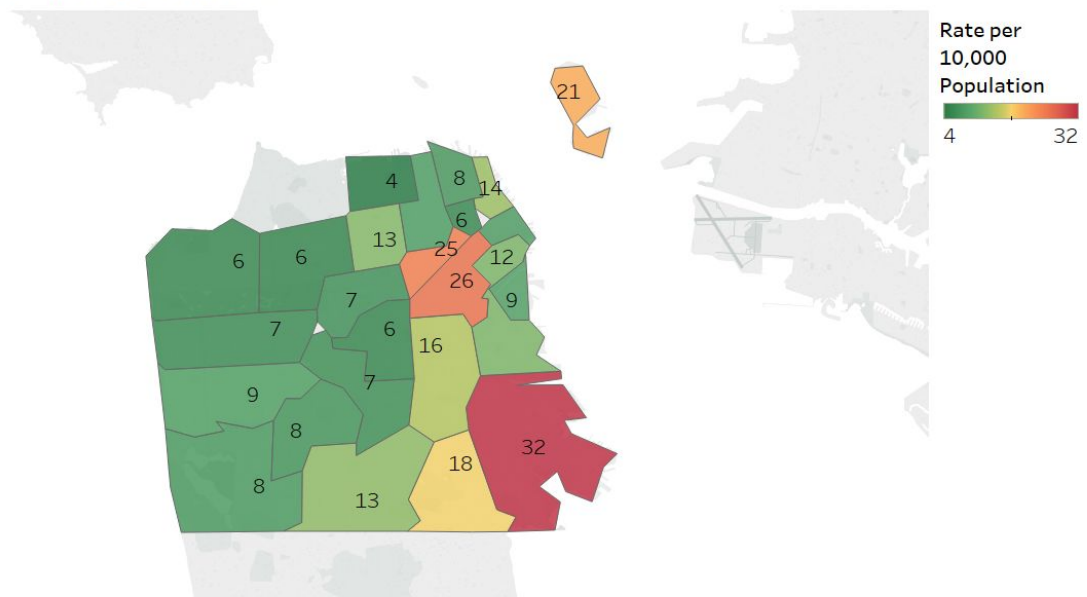


Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2016.

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Residents in the eastern zip codes (94102, 94110, 94115, 94124, and 94130) are more likely to be hospitalized due to diabetes than those living elsewhere in San Francisco.

Age-adjusted Rates of Hospitalizations due to Diabetes per 10,000 Population by Zip Code, San Francisco, 2012-2016

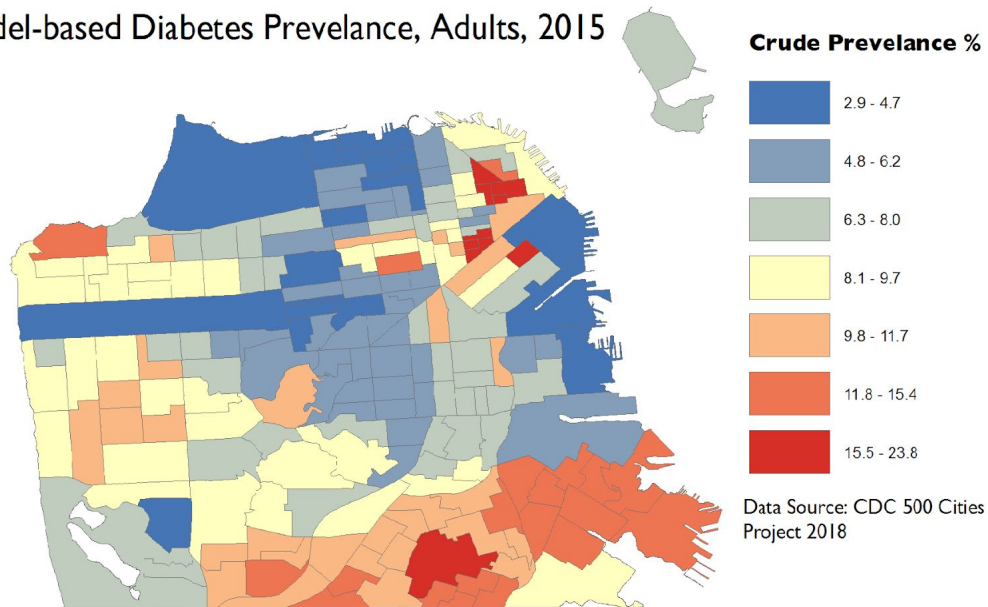


Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2012-2016.

⁴⁷ California Office of Statewide Health Planning And Development. 2012-2016.

The CDC's modeled data estimates that the highest prevalence of diabetes occurs in the southeast regions of San Francisco.⁴⁸

Model-based Diabetes Prevalence, Adults, 2015



⁴⁸ CDC 500 Cities. <https://www.cdc.gov/500cities/>. Website 2018.

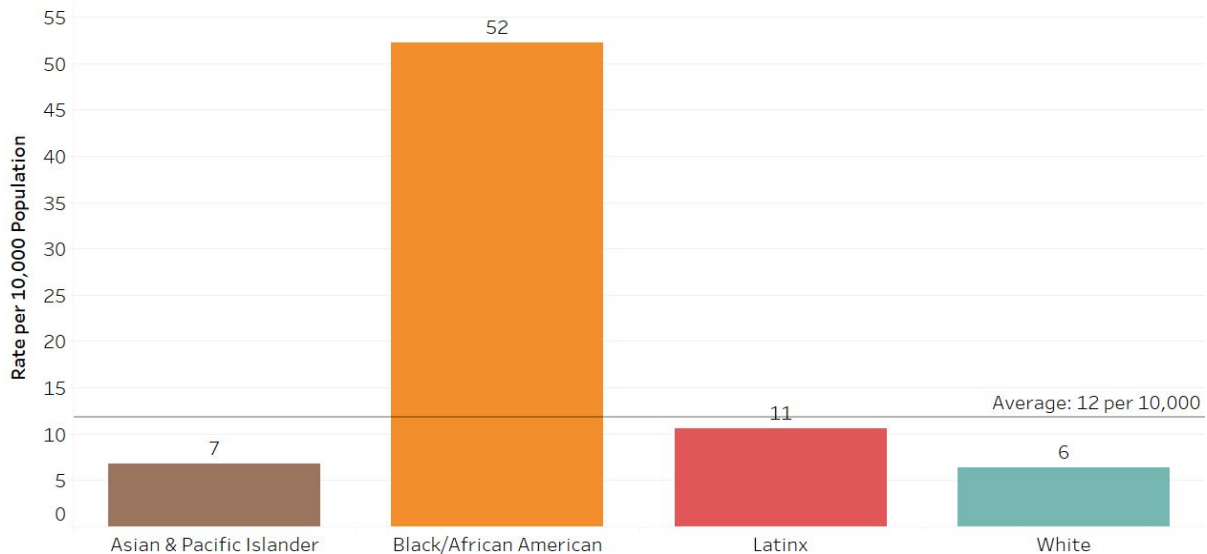
Hypertension

Hypertension, also called high blood pressure, is a condition in which the force of blood pushing against the vessel walls is higher than normal. This increased pressure damages blood vessel walls and can lead to complications such as cardiovascular disease (including heart attack and stroke), kidney disease, and blindness. Hypertension is the second leading cause of kidney failure.⁴⁹ Along with diabetes, hypertension is the major risk factor and contributor to cardiovascular disease which is the leading cause of death in San Francisco and nationally. Diet, physical activity, smoking, stress, family history, and genetics all contribute to the development and management of hypertension.

Approximately 18% surveyed San Franciscans reported ever being diagnosed with hypertension on the CHIS survey compared to 28.4% of Californians. However, nationally, nearly half of people living with diabetes are undiagnosed⁵⁰ thus the true prevalence of hypertension in San Francisco is likely higher. The CDC has modeled hypertension prevalence in San Francisco and estimates the prevalence to be closer to 25%.⁵¹

As with other chronic disease, disparities are seen across income, ethnicity, and geography. Black/African Americans have a hypertension hospitalization rate (52 per 10,000) that is nearly 5 times higher than the next highest group: Latinx(11 per 10,000).

Age-adjusted Rates of Hospitalizations due to Hypertension per 10,000 Population by Race/Ethnicity, San Francisco, 2016



Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2016.

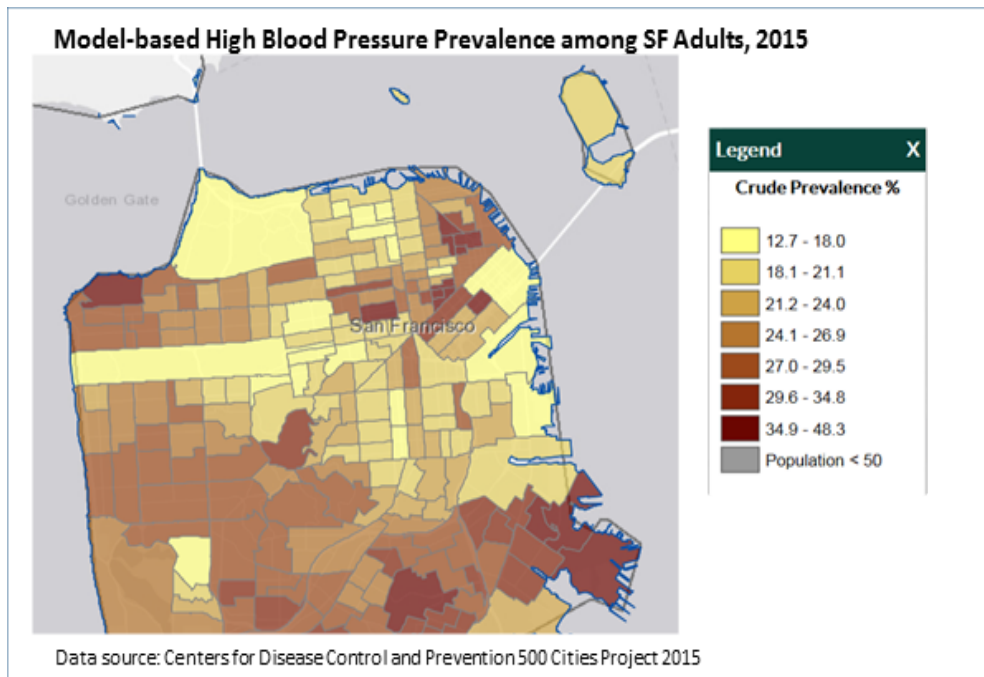
Estimates of hypertension prevalence and hospitalization rates due to hypertension are highest in the Tenderloin/SOMA and Bayview Hunters Point neighborhoods.⁵²

⁴⁹ National Institute of Diabetes and Digestive and Kidney Diseases. 2018. <https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/high-blood-pressure><https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/high-blood-pressure>

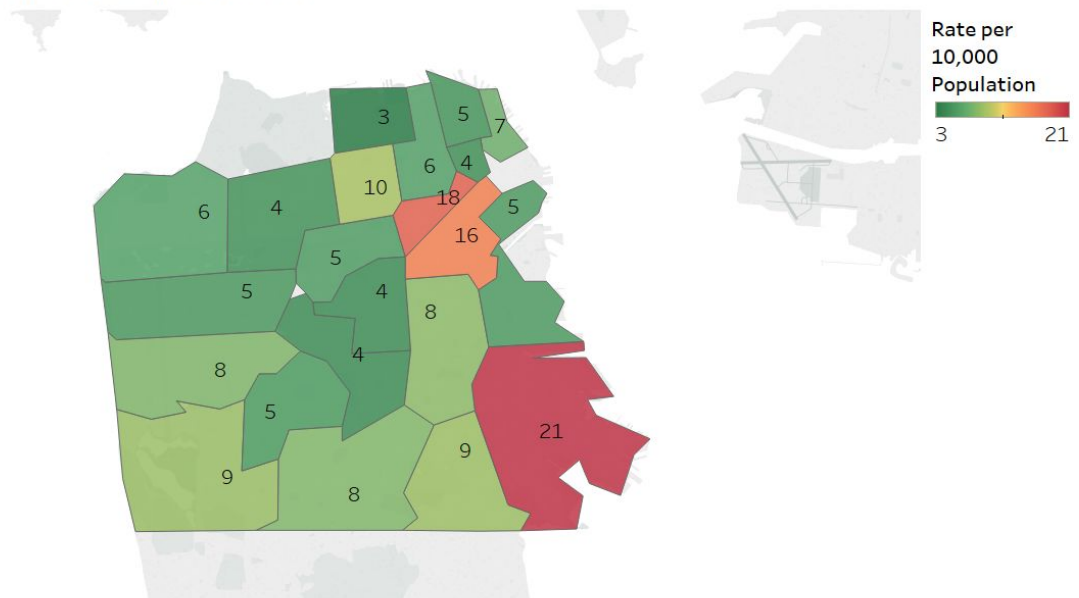
⁵⁰ CDC. Undiagnosed Hypertension. <https://www.cdc.gov/features/undiagnosed-hypertension/index.html>. Website 2018.

⁵¹ CDC 500 Cities. <https://www.cdc.gov/500cities/>. Website 2018.

⁵² Ibid



Age-adjusted Rates of Hospitalizations due to Hypertension per 10,000 Population by Zip Code, San Francisco, 2012-2016



Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2012-2016.

Cardiovascular disease

Cardiovascular disease refers to a class of diseases that involve the heart and blood vessels and is the leading cause of death in San Francisco and nationally. Many of these diseases are attributed to atherosclerosis, a condition where excess plaque builds up in the inner walls of the arteries. This buildup narrows the arteries and constricts blood flow. Diet, physical inactivity, being overweight/obese, cigarette smoking, diabetes, stress, and hypertension all contribute to cardiovascular disease.⁵³ Common types of cardiovascular diseases include:

- Coronary heart disease which can lead to heart attack (when blood flow to the heart is blocked)
- Heart failure which is when the heart is not functioning at its full potential and the body is not receiving all of the blood and oxygen it requires.
- Stroke which occurs when not enough blood is getting to the brain which can be due to a blocked blood vessel or a burst blood vessel.

In 2013 –14, 4.7% of adults living in San Francisco reported being told that they had any kind of heart disease, compared to 6.2 % of adults in all of California.⁵⁴

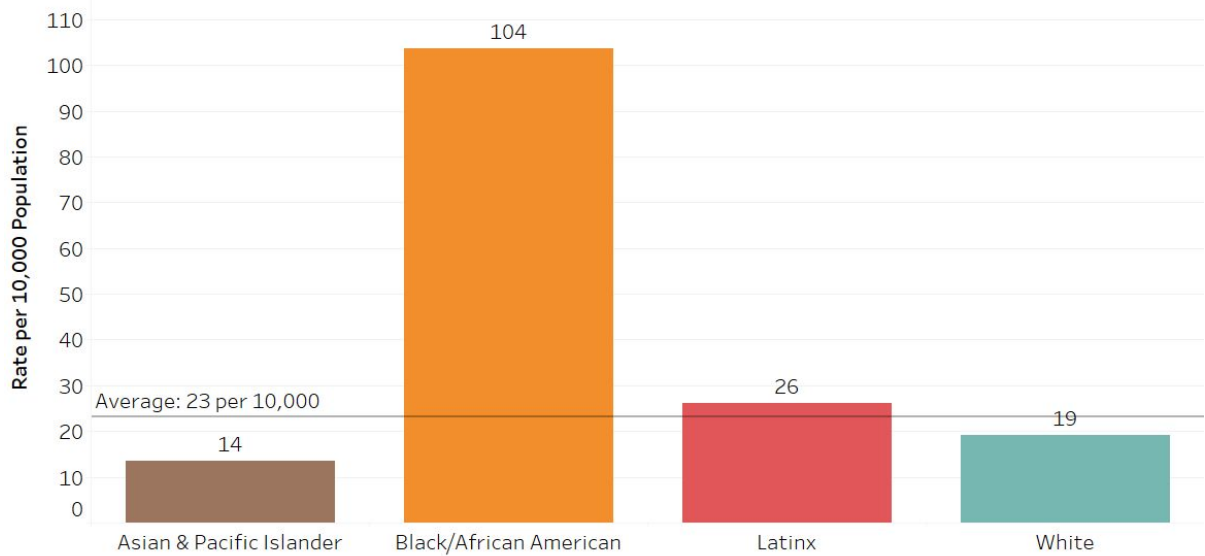
Hospitalization rates due to heart failure are highest among Black/African Americans. In 2016, Black/African American hospitalization rate (104 per 10,000 residents) for heart failure was more than five times higher than White San Franciscans (19 per 10,000 residents). Hospitalization rates due to heart failure among Latinx (26 per 10,000 residents) was approximately 1.4 times that of White San Franciscans.⁵⁵

⁵³ [1] American Heart Association. http://www.heart.org/HEARTORG/Caregiver/Resources/WhatIsCardiovascularDisease/What-is-Cardiovascular-Disease_UCM_301852_Article.jsp

⁵⁴ UCLA Center for Health Policy Research, California Health Interview Survey. <http://ask.chis.ucla.edu/main/default.asp> California Health Interview Survey, 2013-14.

⁵⁵ California Office of Statewide Health Planning And Development. 2005-2016.

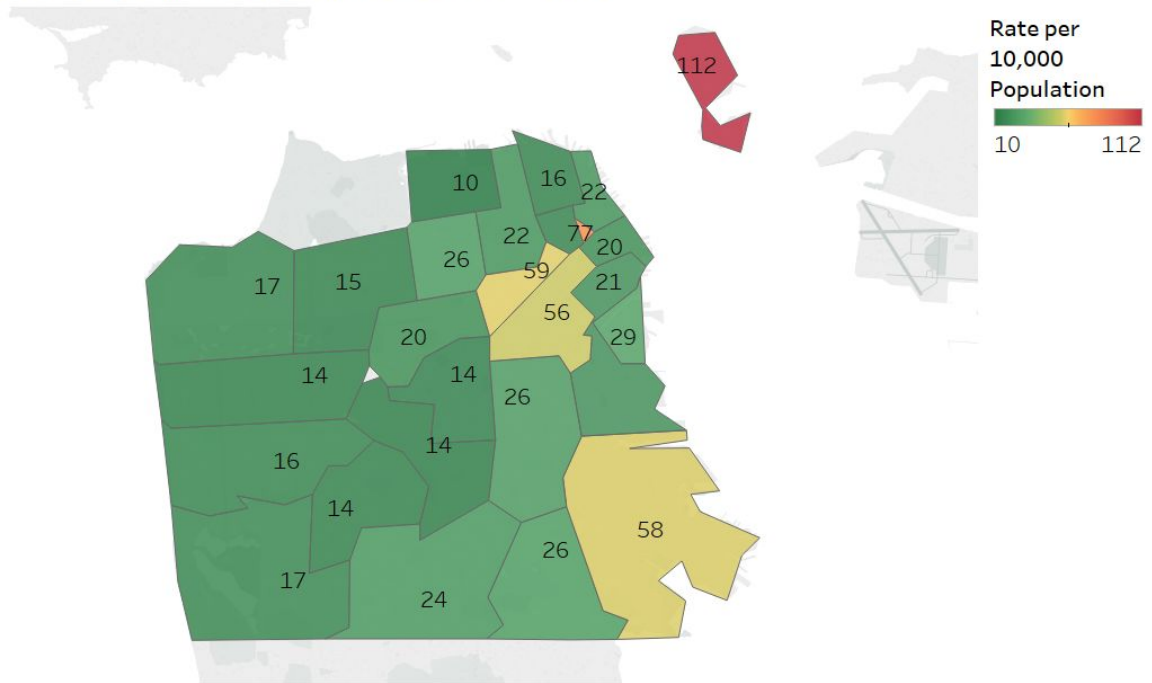
Age-adjusted Rates of Hospitalizations due to Heart Failure per 10,000 Population by Race/Ethnicity, San Francisco, 2016



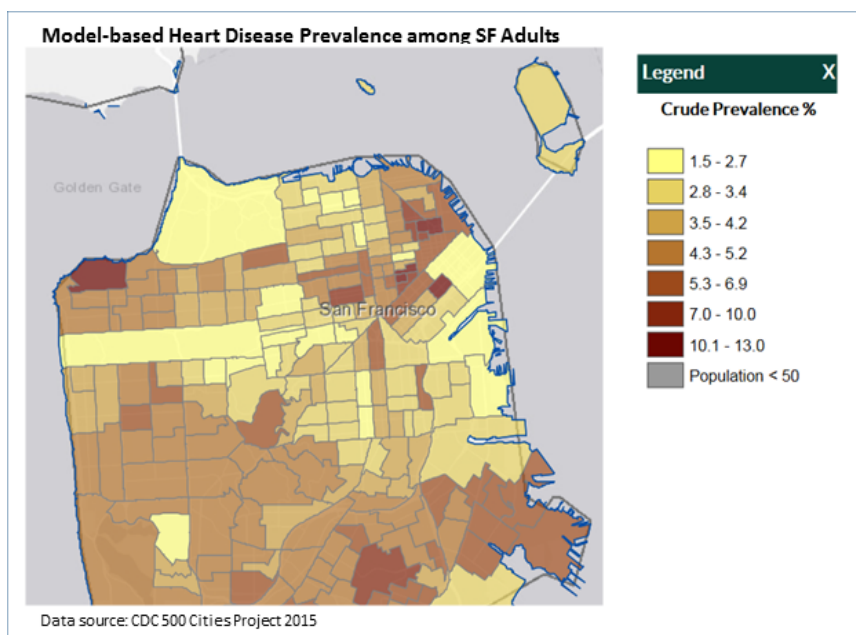
Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2016.

Residents living in the zip codes 94124, 94102, 94103, and 94105 have the highest hospitalization rates for chronic heart failure, with rates ranging from 56 to 112 per 10,000 adults.

Age-adjusted Rates of Hospitalizations due to Heart Failure per 10,000 Population by Zip Code, San Francisco, 2012-2016



Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2012-2016.



The CDC’s modeling of heart disease also shows geographic disparities across San Francisco, with a higher prevalence of heart disease in the Tenderloin/SOMA area as well as the southeast region of San Francisco.⁵⁶

⁵⁶ CDC 500 Cities. <https://www.cdc.gov/500cities/>. Website 2018.

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

In November 2018, the Sugary Drinks Distributor Tax (SDDT) Advisory Committee launched a survey for city departments receiving funds from the SDDT. The intent of the SDDTAC was to use survey findings to document impact of SDDT funds for the 2017-18 fiscal year. Following is the survey and findings.

Methods

The SDDTAC developed the survey tool, and backbone staff in the Department of Public Health implemented the survey in Survey Monkey IN November 2018. The survey was sent to director level representatives at the city agencies identified in the 2018 SDDTAC report as receiving FY 17-18 SDDT funding.

City Department Survey Intro:

In 2016, SF voters approved the [Sugary Drinks Distributor Tax \(SDDT\)](#) to decrease consumption of sugary drinks. As of January 1, 2018, SF distributors of drinks with added sugars must pay a tax of 1¢ per ounce in San Francisco. The funds collected from the tax will be used to counter the harms of drinking sugary beverages by supporting health related programming in communities disproportionately impacted by chronic diseases like type 2 diabetes, heart disease, and tooth decay.

The [Sugary Drinks Distributor Tax Advisory Committee \(SDDTAC\)](#) was created with the passage of the SDDT and is tasked with:

- 1) Evaluating the impact of the SDDT; and
- 2) Making recommendations regarding the funding of programs from SDDT funds.

The Department of Public Health (DPH) staffs the SDDTAC and supports it in reaching its mandate. Your department was allocated funding from the Sugary Drink Distributor Tax (SDDT) revenues in Fiscal Years 2017-18. We understand that Departments may not be aware that the SDDT was the source of funding, but please refer to page 5-6 of the [March 2018 SDDTAC report](#) that describes the 2017/18 funding.

Per the SDDTAC's request, DPH is helping the SDDTAC document how the funds were expended and track related outcomes. [Please complete this survey by November 15, 2018.](#) Based on survey findings, the SDDTAC may invite Departments, associated partners, non-profits, contractors and clients to share their projects and programs at a future SDDTAC meeting, in order to highlight and document the benefits the SDDT funding is bringing to communities across San Francisco.

This paragraph describes the most vulnerable populations that the SDDT revenues are designed to impact; some questions in the survey ask to specify whether the funds reached those populations. Because low income and ethnic minority populations consume more sugary drinks than the general population and disproportionately suffer from chronic health conditions, equity was a foundational pillar for the SDDTAC's recommendations. The SDDTAC identified the following priority populations to be served by SDDT funding:

- Low income San Franciscans, and/or
- Populations* shown to be consuming sugary drinks at a high rate, and/or

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

- Populations* disproportionately affected by diet sensitive chronic diseases (such as diabetes, obesity, heart disease, and/or tooth decay)

*Including but not limited to African Americans, Asian, Latino, Native American, and Pacific Islander populations as well as youth and young adults, particularly adolescent males

If an SDDT-funded program, proposal, or initiative does not serve these specifically named populations, the SDDTAC was supportive of work that includes a rationale or evidence that the work is serving a population that consumes sugary drinks at a high rate or is disproportionately affected by diet-sensitive chronic disease. Please refer to page 35 in the [March 2018 SDDTAC report](#) to reference the Committee’s recommendations for expenditures.

If you have any questions about this survey, please contact [Christina Goette](#), SDDTAC backbone staff. For more information about the SDDTAC, visit www.sfdph.org/sddtac.

Survey Questions:

1. Please provide: Name, Department, Title, Email, Phone
2. Did you know that the SDDT had funded your department?
3. Have the entire SDDT FY 17-18 funds been expended?
4. Please list any Community Based Organizations (CBO), Contractors, and/or associated partners that received SDDT funding. Provide a short description of each CBO, Contractor and/or associated partners and their role(s). If funds remained internal to department, please state "none".
5. Briefly summarize each project and/or program funded by the SDDT FY 17-18 funding. Include funding allocation amounts for each project/program.
6. Please summarize the impact of SDDT-funded project(s) and/or program(s). Describe the # of clients served, project deliverables, accomplishments and outcome metrics.
7. Did SDDT funding help expand funded program(s)/project(s)?
8. How is your Department evaluating the project(s) and/or program(s) funded by the SDDT?
9. Describe how your department’s project(s) and/or program(s) funded by FY 17-18 SDDT meets and aligns with the SDDT goal to address diet sensitive chronic disease in communities disproportionately impacted by them.

Survey Recipients

Survey recipients were identified from the tables (pages 5-6) in the [March 2018 SDDTAC report](#). The table below incorporates the data from the two separate tables into one.

Program	Department	Description	FY 17-18
Programs funded with SDDT Revenue			\$3.3M
Healthy Eating & Active Living programming	DPH - Community Health Equity & Promotion Branch	Includes funding for the Black/African American Wellness and Peer Leadership (BAAWPL) program, healthy eating & active living programming, active transportation and pedestrian safety program, as well as the Sunday streets program.	2.3M

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

Program	Department	Description	FY 17-18
Peace Parks & Peace Hoops	Recreation and Park Department	Pilot funding for Peace Parks initiative.	500K
Home Delivered Meals	Human Services Agency	Increased funding for nutritional supports for low-income, disabled, and senior residents	500K
Healthy Addbacks			\$2.2M
Family Violence Services	Department on Status of Women	Direct services, training and assistance to improve San Francisco child abuse prevention and intervention services building upon existing Family Resource Centers Initiative	500K
Food Security - Congregate Lunch Meals	Human Services Agency	Address current waitlist: Daily, hot, nutritious meals for seniors/adults with disabilities	220K
Food Security - Healthy Food Purchasing Supplement	Department of Public Health	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.	50K
Food Security - Home-Delivered Meals (HDM)	Human Services Agency	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.	477K
Healthy Corner Store Retail	Office of Economic and Workforce Dev,	Promoting corner stores and markets to sell healthy Products as opposed to sugary beverages, etc.	60K
Medical Assisting and Hospitality Training	Office of Economic and Workforce Dev.	Funding to support Medical Assisting and Hospitality Training	150K
Women's Health Rights in the Workplace Policy Coordinator	Department of Public Health	New women's health in the workplace outreach coordinator to conduct outreach to businesses and provide trainings on women's health issues (position was not authorized to be hired)	80K
Upgrading services for a food pantry in Ingleside/Ocean Avenue	Human Services Agency - DAS	Renovation and upgrades for a food pantry that serves residents on Ocean Avenue and Ingleside neighborhood	25K
Day laborer mental health support in the Mission	Department of Public Health	Bilingual Spanish speaking Peer Health Navigator to conduct psycho-social training and individualized support sessions with Day Laborers in the Mission	65K
I Am Bayview Marketing Campaign	Office of Economic and Workforce Dev.	Marketing campaign for Bayview merchant corridor	20K
Mental health services	Mayor's Office on Housing	Mental health and trauma counseling services at Vis Valley elementary	50K
Resilient Bayview	GSA - Mayor's Office of Neighborhood Services	Enhancement of existing programming, including free training for residents and non-profits	25K
Senior Fitness	Human Services Agency	Senior fitness programming at IT Bookman and George Davis	200K
Third Street Economic Development	Office of Economic and	Development and marketing of Third Street corridor	75K

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

Program	Department	Description	FY 17-18
	Workforce Dev.		
Congregate Meal Program	Human Services Agency	Congregate Meal Program A	75K
Congregate Meal Program	Human Services Agency	Congregate Meal Program B	75K
Small Business Support	Office of Economic and Workforce Dev.	1.5 FTE to serve Outer Mission and Broad Randolph business development	115K

Summary of Survey Results:

- All contacted programs responded; 11 Survey Monkey responses.
- Eight (8) of the 11 respondents did not know funding was SDDT revenue. RPD and Mayor's Office of Housing and Community Development knew. Department of Aging and Adult was aware of additional funds, but not that they were SDDT revenue.
- Although most departments were unaware that the funding they received was from SDDT revenues, nearly all funded programs were able to provide information about the high-level impact of those funds. One program was marked for a position, which was not authorized to be hired.
- Funds have been expended, by all respondents
- Whereas 2017-18 funds weren't tagged as special revenue, they were tagged as SDDT funds for 2018-19. Departments receiving FY 2018-19 SDDT funds, are aware of funding source, as the funds were indicated as such.

Survey Monkey Respondents:

1. Department of Aging and Adult Services – congregate meal programs, home delivered meals, expansion of food pantry, development of senior fitness programs
2. Department of Public Health- Sunday Streets and HEAL grants
3. Department of Public Health- Safe Streets for Seniors, Pedestrian Safety, Vision Zero
4. Department of Public Health- direct services to reduce the health disparities among Black/African American.
5. Recreation and Parks Dept– Peace Parks
6. Office of Economic and Workforce Development – Third St. revitalization; Healthy Retail; Medical assisting/hospitality training
7. Mayor's Office of Housing and Community Development
8. Department on the Status of Women
9. Department of Public Health- Day laborer mental health support in the Mission
10. Department of Public Health– Healthy Food Purchasing Supplement
11. Department of Public Health– Women's Health Coordinator: position not funded

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

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Programs funded with SDDT Revenue - \$3.3M

Program	Department	Description	FY 17-18	Impact
Black/African American Wellness and Peer Leadership (BAAWPL) program	DPH - Community Health Equity & Promotion Branch	Contracts: Rafiki Coalition \$810K - provide wellness holistic services to Black/African American (wellness classes, community forums, nutrition, trauma). BVYMCA - \$430K - provide service around reducing stress and helping community remain healthy (community hike, biking, community groups, zumba classes)	\$1.3M	Rafiki Coalition \$810K - provide wellness holistic services to Black/African American (wellness classes, community forums, nutrition, trauma). BVYMCA - \$430K - provide service around reducing stress and helping community remain healthy (community hike, biking, community groups, zumba classes). 2000 clients received services to prevent isolation and support increased attention to health. Supported staffing for BAAWPL initiative: \$65K
Healthy Eating & Active Living (HEAL) programming	DPH - Community Health Equity & Promotion Branch	Mini grants to BMAGIC – Parks Rx; Arthur Coleman Foundation – Health Education and Physical Activity with Faith based group, \$30K. Supported DPH HEAL staff - \$233K	\$263K	\$30K mini grants to BMAGIC – Parks Rx; Arthur Coleman Foundation – Health Education and Physical Activity with Faith based group. Supported DPH HEAL staff - \$233K
Active transportation and pedestrian safety program	DPH - Community Health Equity & Promotion Branch	\$306K funds to community for implementing active transportation, community subcontracts to provide support for active transportation (walking and biking) through Safe Streets for Seniors and other linkages with Vision Zero Supported 1.0 FTE DPH Active Transportation Staff - \$135K	\$440K	Safe Streets for Seniors educates seniors and service providers about VZ through multi-lingual community-based education and gathers input to bring back to city agencies for improvements related to seniors’ traffic safety concerns. CBOs funded: Senior Disability Action, Walk SF, Curry Senior Center, Chinatown Community Development Center, TL Safe Passage, Lighthouse, Portola Family Connections, Richmond Sr Ctr. - \$198K SAFE STREETS FOR SENIORS (SSFS) is an initiative of Vision Zero led by SFDPH focused on addressing traffic-related fatalities specifically to seniors. SSFS educates seniors and service providers about Vision Zero through multi-lingual community-based education and gathers input to bring back to City agencies regarding improvements to address seniors’ traffic safety concerns, thus far reaching over 1,240 seniors and staff at 37 locations in English, Cantonese, and Mandarin. The program also funds community-based organizations to conduct in-depth education and outreach in their neighborhoods (7 in FY16/17 and 8 in FY17/18). A consistent theme from funded SSFS community based organizations was that seniors and people with disabilities need more time to cross the streets in San Francisco. SSFS funded Senior and Disability Action, with the support of

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

Program	Department	Description	FY 17-18	Impact
				Walk San Francisco to work on this important traffic safety issue. As a result, Senior and Disability Action, with the support of Walk SF and the Vision Zero Coalition's Senior and Disability Pedestrian Safety Workgroup, launched a campaign in FY 16-17 urging the SF Municipal Transportation Agency to increase the time allowed for people to get across the street. Seniors and people with disabilities held press conferences in the Richmond, SOMA and the Bayview to highlight the problem. They crossed major intersections as a group, with signs reading "Give Us More Time," and demonstrated that the light turns too soon. As a result of community input and changes in state law, the SFMTA has agreed to increase the time shown during the pedestrian countdown, with a new standard of 3.0 feet per second. This will allow for more time for seniors and people with disabilities to cross safely. SFMTA, SFDPH and community partners celebrated together on May 9th with a celebratory press conference to thank SFMTA for this traffic safety improvement. Supported DPH Active Transportation staff - \$135K
Sunday streets	DPH-Community Health Equity & Promotion	Supported 9 Sunday Streets events in neighborhoods throughout SF	175K	Supported 9 Sunday Streets events in neighborhoods throughout SF - \$175K
Peace Parks & Peace Hoops	Recreation and Park Department	Pilot funding for Peace Parks initiative.	500K	600 people/month total (for 3 sites) 6 families have received housing through the program at Youngblood Coleman, job readiness training for members of TAY population at Herz Playground. Transported over 100 youth to RPD Halloween event, Scaregrove. Community has stated they feel safer and a sense of togetherness as result of having the centers open.
Home Delivered Meals	Human Services Agency	Increased funding for nutritional supports for low-income, disabled, and senior residents	500K	Approximately 203K additional home delivered meals on annual basis, for 525 clients (<i>this info represents impact for all \$977k funding to HSA for home delivered meals – see below in healthy addbacks</i>)
		TOTAL	\$3.2M	

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

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Healthy Addbacks - \$2.3M

Program	Department	Description	FY 17-18	Program Description/Impact
Family Violence Services	Department of Women	Direct services, training and assistance to improve San Francisco child abuse prevention and intervention services building upon existing Family Resource Centers Initiative	500K	Safe & Sound served 68 high-needs families and 92 individuals in the project. Ninety-two percent (92%) of families enrolled in IFS showed improvements in their Protective Factors after 12 months, The project also trained approximately 200 family-serving staff on the negative health outcomes of trauma and ACEs; how to mitigate these effects through evidence based support for Protective Factors; how to identify and support parents and children who are experiencing violence; and formalized referral partnerships between family-serving and legal support organizations.
Food Security - Congregate Lunch Meals	Human Services Agency	Address current waitlist: Daily, hot, nutritious meals for seniors/adults with disabilities	220K	Daily, hot, nutritious meals for seniors/adults with disabilities Reduce waitlist for 145 new clients
Food Security - Healthy Food Purchasing Supplement	Department of Public Health	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.	50K	<p>Project deliverables: Vouchers must be used for healthy food. Voucher system includes food vendors in SF neighborhoods with high health disparities. Vendors to include food retail (grocery stores) as well as farmers markets. Voucher system includes policies and procedures for securing unused vouchers, controlling for fraud, tracking usage/redemption of vouchers. Voucher system partners with existing programs currently serving the target populations. Distribution sites will support EatSF participants in enrolling in all food assistance programs for which they are eligible</p> <p>Major Milestones Accomplished: FY 17-18 Distributed over 80,000 EatSF healthy food vouchers to more than 4,400 unduplicated households helping low-income San Franciscans eat more fruits and vegetables, critical for health and wellbeing. This included 800 low-income pregnant people in partnership with the San Francisco Women, Infant, and Children (WIC) program and 2,100 SSI recipient households.</p> <p>Community:</p> <ul style="list-style-type: none"> · Partnered with 70+ distribution sites, including community-based organizations and clinics. · Grew the vendor network to 22, adding more convenient grocery chains and corner stores. <p>Performance:</p> <ul style="list-style-type: none"> · Maintained an overall 83% participant retention rate and a 75% voucher redemption rate. · WIC participant retention for was 80% and they redeemed 81% of distributed

FY 17-18 Sugary Drinks Distributor Tax (SDDT) Department Survey Summary

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Program	Department	Description	FY 17-18	Program Description/Impact
				<p>vouchers.</p> <ul style="list-style-type: none"> Received high satisfaction ratings from participants (93%) and have a waitlist of 6,000+ households, evidencing great demand for the program. <p>Outcomes:</p> <ul style="list-style-type: none"> Food security rates among EatSF WIC participants increased 15%. Non-WIC EatSF participants increased their F&V intake (by 0.7+ daily servings) – enough for immediate health impacts. Participants report better eating habits as a result of EatSF, such as eating more kinds of F&V (97%) and eating less junk food (87%). Participants reported being more confident making healthy choices on a budget (96%); that they are more knowledgeable of the importance of F&V (96%); and that their health improved as a result of the program (96%).
Food Security - Home-Delivered Meals (HDM)	Human Services Agency	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.	477K	<p>Approximately 203K additional home delivered meals on annual basis, for 525 clients</p> <p><i>(this info represents impact for all \$977k funding to HSA for home delivered meals – see above SDDT-revenue table)</i></p>
Healthy Corner Store Retail	Office of Economic and Workforce Dev,	Promoting corner stores and markets to sell healthy Products as opposed to sugary beverages, etc.	60K	<p>HealthyRetailSF is an incentive-based, voluntary pilot program for merchants of local retail shops, also known as corner stores, to help shift business models and make the changes needed to remain competitive but to also provide healthier food options in their communities.</p> <p>HealthyRetailSF builds upon the best practices of previous efforts and provides interested small business owners with the tools and resources they need, along with focused attention from experts, to develop a business model that allows them to introduce and integrate healthy food options. The program’s ultimate goals are to increase access to healthy food, engage local residents in decision making processes, reduce unhealthy influences, strengthen communities, and stimulate economic development and job creation.</p>
Medical Assisting and Hospitality Training	Office of Economic and Workforce Dev,	Funding to support Medical Assisting and Hospitality Training	150K	<p>Healthcare and Hospitality. Medical Assisting is a training track within our healthcare sector, whereas Hospitality training would apply to all training tracks within our hospitality sector. The organizations that conduct Medical Assisting</p>

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Program	Department	Description	FY 17-18	Program Description/Impact
				<p>Training within the healthcare sector are: JVS and MLVS. MLVS does this through a cohort model and we fund them at \$215,000. JVS does both MA and MA refresher. Their MA programming is funded at \$75,000. Their MA refresher is funded at \$175,000.</p> <p>Our Hospitality Sector includes the following organizations: Self Help for the Elderly, Charity Cultural Services Center, Chinese Progressive Association, Community Housing Partnership, Episcopal Community Services, Mission Language Vocational Services, Mission Hiring Hall, Toolworks, and Equity and Inclusion in Hospitality. The entire sector is funded at \$1,650,000</p>
Women's Health Rights in the Workplace Policy Coordinator	Department of Public Health	New women's health in the workplace outreach coordinator to conduct outreach to businesses and provide trainings on women's health issues	80K	<i>Coordinator position was not authorized for funding.</i>
Upgrading services for a food pantry in Ingleside/Ocean Ave	Human Services Agency - DAS	Renovation/upgrades for food pantry for residents on Ocean Avenue & Ingleside neighborhood	25K	1200 additional food bags for clients through expansion of food pantry svcs
Day laborer mental health support in the Mission	Department of Public Health	Bilingual Spanish speaking Peer Health Navigator to conduct psycho-social training and individualized support sessions with Day Laborers in the Mission	65K	<p>Outreach & Engagement: 130 hours of outreach and client engagement provided, involving 60 client contacts</p> <p>Linkage & Referral: 68 hours provided, involving 40 contacts to 20 unduplicated clients</p> <p>Support Groups: 60 hours provided, involving 150 client-sessions, with 10 unduplicated clients served</p> <p>Psychosocial Training: 54 hours provided, involving 90 client-session-contacts, to 15 unduplicated clients</p> <p>Individualized Support Sessions: 120 hours, 60 sessions provided to 10 unduplicated clients</p>

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Program	Department	Description	FY 17-18	Program Description/Impact
				Staff Capacity-Building: 48 hours provided, involving 96 staff person-sessions to 6 staff members of the DLP/WC
I Am Bayview Marketing Campaign	Office of Economic and Workforce Dev,	Marketing campaign for Bayview merchant corridor	20K	Jason Madara photographed members of the Bayview neighborhood community. The intent of the series: to visually communicate that if one is going to move into a neighborhood, you should get to know the people who live there, not simply displace an existing community. Twenty-nine posters are now installed along the 3rd Street corridor of the Dogpatch and Bayview, capturing the Bayview residents who represent their neighborhood
Mental health services	Mayor's Office on Housing	Mental health and trauma counseling services at Vis Valley elementary	50K	Contract: APA Family Support Services Behavioral Health Services - \$50,000.00 Case Management (8) Information & Referral (12) Workshops/Trainings (18) Through General Fund Addback RFP, MOHCD is providing ongoing funding support to Visitation Valley Elementary School students and their families.
Resilient Bayview	Mayor's Office Neighborhood Services	Enhancement of existing programming, incl. free training for residents and non-profits	25K	<i>Agency responded to DPH requests, unable to identify specific 25K funding allocation.</i>
Senior Fitness	Human Services Agency	Senior fitness programming at IT Bookman and George Davis	200K	Senior fitness programs: nearly 900 unduplicated clients at the centers (not specific to senior fitness participants).
Third Street Economic Development	Office of Economic and Workforce Dev,	Development and marketing of Third Street corridor	75K	To support economic revitalization efforts along the Third Street commercial corridor from Evans to Paul Avenues, including building the capacity, and supporting the work, of EDoT (Economic Development on Third), a nonprofit corporation, in the Bayview Third Street corridor. Conduct merchant engagement. Conduct regular and frequent outreach to Third Street businesses (at least once a month). Connect businesses to appropriate services (reach out to active businesses monthly via email or in-person) and connect with SBDC, Renaissance, Main Street Launch, Working Solutions, BAYCAT, or other available services. Provide TA and support to the Merchants of Butchertown to ensure the future needs of the merchants are being addressed

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Program	Department	Description	FY 17-18	Program Description/Impact
Congregate Meal Program	Human Services Agency	Congregate Meal Program A	75K	48K additional congregare meals served on annual basis – <i>combined results with those immediately below</i>
Congregate Meal Program	Human Services Agency	Congregate Meal Program B	75K	48K additional congregare meals served on annual basis - <i>combined results with those immediately above</i>
Small Business Support	Office of Economic and Workforce Dev,	1.5 FTE to serve Outer Mission and Broad Randolph business development	115K	Excelsior Action Group implemented economic development efforts in the Excelsior, Outer Mission and Broad Street commercial areas. The goal is to strengthen small businesses, by providing them with needed services, engaging commercial property owners, and elevating the neighborhoods profile, all working towards maintaining vibrant and healthy commercial districts. The goal of the Program/Project is to provide support to small business in the Excelsior, Outer Mission and Broad/Randolph Commercial Districts, in addition engage and build relationships with Excelsior and Outer Mission property owners. The Program goal meets IIN objectives to strengthen small businesses, increase quality of life, and build community capacity in targeted commercial corridors
		TOTAL	\$2.3M	

Sugary Drink Distributor Tax Focus Group Results

August 2018

SF Department of Public Health
Population Health Division
Community Health Equity and Promotion Branch



Focus Group Report
Sugary Drinks Distributor Tax Revenue

This report was produced from a series of focus groups conducted by Tonya Williams, MPA and her team. Thank you to Ms. Williams for her commitment, energy and passion to ensure the voice of the community is included in this important work.

The focus groups could not have been conducted without community based organizations that hosted and conducted outreach for the focus groups and the small community organizations that contributed to the final focus group. Thank you to these organizations:

Sunnydale Tenant's Association
Collective Impact (MoMagic)
Mission Neighborhood Health Centers – Excelsior and Shotwell sites
Youth Leadership Institute
Boys & Girls Club-Tenderloin
APA Family Support Services
Samoan Community Development Center
Native American Health Center
Asociacion Mayab
Cornerstone Baptist Church
St. Paul of the Shipwreck
Double Rock Baptist

I. Introduction

Studies show that diseases connected to sugary beverage consumption disproportionately impact minorities and low-income communities. Proposition V, passed in November of 2016, imposes a one cent per fluid ounce tax on the initial distribution within the City and County of San Francisco of sugar-sweetened beverages, syrups, and powders. The legislation is intended to discourage the distribution and consumption of sugar-sweetened beverages (SSB) in San Francisco by taxing their distribution.

The passage of *Proposition V* established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC). The SDDTAC's purpose is to present expenditure recommendations to the Mayor and the Board of Supervisors and report on the effectiveness of the distributor tax. In March 2018, the SDDTAC released its first [report and recommendations](#), including that SF Department of Public Health (SFDPH) be responsible for grant making SDDT funds to community based groups and organizations. The Mayor closely followed the SDDTAC recommendations and SFDPH is now charged with ensuring that SDDT funding goes to community based groups serving populations most impacted by sugary drinks.

As a first course of action, SFDPH determined that it needed additional community input from populations most impacted by sugary drinks to understand what resources/supports they need to make Healthy Eating/Active Living and decreasing sugary drink and increasing water consumption possible. Thus, SFDPH contracted with Tonya Williams, MPA, and former executive director of Girls After-School Academy in SF's Sunnydale public housing development to conduct the focus groups.

In addition to informing DPH's community-based RFP process, the findings can also shape the SDDTAC's next set of recommendations. SFDPH will share the findings of these focus groups in a series of town halls in late summer, early fall 2018. Results are offered in context of programs and services needed. Results from focus groups will also be shared with SDDTAC, health equity coalitions, and the Shape Up SF Coalition to identify potential policy/systems/environmental responses.

A rich set of input was collected from over 100 community members from the following communities most impacted by the consumption of sugary drinks:

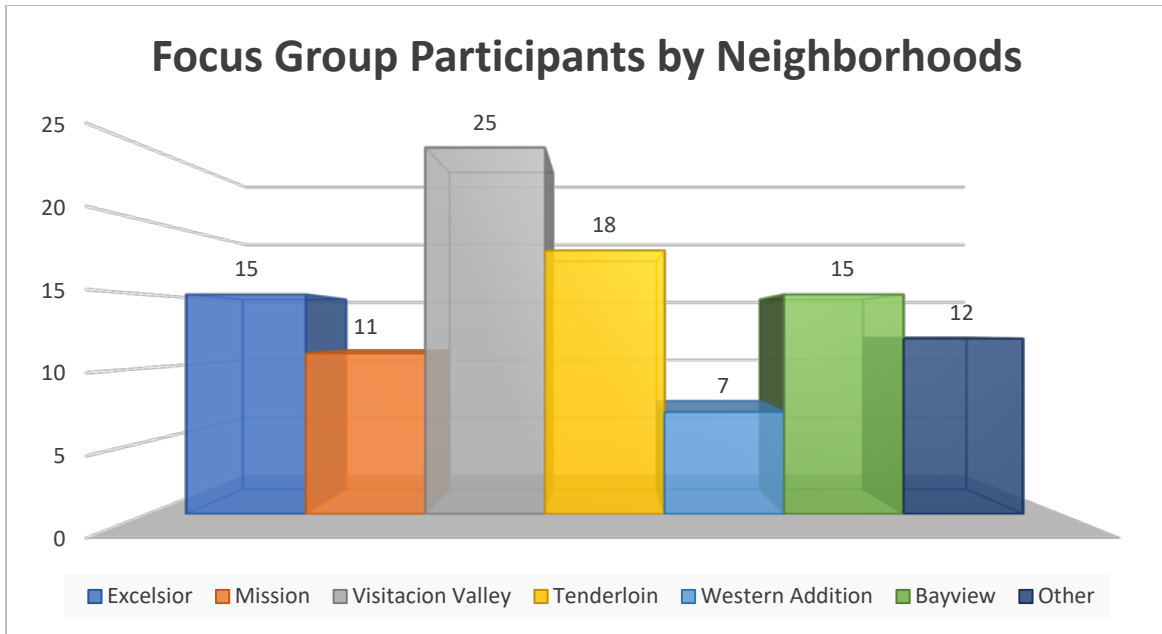
- African American Adults -Bayview District including the Visitacion Valley and Western Addition (2 groups)
- Latino Adults - Mission, Tenderloin and Excelsior District (2 groups)
- Youth-Transitional Age (14 – 24 years old), citywide, mixed raced (2 groups)
- Asian Adults-Chinese (1 group)
- Samoan Adults (1 group)
- Native American/American Indian Adults (1 group)
- Small organizations focus group, to understand their needs to apply for and successfully implement grants that promote healthy eating and active living.

II. Demographics

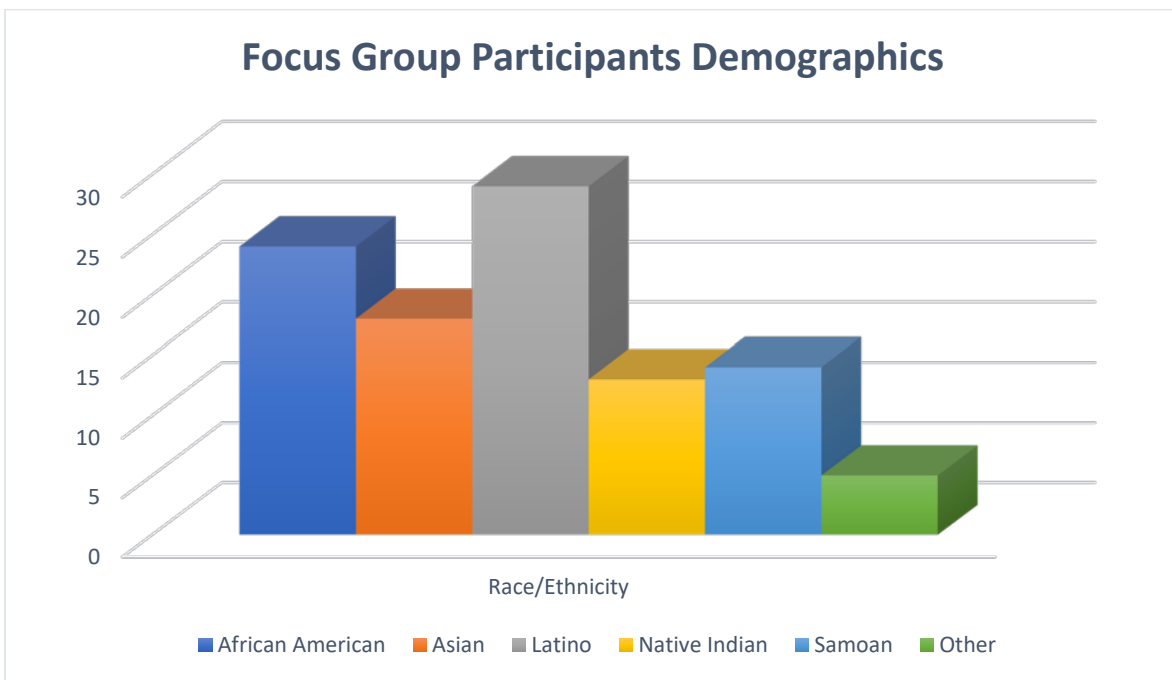
A series of 10 focus groups were conducted over five weeks beginning on May 21, 2018 and ending June 29, 2018. In total, 103 unduplicated community members/representatives from SF-based organizations participated, providing input on how they could make healthy eating and active living a possibility while reducing the consumption of sugary drinks.

In total 103 community members/representatives participated in ten focus groups

- Sunnydale Tenant's Association had nine (9) community members: four males and five females with 262 cumulative total years as residents in the Sunnydale community.
- Collective Impact/Mo' MAGIC had ten (10) community members: one male and nine females 355 cumulative total years working and/or residing in the Western Addition community.
- Mission Neighborhood Health Center-Shotwell Clinic had twelve (12) community members: two males and ten females with 245 cumulative total years as residents and/or working in the Mission District community. This focus group was conducted in Spanish.
- Mission Neighborhood Health Center-Excelsior Clinic had eight (8) community members: two males and six females with 204 cumulative total years as residents in the Excelsior District community. This focus group was conducted in Spanish.
- Youth Leadership Institute held had (10) community members: one male and nine females with 115 cumulative total years as residents and/or students throughout San Francisco.
- Boys and Girls Club of SF – Tenderloin had twelve (12) community members: two males and ten females with 174 cumulative total years as residents of the Tenderloin District community.
- APA Family Support Services had seven community members: seven (7) females with 83 cumulative total years as residents of the Bayview and Visitacion Valley communities. This focus group was conducted in Cantonese.
- Samoan Community Development Center had thirteen (13) community members: three males and ten females with 182 cumulative total years in the Bayview and Sunnydale communities.
- Native American Health Center had thirteen (13) community members: two males and eleven females with 465 cumulative total years as residents throughout San Francisco.
- Small Organizations focus group had ten (10) organizations representatives: nine males and one female with 271 cumulative total years as residents of San Francisco. Of those numbers there were six (6) African Americans, one (1) Latino, one (1) Native American, one (1) Asian and one (1) Samoan. As providers working in low income, vulnerable, and isolated communities throughout San Francisco their years ranged from 2- 34 years. The chart below illustrates the neighborhoods where the focus groups participants gather as a community throughout San Francisco.

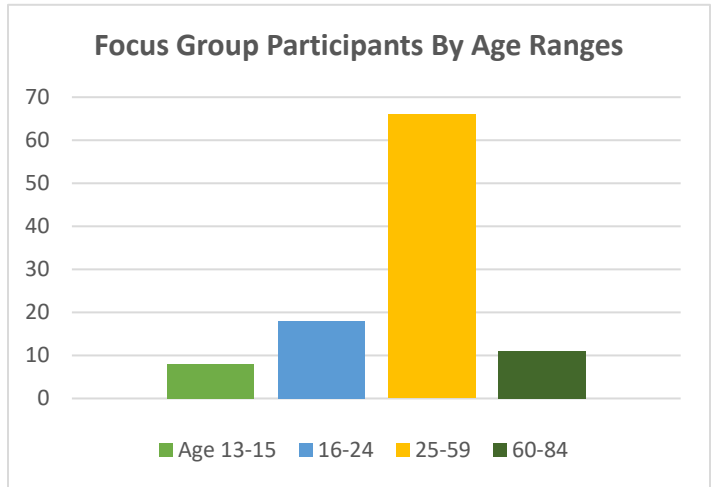
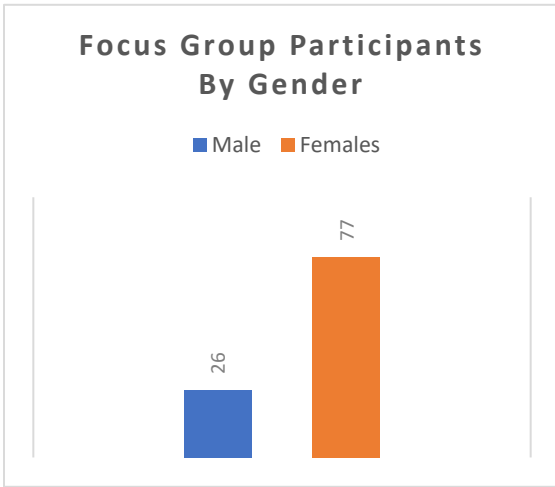


As reflected in the chart below the focus groups participants demographics of race and ethnicity are as following: 24 African Americans; 29 Latinos; 18 Asians; 14 Pacific Islanders; 13 Native Indians (Americans) and five (5) "Other."



The following charts illustrate age and gender profiles. By gender, 77 females and 26 males participated. By age, eight (8) were between the ages of 13-15 years old, 18 were between the ages of 16-24 years old, 66 were between the ages of 25-59 years old and 11 were between the ages of 60-84 years old.

Focus Group Report
Sugary Drinks Distributor Tax Revenue



III. Focus Group Key Findings

This report illustrates the feelings of frustrations, pride and hope from neighborhoods and communities that have been targeted by the sugar industry, an industry that appears more concerned about the profit versus people's health. In addition to describing a wide range of preferences for services or programs, the focus group participants also clearly indicated that the residents of San Francisco want more involvement in the policies that impact the quality of their lives. They want to be involved in public policy initiatives to reduce the consumption of sugary drinks. This report reflects a sense of empowerment where people want the education, demonstrations and tools to take control of their health and seek better outcomes. A great deal of enthusiasm was expressed around participating in the upcoming Town Hall meetings where their input would be revealed, and their voices validated.

The findings are structured into these response categories:

HEALTH EDUCATION

- nutrition/healthy foods
- physical activity
- water/water access

PHYSICAL ACTIVITY

- Community events and group activities
- Free/affordable exercise programs
- Safe and accessible places for physical activity

HEALTHY FOOD

- Make healthy food more accessible
- Offer more education and programs to support healthy eating

MEDIA/AWARENESS CAMPAIGNS

SMALL ORGANIZATIONS RESPONSES

HEALTH EDUCATION

When responding to questions about health education needs for nutrition (including water or sugary drinks) and physical activity, participants offered a wide range of very specific ideas for programs. Amidst the specificity, it is important to note a singular request: the participants indicated strong desires **more opportunities for education around nutrition and physical activity**. Based on the responses from focus group participants, the following recommendations are suggested with regard to funding priorities.

HEALTH EDUCATION – *Nutrition/Healthy Foods*

- a. **Nutrition education** that includes time management of meal preparation, portion size, reading nutrition labels, healthy cultural foods, cooking and small class demonstrations, peers as teachers.
 - Role Models and testimonies from those who are recovering from sugar addictions.
- b. **School based nutrition education**
 - Teach children through schools such as providing nutritional free lunches and conducting campaigns around healthy eating as they do with bullying and recycle programs.
 - Schools should also add cooking classes as part of the curriculum and teach about over consumption.
- c. Provide **better access and distribution** to quality foods throughout San Francisco.
 - Better access to healthy foods that are affordable/subsidized for low income households.
 - More community garden programs.
 - More Farmers' Markets throughout the City.
 - Educate local retailers around healthy retail in order for them to provide the access to healthy foods and decrease food deserts/storms in low income communities.
- d. Education on the **sugar industry** and how it targets certain neighborhoods

HEALTH EDUCATION - *Physical Activity*

- a. **Market** available physical activity programs services
 - Provide materials in multi languages and that are culturally sensitive.
 - Distribute community calendars of events that are free/affordable
 - Train community-based organizations how to market exercise classes.
 - Get celebrities to endorse physical activities
- b. Education on **benefits of physical activities** and how **physical exercise promotes good Mental Health**.
 - Education on how daily activities can be translated into exercise, i.e., taking stairs vs. the elevators, getting off the bus a few stops earlier, parking at the farthest end, gardening.
- c. Teaching youth through schools, **implementing Physical Education**. This will begin habit development and reinforce the benefit of exercise.

HEALTH EDUCATION - *water*

- a. Educate people about the safety of tap water and the negative effects of bottled water due to recycling.
- b. Educate people on the benefits of drinking water and the consequences of not drinking water, i.e. skin improvement/ache.
- c. Provide water bottles with filters and replace, fix and maintain water stations throughout the city.
- d. Host more events with water as the only option.
- e. Educate people on alternative ways to making water taste better, i.e., infused with fruits, seltzer.
- f. Education of health impact of drinking sugary drinks versus water utilizing the following strategies:
 - o Visuals through billboards, social media platforms, flyers of how much sugar is in each drink.
 - o Place Warning labels on sugary drinks.
- g. Hosting campaigns for “Soda Free Summer.”
- h. Making water cheaper/affordable than sugary drinks.
- i. Work with the PUC to encourage water consumption, they should distribute water filtered bottles.

PHYSICAL ACTIVITY

What will help people get more Physical Activity in your community?

Respondents offered a wide array of ideas – many listed below and in detailed notes from each session. Key ideas running throughout the responses center on **affordability, safe/usable spaces and places, and group/community opportunities.**

- a. **Provide more access to free/affordable exercise programs** such as exercise classes, exercise equipment, personal trainers/coaches, gym memberships, camps and sport team activities, dance classes, salsa classes, Zumba and ensure that they are culturally appropriate.
 - o Offer free/affordable gyms, gym membership
 - o Offer free Zumba classes throughout the day and provide childcare.
 - o Free and affordable transportation to classes.
 - o Park and Recreation should provide more classes with increases slots throughout the day.
 - o Promote physical activities as a form of transportation.
 - o Provide limited mobility exercises to seniors and disabled individuals.
- b. **Provide more access to safe and accessible places for physical activity**
 - o Close off streets for physical activities, i.e. block parties
 - o Provide more safe spaces to encourage physical activity. Remove activities of drug, alcohol and homelessness which creates barriers.
 - o Encourage faith-based leaders to promote movement.

- Funding to improve, repair and replace exercise equipment in parks. Create a borrowing system for exercise equipment, i.e., bike share.
- c. **Community events and group activities** that encourage movements that are age appropriate, culturally sensitive, inter-generational family-oriented and fun.
 - Hosting community events that encourage movement such as walk-a-thons
 - Organize group clubs for physical activities, i.e., bicycling, walking, dance.
 - Community challenges, i.e., weight loss, walking, bicycling, etc.
 - Provide more culturally-centered sports.
 - Create competitive events that motivate such as sports, dance walk-a-thons, bicycling and incentivize with healthy foods, tracking devices, subsidized food vouchers, etc.

HEALTHY FOOD

What supports would help your community eat more healthy foods regularly?

Participants overwhelmingly want **increased access to healthy foods** at food banks, farmers markets, community gardens, healthy food trucks, healthy food vouchers, healthy retail as well as **increased educational and culturally appropriate activities** in schools and for families to support healthy habits.

- a. **Make healthy food more accessible**
 - Farmers Markets
 - Food access vouchers
 - Provide food boxed healthy meals with portion size to teach time management, food preparation, quality foods, i.e., Blue Apron
 - Healthy retail consistently throughout the City.
 - Improve transportation to access services
 - Community gardens
 - Free summer schools with nutritional free lunches.
 - Food pantries, especially in neighborhoods that are food deserts and food storms.
 - Develop relationships with local restaurants where they display healthy options and a guide of restaurants with those healthy food options.
 - Food Banks with more fresh vegetables and fruits
- b. **Offer more education and programs to support healthy eating**
 - Develop efficient and timely nutritional services
 - Develop more culturally appropriate information
 - Community education on nutrition inclusive of demonstrations.
 - Create a 1-800 assistance number or on call sponsor for support, could be added to the Helplink 211 system.
 - Community calendars of services
 - Provide nutritional coaches Provide healthy food trucks
 - Adequate funding to implement services consistently
 - Cooking and nutrition classes on a consistent basis.
 - More information in schools on nutrition and physical education.

- Educate youth on healthy eating, physical activities and developing healthy habits around these areas.
- Behavioral and habit training for the entire family around eating healthy foods and physical activities.
- Teaching the family about eating healthy foods and physical activities, breaking cultural traditions through demonstrations on a consistent basis.
- Hosting Healthy Food Fairs.
- Education on the food industry and their tactics to target specified populations.
- Develop emotional support groups in neighborhoods that the sugar industry target.

MEDIA/AWARENESS CAMPAIGNS

What are the most effective ways of getting information out about sugary drinks and how they affect our health? Respondents listed numerous ways to raise awareness about sugary drinks, physical activity, water, healthy eating. Their bottom line: awareness and education can and should take place in many forms and venues; and focus group participants provided many examples:

- Public Service Announcements about the dangers of sugary drinks via, television, radio, ads, newspapers, bus stops, social media platforms. This must be in multi-languages and culturally appropriate.
- Utilize social media platforms to promote healthy living, eating, drinking water and reducing sugary drink consumption.
- Visual outcomes of unhealthy practices, posted on billboards, buses, bus stops-in multi-languages. Also use testimonies depicting cultural appropriateness to represent the diversity of San Francisco residents.
- Commercials and ads on sugar reduction and over consumption.
- Endorsements by popular celebrities for health campaigns as well as at sporting events.
- Develop apps that encourage healthy eating and physical activities, utilizing fun facts.
- Faith-based promotion of healthy eating and physical activity practices.
- Work with large companies and corporations to promote healthy eating, drinking water and physical activity practices, such as Google, to utilize pop-ups reminding people to stand, breathe, relax, drink water, move, etc.
- Exposing various tactics used by the sugar industry to promote addiction. This exposure could be via poetry slams, school wellness conferences, new mediums, cooking classes, etc.
- Advertisement on the fact that there is no “quick fix” toward becoming healthy. Debunk diet pills and other methods that imply simple efforts.
- Bring water to eye level in stores, better packaging such color bottles, make it more appealing to the eye.

- Use youth to “swag” out messages around healthy eating, drinking water and physical activities. Depict youth as modeling health practices.
- Issue a report on health disparities and its impact on communities, advertising better realistic options for healthy living. This report should not be something that people have to research, it could be posted at bus stops, MUNI, etc.
- Make health a political issue, it should be incorporated in every elected public office campaign.

REDUCING SUGARY DRINK CONSUMPTION

When asked what strategies worked to reduce sugary drink consumption, focus group participants acknowledged that while education and services are important, changing the environments through policies is an important approach as well – particularly when the community participates in developing those policies.

a. Adopt Community Vetted Policies

- A seat at the table and more community input in developing local health strategies
- Make sugary drinks more expensive-more taxes and lower the price of water
- Place WARNING labels on sugary drinks stating that over consumptions will lead to obesity, heart disease and death
- Restrict access to sugary drinks in school vending machines
- Replace, repair and increase water stations throughout the City
- Remove barriers, i.e., remove/reduce the cost of permits for community events

b. Increase Opportunities for Education

- Knowledge and education on nutrition which includes but limited to cooking classes demonstrating consumerism, preparation, time management, healthy options, etc. These classes could offer opportunities for community building and reduce isolation.
- Education on tap water and recipes on making tap water taste better
- Provide and promote free reusable water bottles
- Focus on early education (beginning in Pre- K)
- Re-educating the family and children on healthy foods, physical activities and drinking water, to develop healthy habit development
- Education on reading nutrition labels
- Ads and Public Service Announcements of a healthy body versus an unhealthy body

Any other strategies not discussed, but you feel are important to include? This final question elicited recommendations that focus on addressing some of the social determinants of health that shape our health, including racism, workforce development/jobs, mental health, and environmental justice. Elements of these perspectives are mirrored in the SDDTACs recommendations as well.

- Environmental justice = Social justice
- Increase wages of community health workers
- Policy development to ban refills of sugary drinks

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Sugary Drinks Distributor Tax Revenue

- Concentrate on raising awareness on Mental Health- “Feel Good = Be Better”
- Cultural humility and language comprehension speak in languages that the community can understand
- Hold grantees accountable for providing services
- Social marketing with slogans like “Water is Life”
- Show the connection between pollution and plastic bottles
- Make health a political issue!

SMALL ORGANIZATIONS

The following recommendations were generated from responses from small organizations/providers who were asked to respond to a different set of questions, in an effort to understand what needs there are among smaller, or more newly established grassroots organizations.

- 1. When you start writing a grant, do you start as soon as the application is released or does workload prevent you from starting until a few days in advance?**
 - a. It is essential for funders to understand the *workload of small organizations with competing organizational and community needs*, i.e., personal time off, time management, addressing situations that occur throughout vulnerable communities, such as violence, poverty, limited staffing, safety issues, etc.
 - b. *Strong recommendation for the issuance of quarterly RFP's*. This recommendation would allow the Department of Public Health not be tied to organizations that have the capacity to respond to the RFP process versus those that have the capacity to make the greatest impact and accomplish the changes that are needed within communities.
 - c. 5-year grant cycle is better than 1 year, for sustainability.

- 2. What funding would your organization want to apply for and can handle?**
 - a. \$300,000 - \$3 Million
 - b. Incremental funding which builds on organizational capacity.
 - c. Need based on scope of what funders would like to be achieved should be realistic.
 - d. Long term budget – funding repeats three - five years for sustainability for populations with highest health disparities.

- 3. What do you think you most need help with in writing successful grants?**
 - a. Department of Public Health create relevant or interest-based support for grant writing (deadlines/time management).
 - b. Trainings/workshops/technical assistance to improve writing
 - c. Online Application submission
 - d. Data that shows community demographics for specific area (easier access).
Place statistical data in grant application.
 - e. Budget development support for grants

- 4. What do you think you most need help with in implementing successful grants?**
 - a. Flexibility within the grant guidelines
 - b. Organizational infrastructure support
 - c. Staffing Support – Staff paid living equitable wages (being able to support more fulltime positions)
 - d. Supportive partnerships and collaborations

- e. Advocacy from City departments/support remove barriers, i.e., remove/reduce the cost of permits for community events.
- 5. Before applying, does your organization need assistance with HEAL subject matter?**
- a. YES- updated research and actual concepts provided in the grant application
 - b. Training in objectives and application verbiage understanding
 - c. Education
 - d. Interpretation
 - e. Best Practices (connection to best practices for our community)

IV. APPENDIX: Focus Group Notes

The first **BLACK/AFRICAN AMERICAN** focus group was conducted on **21 May 2018** at the **Sunnydale Housing Tenant's Association** at 1953 Sunnydale Avenue, located in the Visitacion Valley in the heart of San Francisco's largest public housing development-Sunnydale. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help People Eat Healthy Foods**
 - Small food demonstrations (various demonstrations, at food banks, balanced and healthy foods)
 - How to read labels
 - Better quality foods,
 - Better budget for food bank
 - Better distribution
 - Use peer counselors (pamphlets, door to door, and other outreach techniques)
 - Fitness Health Coordinator
 - Free lunch and snack programs
 - Liquor store quality control and enforcement of foods being sold (often fresh food is not of good quality at corner/liquor stores)
 - Diversity in liquor/corner store fresh produce
 - b. **Help people move their bodies and get more exercise**
 - More events to get people out of house
 - Transparency around existing programs
 - Competition events to motivate people
 - Host Survey
 - Support Adult education / literacy
 - Outreach workers / senior specialist
 - Get resident buy in
 - Be consistent
 - Moral is down due to isolation
 - Coordinated team efforts of different agencies in Sunnydale
 - Updated monthly calendar of events in community for all agencies providing services
 - c. **Help people drink more water**
 - Teach kids about tap water
 - Education about water and chemicals like fluoride
 - Demonstrations on the benefit of water for the body
 - Education on electrolytes
 - More events with water as option
 - Education on organic juice options with evaluation of quality and expense

- Don't buy = no access
 - Understanding the habit of drinking sugary drinks + Price paid in long run
 - Education on diabetes type I and type II
 - Education on individual needs or quantities recommended for different individuals
- 2. Please tell us what will help people get more physical activity in your community**
- Walking groups and incentives for participation in these type of programs
 - Competition with prizes
 - Community wide challenges (i.e. who can drink 8 glasses of water a day for 2 weeks)
 - Encouragement from EVERYONE
 - Incentives
Distribute information better to get people out of their homes
 - Dedication
 - Weight loss challenges
 - Make efforts fun and appealing
 - Teaching limited mobility exercises or senior friendly so everyone can have access to techniques
- 3. What services/programs/ activities would help your community eat more healthy foods on a regular basis?**
- Curriculum or calendar
 - Tenant association updates
 - DPH sponsored nutrition program designed to get residents involved
 - Food access vouchers
 - Community Action Committee or quality control officer to ensure programs / activities are happening in the manner anticipated by funders
 - Provide actual services
 - Show what measurements look like, concrete examples (i.e. what 4gs of sugar look like)
 - Special interest groups back p with truthful information
 - Politicians stop spreading false information, makes people less likely to buy in due to diminished trust between community and government institutions
- 4. Media/Awareness Campaigns: In your opinion what are the most effective ways of getting out information about drinks and how they affect our health?**
- Positive publicity around efforts in the community (News outlets etc.)
 - Propaganda
 - Social media use government access/ resources
 - Visual outcomes / real examples of the reality of the severity of the matter
 - Bring consultants into the community
 - Education on what grams, ounces, etc. are
 - Parameters are not strict enough on RFP

- Community Action Committee to hold agencies accountable and set expectations

5. What do you think would be the most effective in getting people to drink less sugary drinks in your community?

- Meet with community
- Make better sugary products
- Better quality sugar (granulated sugar)
- More regulations Food and Drug Administration
- Teach about alternatives (honey, maple sugar) (white = bad, sign of processing)
- Knowledge / Education / Information
- Healthy stores and more regulations
- We want a seat at the table when decisions and policies are being made and implemented
- Decision makers / representatives from community apart of government outlets
- Health retail

6. How would you rank those strategies? What are most important? Which are helpful but not as important?

1. Seat at the table
2. Knowledge / Education
3. Teach about alternatives

Did not rank as they felt all are equally important

- Good strategies because residents are not being included and no leadership
- Stepped over, F'd , Isolated
- Lack of trust because of exclusion
- Lack of honest information/proper education
- Politicians coming wrong – they need to come with the community in mind and know how to view the situation as resident's verses outsider's opinions

7. Any other strategies we have not discussed, but you feel are important to include?

- Environmental Justice = Social justice
- Allow community to make decisions
- Enrich existing programs / pay equitable wages to employees doing the health work in the community (i.e. peer leaders)

The **PACIFIC ISLANDER** focus group was conducted on **22 May 2018** at the **Samoan Community Development Center** at 2055 Sunnydale Avenue, located in the Visitacion Valley in the heart of San Francisco largest public housing development-Sunnydale. Participants responded to the following questions:

1. What **Health Education** activities are most needed in your community in order to do the following:

- a. **Help people eat healthy foods**

- Access
- Posters
- Social Media
- Churches / Worship groups
- Workshops and Programs that promote healthy eating
- Providing healthy foods
- Display how cultural foods can be healthy
- Be proactive and demonstrate what it looks like (role models)
- Marketing, Social Marketing and community brand
- Outreach health at grocery outlet (partnering with stores targeting low income communities)
- Pacific Islander Health Fair – invite other P.I.'s to come in
- Have competition (health themed / oriented i.e. spoken word) **Repetition**
- Collect information on health / survey to determine where issues are and more from there
- Making healthy food more affordable
- Helping with cooking class, how to cook and proper proportions
- Gardening program /local garden

- b. **Help to get people to move their bodies and get more exercise?**

- Aerobics and Advertisement encouraging aerobics
- Go live on FB while doing physical activity
- More access to free exercise programs
- Encourage walking
- Teaching youth education around exercise and importance
- Incentives for participation I classes that promotes health offered by city and county (i.e. juice bar incentives)
- Family Activity Day
- Make competition
- Outlining how much physical activity burns how many calories per day and number of minutes recommended per day, and how many days per week
- Education on diabetes / obesity
- Outlining what movements target what body parts
- Materials in multi languages around health (i.e. Samoan)

- c. **Help people to drink more water**

- Benefits of water- proportions (cups/ day)

- Visual of how much sugar is in each drink
 - Comparing facts between different drinks / sugar sources in those drinks
 - Making water cheaper than soda / making water affordable
 - Be transparent about what's in water
 - Change the taste of tap water
 - Water bottles with filters
 - Encourage kids / schools to use new water dispensers (teaches recycling)
 - Partnership with water department, water company should mail incentives like filters
 - Drink rain water / education on different water sources and what is not a healthy water sources or natural chemical in some water
 - Educate parents to replace juice in lunches / with meals
 - Water down sugary drinks (parents/ family)
- 2. Please tell us what will help your community get more physical activity?**
- More media with our faces on television (Polynesian representation)
 - Games
 - Provide more programs with incentives (healthy incentives, gym memberships, and farmers market)
 - Sport competitions (kickball and softball)
 - Gym Nights
 - Having faith leaders encourage movement
 - Dancing / Dance off challenges
- 3. What services /programs / activities would help your community eat more healthy food on a regular basis?**
- Services**
- Farmers Market
 - Produce market
 - View what services other communities use and are effective (Marin)
 - Regulation on EBT purchases
 - Rewards for consuming more healthy options / produce
- Programs**
- Nutrition programs
 - Educate youth on ways to modify eating habits for health
- Activities**
- Youth cooking activities
 - Utilizing parks
 - Looking at diet as a whole / people and provide substitution recommendations
 - Analyzing the current average Pacific Islander home pantry and make suggestions
 - Teaching moderation
 - Youth led urban community gardening (teaching them to fish)

4. Media/Awareness Campaigns: In your opinion what are the most effective ways of getting information out about sugary drinks and how they affect our health?

- Utilizing Social Media
- Showing pictures (healthy body vs. non-healthy body)
- Ad Campaigns (on buses, MUNI and bus/MUNI stops)
- Advertisement during Parades / Marches to raise awareness
- Commercials for soda and sugar reduction
- Endorsements by popular celebrities (The Rock) and people in the community who have adopted workout plans
- Healthy fun facts (develop app for phone, computer, tablet pop ups)
- Apps targeting youth
- Utilizing actual Pacific Islanders for the campaign (cultural sensitivity)
- Include churches in the campaign that promote water and healthy eating
- Partnership with big companies with browsers (i.e. google)
- Develop Public Service Ad's around importance of reducing sugary drink consumption, need for more physical activities and healthy eating.

5. What do you think would be most effective in getting people to drink less sugary drinks in your community?

- Limitations of quantity purchased
- Restrict Access in schools vending machines
- Make sugary drinks more expensive
- Re- educating the entire family
- Focusing on early education (pre-k)
- Highlighting the scientific proof associated with disease and health deficiencies (dramatic / extreme)
- Having famous people endorse water (through commercials, bill boards, apps)

6. How would you rank those strategies? Which are most important? Which are helpful, but not as important?

- 1 Focusing on early education (pre-k)
1. Re- educating the family and children
- 2 Make sugary drinks more expensive
- 3 Limitations of quantity purchased
- 4 Restricted Access in schools vending machines
- 5 Highlighting the scientific proof associated with disease and health deficiencies (dramatic / extreme)
- 6 Having famous people endorse water (commercials)

7. Any other strategies we have not discussed, but you feel is important to include?

- Policy to restrict refills at fast food restaurants (prices are very low for soda at these places and most offer free refills)
- Collection of data with health disparities to back data and support need for change
- Teaching youth needs vs. wants and over consumption

Focus Group Report Appendix: Focus Group Notes
Sugary Drinks Distributer Tax Revenue

Pacific Islander/Samoan Focus Group

- Present/educate community on other options such as, sparkling water, and zero sugar packets
- Educate community by going back to basics, or cultural roots prior to American corporate over consumption cultural adaptation
- Target parents
- Start at individual level

The first LATINX focus group was conducted in Spanish on **30 May 2018** at the **Mission Neighborhood Health Center-Shotwell Clinic** at 240 Shotwell Street, in the heart of the Mission district. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help people eat healthy foods**
 - Make healthy foods more affordable (healthy foods are too expensive)
 - Organic foods are too expensive
 - Learn how to eat healthy foods and prepare
 - Help develop a regular schedule or routine around eating healthy (unhealthy things are easily accessible)
 - Need more information on how to make quick healthy meals (Sometimes there is no time to make healthy food)
 - Make salad more affordable at fast-food restaurants
 - Need more healthy food choices / know which fast-foods have better options
 - Need more education on how to shop at large markets
 - More information on how to eat healthy (can be too much work / difficult concept to break down)
 - How to maintain healthy foods / keep them fresh
 - Make healthy food accessible
 - More education on time management
 - Access to healthy recipes
 - Access to fresh food for free/affordable (ingredients / recipes to make healthy meals)
 - b. **Help people to move their bodies and get more exercise**
 - Motivation and Education
 - Access to free exercise materials/equipment in parks (many parks have rusted equipment)
 - Give them exercise equipment
 - Offer free Aerobics and Zumba classes
 - Offer free classes outside or in open space
 - Access to affordable classes within their community
 - Provide a map / calendar of classes in the area
 - Education on exercise and the benefits
 - Provide flyers with information
 - Park and Recreation needs offer more classes and slots
 - Provide one on one counseling or personal trainers
 - c. **Help people to drink more water**
 - Tell people how bad soda is
 - Give information on the consequences for not drinking water
 - Make larger/more understandable nutrition labels on soda

- Make measurement breakdown more understandable (grams vs. teaspoons vs. oz)
 - Make a universal breakdown (grams not easily to convert or translate to familiar proportion)
 - More information on how to drink water
 - Make water more affordable
 - Improve taste of tap water (taste like chloride)
 - Information on the benefits of filters
 - Provide access to filtered water stations around the city
 - Provide information on how sugary drinks make you more thirsty
 - Free quality water
- 2. Please tell us what will help people get more physical activity in your community?**
- Free Zumba classes offered to low income communities
 - Classes offered from morning and throughout the day
 - Free childcare offered at the classes for all ages
 - Distribute information and flyers of activities that are free
 - Safe spaces/parks with exercise classes
 - More physical activity classes offered for the family
 - Better advertisement for different classes such as hiking, walking, and running
 - Free and/or affordable transportation to classes
 - 1-2 time / year free transportation
 - Free transportation on the weekends to the classes
 - Free/affordable gym membership 1-2 times/ week
 - Offer personal trainers to help use the machines
- 3. What services/programs/activities would help your community eat more healthy food on a regular basis?**
- Services**
- Nutrition Education
 - Affordable foods
 - Access to Free 1-800-Nutrition Number for advice
 - Pre-Diabetes education
 - Preventative education for all risk associated with bad nutrition
 - More effective providers/services for youth and adult nutritionist (long appointment waits)
 - More cultural appropriate information
 - Transportation for access to facilities
- Programs**
- Where to buy healthier food programs and provide direction of ways to prepare meals
 - More nutrition services to reach more people
 - Access to peer education to bring information into community (presentations and offer materials)

- More information in the schools focused on youth eating healthier
- Free summer schools to keep them healthy and active

Activities

- Behavior training on eating healthy foods

4. Media/Awareness Campaigns: What are the most effective ways of getting information out about sugary drinks /how thy effect our health?

- Emails
- More information on the news about the dangers of sugary drinks
- Radio
- Television/Popular shows
- Bus Advertisements and at Bus stops
- Text and Voicemails
- Instagram, Twitter, Facebook, Snapchat, Myspace, YouTube (advertisement), google
- Online advertisement
- App advertisements (pop up when you open)
- Multilingual Advertisements

5. What are the most effective ways to get people to drink less sugary drinks in your community?

- Take away from public by making sugary drinks more expensive
- Water should be free not purchased
- Recipes on how to make water taste better (flavored water)
- Techniques on how to make drinking soda less popular
- More Seltzer water/mineral water available and advertised
- Education on oral health and tap water

6. How would you rank those strategies? What's most important? Which are helpful but not as important?

1. Water should be free not purchased
2. Education on oral health and tap water
3. Recipes on how to make water taste better (flavored water)
4. Take away from public by making sugary drinks more expensive
5. Techniques on how to make drinking soda less popular
6. More Seltzer water/mineral water available and advertised

7. Any other strategies we have not discussed, but you feel are important to include?

- More information on how to make natural juice
- Make people more conscious of the consequences
- More spaces for community groups
- Free and safe spaces to walk
- Cleaner portable and filtered water stations around city
- More support groups that encourage physical activity
- Space/parks not filled with homeless, drugs, addicts, alcoholics (these things are discouraging)

Focus Group Report Appendix: Focus Group Notes
Sugary Drinks Distributer Tax Revenue

Latinx Focus Group1

- Park & Receptions should have activities offered in morning
- More affordable transportation

The first **YOUTH** focus group was conducted on **30 May 2018** at the **Youth Leadership Institute** at 209 9th Street, located in the SOMA District. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:

a. Help people eat healthy foods

- General understanding of nutrition (sugar, carbs, fats) basic breakdown
- Learn how to read labels
- Educate on the dangers of bad eating (why not eating processed foods is good)
- Learn about food deserts and food storms (intentionally designed by sugar industry)
- Learn how to grow our own foods
- Exposure/Education on eating healthy and how to make food taste good
- Learning how to cook
- Make economic choices one bag of chips vs. two bananas
- Health demonstrations – learning healthy eating habits
- Bring healthy eating to schools
- Access to nutritional coaches

b. Help people to move and get more exercise

- People understanding moderate exercise can help get people out of hypertension
- Promote physical activity targeting youth
- Introducing people to various sports
- Starting dance groups with competition and fun
- Forming community leagues – access & information
- Physical education = education on the importance of exercise
- Engaging/changing routine with family – incorporate exercise into family setting
- Learn how physical activity promotes good mental health
- Add physical activity to watching television (examples of exercises)
- Giving youth exercise equipment to encourage activity at home (ropes, yoga balls, etc.)
- Giving youth a goal journal centered on activity
- App for youth to promote/track activity

c. Help people to drink more water

- Access to water around the city
- Water dispensary machines
- Schools can give youth water bottles with filters
- Talk about health risk associated with not drinking water
- Make water cool/appealing
- Get youth to endorse water
- Education on how to make water tasteful (spa water with mint leaves)
- Habit development education

- Talk about negative associations to sugary drink
 - Help people understand the quantity of water one should drink
- 2. Please tell us what will help people get more physical activity in your community?**
- Providing/having more time to be active
 - Access to safe space that promote exercise
 - Need access to free gyms
 - Money for equipment
 - Affordable gyms
 - Putting a variety of exercise equipment in parks
 - More spaces and days for communities that promote activity for people who have historically occupied these communities (Respect for culture)
 - More culturally centered sports
 - Borrowing system for exercise equipment
 - Access to personal trainer for an affordable price/free
- 3. What services/programs/activities would help your community eat more healthy food on a regular basis?**
- Services**
- Food boxes with healthy options/portions
 - Community gardens
 - Places that are accessible with healthy food
 - Food alternatives that promote healthy options like usage of spices (new options brought to community)
- Programs**
- Programs to reach out to youth to provide/promote physical activity (Boys & Girls Club & YMCA)
 - Farmers Market in more neighborhoods (underserved communities/food deserts)
 - Community gardens that can generate sales within the community
- Activities**
- Family nutrition night that teaches healthy cooking
 - Healthy food fairs
- 4. Media/Awareness Campaigns: What are the most effective ways of getting information out about sugary drinks /how thy effect our health?**
- Scare people with the negative associations to poor eating
 - Health demonstrations (tooth in coke effects experiment)
 - Anatomy causes of sugar (visuals of inside)
 - Use existing classes (sex education) to teach about eating
 - Connecting the big picture of ways sugar is pushed into our communities (sweet flavored tobacco)
 - Understanding sugar as an addictive product that leads to addition (teach people to cut back)
 - Information on how to transition from sugary products

- Contest/Public Service Announcements/Poetry Slams
- Social media campaigns
- Get famous people to endorse movement
- Campaigns against shortcuts/counteract waist trainers & flat tummy tea's
- Use regular community members to endorse
- Classroom outreach
- Use billboards that are aggressive and aesthetically pleasing

5. What are the most effective ways to get people to drink less sugary drinks in your community?

- Free water
- Ratio requirements = eliminate disparities
- Remove it from schools – early years (organic juice & Powerade)
- Providing equipment for exercise
- Free reusable water bottles
- Adding natural flavors to water
- Add Tax + higher price for sugary drinks
- Warning labels on sugary drinks (obesity and heart disease)

6. How would you rank those strategies? What's most important? Which are helpful but not as important?

1. Free water
2. Provide and promote free reusable water bottles
3. Providing equipment for exercise
4. Warning labels on sugary drinks (stating it leads to obesity and heart disease)
5. Provide information of ratio requirements of amounts necessary for individuals to eliminate health disparities
6. Adding natural flavors to water
7. Remove it from schools – early years (organic juice & Powerade)
8. Add Taxes and higher prices for sugary drinks

7. Any other strategies we have not discussed, but you feel are important to include?

- Understanding access to certain food is environmental justice/social justice
- Concentrated awareness on Mental Health= Feel Good = Be Good
- Schools are not doing a good job with physical activity, food and sugary drinks education
- Encouraging family planning
- Implementing education in communities focusing on benefits of healthy eating and drinking water (not negative)
- Education on health disparities being death sentences and encouraging positive eating habits that can reverse negative diseases
- Youth health advocates
- Cultural/family traditions
- Access to affordable health care

- Understanding portion control with body measurements (how to make a plate using fist for portion size guide)
- Easy learning about nutrition
- Reestablishing poverty line
- Apps. =access
- Cultural humility and language comprehensive (speak in languages that communities can understand)
- Education on cultural foods

The **second YOUTH** focus group was conducted on **13 June 2018** in collaboration with **San Francisco Boys & Girls Club-Tenderloin Club**. The focus group was held at 209 Jones Street in the heart of the Tenderloin District. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help people eat healthy foods**
 - Awareness
 - Effects (benefits)
 - What type of ingredients are dangerous
 - Make healthy foods less expensive
 - Make healthy foods taste better
 - Separate the Junk food (together in stores)
 - Teach how to make your own food? How to cook healthy
 - Education on Nutrition (define carbohydrates, calories, fat, sugar, nutrient, etc.)
 - How to choose healthy options at the store
 - Measurements & portion sizes
 - b. **Help people move their bodies and get more exercise**
 - Open free gyms (duplicate models like Los Angeles YMCA)
 - Promote benefits of exercise
 - Incorporate fun exercise into daily activities
 - Create and establish age appropriate gyms/spaces
 - Learn how to make workout plans (plan details and length of performing exercise i.e. reps.)
 - Do activities with friends
 - Events that promote physical activity
 - Motivational Guides (finding what motivates individuals)
 - Outreach to youth at schools (classroom presentations)
 - Peer Encouragement (youth officers/class leaders)
 - c. **Help people drink more water**
 - To know benefits of drinking water
 - Educate on infused with fruits
 - Information on Hydration and Dehydration
 - Knowing source of tap water
 - Provide water dispensers with cold water
 - Price of water is too high (compared with price of sugary drinks)
 - Distribute Free water bottles
 - Better water stations around the city (the ones in schools are not appealing, their dirty and broken)
 - Fix current water system dispensing dirty water
2. **Help people to get more physical activities in your community?**
 - Volunteer at food banks
 - Start club for community that encourages and recruits' members

- More outdoor activities (tournaments at parks)
 - Self-defense activities at parks
 - Street fairs that educate people with demonstrations
 - Incentivized activities
 - Create a new / popular physical activity that appeals to both male and female audiences
 - Make new fun activities affordable
 - Choreographer and Dance routine classes
 - Knowing the benefits from activity
 - Clean environment no smoking (parks)
- 3. What services/programs/activities would help your community eat more healthy foods on a regular basis?**
- Services**
- More stores that offer healthy affordable options
 - Better variety of food offered through the free lunch program (offer fresh fruit and not packaged)
 - Access to new healthy foods for families
 - Youth food demonstrations for kids and then they educate parents
- Activities**
- Variety of activities
 - Introduce new activities like scavenger hunts
 - Cooking classes
- 4. Media/Awareness Campaigns: What are the most effective ways of getting out information about sugary drinks and how they affect our health?**
- Ads on social media for the benefits of water
 - Social Media testimonies
 - Poster on the amount of sugar in drinks (actual depiction)
 - Bus stops
 - Age progression ads (water vs. sugar outcomes)
 - Twitter hashtag movement
 - Bring water up to eyelevel in stores
 - Better packaging (color bottles like soda bottles)
 - Celebrity endorsements for water
 - Spreading information on sparkling water
 - Free samples to change habits
 - Vending machines water is the same as sodas (make cheaper)
- 5. What would be most effective in getting people to drink less sugary drinks in your community?**
- Knowing the amount of sugar in a drink (reading and understanding the labels)
 - Knowing the dangers associated with sugary drinks
 - Knowing the effects of drinking sugary drinks

- Water dispensers in schools and other public places
- Show where money is going (show effects of sugar)
- Show effects/ sicknesses from sugary drinks
- Show the difference between healthy body and unhealthy body (kidney)
- Host (public) debate on why it's necessary to stop consumption of sugary drinks
- Testimonials on healthy and unhealthy journeys

6. How would you rank these strategies? important to less important

1. Water dispensers in schools and other public places
2. Show effects/sicknesses from sugary drinks
3. Knowing the effects of drinking sugary drinks
Knowing the dangers associated with sugary drinks
4. Knowing the amount of sugar in a drink (reading and understanding the labels)
5. Show the difference between healthy body and unhealthy body (kidney)
6. Testimonials on healthy and unhealthy journeys
7. Host (public) debate on why it's necessary to stop consumption of sugary drinks

7. Any other strategies we have not discussed, but you feel are important to include?

- Dedicate a day per month to inform students about water and healthy foods
- Nontraditional teachings about sugary drinks
- Show people alternatives
- Well maintained water stations throughout city
- More education in more languages (variety beyond Spanish and Chinese)
- More education to spread to parents, for parents

The second **BLACK/AFRICAN AMERICAN** focus group was conducted on **13 June 2018** in collaboration with **Collective Impact** at Ella Hill Hutch Community Center, located 1050 McAllister in the heart of the Western Addition District. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help people eat healthy foods**
 - Education on Nutrition
 - Education on History
 - What's healthy, what's not? (cultural myths)
 - How to balance
 - Access to healthy foods
 - Education on health vs. medications options (changing diet / lifestyle)
 - Gym memberships with health insurance, replacing pharmaceutical industry
 - Education on how to grow food from the ground up
 - Education on how to feed the different cells in our bodies (information on foods that stimulate the brain)
 - How to read nutrition labels
 - How to shop
 - Use social media to post meals, meal prep information, food plans etc.
 - Demonstrations for youth healthy cooking classes with hands on food preparation
 - Healthy Recipes
 - Information on where to shop
 - Teaching/Education on self-control and habit control
 - Education on the benefits of vitamins/nutrients in each food (how color can be indicator to specific nutrients)
 - Teach people how to recognize thirst verses hunger
 - Why are there a recommended 8 glasses of water per day
 - Why drinking water before a meal is good
 - b. **Help people to move their bodies and get more exercise**
 - Teach people how to move while doing mundane activities
 - Tell people sitting is the new smoking
 - Use everyday things to promote workout (cleaning house)
 - Encourage people to take the stairs vs elevator / escalator
 - Encourage people to walk/bike further
 - Go to parks
 - Teach people to monitor the amount of time sitting and try and break it up
 - Offer free exercise classes, i.e., Zumba
 - Teach people to use the resources at hand (phone) to track activity (apps)
 - Encourage intergenerational, family play/activity
 - Exposure to new activity outside of normal sports like basketball and introduce to sports like tennis

- Provide equipment that encourages exercise (skates)
 - Teach people benefits of exercise (not just physical aspect but overall health or feeling good)
- c. Help people drink more water**
- Teach people how to prep water to make it more enjoyable (Spa water or cold)
 - Teach people how to say no to kids (no soda)
 - Create a campaign for Soda Free Summer
 - Teach people the benefits of drinking water (skin improvement)
 - Teach people the consequences of not drinking water (teeth)
 - Demonstration of how much sugar is in soda vs. water
 - Provide filters (Brita)
 - Educate people on the habit because of access
 - Break the effects of drinking soda because it makes you thirsty
 - Ask people to do an experiment and remove from diet
 - Provide/build filtered water stations around the city
 - Annual water bottles provided to all SF households
- 2. Help people get more physical activity in your community?**
- Work with CBO's to get people involved and support the classes offered by these organizations
 - Community leaders promote/market physical activity
 - Train CBO's on how to market exercise
 - Offer incentives
 - Provide fun dance classes (make it exciting)
 - Go into low income communities and make larger efforts
 - Show people personal/family history from their communities
 - Inform people about facts
 - Testimonials (relatable individuals)
 - Make information specific to disease (diabetes)
 - Educate people on processed food and bad eating and how more exercise is needed to burn processed food or bad food vs organic healthy calories
- 3. What Services/Programs/Activities would help people in your community eat more healthy foods on a regular basis?**
- Services**
- Teach people to build routines
 - Provide information on consumerism
 - Life/health coach
 - Service that breaks down myths on both healthy food and junk food
 - Provide a 1-800 assistance number or on call sponsor for support
 - Healthy food vouchers
 - Teach people what is healthy
 - Healthy food trucks

Programs

- Free food/pop-up pantry cultural competence around geographical neighborhood difference (access)
- More farmers markets (more locations)
- Promotion on healthy restaurants and food stores
- Building relationships with restaurants that display healthy options

Activities

- Healthy cooking classes (how to cook it?)
- Teaching people alternatives
Food meetings – i.e. Alcoholics Anonymous
- Community Events that promote overall health (all-encompassing with exercise, food, water, prevention, etc.)

4. Media/Awareness Campaigns: What are the most effective ways of getting information out about sugary drinks/ how they affect our health?

- Utilize celebrities
- Flyer
- San Francisco Chronical/other newspapers
- Use the media to promote community events promoting health
- Use sporting events to push ads
- Use youth to SWAG out health education
- Make pages, websites, blogs that promote health ran by youth
- Get kids cooking classes put on the news
- Radio stations
- Petition news outlets making it a political issue
- Get youth to get politicians involved
- Make food that can be simple and use schools and media for exposure
- March on the government for the quality of free lunch
- Get chefs in schools AGAIN for better quality
- Public Service Announcements- stop television programming to promote health (beyond color lines)
- Raise awareness around lack of taste and waste after removed

5. What would be most effective in getting people to drink less sugary drinks in your community?

- Remove sugary drinks
- Don't buy for events and family
- Make water free and of good quality
- Provide alternative (almond milk, coconut milk, fresh squeezed juice, mineral/ sparkling water)
- Oral Health Education
- Stick to grocery list (most times people don't put soda on the list, advertisement entices them to purchase)
- Inner and Outer effects (kidney dialysis)

- Use real testimonials of people suffering from disease related to sugar and bad health
 - Advertise use television commercials
 - Utilize community leaders to demonstrate in ads (cultural competencies)
 - Use popular athletes/celebrities to endorse water
 - Remove sodas from local grocery stores (remove from display)
- 6. How would you rank those strategies? Which are most important? Which are helpful, but not as important?**
1. Remove sugary drinks
Remove sodas from local grocery stores (remove from displays)
 2. Don't buy for events and family
 3. Provide alternative (almond milk, coconut milk, fresh squeezed juice, mineral/
sparkling water)
 4. Make water free and of good quality
 5. Oral Health Education
Inner and Outer effects (kidney dialysis)
 6. Use real testimonials of people suffering from disease related to sugar + bad
health
 7. Advertise use television commercials (make it a public health issue alerting and
cautioning the public
Utilize community leaders to demonstrate in ads (cultural competencies
Use popular athletes / celebrities to endorse water
 8. Stick to grocery list
- 7. Any other strategies or not discussed, but you feel are important to include?**
- Conduct stipend experiment/study before and after with journal writing
 - Awareness of importance of water and the amount of water wasted
 - Public Utilities Commission consistently work with young people and community

The second **LATINX** focus group was conducted in Spanish on **15 June 2018** in collaboration with the **Mission Neighborhood Health Center-Excelsior Clinic** at 4434 Mission Street, in the heart of the Excelsior District. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following?
 - a. **Help people eat health foods**
 - Invite people for health classes
 - Show by example (parents pass to youth)
 - Provide alternatives to healthy foods/veggies (introduce new items)
 - Provide access
 - Teach youth why you eat certain foods (nutrient breakdown and benefits)
 - Encourage people to buy food daily (portion control & eating fresh food)
 - Teach people how to track what they eat (website)
 - Improve SFUSD lunch (fresh, quality, meet expectations)
 - Use SFUSD lunch program to teach youth about food nutrients & benefits (same format as bullying and recycling programs, a part of the school identity)
 - Add cooking classes to school curriculum
 - Educate people on overconsumption (portion control education and evaluation)
 - Educate people on other countries portion servings vs. American practices (i.e. eating at a restaurant and noticing how much your served)
 - b. **Help people move their bodies / get more exercise**
 - Help people turn off the Television or find programs that promote exercise
 - Fun culturally centered classes (Salsa, Zumba, Merengue, and walking)
 - Use television, internet, more commercials to spread information
 - Advertise more
 - Educate people on how processed foods requires more energy to burn off
 - Bring real Physical Education back to San Francisco Unified School District schools (calorie burning exercise)
 - Make camps/sport teams activities affordable for family
 - Dedicate one day per year to exercise at school (other countries do)
 - City provide exercise equipment to all communities (i.e. bike share)
 - c. **Help people drink more water**
 - Make water cheaper
 - Show people water has no calories
 - Educate people on the thirst effects of sugar
 - More commercials on television (realistic for water)
 - Educate people on not buying/providing soda (habit development)
 - Educate people to infuse fruit into water
2. **What will help people get more physically active in your community?**
 - Bicycle Clubs
 - Walking Tours

- Close off streets for physical activity
- Encourage people to get off the bus a few stops before their destinations
- Advertise walking, running, and biking
- More parks (teach people to read/follow signs for exercise equipment)

3. What services/programs/activities would help your community eat more healthy foods on a regular basis?

Services

- Advertisement for cooking classes
- Marketing team dedicated to health issues and healthy food
- Resource locator (calendar for city wide programs / classes)
- Access to more farmers markets
- More food banks
- City wide facility devoted to health and fitness

Programs

- Family and community garden
- Nutrition classes (disease information)

Activities

- More cooking classes
- Get more people to volunteer at food bank and other places providing healthy food (exposure)

4. Media/Awareness Campaigns: What are the effective ways of getting information out about sugary drinks and how they affect out health?

- Advertisement
- Propaganda showing sugary drinks are bad
- Radio
- Poster
- Television Commercials
- Compare drugs to sugar (negative affects)
- Use Latinos in advertisement (cultural sensitivity)
- Make health a routine in our communities
- Free/Affordable water
- Regulate Gringo's in advertisement
- Advertise affordable resources (food and water)

5. What would be most effective in getting people to drink less sugary drinks in your community?

- Show people how to make natural drinks using honey/natural ingredients
- Raise the price of soda and lower the price of water
- City Provide filtered water stations and bottles and advertise resource on television
- Teach parents the benefits of drinking water to teach youth at home

6. How would you rank these strategies? Important -no important?

1. Raise the price of soda and lower the price of water
 Show people how to make natural drinks using honey / natural ingredients
 2. City Provide filtered water stations and bottles and advertise resource on television
 3. Teach parents the benefits of drinking water to teach youth at home
-
- 7. Any other strategies we have not discussed, but you feel are important to include?**
- Teach kids in school early
 - Large endorsements in schools to push water consumption and nutrition
 - Make it a political issue

The **ASIAN** focus group was conducted in Cantonese on **21 June 2018** in collaboration with **APA Family Support Services**. The focus group was held at 50 Raymond Street located in the Visitation Valley. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help people eat healthy foods**
 - Teach people how to use less sugar when preparing food
 - Teach people to drink less sugar
 - Tech people to use less oil when cooking
 - Teach people to use less salt when cooking
 - Tech people the recommended portions of ingredients to use (sugar)
 - Teach people how to read nutrition labels
 - Education on sugar addiction
 - Education on alternatives
 - b. **Help people move their bodies and get more exercise**
 - Go Shopping
 - Education on going out with family (i.e. park with kids)
 - Benefits of walking after a meal
 - Dancing classes
 - Time Management
 - Safety (where to go)
 - Weather (how to do indoor activities)
 - Alternative exercises for home outside of cleaning home
 - c. **Help people drink more water**
 - Education on doing more to build thirst and in return drinking water
 - Encourage engagement with family and friends, talking more increases thirst
 - “Seaweed” app on iPhone (technology) reminder to drink water
 - Utilize technology in order to comprehend other languages (in return more people have access to on hand information about water consumption)
2. **Please tell us what will help people get more physical activity in your community?**
 - More access to public exercise machines and walking paths in parks
 - Provide more safety (scared of robbery)
 - Access to open spaces in residential neighborhoods
 - Safe parks/open spaces
 - Get teenagers to respect space of others
 - More Community Based Organization’s where people feel welcomed
3. **What services/programs/activities would help your community eat more healthy foods on a regular basis?**

Services

 - Food Pantries

- EBT
- Farmers Market
- More funding for services in our community

Programs

- WIC
- Community Gardens
- Food Voucher Programs for Fresh Food

Activities

- Nutrition Classes
- Cooking Classes
- Nutrition Coaches in first language (more frequent/continued/ ongoing)

- 4. Media/Awareness Campaigns: What are the most effective ways of getting information out about sugary drinks and how they affect our health?**
 - More promotion everywhere
 - Social Media to billboards where everyone can see it
 - Advertisements on the negative effects of poor diet in first language
 - Go back to cultural traditions
 - More Television, radio, newspaper advertisements for water
- 5. What do you think would be most effective in getting people to drink less sugary drinks in your community?**
 - More information around cooking with sugar
 - Information on how to cut back on sugar
 - Teach people to buy alternatives to sugary drinks
 - Not making sugary drinks available at holidays and special events within the families
 - Teach kids at a young age/parents to make a good example by not buying
- 6. How would you rank those strategies? Which are most important? Which are helpful, but not as important?**
 1. More information around cooking with sugar
 2. Teach people to buy alternatives to sugary drinks
 3. Teach kids at a young age/parents to make a good example by not buying
 4. Information on how to cut back on sugar
 5. Not making sugary drinks available at holidays and special events within the families
- 7. Any other strategies we have not discussed, but you feel important to include?**
 - Cheaper water
 - Access to fresh food demonstrations
 - Promote fresh food through classes, or Community Based Organizations

The **NATIVE INDIAN/AMERICAN** focus group was conducted on **28 June 2018** in collaboration with the **Native American Health Center** at 1089 Mission Street, considered the “inner” Mission District. Responses revealed the following:

1. What **Health Education** activities are most needed in your community in order to do the following:
 - a. **Help people eat healthy food**
 - Reading nutrition labels
 - Samples of nutritious foods
 - More opportunities to try traditional foods from other tribes
 - Time management on buying, prep, and cooking
 - Education on Cost effective healthy options/expense
 - Subsidize healthy food
 - Cheaper organic food
 - Cooking classes
 - Teaching people not to eat processed food
 - Education on how to choose healthy food in comparison to less healthy options
 - Habit education/reward system
 - Learn how to cultivate, harvest and grow food
 - Connection between benefits/effect of eating bad foods
 - Quick healthy food recipes
 - b. **Help people move their bodies and get more exercise**
 - Reasons why physical activities are beneficial
 - Teach people how to dance
 - Public exercise equipment
 - Pedometers/setting physical activity goals
 - Exercise classes/self-defense / yoga
 - Setting goals for activity/movement
 - Teaching people to motivate each other
 - Education on events that promote exercise
 - c. **Help people drink more water**
 - Billboards with information about drinking water
 - Information on San Francisco’s good tap water
 - Education on the negative effects of buying bottled water
 - Teach people to remove/don’t provide sugary drinks
 - Spa water/infused water/alternatives
 - Education on dehydration
 - Benefits of drinking water and negative outcomes of not drinking water (science)
 - Education on studies of sugar, disease and dehydration
 - Share a “Sip or Two” campaign
2. **Help people get more physical activity in your community?**
 - Open free gyms

- Provide free gym memberships
- Free Walkathon for the family
- Offer healthy foods as incentives
- Provide incentives for physical activity
- Celebrity endorsements for physical activity
- Start groups/clubs
- Provide buddy system for motivation/support
- Provide more safe spaces that are free/affordable \$1
- More scenic locations for groups to meet to promote physical activity
- Promote walking vs. transit/automobiles
- Stephen Curry and Colin Kaepernick to promote walking (celebrity endorsement)

3. What services/programs/activities would help your community eat more healthy foods on a regular basis?

Services

- Better Food Bank
- Funding for healthy foods at community groups/centers
- Larger variety of healthy options at Pow Wow's
- Voucher for food trucks with healthy food options
- Contracts to bring health education to Community Based Organization's (Weight Watchers programs)

Program

- Vouchers for healthy food based out of the Native American Health Center
- Promotion of healthy retail
- Free/reduced scholarships for weight watcher's programs
- Healthy food pantry

Activities

- Community gardening (harvest & process of cultivation)
- Cooking classes
- Education on food industry (information on targeting specific populations)
- BINGO/community events where healthy food is available
- Provide education on over all well-being (benefits on mental health and eating healthy)
- Emotional support groups (diabetes and high blood pressure)

4. Media/Awareness Campaigns: What are the most effective ways of getting information about sugary drinks and how they affect our health?

- Social Media (Facebook)
- Billboards about the negative health effects of sugary drinks
- Make youth do presentations
- Be a role model for the community
- Advertisement for cheap/reduced healthy drinks
- Advertisements to promote removing sugary drinks from home
- Ads. Showing your body on sugar (negative)

- Show the chemicals/drugs in sugary drinks
Show old/traditional ways of food production in comparison to now on foods pre-colonization
 - Show a biography/life span of the body on sugar (individual history/testimony)
 - Expose quantity of sugar in alcohol, wine, etc.
 - Picture/depiction of the drug like effects of sugary drinks (high & crash)
 - Have youth led discussions on how the body feels without sugary drinks
- 5. What are the most effective ways in getting people to drink less sugary drinks in your community?**
- No access/ban all sugar drinks from everywhere
 - Boycott
 - Enforce fines
 - Free water (even inside restaurants)
 - Provide healthy alternatives at community events/Pow Wows (infused water)
 - More information on water source (natural spring)
 - Refill stations maintained and providing quality water
 - Water deliveries to homeless/transient populations
 - More public restrooms (public access)
 - Raise taxes on soda and alcohol
 - Better quality tap water
 - Provide free filters for San Francisco residents
 - Target corporations that benefit from price of cups (when asking restaurants for water)
 - Provide free filtered water bottles (with commitment not to drink sugary drinks)
 - Make law that restaurants should provide free water to everyone
- 6. How would you rank those strategies?**
1. More information on water source (natural spring)
 2. Provide free filter for San Francisco residents
Provide free filtered water bottles (with commitment not to drink sugary drinks)
 3. Free water (even inside restaurants)
Water deliveries to homeless / transient populations
 4. No access/ban all sugar drinks from everywhere
Provide healthy alternatives at community events/Pow Wows (infused water)
Boycott
Enforce fines
 5. Refill stations maintained and providing quality water
Better quality tap water
 6. Raise taxes on soda and alcohol
Target corporations that benefit from price of cups (when asking restaurants for water)
 7. Make a law that restaurants should provide free water to everyone
 8. More public restrooms (public access)

7. Any other strategies not discussed, but you feel are important to include?

- Hold grantees accountable for providing services
- Provide education on difference between good sugar and bad sugar
- Use real Native Americans in advertisements
- Use slogans i.e. "Water is Life"
- Show pictures of nature, animals, beauty water provides
- Show the process of how soda is made (soda uses more water to produce) and how harmful plastic is to our environment
- Show the pollution of water as means to help people value it more
- More accurate information on tap water (debunk the myth around sewerage water being recycled for tap water)

The **SMALL ORGANIZATIONS** focus group was conducted on **29 June 2018** with representatives of organizations serving the most vulnerable populations targeted by the sugary drinks industry. Responses revealed the following:

- 1. Focus group participants were asked to introduce yourself and tell us, what does your organization offer that sets it up to be successful either in promoting Healthy Eating Active Living (HEAL) strategies or reaching vulnerable populations?**
 - All stated if given adequate funding and assistance their organizations and churches could offer services to successfully promote healthy eating active living strategies within their respective communities. All representatives were eager to participate in this focus group to begin the process to help HEAL.
- 2. How many of you have applied for grants?**
 - Nine (9) organizations have applied for grants in general
 - Eight (8) organization have applied for San Francisco city grants
- 3. What is your organization's process for applying for grants?**
 - One (1) Researcher, one (1) Writer, one (1) person applies, then engage entire organization. There is a limited capacity in the community to do the work, looking to build capacity.
 - Pay for grant writer (administration team does research), reach out to other organizations for support and other grants
 - Executive Director does the entire process but engages the staff to tell the story
 - Coalition to collaboratively apply together, looking at expertise to look more efficient/ professional (all organizations). May support grant for one church only.
 - Collaborative application with other Community Based Organizations (CBO)
 - Staff and grants writers
- 4. Have there been times when your group chose not to apply for a grant? What was the key factors in that decision?**
 - Organization don't meet the requirements
 - Organization don't have necessary pieces to meet requirements (city vendor/permit)
 - Not a fit for organization
 - Not a priority for organization
 - Capacity
- 5. How does your agency decide what grants to apply for?**
 - Does the grant objective align with values and can we meet the numbers? Does this fit the mission/program description?
 - If the organization has the capacity then collectively it is decided to go for it, try not to miss anything. Apply for as much as possible
 - We have five tiers, guide for our applications
 - What fits/complements current programming

- Need based
 - What's available / research / answering what's there
 - Don't like the requirements/stipulations (" All money is not good money")
 - Review restrictions and evaluate if it's a fit or flexible
 - Has to fit with faith-based mission
- 6. When you decide to apply for a grant, do you participate in the Grant information meeting or Bidders Conference, (If it is not mandatory)?**
- Three of ten organizations stated yes, they participate in the grant information meeting or bidder's conference even when it is not mandatory.
 - Of those, who did not attend bidder's conferences their reasons varied from not enough time throughout the work day to being overwhelmed with meeting the needs of the community.
- 7. When you start writing a grant, do you start as soon as the application is released or does workload prevent you from starting until a few days in advance?**
- Set deadline/create a timeframe for completion/good time management
 - Procrastinate
 - Last minute notifications of grants prompt last minute preparation
 - Workload too heavy/wasn't notified soon enough
 - Workload prevents proper preparation
 - Applying for multiple grants at one time, prioritize each, evaluate which ones there's a better chance of getting
 - Get the proper staff to apply even if it is last minute
 - Not connected to the proper source through City and County departments (prompts last minute applications)
 - Need better relationships with Department of Public Health so grants applied to are more intentional
 - Quarterly RFP's would help relieve pressure to apply as you can resubmit for those grants of you need to modify for improvement/better chance
 - 5-year cycle is better than 1 year, for sustainability
- 8. What do you think you most need help with in writing successful grants?**
- Department of Public Health create relevant or interest-based support for grant writing (deadlines/time management)
 - People being transparent and not stealing ideas
 - Learning verbiage, lingo, or keywords
 - Trainings/workshops/ground level to support and improve writing
 - Tapping into community resources/available experienced people
 - Online Application submission
 - Workshops for specific grants/unique or tailored to specific populations
 - Data that shows community demographics for specific area (easier access)
 - Budget preparation support for grants/budget matches plan

- Being able to track outcomes from grant (showing the work in relation to the grant)
- 9. What do you think you most need help with in implementing successful grants?**
- Flexibility within the grant guidelines
 - Organizational infrastructure support
 - Staffing Support – Staff paid living equitable wages (being able to support more fulltime positions)
 - Training
 - Having a grant writer on retainer
 - Supportive partnerships and collaborations
 - More faith based Samoan support from South East sector of the Bayview District (Visitacion Valley)
 - Advocacy from City departments/support remove barriers, i.e., remove/reduce the cost of permits for community events.
 - Computer literacy
 - Language capacity
- 10. How helpful is it to have specific examples in a grant application that describes what the funder is looking for?**
- Very/extremely helpful unanimously agreed
- 11. What funding ranges would your organization want to apply for?**
- \$300K- \$3 M
 - 6 + Digits
 - Make cost of living match funding needs/scale recognizing that these organizations have experience in the communities
 - Don't low ball
- 11 a. How much do you need and can handle?**
- Need based on scope of what you want (realistic)
 - Long term budget – funding repeats 3-5 years for deprogramming & reprogramming populations with highest health disparities
 - Help with management of funds
 - Quarter Million
 - Incremental funding building on organizational capacity
 - Collaborative grants with large pile to be distributed
 - \$2 Million based on family needs, \$2M to start (crumbs for entities already doing the work and recognition for the work and experience in the community)
 - As much money that will get the organization in the door
 - South East sector needs and wants the relationships with the right people
- b. Do you think funding amounts would change after a year/ two of experience?**
- Yes, every year increased
 - QUALITATIVE vs. Quantitative
- c. What is an ideal length of time for a grant?**
- Five (5) years is ideal for sustainability

12. Before applying, does your organization need assistance with HEAL subject matter?

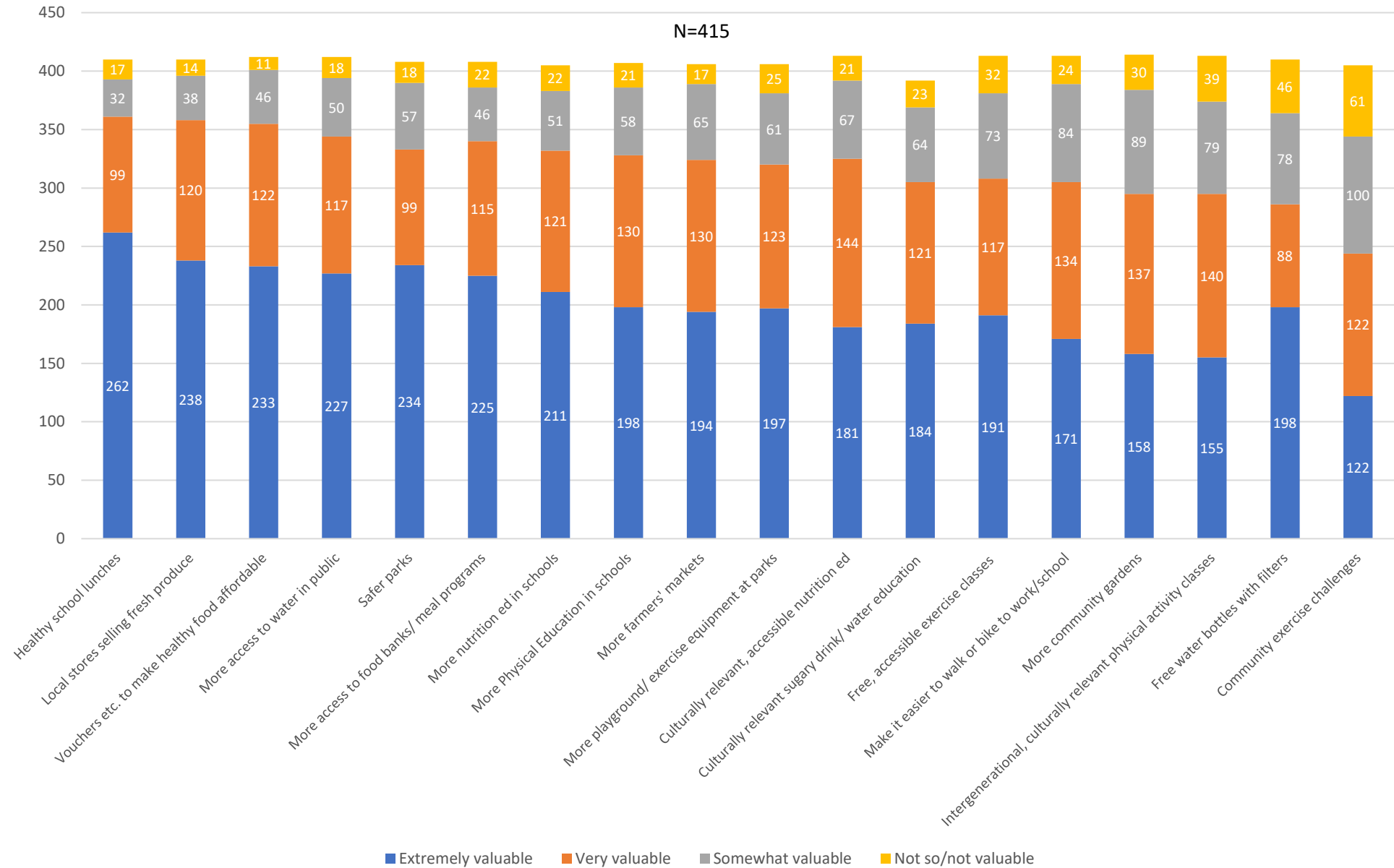
- YES- updated research and actual concepts provided in the grant application
- Training
- Education
- Interpretation
- Best Practices
- Access to best practices (connection to best practices for our community)
- Merger (Not reinvent the wheel)
- Lingo breakdown and updates (cultural competencies)

13. If funded would your organization need assistance with HEAL subject matter?

- A unanimous YES

SDDT Revenue Survey Results, August - October 2018

combined online and paper surveys



Sugary Drink Distributor Tax Implementation Support

Sugary Drink Distributor Tax Funding Priorities Town Hall Brief



Prepared by:

Resource Development Associates

November 1st, 2018





Sugary Drink Distributor Tax Funding Priorities Town Hall Brief

Executive Summary

In November 2016, the voters of San Francisco passed Proposition V. Proposition V established the Sugary Drink Distributor Tax (SDDT), a city general excise tax that imposes a one cent per fluid ounce tax on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. The legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC); its general purpose is to provide recommendations on how to invest the revenue from this tax.

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue.

Throughout the process, **health equity was discussed explicitly and implicitly**: participants wanted to ensure that the SDDT revenue would serve the communities most targeted by the industry and most burdened by related chronic diseases. In addition to the programmatic focus on healthy eating and active living listed in Table 1, participants **wanted to ensure funds would support changing environments to make them healthier, addressing health disparities, ensuring community participation and research, and working with youth.**

Table 1. Focus Group Key Findings

Priority Area	Examples
Health Education	<ul style="list-style-type: none"> • Nutrition and health information • Importance of physical activity
Physical Activity	<ul style="list-style-type: none"> • Free and affordable exercise programs • Safe and accessible places for physical activity
Access to Healthy Food	<ul style="list-style-type: none"> • Availability of healthy food • Education to support healthy eating
Media/Awareness Campaigns	<ul style="list-style-type: none"> • Public Service Announcements • Messaging

The following brief describes the process and findings.



Introduction

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue. Prior to the Town Halls, DPH gathered community input from focus groups that were conducted in May and June of 2018. The Town Halls provided additional community input about health needs related to sugary drink consumption and validated the Sugary Drink Distributor Tax Advisory Committee (SDDTAC) priorities and focus group data. DPH will use all the gathered information, including the information in this document, to shape its community grant-making process for the allocation of SDDT revenue.

Background

In November 2016, the voters of San Francisco passed Proposition V. Proposition V established the Sugary Drink Distributor Tax (SDDT), a city general excise tax that imposes a one cent per fluid ounce tax on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. This legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC), which consists of 16 voting members appointed by the Board of Supervisors and specific city departments. Its general purpose is to provide recommendations to the Mayor and Board of Supervisors on the effectiveness of the SDDT and how San Francisco should invest the revenue from this tax.

The SDDTAC has advised supporting primary and secondary prevention efforts by allocating SDDT funds toward new or existing programming that aid in the reduction of sugary drink consumption, primarily amongst low-income residents, communities of color, and youth. Health equity was a foundational pillar in the SDDTAC's work and recommendations, and data indicate that these populations are targeted by the soda industry, consume the most sugary drinks, and suffer disproportionately from chronic diseases.¹

Each year, the SDDTAC is tasked with submitting a report to the Board of Supervisors and the Mayor that evaluates the impact of the SDDT on beverage prices, consumer-purchasing behavior, and public health and provides recommendations for the types of programs that should be funded to reduce the consumption of sugar-sweetened beverages in San Francisco. For Fiscal Year 2018/19, DPH was allocated SDDT funds that would be directed to community-based organizations. To inform this process, DPH sought community input from those populations most impacted by sugary drinks, to better understand gaps in services and additional needs. In May and June of 2018, SF DPH conducted focus groups to learn about

¹ San Francisco Sugary Drink Distributors Tax Advisory Committee. [March 2018 Report](#). Accessed on October 2018 from <https://www.sfdph.org/dph/files/SDDTAC/SDDTAC-2018-Annual-Report.pdf>



needed supports and resources to shape the RFP process and funding priorities. The key findings from the focus groups were structured into four priority areas.

Table 2. Focus Group Key Findings

Priority Area	Examples
Health Education	<ul style="list-style-type: none"> • Nutrition and health information • Importance of physical activity
Physical Activity	<ul style="list-style-type: none"> • Free and affordable exercise programs • Safe and accessible places for physical activity
Access to Healthy Food	<ul style="list-style-type: none"> • Availability of healthy food • Education to support healthy eating
Media/Awareness Campaigns	<ul style="list-style-type: none"> • Public Service Announcements • Messaging

Town Hall Methodology

DPH and RDA conducted six town halls over the span of five weeks between September 11 and October 1, 2018. A total of 133 community members participated.

Table 2. Town Hall Meetings

Location	Neighborhood	Interpretation Services	# of Attendees	Dates
Alex L. Pitcher Community Room	Bayview	None	21	September 11, 2018
Mission High School	Mission	None	32	September 12, 2018
Minnie and Lovie Ward Recreation Center	OMI	Spanish	5	September 17, 2018
SF Main Public Library	Tenderloin	None	28	September 19, 2018
Hamilton Recreation Center	Western Addition	None	22	September 20, 2018
Betty Ong Recreation Center	Chinatown	Cantonese	25	October 1, 2018

Town Hall venues were coordinated through the San Francisco Recreation and Parks Department. Each town hall took place in the early evening to accommodate individuals that attend school or work during day time hours and lasted approximately two hours. Participants were provided with an overview of the SDDT, SDDTAC, and DPH funding priorities that emerged from community feedback captured in the focus groups. The largest portion of the agenda was devoted to the “World Café” discussion. This discussion



involved three questions that were presented to town hall participants in order to solicit feedback about programs, services, and activities that would improve the health of the community:

- 1. *What types of programs do you think DPH should fund with SDDT revenue and why?***
- 2. *Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, oral health, healthy and affordable food access, are there other missing priorities?***
- 3. *What would make you feel like the SDDT has made an impact on your community?***

RDA facilitated the discussions and at the conclusion of the discussions, reported key themes back to the full audience. Participant responses were analyzed using content and thematic analytic techniques to identify priority areas within the data.

Findings

Community input from the town halls reflected similar priority areas to those that emerged from the DPH-conducted focus groups. The findings presented in this document are organized to represent these broader areas of health and nutrition services as well as to capture and highlight ideas from the community that fall outside of these categories (see Finding #5). When providing feedback and recommendations across all service categories, town hall participants consistently framed their recommendations with an emphasis on health equity-related components such as access, cultural responsiveness, and age appropriateness. These recurring themes are used as a framework to build out the supporting evidence under each of the following findings.

Finding #1: SDDT funding should support and encourage physical activity in communities.

To promote physical activity, participants discussed the need to address the barriers that inhibit access to outdoor spaces and exercise facilities. They identified safety concerns and unsanitary conditions at local parks as barriers to the use of outdoor spaces for physical activity and called for the revitalization of local parks through SDDT funding. Participants also commonly shared that though local Recreation and Park community centers provide opportunities for physical activity through exercise classes, swimming pools, and gym equipment, they would like to see the expansion of hours of operation to specifically cater to the schedules of working adults, families, and older adults. In the Bayview, participants specifically called out a need for increased hours of operation and lifeguarding at Recreation and Park pools to accommodate older adults who are more likely to use the pool in the morning and during the day.

Participants also called for increased opportunities to participate in affordable structured and semi-structured group exercise activities that cater to different ages. Youth participants shared that they would like more opportunities for organized sports and active recreation both after school and on weekends. Adults and older adults that attended the meetings shared a desire for more community-led exercise



groups, such as walking and jogging clubs, as well as increased opportunities for affordable instructor-lead exercise classes such as Zumba, weight-training, and Tai Chi.

Finding #1: SDDT funding should support and encourage physical activity in communities.	
Access	<ul style="list-style-type: none"> • Improve safety and sanitary conditions of parks, streets, open spaces • Increase hours of operation of community facilities (gyms, pools) that cater to families and older adults • Provide discounted gym memberships • Increase outreach/awareness of community resources, exercise classes, Recreation and Park Department offerings
Age appropriateness	<ul style="list-style-type: none"> • Facilitate coordinated community-led walking groups for older adults • Offer more opportunities for “Senior Yoga” • Increase opportunities for children and youth to participate in sports and other physical activities through afterschool programs and organized weekend activities
Cultural Responsiveness	<ul style="list-style-type: none"> • Offer exercise classes that respond interests of specific cultural and ethnic groups like Tai Chi, yoga, hip hop dance classes

Finding #2: There is a need for increased access to affordable, healthy, and fresh foods and beverages.

When asked to identify program services and activities that would support the health of their communities, town hall participants recommended improvements to safety net food programs. They reported a perception that food pantries are underutilized and recommended the following to expand the reach of these services: increased selection of culturally appropriate foods; increased hours and days of operations; outreach to raise awareness of services; and greater storage space for food.

Beyond discussion of food pantries, participants also recommended increasing funding for food voucher programs, at times specifically referencing EAT SF, to ensure that food vouchers are available based on need and cease to be time sensitive.

Participants also identified the lack of nearby grocery stores that provide affordable healthy foods in their neighborhoods as a barrier to healthy eating habits. They recommended that SDDT funding be spent to address food deserts through the creation of new healthy grocery stores and the coordination of more accessible farmers markets. Multiple discussions stemmed from the idea of creating neighborhood food cooperatives where community members could volunteer their time in return for free or discounted groceries. In a call for more stores that sell healthy and affordable foods, participants suggested the possibility of CBO involvement in the operation of new grocery stores as well as the continued expansion of city and community-driven healthy retail initiatives such as *Healthy Retail SF* to address the abundance of corner-stores that stock unhealthy foods and beverages.



Both adult and youth participants brought up the importance of increasing access to healthy foods for children and adolescents in schools. Youth participants cited a need for wider options of healthy meals and snacks in their cafeterias to accommodate the different dietary habits across students of different cultural and ethnic backgrounds as well as to those with food allergies and other dietary restrictions. Young people often emphasized that the food being served in schools and promoted as “nutritious,” should be “delicious” and at the least “taste good.” Students at Mission High School also specifically cited a need to reduce the number of vending machines in schools that offer unhealthy snacks and beverages.

Investment in community gardens was another recurring suggestion from participants to address barriers to food access. They requested funding to support existing community gardens that produce fruits and vegetables by increasing hours of operation and increasing SF Recreation and Parks staff and volunteers to provide upkeep and security. They also suggested new urban farming sites in underutilized neighborhood locations such as vacant lots.

Finding #2: There is a need for increased access to affordable, healthy, and fresh foods and liquids.	
Access	<ul style="list-style-type: none"> • Increase hours of operations and outreach to raise awareness of services of food pantries • Create new healthy grocery stores in communities of color • Create and expand cooperatives that offer free and reduced groceries to volunteers • Continue support of the Healthy Retail Initiative • Increase availability of food vouchers • Increase the number refillable water stations
Age appropriateness	<ul style="list-style-type: none"> • Provide nutritious and fresh foods at early childcare education and care facilities • Promote healthy eating in schools by involving students in menu creation and activities that involve them in food preparation
Cultural Responsiveness	<ul style="list-style-type: none"> • Increase selection of culturally appropriate foods at food pantries and school cafeterias

Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.

Community participants reported a need for more classes and workshops that provide culturally relevant opportunities for learning about health and nutrition. Though some participants referenced existing community events that promote learning about healthy living, they felt that these opportunities were not adequate in reaching communities of color and older adults. They recommended the expansion of interpretation services to accompany education initiatives such as reading nutrition labels and making healthy lifestyle choices. Cooking classes were a popular idea to teach community members of all ages how to cook nutritious recipes. Participants included in this recommendation the need to build on recipes



and cooking practices that are appropriate to the cultural and ethnic makeup of specific neighborhoods across the city. Addressing barriers to participation in such events, such as transportation and childcare needs, were viewed by many as essential to increasing access for target communities.

Participants frequently discussed the importance of providing children and youth with health and nutrition education opportunities that are participatory and engaging. There were many calls to engage young people in interesting approaches to healthy eating such as holding “taste test” activities in schools and recreation centers where they could sample fresh nutritious foods and recipes. In different iterations, children and adolescents referenced wanting opportunities to take part in project-based learning to more tangibly grasp the high volume of sugar in soda and the effects on the body. Youth and adult participants both recommended the creation of programs that would train high school students to provide education about sugary drink consumption to younger students in elementary and middle schools.

Across Town Hall meetings, participants reinforced the importance of providing young people with a rationale for behavioral change when it comes to consuming sugary drinks. While many participants focused on health implications, some discussed the importance of educating youth about systemic health inequities and their causes.

Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.	
Access	<ul style="list-style-type: none"> • Ensure community events and classes offer transportation and childcare support • Provide wellness information and trainings at popular locations and places of employment
Age appropriateness	<ul style="list-style-type: none"> • Provide novel and hands-on approaches to health education for children and youth
Cultural Responsiveness	<ul style="list-style-type: none"> • Expand of interpretation services to accompany health and nutrition education initiatives • Offer healthy cooking demonstrations and classes that build off of cultural/ethnic culinary practices that reflect the population of the community

Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.

Participants recommended that SDDT funding support the creation of youth-led media campaigns that raise awareness about the negative health impacts of excessive sugary drink consumption and the positive impacts of the SDDT. They suggested supporting existing CBOs that facilitate youth-focused media and empowerment programs to do so, referencing Youth Media and BAYCAT, organizations that provide low-income youth, youth of color, and young women with education and employment opportunities related to digital media.





Community members also cited the need to address language barriers and cultural differences in messaging campaigns, emphasizing that “one size does not fit all” in San Francisco. Ideas for community-centered and culturally responsive message dissemination included the *promotora* model in which community members are trained to provide health information within their community, and story-telling opportunities for individuals to share their experiences related to health struggles and successes with their community.

Across several town hall meetings, community members requested that awareness campaigns also support transparency about the purpose of the SDDT, its progress, and regular updates about the impact of the tax on target communities. They requested continued community engagement activities such as community forums and focus groups to ensure that information and feedback flows in both directions.

Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.	
Access	<ul style="list-style-type: none"> Engage CBOs that work with youth and communities of color to facilitate community-led media campaign Increase transparency about SDDT processes and impact through regular report-outs to impacted communities and opportunities for feedback
Age appropriateness	<ul style="list-style-type: none"> Utilize social media for messaging about sugary drink consumption to reach children and youth Initiate a student- led PSA contest Offer contests and giveaways to encourage healthy living Providing Fitbits to older adults to encourage increased physical activity
Cultural Responsiveness	<ul style="list-style-type: none"> Use the <i>promotora</i> model for awareness-raising activities Translate messaging materials Offer opportunities for community members to exchange their experiences and stories

Finding #5: Community members identified additional services and areas for support that fell outside of larger categories.

Community Research: Across the majority of the town halls, participants recommended that SDDT revenue fund programs that train and empower community members to conduct their own research about perceptions and behaviors related to sugary drink consumption. At the Bayview town hall meeting, a discussion group shared that as information and data “never make it back to the community,” community groups should be trained to gather their own data about behaviors and impacts related to the SDDT. At the Town Hall in the Mission neighborhood, high school students brainstormed approaches to encourage student learning about healthy food and beverage choices. They identified student-led



research projects that survey peers about health perceptions and identify the number of vending machines in high schools across the city. At the Tenderloin location, participants envisioned SDDT funding contributing to trainings for community members to conduct research in their neighborhoods with the goal of understanding who may be underutilizing city and CBO-provided services related to health and nutrition.

Health Services: Additional recommendations focused on increasing funding support to expand the reach and accessibility of health services (summarized in the table below).

CBO Program Components: Community members offered several ideas about key CBO program components and requirements that should be integrated into SF DPH’s request for proposal (RFP) process (summarized in the table below).

Finding #5: Community members identified additional services and areas for support that fell outside of larger funding categories.	
Community Research	<ul style="list-style-type: none"> • Train community members to collect their own data about impact of SDDT • Promote student-led research projects related to sugar consumption as part of school curriculum • Build a repository of community data that is available to all
Health Services	<ul style="list-style-type: none"> • Increase the number of health navigators. • Provide dietician/nutritionist led programs for those with chronic illnesses • Offer trainings in technology to assist people to enroll in health services with greater ease • Offer more services to provide support for chronic disease management • Provide greater access to pharmacies and urgent care facilities • Offer dental care for all, prioritizing low-income seniors and children
CBO Program Components	<ul style="list-style-type: none"> • Provide requirements and/or incentives for organizations to collaborate with each other • Fund CBOs that do policy change work affecting health disparities in impacted communities • Promote program models that incorporate youth and peer education • Fund evaluations of eating habits and health challenges in impacted communities



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Appendix

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of six community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue. These are the notes taken on flip charts at the 6 Town Hall Meetings.

Town Hall at Bayview September 11, 2018

Station #1: What types of programs do you think DPH should fund and why?

Programs DPH should fund:

1. Recreational Programs and access
 - Structured programs in parks
 - Increase outreach/awareness of programs
 - Park and Rec does not have partner listings
 - Need for a centralized hub of health information and activities
 - Sports, Tai Chi, Yoga
 - Baseball fields
 - More regimented instructors for evening and weekend programs
 - Paid positions for trained instructors
 - Expanding support for existing exercise classes
 - Increase access for families
 - Increase pool access for Seniors and families
 - Open at night
 - Allow open community time
 - Provide day-time access for elder community
 - Increase hours of availability for community exercise resources
2. Increase Food Access
 - Increase access to produce/healthy foods in Bayview
 - Provide more options
 - Challenges: difficult to meal plan
 - Provide culturally appropriate produce



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- Increase access to food pantries
 - Increase awareness through media support
 - Build collaborations with farmers
 - Open 7 days a week
 - Provide food in an emergency
 - Incentives like gift cards
 - Efforts are currently undertaken by churches, learning hospital, families taking on additional funding
- Hold Social events to encourage healthy eating
 - “Learn how to cook a nutritious meal”
 - Through CBO’s/Restaurants
 - “RadioAfrica” sponsor a night
- 3. Increase Food/Health Education
 - Education about food as medicine
 - Have clinics prescribe healthy food
 - Food on-site
 - Model exists elsewhere
 - Reach vulnerable populations
 - Translators w/food education
 - Reach missing communities of color
 - Seniors
 - Increase culturally relevant health education
 - Currently at multiple community locations
 - Youth-led education about how food industry targets public/community
- 4. Increase funding for sex education
 - Response to decrease in the use of protection
 - “youth-led”
- 5. Expand and increase health navigation
 - More professionals
- 6. Transportation
 - Increased support and funding for transportation to activities
- 7. Community-led research and data collection
 - Building repository and research
- 8. Increase youth access to community centers
- 9. MLK Pool – serve and engage with the community
- 10. Support existing programs
 - Youth media
 - BAYCAT
- 11. Medical Services – provide what people really need
- 12. Strengthen partnerships to fight barriers to access in communities
- 13. Build housing/address homelessness



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14. Cutting checks-supporting visions
15. Revamp MLK Park
16. Introduce health stores
 - o No booze
 - o No bartering

Why they should fund them:

1. Member of the SDDTAC and wants to hear from the community and build those connections
2. To enhance existing efforts
3. Discovery
4. Understand what is important to the community
5. Participated in focus groups and wants to see where the process is now
6. Represent older/frail adults (w/disabilities)
7. Nutrition Academic work/interest
8. Repping community
 - a. Wanting to learn

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Initiatives for seniors
 - o Education
 - o Planning
 - o Chronic disease management
 - “Elder Refit” – health education, food access
 - o Youth mentorships with seniors
 - ‘Youth refit’ with elders
2. Targeted population approach
 - o Low-income SF residents
 - o Those affected by health hazards
 - o SDDTAC should explicitly call out who the target populations are
3. Funding for CBOs already doing great work
 - o Many groups are already doing great work, so there should be more funding for them
 - o Research to find out what approaches are working
4. Prevention of sugary drink consumption
5. Other groups can apply for community groups
6. Committee perspective is a broader perspective
7. Physical activity
 - o More walking opportunities (events, walking groups)



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- Address the barriers (safety concerns)
- 8. Access to culturally-relevant food and drinks
 - People resort to the foods they see if what they are used to is not available
 - The need to be conscious of demographics living in the area and address this need
- 9. Data-sharing and collaborating around the effects of the funding
 - Bucket suggestion: Provide a report-out of results that is community-centered
- 10. Support smaller organizations with DPH compliance
- 11. Funding for community to gather data for themselves (Community Participatory Research)
 - Empower community groups to gather their own data, they may find things that we can't capture
 - Ensure data comes back to the community, because information never makes it back out to the community
 - Ex. Health effects from living in a specific area
 - Talk to community members
- 12. Use funding to hire a data coordinator
 - Someone who can compile data in one location for the community to access
- 13. Provide incentives for organizations to work together
 - Ex. Monthly or quarterly check-ins
 - Collaboration for community capacity
- 14. Focus on health inequity
 - Educate youth about structures at play
 - Health education around what is causing health inequalities
- 15. Empower youth to be leaders (what lessons can youth bring home?)
- 16. Prioritizing solutions to the problem
- 17. Communicating the right message
 - Initial impression: SDDT will hurt the poor
- 18. Lifestyle Interventions
 - idea: Someone comes and organizes your fridge, creates a diet plan for you ("Youth Refit")
- 19. Make internships available for the community to get involved in the SDDT
- 20. Using the Collective Impact Model
 - Concentrate on service
- 21. Add a requirement for RBA certified training to RFPs

Questions:

1. Can we prioritize chronic disease prevention as an SDDTAC target?
2. Where is the funding directed?
3. Can funding expand to include other health hazards?
4. I see money going towards prevention, but is there funding for treatment?
 - For example, funding to help people who are already having problems with sugary drinks and other health hazards?



Feedback:

1. Participant sees a reflection of the work already done in the funding buckets that exist

Town Hall at Mission High School September 12, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Church involvement
 - Activities to encourage healthier eating/drinking
 - 'Taste testing' activity
 - Price tags, where available
2. Increase food education
 - Youth group= receiving and giving education
 - Food as Medicine
 - Food/nutrition education
 - Early education/care around nutrition
3. Youth-led initiatives
 - Participatory
 - Actively engaged
 - Parents participating in home
 - Takes place where youth are
 - Sports, clubs (at schools)
 - Online campaigns – social media
 - Cross-pollination/collaboration between multiple organizations (churches, community centers)
4. Increase funding for food pantries
 - Need more space
 - Resourcing (a lot of work) done for free in distribution, need funding
5. High School Programs
 - Healthy food tastings
 - Cooking class/electives
 - Peer education
 - HS students providing training/education to elementary and middle schools on healthy eating/drink and PA
 - Embed healthy cooking in Health/PE
 - CBOs could play a role in this



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- Teachers
 - Teach the science behind the ill effects of sugary drink consumption
- 6. Improve School lunches
 - Better “tastier” lunch and visual display of nutrition information
 - Accommodate allergies and dietary restrictions but still make it flavorful
 - Increase variety
 - Fresher foods
- 7. Increase resources for CBOs
 - Low SES in communities of color
 - Provide an intergenerational element
- 8. Include immigrant seniors
- 9. General health, walk-ins, blood pressure
- 10. Healthy practices/education
- 11. Physical Activity programs
 - Running groups for youth
- 12. School Lunches
 - Homecooked lunch – 1-2 days provided by local grocers
 - Students could help cook
 - Students could vote on the menu
 - Each period participates differently
 - Health classes not on same level
 - Student-led research → student survey
 - Vending machines (#?)
 - Gain concrete understanding of science
- 13. Cheaper, healthier food options
 - Student-led
 - Community gardens
 - Grow your own food
 - Outside of school, increase opportunities
- 14. Documentaries about food “health”
 - Advertise food documentaries and other health education in communities
 - Student film
 - Drive-in – Dolores Park
 - 0-5, targeting day care
 - System change, policy change
 - Food standards, h2O access
 - Physical activity
- 15. Nutrition education for parents
 - Meal prep (if limited access to healthy foods)



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- Targeting workplaces
 - Speakers
 - Teacher
 - Yoga discounts
 - H2O
 - Wellness programs
16. WIC
- Boosting existing education
 - Changing juice offering
17. Extended family providing care
18. Increase funding for community centers
- Family Resource Center
 - La Raza
 - Youth-led, peer education
 - Promote a model incorporating youth

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Prenatal Health
 - (4th trimester)
 - Critical (health/nutrition/lactation)
 - Specific populations
 - High-risk for pre-term birth
2. School Programs
 - Physical Activity
 - Funding for programs around PA
 - Maintenance of facilities
 - Cleanliness (cafeteria, bathrooms, everywhere)
 - Rats
 - Drinking fountains don't work
 - We want cleaner fountains, cold water, trustworthy fountains
 - Lack of trustworthy fountains causes youth to resort to sugary drinks
 - Food education courses
 - Cooking classes in school offered as electives
 - Kids often don't have time for after-school activities
 - School lunch
 - Free breakfast, school lunches
 - Quality of the food is lacking



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- A need for culturally relevant food
- A need for food you can trust
- School trips
 - Creative around encouraging PA
 - Encouraging organized sports, field trips
 - Affordable opportunities
- Amenities
 - Pools, tracks, facilities for PA
- 3. Prison Conditions
 - Providing prisoners the essentials
 - Sandals, medicines, toothbrushes, etc)
 - Place a focus on youth in prison
- 4. Proper food handling
 - Train staff to handle food properly
- 5. Accountability measures for basic needs
 - Transparency around funds
 - Accountability for funds going to Public Education
 - After-school programming, etc
 - There is a dissonance with healthy equity and what is happening at the school
- 6. SDDTAC won't get to all the necessary issues
 - Accountability for SDDT funds
 - An additional process is needed, SDD tax is not enough to do this
- 7. Equity lens
- 8. Age lens
 - Infants, babies, parents, 0-5 lens
- 9. Funding for CBOs doing policy work
 - Funds for policy change
 - Policies need to work with the community
- 10. Physical Activity
 - There is a need for more focus on safe spaces
 - How to use equipment
 - Incentives for PA, ask community what they want or need
- 11. Media-awareness campaign funding allocation is too low
 - Need an initial focus on getting community input before making changes
- 12. Funding local workforce development
 - Local community members to disseminate information
- 13. Involvement with other community initiatives
 - There are current examples of community members mobilizing around housing and immigration issues (Carnaval SF, CALLE 24)
 - Tap into these movements
- 14. Mental Health



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- Healthy use of screen time and social media
- 15. Multi-lingual and culturally competent health education and media
- 16. Lack of diversity of people utilizing bike lane
 - Why?
 - Education
 - Lack of awareness
 - Messaging
- 17. More funding for oral health care
 - Healthy SF does not offer dental or vision insurance coverage
 - More funding needed for low-income populations
- 18. School visits by healthcare professionals
- 19. Lack of knowledge on what resources or help can be accessed in non-white communities
- 20. Messaging
 - One size does not fit all
 - For example: DPH messaging for HIV is not reaching all vulnerable groups
 - It needs to be targeted
 - Needs to reach the poor, those with language barriers
- 21. Realize that the community's first concerns are not healthy eating or PA
 - Housing, immigration are top concerns
 - Important to be aware of community's top concerns
- 22. Organize events that combine causes
 - Ex. Healthy food access and housing
 - Cater events with healthy food and discuss issues around food access and healthy eating
- 23. Prioritize finding solutions
 - Are strategies being used been proven to work?
- 24. Need for structure around funding
 - Sees the buckets as an opportunity to re-organize and create a path of activities and interventions
 - Sees an overall logic model for the investments
- 25. Rallies, picnics, outside of commute hours
 - Events that are family friendly
- 26. Understanding your relationship to food
 - Community gardens
 - How does food get to the table
 - More education on food

Questions:

- 1. Who is being funded?
 - Funds are not going everywhere that they need to



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- Need to account for different languages and backgrounds when disseminating information

Feedback:

2. Someone agrees with all funding buckets as being top priorities in SF

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Stores selling fresh and healthy food
 - Store owners say “Customers are demanding fresh foods”
 - Corner stores that sold fruit/food
 - Affordable/free healthy food
 - (water is more expensive than soda)
 - Cheap and healthy stores in neighborhoods
 - More fresh foods, community gardens
 - There are other things – more fresh food, eat and think about what’s going into the body
2. Access to real cooked food
 - Have real food, cooked in a kitchen
 - In a community center – especially during school breaks
 - Less vending machines in schools that sell sugary beverages
3. Water should be more available
 - Water from the tap
 - Global taps
 - Not from a bottle (ex. Bottled Life)
4. Vacant lots can be used as local grocery stores and facilities
 - – where people want to be
 - East Side should look like the West Side
5. Improve parks
 - clean them
 - more Open spaces
6. Recreational activities
 - Other activities include swimming
 - Community gym in the building
 - Activities over the weekend, so that children are not in the house eating ‘bad’ food
7. Healthy options should be easy options
 - Affordable and accessible
8. See metrics improve in communities



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- See health interventions be stable – continuity
- 9. Incentives to participate
- 10. Less soda in stores because people are not drinking
- 11. Increase in time that kids and adults have opportunities for physical activity
 - Diverse opportunities (not one size fits all)
 - During times that work
- 12. Social change
 - (A bit unfair) – eventually people won't pay high prices → instead community resources to direct people to other types of drinks
- 13. Community center that packaged and gave food, situated in the community
 - Accessible evenings and weekends
- 14. Decrease in rates of diabetes
 - Stats from Mexico decreasing
 - This as our goal, this is impact annually
- 15. Community members are willing to share stories about impacts – publically
 - Have participants know that it's the soda tax
 - Campaign people from the community (leaders on the materials ex. Billboards)
 - Impact the rest of the country
- 16. Change in community behavior
 - Families are excited about eating more fruits and vegetables and water, family and community level awareness
 - Community – behavior change, less soda, more water because that is what consumers are purchasing
 - Don't see parents on the street giving children sugary drinks
- 17. Fitness level for youth will improve
- 18. Dental improvement in the young people

Town Hall at Minnie and Lovie Ward Recreation Center September 17, 2018

Station 1: What types of programs do you think DPH should fund and why?

- 1. More fitness programs
 - Walking groups
 - Example: fog walkers
 - Get to know the community
- 2. A fitness room
 - Learn what the best cardio is
 - This is onsite and has equipment
 - Boxing
 - People use the facility on their own



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3. Programs in all age groups
4. Healthy parks
5. Cooking programs
 - Nutrition
 - healthy, tasty cooking
 - Free, since it costs \$65
 - Better choices
6. Invest in neighborhoods, healthy retail
 - OEWD
 - Soda tax is going here
 - Korean Market opening up
7. Have a local pharmacy/ clinic for children
 - Quick response
 - Too far/ and people can quickly act on this
8. Community gardens
 - Ensure that there is someone who can keep the garden active
 - Proper facility to protect veggies
 - Have work days and workshops
 - Dedicated staff parks/rec
9. More participation in rec council

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

10. Water stations
 - More water stations
 - For pets as well
11. Available environmentally friendly materials
 - Pitchers vs. bottled h2o

Station #3: What would make you feel like SDDT has made an impact on your community?

1. More education about “diet” drinks as they are unhealthy too
 - Juice also high in sugar
2. More healthy brands and options
 - Seeing less soda in stores
 - Less demand, more water
3. Not seeing community members drinking so much soda
 - Educated consumers
 - Presence of h2o stations
 - SEE results



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- Trainer at their community centers
 - Revitalized community gardens
- Walking groups

Town Hall at SF Main Library September 19, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Dental Care
 - For Low-income seniors
 - Free dental cleaning for youth
 - Dental for all!
 - Regular preventative care
2. Healthy food vouchers
 - Farmer's market
 - Eat SF
 - Increase \$ so they are offered more than limited time
 - Available by need not time
3. Curry Senior Center
 - Fit bits
 - After-school Education – on-site schools
 - Cooking class – cool chef
4. Transportation
5. Increase staffing for after-school garden support
6. Education for cooking too
7. Community gardens
 - inaccessible to folks/youth
8. Diversity
9. Central Resource Center
 - Creating website for resources
 - Places to go for delivered healthy food
 - Low-income gyms
 - Bargains
10. Have school gardens
 - Teaches importance of healthy food/living
 - Integrate science /biology learning
 - At some school but want expansion
 - Life skills



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- Provide fresh produce
- Snacks at schools
- Decrease vending machine
- 11. Increase food storage
 - Utilize kitchens more
 - Open kitchen → community activity
- 12. Enhance food banks
 - Increase space
 - Infrastructure
 - Language → how do we communicate about food banks to different people
 - Tech needs
 - Languages
- 13. Marketing around existing programs
 - Income threshold is barrier
 - Social media
 - Celebrity spokesperson
 - Promotores → education communication
 - Concert/giveaways
 - Attend different events
- 14. Studies to understand who is not using services
 - Continuing focus groups
 - Community research
 - Hiring people in training community
- 15. CBO-run grocery
 - Eradicate food deserts
 - Healthy food practices
 - Job/vocational training to staff
 - Cop-model → food
- 16. Increase resident-led healthy corner stores
- 17. Dietician/nutritionist led programs for those chronic illnesses
 - Providing oversight
 - Review/design materials specific to pop. needs
 - Culturally responsive
 - Responsive to specific health needs
- 18. Youth-led
 - Funding for youth empowerment
 - Cohort of youth leading others
- 19. Healthy replacements
 - At corner stores → increase options!
 - Taste tests
 - Giving samples



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- Resident-led
- Store tours
- 20. Advertising → bright, attractive
 - New healthier food options
- 21. Incentives → Bernal bucks
 - Promotional giveaway discount
- 22. Culturally relevant PA
 - Tai Chi
 - Hip hop class
 - Specific gyms/locations

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Parks
 - Cleaning parks (bigger trash cans, compost bins)
 - Has seen positive results from installing larger trash cans
 - More funding for Rec and Park to keep up public parks
2. Educate clinicians
 - More screening
 - More referrals for healthy eating and PA recommendations
 - Referring them to programs: Calfresh, meal programs, food pantries, school meals
3. Referrals for PA
 - Personalized
 - Take into account their access
 - Free Zumba classes
 - Free yoga classes (offering alternatives)
 - Wrap-around services
 - Barriers: transportation
4. Health case managers in school
 - similar to how schools already have academic case managers
 - Dieticians
5. Eye care
6. Acupuncture
7. Oral health
 - Increase access to for the above 3, and highlight as priority areas
 - Dental services for seniors (affordability)
8. Mental health
9. Nutrition



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- Making meals nutritious
 - Healthier ingredients
 - Organic
 - At TNDC (Tenderloin Neighborhood Development Corporation)
10. Curry Senior Center
- Surveyed staff and seniors
 - More financial assistance for in-home support services (help preparing meals is one component)
 - Health and wellness weekend services
 - Resources for outings beyond neighborhood
 - Food vouchers through EatSF – Access to these vouchers has stopped
 - Farmers market access
11. After-school programs
- Bayview and Hunter's Point
 - More PA
 - Better PE programs
 - More accessible
12. Seniors
- Can't afford to hire someone for PA programs
13. Affordable housing
- Seniors (don't have jobs on SSI, rising rent prices)
 - Housing for unemployed, transition housing
14. Resources for job-hunters
15. Navigation Center Systems
- Incorporating more healthy food options
16. Culturally appropriate food programs (Curry Senior Center)
- Culturally appropriate but healthier
 - Ex. African-American pop. culturally competent foods combatting hypertension
17. High priority topic → Diabetes
- Many people affected – Add on action component
18. Fitness vouchers
- Create a challenge for people to sign up and gain vouchers, incorporate what they're learning
19. State of the streets
- Demoralizing
 - Tenderloin – trash, food, cleanliness
 - Affects people's health, perception of health
 - Wants cleaner streets
 - Streets safety and clean drinking water
 - Cleaner bathroom facilities
 - Cleaner water combats sugary drink consumption



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20. Street cleaning
 - Rules for keeping streets clean
 - More laws in place to keep streets clean
21. Treatment and recovery programs
 - Address the core route – outpatient and inpatient clinics
 - Detox services
 - Addiction services
22. Access to cooked food
 - May be homeless
 - May live in SRO units with access to cooking appliances
 - Important equity issue
 - Healthy food for people who can't cook at home
23. Berkeley Sugary Drinks Tax
 - Healthy food and nutrition programs
 - School districts and (42.5% cooking class, gardening, nutrition)
 - Local community to promote healthy food and how to use it
24. Safe injection sites and healthy food combined
 - HALT
 - Triggers for using substances can be hunger
 - Not enough funds to address safe injection issues
25. Tap water
 - Concerns
 - afraid of dirty pipes, keeps people from drinking the tap water
 - services to check the pipes
 - awareness on cleanliness of pipes
26. Accessibility to community gardens
 - Patio gardens, rooftop gardens
 - Tenderloin People's Garden
 - Provides access to healthy food
27. Funds for research into urban farming
28. Funds to buy empty lots to grow food
29. Education to teach people about growing healthy food
30. look at systemic issues in accessing health care
 - technology to help people get enrolled in health services
 - technology to offer health services
 - Technology and resources for health access
 - Technology to allow people to access health history
 - Funding a system-wide analysis of the barriers to access to healthy food, healthy living
31. Funding for someone to connect all the services together into an easier way to access
32. Funding dept. to connect organizations already doing this work
 - Research into issues



33. Calfresh
- Underutilized (get more people to use these services)
 - Leverage to bring in more federal support/funding
 - Hard to get enrolled
 - Not enough community support
 - Barriers to access, immigration
 - Make it easier for people to enroll

34. Public parks
- Parks should be accessible → safety
 - Within 10 minute walk
 - Park beautification
 - Create better perception
 - Make it easier to be healthy

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Visually I want to see more community gardens and classes to learn how to grow food
2. More information/education about sugar. It should be mandatory for places to share what they are selling/giving away
 - Sugar content
3. Cards that share sugar content
4. Tracking # of programs connected, staffing increase in CBOs
5. Decrease “food swamps”
 - Stuff available is not the freshest
6. Health education implemented in schools
 - Ex. Water dispensers
 - Health/food education that is family-focused and culturally relevant
 - Supplement food
7. Get family/parents on board to reinforce what youth are learning
8. ABUNDANCE
9. Seniors enjoy backyards
 - facilities squeeze out seniors
 - Social interactions
 - Dancing. Singing
 - Beautiful place
10. Decrease consumption of unhealthy food/drinks
 - Organizational capacity building
 - Hire health workers
 - Infrastructure building
 - Reduction in consumption of sugary drinks that are not soda-like



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- Ex. Boba tea
- 11. Increase consumption of healthy food, ex. Healthy Corner Store Coalition
 - Checked on using a grading rubric, if # increases they get compensated
 - “Tenderloin is a food desert”
 - Healthy options at the corner stores that is affordable
 - Choices that are healthy
 - Buy-in from youth to want to consume healthy food/drinks
- 12. Culturally relevant foods
 - Part of their regular diet, food that people eat at home
 - Cooking and nutrition programs that are peer-based
- 13. TNDC
 - Food justice
 - People live in SROs, healthy kitchens are not accessible then have healthy food at stores
- 14. Community events
 - prioritize healthy home-made food and fresh veggies and water – that they are excited about
- 15. Healthy and delicious food at school, doesn’t even have to be homemade
 - Hired additional chefs
- 16. Hear more success stories
 - Branding
- 17. Water options that feel refreshing, exciting
 - Ex. Tea
 - “When I’m on the muni, I want to see young people drinking something other than soda”
 - They are starting their lives, in 40 years it will add up
- 18. Signage of education/nutrition facts about the drinks (boba)
- 19. Reduction in energy drink consumption
 - Are they including the sugar tax
- 20. Regardless of income/housing status people will have healthy food
 - Make it easy for most impacted to access healthy food

Town Hall at Hamilton Recreation Center September 20, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Nutrition Education
 - What’s healthy and not
 - How to read nutrition labels
 - Workshops for TAY leaving home
 - Schools, rec centers, senior centers
 - Convenient and enticing



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- Offering childcare
 - Grocery giveaways
2. Health food in school
 - Tastes good
 - Homemade → not packaged, not pre-made
3. Healthy snacks
 - Have students inform the menu
 - Taste tests
4. Affordable healthy options
5. Work with communities over time, identifying why it is hard to change habits
 - Supportive dialogue
6. Tax corporations → fast food
7. Continue organized sports in and after school
 - Build confidence
 - “Hour (outside or exercise) a day” campaign
 - Like library, provide incentives
8. Faith-based
 - How to prepare healthy foods
 - Healthy food offering
 - Train to eat
 - Health professionals
 - Incentives
 - Gift cards
 - Kitchen tools
 - Chefs teach classes
 - Exposure to new food and seasonings
 - Support expansion
9. More affordable education/opportunities for young children
 - Talk to/educate to ECCD (pre-school) providers → providing healthy foods
10. Mobile grocery = healthy, out of ordinary foods
11. Cooking demos → new exciting techniques , tools (making pasta)
 - Cooking classes for middle school
 - Like at YMCA
 - Include the parents
 - Build into ‘back-to-school’
 - Community is part of a building
12. Education at work/jobsites about diabetes/chronic illness
13. Increase education opportunities for homeless, low-income
14. After-school care, linking to services that people need
 - Adult daycare
 - Transportation



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- Childcare
- Attending to surrounding needs
- 15. Access to healthy food
 - Utilize empty indoor space for farmer's markets
- 16. Expanding farmer's markets to neighborhood
- 17. Expand enrollment in Calfresh, WIC, etc
- 18. SHA (School Health Advisory SFUSD)
 - PSA Competition
 - Incentives = \$
- 19. SFUSD Youth
 - Advisory Board working with DPH
 - Ambassadors to peers/schools
- 20. Get out in the community
 - Schools
 - After-school
 - Projects
 - Hands on "soda research" on soda studies
 - Parks

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Urban Farming
 - Gardening education for youth
 - Incorporating into school curriculum
2. Increase refillable water stations with community
 - Lincoln School → 2 refillable water stations
 - Current perceptions of drinking water not being clean
 - Increase access to refillable water stations
 - Increase refillable water bottles
 - Refillable water station of Clement and 3rd
 - Installing in parks
3. Funding for food access issues
4. Funding to combat poverty
5. Programs for previously incarcerated
 - culinary courses
 - urban farming
6. Funding for evidence-based research
 - Targeting the decrease sugar consumption



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- Learn from counties that have decreased sugar consumption
- Build in funding for organizations to have evaluation of evidence or support initiatives that work
- 7. Youth programs
 - educational programs
 - tutoring – during or after school
- 8. Funding for community engagement
 - Outreach → town halls
- 9. Reaching folks that aren't aware/invested
 - Have schedule conflicts
 - Language barriers
 - Low income
- 10. Cooking classes for youth
 - School curriculum
 - After-school programs
- 11. Capturing data from groups that aren't disaggregated
 - Disaggregate data from particular communities
 - Subgroups may be more affected than others
- 12. Funding going towards most vulnerable groups
- 13. Advocacy group
 - Taxing corporations producing unhealthy food/drinks
- 14. Subsidizing healthy food lowers cost on healthy options
- 15. School food
 - Low quality increases funding for healthier foods, healthier options
 - How to prioritize healthy foods, organic options, dietary restrictions, how to prioritize making it more accessible to eat healthy
 - Serve school breakfast
 - Offer healthy options
 - Providing enough for meals
 - Providing space for studies, homework
- 16. Decrease in sugar in drinks being produced by the companies
- 17. JCYC youth groups
 - Has limited funding
 - Increase funding for healthy snacks and meals for after school programs and for other CBOs
- 18. Community kitchen
 - People can come cook their culturally relevant foods
- 19. Increase media awareness campaigns
 - Reach youth through social media
 - Teachers can give youth education on benefits of drinking water
 - Negative effects of sugar



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- Awareness that youth are drinking more soda than water
- 20. Eliminate sugary drinks in vending machines
- 21. Converting unused space to promote healthy options
 - Water fountains
 - Rooftop gardens
 - Community gardens
- 22. Awareness of disease risk of sugary drink consumption
 - Diabetes
- 23. Demonstrations on healthier carbonated beverages
 - Healthier carbonated alternatives
 - Showing people how to infuse water with flavor
- 24. Funding to present water in a more visually enticing way
- 25. Stop selling candy and soda in schools
 - Met with complaints
 - Forced people to choose healthier options
- 26. Working to do outreach to companies
 - To impact the food offered to employees

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Decrease in diabetes rates
2. Less soda in store
 - Decrease in soda consumption
3. Better food and affordable fresh food and veggies
 - Healthier foods in stores, more vegetables
4. Education on the negative effects of sugary drinks
 - Teach children that soda is bad for you
 - Educate people that sugar is in more than just soda
5. Healthier beverage options at events and in vending machines
6. Increase the overall awareness of healthy alternatives- get them excited through:
 - Speakers and role models
 - Ex: Warriors Player, Public Figure
 - Have a commercial with a celebrity
 - Show them how they eat healthy
 - Use influencers to talk to peers about healthy eating and drinking
7. Advertisements that show the joy and fun in making healthy choices
 - The images lean on healthy choices
8. Youth leadership around health
9. Incentives to encourage people to make healthy choices
 - Reusable water bottles



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10. Health insurance and health services to support people who have the diseases
11. Schools should offer fresh food
12. Better access to dental care
 - More people going to dentists, less sick days
13. In years to come, we see decrease in revenue from the taxes if children are more educated by their parents to eat and drink healthy
14. Decrease in sugary beverage sales and increase in healthy options
15. Decrease in diabetes and high blood pressure. Increase in healthiness:
 - Physical activities
 - Better health outcomes
16. Education and marketing, better and deeper way to educate on the implications
17. Health class- healthy eating
 - CBOs and FBO offer healthy eating
 - Collaboration facilitated by DPH
18. More PA and healthy eating
 - See people run more and eat healthy
 - Playing outside more
 - Learning more about the community
19. Word of mouth, soda costs too much
20. People actively seeking out healthy options
 - Ex: going out of your way to healthy food
21. Salad drive-thrus
22. Big stores don't sell soda, but they have alternatives that are healthy
23. Restaurant that makes food from scratch
 - Ex: food court
24. See people more healthy
 - Faster and stronger
 - Have more energy

Question:

1. Does DPH currently have plans to grant out funding plans to give the most in taxes, what is the mechanism?
2. How does DPH make sure funding going towards most vulnerable grant? The amount of tax revenue generated from that district

Town Hall at Betty Ann Ong. Rec. Center October 1, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. More health classes and promotion (more in Chinatown)
 - How to read nutrition labels





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- How to eat healthy
 - What type of food is most healthy
 - Best types of exercising
 - In church facilities
 - Cooking classes
 - Favorite food and health
 - Encouragement
 - Free give away
 - Have song about not drinking sugary drinks
 - Connect with summer sport program
 - Increase 1,000
 - Healthy snacks
 - Information about healthy food
2. Chinatown public health partners with church- life enrichment class
 3. CT YMCA = program for family SRO
 - Exercise activities
 - Cooking classes led by nutritionist
 - Over 500 families- only 60 families lack of funding
 4. NEOP C.P. increase funding
 - All funding ending (state funded)
 - Young mothers/ caretaking
 - Access point for whole family
 - Easier to change children when they
 5. Youth
 - Activity, physical
 - Bribe with activities
 - Go to park after class
 - Weekend field trips
 6. Incentive
 - Groceries to recreate recipe
 - Childcare at activities, but everyone comes back to eat at community
 7. Adult programs
 - By contract, orgs. Staff have to participate in training/seminars/science background nutrition
 - Zumba
 - Meal component
 - More training/ placement
 - Include health/wellness
 8. Create pipeline for learning/career options within health
 - Afterschool program/ CBO's
 - Internship within field and SEDC
 9. Healthy retail
 - Increased access to healthy foods
 10. ACCESS
 - DPH go to communities
 - Targeted outreach – programs that reach adults where they are
 - Places of employment



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- Casino
 - Culturally responsible cooking demos
 - Bring dish and have the nutritionist give healthy option
11. Address/ change what stores are selling
 12. Community ownership
 - Training of trainees
 - Peer- based workshops
 - Visible, project based learning about sugar consumption
 - Volunteers/retirees teach P.A. classes dancing
 - Tea dialogues
 - Cooking classes
 - Garden tea party
 13. Build activity into school learning- youth led link back to T.O.T idea
 14. Ed/ outreach at churches

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Access to water (safe drinking)
2. Daycare to help parents
3. Tutoring
4. Healthy retail spaces
5. Policy to change the ways organizations handle food and beverages
6. Have community organizations hire people from the community
7. Culturally/ethnically specific health education
8. Infrastructure-
 - is our city built for health (walking, eating well)- we have to drive, take a bus, the environment is not set up
9. Venue/space to be able to do physical activity
10. Living conditions are crowded
11. How to engage/outreach to people who are isolated?
 - “Asian meals on wheels”
12. Health education in the garden
13. Education when children are young
 - School district should have health education curriculum
14. Culturally appropriate colorful materials that are age appropriate
15. School and family and restaurants need to be educated
16. Get restaurants to use good oil
17. Leverage community organizations to partner and have all age groups + orgs that have good oversight
18. Also target restaurants
19. Community and state fairs
20. Promote “healthy restaurants in Chinatown”



Station #3: What would make you feel like SDDT has made an impact on your community?

1. Seeing less sugary drinks/ greasy food on students
2. Seeing more education on health offered to the community
 - Visuals of sugar amounts in products
 - Marketing health for younger people
 - More understanding WHY young people are drinking/eating sugar
 - Create culturally concurrent awareness
 - Measure impact with pre and post- community health changes
 - More comprehensive health information
 - Giving community a platform for their ideas and having it get to the people who will apply it
 - Funding/support to orgs. That are providing health education
 - Funding also for culturally localized outreach
 - This will increase awareness and attendance
 - Outreach through media (Chinese media)
 - More people will engage in taking surveys
3. Funding towards evaluations
 - Evaluate:
 - Eating habits
 - Disease/medical history
 - There are currently not much evaluations on these metrics
4. Family focused health intervention
5. Having kids involved in more health centered programs
 - Lower crime rates
6. Lower diabetes and heart disease rates
7. Taking sugary products off shelves
 - More healthy alternatives
 - Healthier markets
8. Change in what people buy at the store
9. Stronger anti-sugar ads
 - Different sources of media
 - Stronger ads (positive) for healthy options
 - More physical activity
 - Increased fitness
 - Lower BMI
10. See soda corps. Go out of business
11. Make soda fountains harder to access
12. Health options in vending machines
13. Community check-ins of the progress of SDDTC
14. More free access to healthy food
 - Free access to workout classes
15. Indicating what orgs./programs are receiving SDDTC funds



Cantonese Group

Station 1: What types of programs do you think DPH should fund and why?

1. More health and nutrition classes
 - o in Chinatown and churches.
2. Nutrition tips and classes
 - o label reading
3. Nutrition materials need to be attractive and colorful
 - o Exercise
4. Healthy cooking topics are very helpful
5. Chinatown public health center, life enrichment classes
 - o Have helped her tremendously in changing her shopping and dining habits.
 - o YMCA
6. Ruiz Yi Li SRO mentioned there are 500 SRO, weekly dinner, healthy foods, children program are important .
7. More media promotion to advocate for healthy eating changes
 - o Focus target populations
 - o General
 - o young parents and grandparents
 - o caretakers
8. Evaluation studies for Chinese eating habits and diet changes 'impact on their health'

Station 2. What would make you feel like SDDT has made an impact on your community?

1. Provide a platform for community to pass on ideas to city government
 - o So community can prosper
2. Environment in Chinatown is difficult for people to live in
 - o Funding to chinatown eg. For healthy nutrition classes, SRO programs for them to learn to cook nutritious foods
3. More health classes
 - o Colorful, attractive culturally appropriate nutrition resources.
 - o Small step changes,
4. Funding for evaluation of results
5. Increase in client engagement
 - o Currently there are limited resources
6. Family focused health education
 - o to include Restaurant channel
 - o clients lifestyle changes

Station 3. For the funding recommendations for community based grants, what is missing?

1. Age appropriate



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2. Culturally appropriate
3. Colorful materials development
4. Ethnic-specific nutrition interventions
5. Ethnic-specific physical activity interventions
6. Family education
7. Healthy restaurants
 - Introduce programs
 - Restaurant to restrict the use of carcinogenic oil
8. YMCA:
 - Leverage community funding to support to all age groups and different community groups, strategies to include healthy eating.
9. Important to participate in Community cultural fairs
10. Funding for evaluation of Chinese eating habits and health disparities
 - Prevalence of pre-diabetes and diabetes over 50 % in Chinese community.



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Recommendations submitted from SF Marin Food Bank to SF DPH by email, received October 1, 2018:

FOOD BANK RECOMMENDATIONS

Food Access

1. Invest in facilities (food storage, manufacturing, distribution and office space), equipment and systems/technology for community-based organizations in a key position to expand distribution of nutritious food to SSDTAC target populations. To use the Food Bank as an example:
 - a. The San Francisco-Marín Food Bank believes they are serving less than half of the need in the county and with rising inequality, increased stigmatization and reduced access to federal food assistance programs, people are more food insecure than ever
 - b. The Food Bank is currently providing a broad range of foods through more than 210 volunteer staffed weekly food pantries to over 30,000 diverse, SSDTAG targeted households, many of whom don't access traditional social services.
 - c. 60% of the 42M lbs of food the San Francisco-Marín Food Bank distributes annually in San Francisco is free, fresh, seasonal produce.
 - d. The Food Bank is currently over its storage and distribution capacity and needs community support to expand its facility, refrigeration, fleet and technology in order to distribute more healthy donated food. The Food Bank is looking for support to grow its capacity and ultimately increase annual food distribution from 50 to 75M lbs annually.
2. Increase utilization of and collaboration between public and private food assistance programs, which will increase availability of healthy food to SSDTAC target populations
 - a. Develop marketing/advertising campaigns and outreach efforts to overcome demagoguery as well as pride, stigma, and outdated perceptions about CalFresh, WIC, school meals, food pantries and free meal programs that are barriers to accessing public and private food assistance programs. Recent challenges include the timing out of CalFresh eligibility waivers for able bodied adults without dependents and the recent Trump Administration proposed rule making CalFresh participation eligible as a public charge consideration. An upcoming opportunity is the recent historic state legislation making 42,500 low-income San Francisco residents receiving SSI/SSP eligible for the CalFresh program starting in the summer of 2019. In other states, typically 60-70% of SSI recipients receive SNAP benefits, which would mean 25-30,000 SSI recipients in San Francisco could receive over \$33M worth of CalFresh benefits annually. These benefits would leverage economic activity in the community, generating income for San Francisco government and retail employees and profits for businesses impacted by the Soda Tax.
 - b. Invest in sourcing and distributing an even greater variety of donated fresh seasonal produce and other healthy foods through private community-based organizations serving SSDTAC targeted populations
 - c. Facilitate and invest in further in-reach between targeted public assistance programs (CalFresh, School meals, Medi-Cal...) to increase enrollment in food assistance programs
 - d. Conduct research to measure food security and public and private food assistance program utilization in order to identify service gaps in target populations



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- e. Study key food assistance providers to identify systemic barriers to growth in public and private food assistance programs
- f. Invest in technology to improve outreach, referral and enrollment ease and collaboration between public and private food assistance programs
- g. Expand/develop welcoming and accessible neighborhood-based hubs/dedicated spaces as “one-stop-shops” for supplemental groceries, social and health services, education, information and referrals and application assistance for multiple benefits
- h. Expand social and public health services offered at a variety of pre-existing food assistance programs to tap into the diversity of low-income populations utilizing food assistance programs, but underutilizing traditional social and public health services
3. Increase collaboration between public and private healthcare providers, nutrition and health educators, and food assistance programs to improve food security and health outcomes, such as:
 - a. Invest in outreach/marketing to healthcare institutions and clinicians to screen patients for food security and to refer and enroll them in food assistance programs as needed
 - i. Ensure healthcare institutions have the tools and training they need to perform efficient on-line food assistance program screening, referral, and enrollment
 - b. Screen food assistance program participants for chronic diseases and refer to healthcare and education opportunities
 - c. Support specialized chronic-disease appropriate ongoing food pantry menus and medically tailored grocery and meal programs
 - d. Expand Food Pharmacy availability and programming to target more populations with additional preventable conditions like diabetes, hypertension, etc. for short-term food and education interventions
 - i. Offer more in-depth healthy lifestyle education curricula
 - ii. Expand menu to include additional healthy products
4. Support advocacy at the state level to improve the efficiency and effectiveness of California’s CalFresh program to increase utilization in San Francisco

Nutrition Ed

1. Expand support for current/add new nutrition education initiatives targeted to SSDTAC populations
2. Integrate nutrition education with food access, health interventions and CHOW’s
3. Expand other collaborative efforts that combine nutrition/health education with other complementary services, such as mental health, vocational training, food pharmacies and school-based education programs.



December 7, 2018

Sugary Drinks Distributor Tax Advisory Committee
Ms. Christina Goette
Community Health Equity and Promotion
25 Van Ness Ave., Ste. 500
San Francisco, CA 94102

Dear Sugary Drinks Distributor Tax Advisory Committee:

I am writing to urge you to allocate Sugary Drink Distributors Tax funds in support of the distribution of healthy food at Family Resource Centers in San Francisco.

First 5 San Francisco is the public entity responsible for administering our county's tobacco tax and invests these public funds in community services to impact social and health outcomes for families with children ages birth through five. Because 90 percent of brain development occurs before the age of five, we advocate for early childhood policies that will help children and families thrive.

First 5 funded services are solely dependent on tobacco taxes and by 2020, we project that state tobacco tax collections will be less than half their peak in 2000. We view this as a win for public health policy. However, this declining tax revenue comes at a time when there is great unmet need, and our work is far from over: in San Francisco, alarmingly, fewer than two-thirds of our incoming kindergarteners demonstrate necessary academic and social skills that lead to reading and math proficiency by 3rd grade.

First 5 San Francisco has published several kindergarten readiness reports over the past decade highlighting areas of concern that disproportionately and consistently demonstrate racialized outcomes: 1) childhood obesity remains a serious public health threat; and 2) increases in food insecurity are significantly impacting children's ability to be kindergarten-ready.

To reverse these outcomes, we must work collaboratively with our county departments, school district, and community-based organizations to provide opportunities and resources to our vulnerable populations. This is why we are excited to learn that the Department of Public Health, as one of its goals for the SDDT, aims to support access to healthy and nutritious food.

First 5 San Francisco, the Department of Children, Youth and their Families, and Human Services Agency jointly invest in 26 neighborhood-based Family Resource Centers (FRCs). The FRCs provide comprehensive family support programming that aims to improve and strengthen families' ability to support their children's lifelong success.

One key activity at FRCs is a food bag distribution system, an important component to a food safety net that remains severely under-funded. Each week, FRCs distribute more than 1,000 bags (about 48,500 bags a year) of healthy food to needy families. This food distribution system includes fruits and vegetables and provides families opportunities to engage with cooking classes promoting nutrition. We recognize in order to impact childhood obesity and food insecurity, we must address a combination of structural inequities and environmental conditions that impede healthy living.

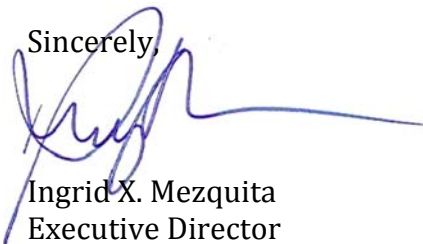
The FRCs are eager to provide families with much needed information and resources about healthy food options. However, many FRCs report that food bag distribution is resource-intensive and requires a cadre of staff and volunteers to coordinate. These efforts are currently undertaken without direct financial support for this purpose. Consequently, only a third of the FRCs sites participate in food distribution.

Food distribution at Family Resource Centers also increases the ability for families to access an array of other needed resources and supports, such as parenting activities, case management, and child development/school success activities. This relationship is formed with families via the food distribution, which helps bridge services and impacts longer term outcomes. Several FRCs provide services to individuals while they wait in line for a food bag.

We believe prioritization of SDDT short term unexpended funds and an ongoing baseline allocation makes sense for San Francisco children and families and urge your support.

We are your county partners in this effort and can present our findings to your group and provide additional information. Feel free to reach out should you have any questions about this proposal.

Sincerely,



Ingrid X. Mezquita
Executive Director



January 22, 2019

Sugary Drinks Distributor Tax Advisory Committee
Ms. Christina Goette
Community Health Equity and Promotion
25 Van Ness Ave., Ste. 500
San Francisco, CA 94102

Dear Sugary Drinks Distributor Tax Advisory Committee:

At your January 16, 2019 meeting, you heard public comment on how important weekly food pantries at Family Resource Centers (FRCs) are in assisting families in San Francisco. Food pantries associated with the First 5 San Francisco's FRC Initiative distribute 1,400 bags of food each week – 64,000 food bags each year. These efforts do not have dedicated funding support – creating a gap in our food safety net system. **The FRCs need \$500,000 annually to support a basic need in our City and urge you to allocate these funds from the Sugary Drinks Distributor Tax.**

Throughout the testimony, staff and families detailed how food pantries at FRCs facilitate social and service connections for families – breaking social isolation and providing access to other resources, parenting, child development and other social service supports.

Family resource centers with food pantries are City-approved grantees selected through competitive bidding with multi-year awards in 2017. San Francisco residents consistently request city resources and services to be coordinated amongst departments to alleviate navigation complexities. This process would allow our departments to use a prior procurement as a sufficient basis for awarding the requested funds, with First 5 San Francisco acting as a conduit to grantees. First 5 has current inter-agency agreements with the Department of Children, Youth and Their Families and the Human Services Agency to co-fund the FRCs, and our online grant management system generates data to meet accountability and/or reporting requirements associated with the use of Sugary Drinks Distributor Tax.

I am happy to answer any questions you may have about the interagency agreement, grant contracting or monitoring practices of First 5 San Francisco. If needed, we can also meet with the Mayor's Budget Office to implement this approach. Feel free to reach me at (415) 437-4649 to further discuss these issues.

Sincerely,

Ingrid X. Mezquita
Executive Director