

File No. 170970

Committee Item No. 5

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 13, 2017

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
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Completed by: Derek Evans

Date September 8, 2017

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Seat # or Category (If applicable): Seat 1, 2, or 3 District: 5

Name: Ryan Thayer

Home Address: [REDACTED] Zip: 94117

Home Phone: [REDACTED] Occupation: Lead Community Organizer

Work Phone: 415-358-3962 Employer: Tenderloin Neighborhood Development Corporation

Business Address: 201 Eddy Street SF, CA Zip: 94102

Business E-Mail: Rthayer@tndc.org Home E-Mail: [REDACTED]om

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a sixth generation San Franciscan who has worked to build relationships, coalitions and alliances throughout the diverse neighborhoods of the City. I worked as a youth advocate and organizer in the Excelsior, in an after school program in the Richmond, and as a community organizer in the Tenderloin. I have a strong record of speaking on behalf of the communities I have worked directly with to help shape public policy in order to address social inequities. I have worked with some of San Francisco's most vulnerable populations in order to help them address issues they see as directly impacting their lives. I am familiar with the needs of such diverse communities and have strong relationships with a number of community based organizations and city agencies working on behalf of San Francisco's vulnerable populations.

Business and/or professional experience:

For over five years I have been working as a community organizer with Tenderloin Neighborhood Development Corporation to develop a comprehensive food justice program. I also am a member of the SF Food Security Task Force. In 2012, I oversaw the expansion of our urban agriculture program from the TL People's Garden at Civic Center Plaza to include four rooftop gardens. As a founder and Co-Coordinator of the Tenderloin Healthy Corner Store Coalition I have assisted with developing local leadership of 7 resident Food Justice Leaders to assess over 50 of the corner stores in the Tenderloin over the past 5 years. We have worked corroboratively with the Food Guardians in the Bayview to develop the Healthy Retail SF Program that has nine healthy corner stores throughout San Francisco. We have also converted 5 stores in the Tenderloin and 8 stores city-wide into healthy retailers. I have a strong history of civic engagement and leadership development. I have worked with city officials to develop policies that promote food access and equity for under-served communities.

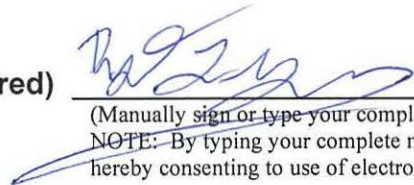
Civic Activities:

In 2014 I worked with Supervisor Mar in shaping the 'soda tax' ballot measure to ensure health equity. I have worked to organize community members and to advocate for a number of public policies that promote equitable access to housing, healthcare, jobs, and nutritious foods for some of San Francisco's most marginalized community members. I have advocated for an equitable city budget as a member of the SF Food Security Task Force. I have organized hundreds of our residents to become connected to a local food system by developing leadership training programs in order to train residents as peer educators. I recently obtained a Master of Arts in Urban Affairs from the University of San Francisco. My thesis provided policy recommendations to support a local food justice economy that provides workforce development opportunities for low-income people while increasing access to healthy and affordable foods for food insecure populations.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 6/23/2017 Applicant's Signature: (required)


(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

I have designed and implemented a number of community based participatory research projects related to food consumption habits for Tenderloin residents. I have supervised various engagement and data collection methods including survey, focus groups, and other means to elevate the voices of community members.

2. Please describe your experience in early childhood nutrition education, if applicable.

I have coordinated with service providers to attend community events that we have hosted. I do not have direct experience in this area.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary drinks are typically the cheapest beverage, which heavily impacts consumption rates for low-income people who, as a result, share a heavy health burden with higher rates of chronic disease. Through my work with the TL Healthy Corner Store Coalition, we witness the predatory marketing tactics these industries use to manipulate behaviors in low-income communities like the Tenderloin.

4. Please describe your experience in community-based outreach.

I am an experienced community organizer and have excelled in strengthening community leaders throughout San Francisco. Over the past 5 years and under my supervision our resident food justice leaders have engaged over 4,000 community members in the Tenderloin.



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(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): _____ District: _____

Name: Dean Schillinger MD

Home Address: [REDACTED] Zip: 94118

Home Phone: [REDACTED] Occupation: Public health physician

Work Phone: 415 206-8940 Employer: UCSF @ SFGH

Business Address: Ward 13 SF General Hospital 1001 Potrero Ave SF CA Zip: 94110

Business E-Mail: Dean.Schillinger@ucsf.edu Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have been a primary care physician at SF General Hospital for over 25 years, and am Professor of Medicine at UCSF and Chief of the Division of General internal Medicine at SFGH, and founder of the UCSF Center for Vulnerable Populations at SFGH. I am of Latino descent. I have lived in San Francisco since 1991 and have actively participated in battling the epidemics of AIDS in SF and now type 2 diabetes, as a clinician, as a public health leader, as an advocate and as a community member. My 3 children have all attended SFUSD schools (Buena Vista-Horace Mann K-8) and I am actively involved in school well-being initiatives. I co-founded the diabetes prevention campaign, The Bigger Picture (www.thebiggerpicture.org), along with Youth Speaks--an innovative project that harnesses the powerful voices of SF's minority youth to change social norms and activate young people to become agents of change regarding the social, economic and environmental drivers of type 2 diabetes.

Business and/or professional experience:

Dean Schillinger, M.D. is UCSF Professor of Medicine in Residence and a primary care physician at Zuckerberg San Francisco General Hospital (ZSFG). He serves as Chief of the UCSF Division of General Internal Medicine at ZSFG and directs the Health Communications Research Program in the UCSF Center for Vulnerable Populations. Dr. Schillinger served as Chief Medical Officer for the Diabetes Prevention and Control Program for California from 2008-13. In 2016, he founded and directs the Special Populations initiative of the UCSF Clinical and Translational Sciences Institute, whose overarching objective is to enhance the quality and quantity of translational research involving under-represented groups, e.g. socially vulnerable populations, pediatric populations, and geriatric populations. He previously directed the ambulatory care clinics at ZSFG. He co-directs a national course on Medical Care of Vulnerable and Underserved Patients. He has focused his research on health communication for vulnerable populations, carrying out a number of studies exploring the impact of limited health literacy on the care of patients with diabetes and heart disease. He has been awarded grants from NIH, AHRQ, CDC and private foundations to develop and evaluate care management programs tailored to the literacy and language needs of patients with chronic disease and has published over 170 peer-reviewed scientific articles in the field of health communication science. Dr. Schillinger contributed to the 2004 IOM Report on Health Literacy and authored a 2012 IOM Publication defining the attributes of Health Literate Healthcare Organizations. He was honored with the 2003 Institute for Healthcare Advancement Research Award, the 2008 Research Award in Safety and Quality from the National Patient Safety Foundation and the Bay Area Research Mentor of the Year Award in 2010 and the 2016 Institute for Health Policy Career Mentoring Award. In 2013, he received the Everett M Rogers Award from APHA in recognition of his lifelong contributions to advancing the study and practice of public health communication. He co-created a youth-led diabetes prevention social media campaign called The Bigger Picture Campaign, <http://thebiggerpicture.org/> which received the 2014 Latino Coalition for a Health California Award for Youth Leadership and the Spirit of 1848 Social Justice Award from the American Public Health Association (APHA). In 2016, he was awarded a James L Irvine Leadership Award for his innovative work in California to improve public health literacy and address the epidemic of Type 2 diabetes. Dr. Schillinger has been instrumental in local public health regulation of sugary drinks, and served as the scientific expert for the City and County of San Francisco in defense of a lawsuit filed in Federal Court by the American Beverage Association for an injunction against the City's ordinance to mandate health warning labels on billboards advertising sugary drinks.

Civic Activities:

I have provided extensive service to the City and County of San Francisco for its efforts to curb the diabetes epidemic through the curtailing of sugary sweetened beverage consumption. Among other activities, I served as the scientific expert for the City and County of San Francisco, providing a scientific report in defense of a lawsuit filed in Federal Court by the American Beverage Association for an injunction against the City's ordinance to mandate health warning labels on billboards advertising sugary drinks. In 2016, the San Francisco Chronicle highlighted my medical advocacy work related to diabetes prevention and control in a front page article, <http://www.sfchronicle.com/bayarea/article/Doctor-fighting-S-F-diabetes-epidemic-backs-soda-7224764.php>. I have also served the people of the CCSF by directing the Richard H Fine People's clinic at SF General Hospital, which cares for 8,000 of the city's most medically complex patients, and by directing clinical operations for the Department of Medicine at SFGH. Outside the health care arena, I have served as a literacy instructor in the SF Unified School District and have directed statewide efforts to promote literacy advancement as an important public health objective for the state of California, in my capacity as a co-founder of the California Health Literacy Initiative. I have previously partnered with New America Media to develop an ethnic media physician outreach program based on a partnership between SFGH, Adult ESL elder learners, and local ethnic media outlets, and co-developed a Type 2 Diabetes prevention campaign utilizing social media messages/PSAs targeting minority youth, entitled The Bigger Picture (www.thebiggerpicture.org). We recently hosted a statewide poetry slam involving 200 minority youth from 8 regions in the state of California, where poets presented their new works for the campaign. In my capacity as Chief of the Diabetes Prevention and Control Program, I served the people of the state of California and the CA Department of Public Health to reduce the burden of diabetes on California's diverse population.
SUPPLEMENTAL QUESTIONNAIRE IS ATTACHED UNDER SEPARATE COVER.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 6.28.17 Applicant's Signature: (required) Dean Schillinger MD

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Supplemental Questionnaire:

Dr. Schillinger is a leading scientific and public health expert on the root causes of the global diabetes epidemic and has been instrumental in engaging the scientific community in the critical policy discourse related to the dangers of unmitigated added sugar consumption. Because of his diabetes public health expertise, he served as the scientific expert for the City and County of San Francisco in the successful defense of a lawsuit filed in Federal Court by the American Beverage Association for an injunction against a city ordinance to mandate health warning labels on billboards advertising sugary drinks. As a result of the City's successful defense, the first sugary drink warning label law in the world will go into effect in 2017 (1) requiring health warnings on advertisements for sodas and other sugary drinks (2) banning such advertising on city property and (3) prohibiting the city from spending money on sugary drinks. Dr. Schillinger has recently authored a number of widely-read original investigations as well as influential public health policy pieces in the *Annals of Internal Medicine* and *JAMA* that describe how the sugary beverage industry has been manipulating disparate elements of the scientific process to undermine scientific claims of their products' health consequences and to create controversy regarding the scientific basis for placing dietary limits on added sugars. To directly engage the affected communities in the emerging crisis of Type 2 diabetes in America's children, Dr. Schillinger co-created a minority youth-led public health literacy campaign to prevent diabetes that employs social media and spoken word, *The Bigger Picture* (<http://www.thebiggerpicture.org/>), which was highlighted at a 2013 IOM Health Literacy Policy Roundtable event and was awarded the Spirit of 1848 Award from the American Public Health Association in 2014. An innovative marriage of Public Health and the Arts, *The Bigger Picture* has been evaluated by his team, and results demonstrate its positive impacts on minority youth and youth stakeholders. *The Bigger Picture* campaign has had >1.5 million views to date, has been adopted by 3 California counties for their initiatives to reduce sugar-sweetened beverage consumption, and was influential in the passage of sugary drink taxation policies in 4 Bay Area municipalities through its engagement of minority voters. In 2016, Dr. Schillinger received the prestigious James Irvine Leadership Award of California for his groundbreaking work in advancing the public health literacy of Californians with respect to the diabetes epidemic.

There are tremendous disparities in the burden of type 2 diabetes in the US. As seen in Table 1, minority groups have >2x the prevalence of diabetes. Public health statistics also show much higher rates of complications (blindness, kidney failure, amputations, and death from diabetes).

Table 1. Weighted Diabetes Prevalence per 100 Adults Aged 20 Years or Older in the US General Population Using Hemoglobin A_{1c} Level, Fasting Plasma Glucose Level, or 2-Hour Plasma Glucose Level to Define Diabetes, 2011-2012

	Total No.	No. With Diabetes*	Total Diabetes Prevalence, % (95% CI) ^{b,c}	P Value ^d	Diagnosed Diabetes		Undiagnosed Diabetes ^f		% of Total Diabetes Cases, (95% CI) ^g	P Value ^d	Prediabetes Prevalence, % (95% CI) ^{h,i}	P Value ^d	Body Mass Index, Mean (95% CI) ^j	P Value ^d
					Prevalence, % (95% CI) ^k	P Value ^d	Prevalence, % (95% CI) ^k	P Value ^d						
Overall prevalence ^l	2623	971	14.3 (12.2-16.8)		9.1 (7.8-10.6)		5.2 (4.0-6.9)		35.4 (30.5-42.7)		38.0 (34.7-41.3)		28.7 (28.3-29.2)	
Age group, y														
20-44	998	139	5.0 (3.8-6.7)		2.7 (2.0-3.6)		2.4 (1.6-3.6)		47.0 (37.1-57.0)		28.2 (24.4-32.4)		28.1 (27.6-28.6)	
45-64	964	432	17.5 (14.4-21.0)	<.001	11.6 (9.5-14.0)	<.001	5.8 (4.0-8.5)	<.001	33.5 (25.0-43.3)	.08	44.9 (37.6-52.4)	<.001	29.5 (28.8-30.3)	.007
≥65	661	400	33.0 (27.1-39.4)		21.3 (18.1-24.9)		11.6 (8.3-16.1)		35.3 (28.8-42.4)		49.5 (43.4-55.6)		28.5 (27.7-29.2)	
Sex														
Male	1334	495	15.4 (13.2-17.9)	.20	9.9 (8.9-11.0)	.15	5.5 (3.8-7.9)	.69	41.3 (33.2-49.9)	.95	40.1 (35.6-44.8)	.13	28.5 (28.1-29.0)	.07
Female	1289	476	13.8 (11.4-16.6)		8.7 (7.1-10.8)		5.1 (3.7-6.9)		38.5 (29.0-49.1)		35.9 (32.0-39.9)		28.9 (28.4-29.4)	
Race/ethnicity ^l														
Non-Hispanic														
White	948	279	11.3 (9.0-14.1)		7.5 (6.2-9.1)		3.8 (2.3-6.1)		32.3 (22.0-44.8)		38.2 (33.6-42.9)		28.4 (27.8-29.0)	
Black	676	323	21.8 (17.7-26.7)	<.001	14.9 (13.0-17.0)	<.001	7.0 (4.6-10.5)	.004	35.8 (27.5-47.1)	.009	39.6 (33.5-46.0)	.18	30.8 (30.2-31.3)	<.001
Asian	369	125	20.6 (15.0-27.6)		10.0 (7.2-13.9)		10.6 (6.9-15.7)		50.9 (38.3-63.4)		32.2 (28.3-36.4)		24.6 (24.1-25.1)	
All Hispanic	561	219	22.6 (18.4-27.5)		12.5 (9.5-16.2)		10.1 (7.8-13.0)		49.0 (40.8-57.2)		36.8 (32.1-41.7)		29.7 (29.2-30.1)	
Mexican American	282	105	23.8 (19.1-29.2)		14.4 (10.7-19.2)		9.4 (6.9-12.7)		48.1 (42.6-53.6)		38.0 (30.7-46.0)		30.2 (29.4-31.0)	

* Unweighted total number of cases of diabetes.

^b The overall total and age group results are unadjusted. The sex and race/ethnicity data were age standardized to the overall 2011-2012 National Health and Nutrition Examination Survey interview population using the age groups of 20-44 years, 45-64 years, and 65 years or older. The relative standard error for each estimate was less than 30%, indicating good precision.

^c Includes both diagnosed and undiagnosed cases of diabetes.

^d Calculated using the F test.

^e Based on self-report of a previous diagnosis by a physician or other health professional.

^f Based on level of hemoglobin A_{1c} of 6.5% or greater, fasting plasma glucose level of 126 mg/dL or greater, or 2-hour plasma glucose level of 200 mg/dL or greater.

^g Based on level of hemoglobin A_{1c} of 5.7% to 6.4%, fasting plasma glucose level of 100 mg/dL to 125 mg/dL, or 2-hour plasma glucose level of 140 mg/dL to 199 mg/dL.

^h Calculated as weight in kilograms divided by height in meters squared.

ⁱ Unless otherwise indicated.

^j Sixty-nine participants self-reported as "other" and their data are not included for this variable; however, their data are included for the other variables.

In California, we observe tremendous disparities in diabetes, not only by race/ethnicity, but by income and education.

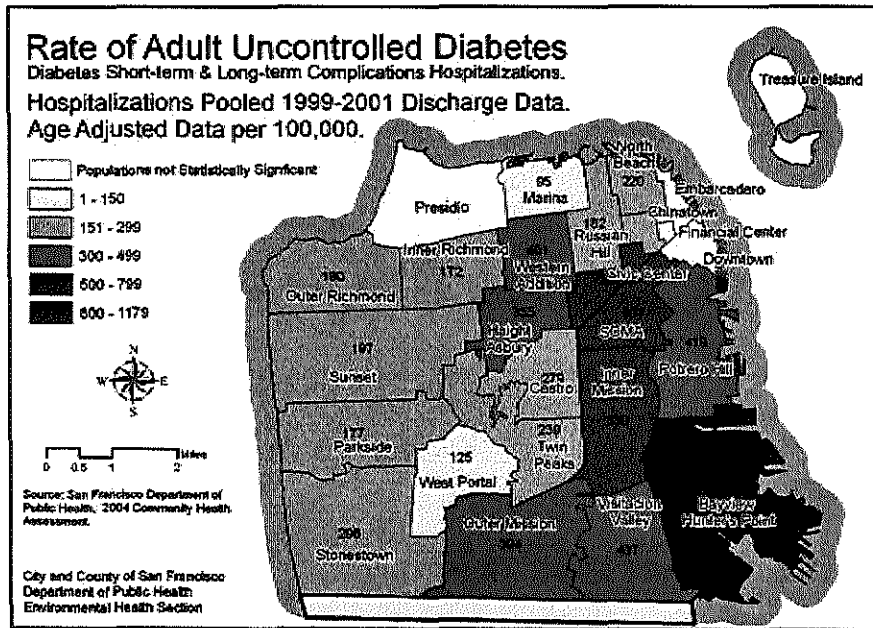
Family Income as Percent of Federal Poverty Level	Diabetes Prevalence		
	2001 %	2007 %	Percentage Point Change 2001 to 2007
Below 100% FPL	8.5*	10.0*	+1.5**
100-199% FPL	7.7*	11.3*	+3.6**
200-299% FPL	7.1*	9.8*	+3.0**
300% FPL and Above	4.6	5.7	+1.1**
Education			
Eighth Grade or Less	10.4*	14.8*	+4.4**
Some High School	8.3*	9.6*	+1.3
High School Diploma	5.8*	8.2*	+2.4**
Some College	6.3*	7.8*	+1.5**
College Graduate or Higher	4.2	5.1	+0.9**
Years Lived in the U.S. (Foreign-Born Only)			
Less Than 10 Years	3.1*	3.2*	+0.1
More Than 10 to 14 Years	4.1*	5.2*	+1.1
15 Years or More	8.0	11.2	+3.2**
All Adults	6.2	7.8	+1.6**

* Indicates significantly different from 300% and Above; College Graduate or Higher; 15 Years or More; p<0.05.
 ** Indicates significantly different from 2001, p<0.05.

Note: In 2007, the Federal Poverty Level was \$13,540 for a family of two and \$21,293 for a family of four.
 Source: 2001 and 2007 California Health Interview Surveys

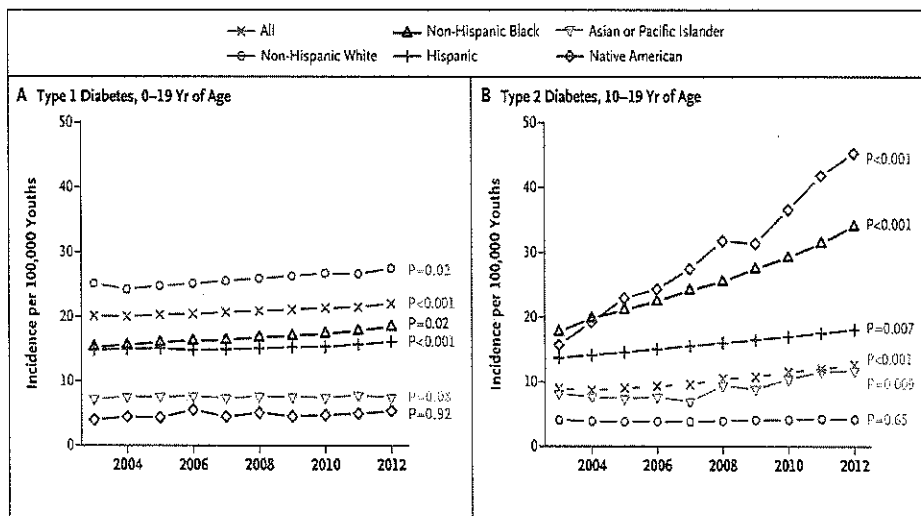
These disparities are also found in San Francisco. In addition, in SF, there is also tremendous geographic maldistribution of the burden of diabetes, with the epidemic hitting the Southeast quadrant of the city hardest (see map). Some neighborhoods have a 10-fold higher rate of diabetes related hospitalizations for complications compared to other neighborhoods.

Figure 1.



As income inequality in SF reaches its all-time high, public health statistics reveal disturbing trends showing deteriorating health of vulnerable populations, especially in youth. We define the construct of vulnerable populations in socio-epidemiologic terms: those sub-groups of the general population who are exposed to a *greater risk of risks* as a result of economic, social, cultural, geographic, historical, and political forces, resulting in disproportionately higher rates of preventable conditions. Youth from vulnerable groups (low income, African-American, Latino, Asian American/Pacific Islander subgroups) have a particular susceptibility to these risks because they have less control of their environments and risk-taking can be a defining developmental characteristic. For example, type 1 diabetes (a non-preventable disease reflecting genetic susceptibility and absent socio-environmental drivers), rates have been relatively constant. For type 2 diabetes (an acquired, preventable condition reflecting a complex mix of possible genetic susceptibility, but known social and environmental drivers), we not only see the emergence of this older person's disease in all racial and ethnic minority youth ages 0-19, while white youth show no change (Figure 2).

Figure 2. Diabetes Incidence Estimates in Youth 0-19 yrs, for Type 1 and Type 2 Diabetes, by Race/Ethnicity



Advances in understanding of the neurobiology of developing youth brains, and advances in cognitive and behavioral science³, demonstrate that this developmental stage is a time of unique susceptibility to health-threatening and health-promoting influences, be they from peers and social networks; social media; mass media; entertainment media; or marketing or retail environments. The period of childhood and adolescence can determine exposures over the life-course and is an ideal time to lower disease risk. I look forward to continuing to serve the City and County of San Francisco by working to reduce the risk of type 2 diabetes in our youth and young adults.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory

Seat # or Category (If applicable): Vacant Seat #1, #2, or #3 District: District 9

Name: Vanessa Bohm

Home Address: [REDACTED] Zip: 94110

Home Phone: [REDACTED] Occupation: Nonprofit - Director of Programs

Work Phone: (415) 872-7460 Employer: Central American Resource Center

Business Address: 3143 Mission Street, San Francisco, CA Zip: 94110

Business E-Mail: vanessa@carecensf.org Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am applying to the Sugary Drinks Distributor Tax Advisory Committee as a representative of the nonprofit organization, the Central American Resource Center and as a representative of the Chicano Latino Indigena Health Equity Coalition (CLI), a coalition of over 10 nonprofit organizations in San Francisco that provides services to the Latino community of San Francisco and which are committed to addressing health disparities and improving health outcomes. For over 30 years CARECEN has served the Latino, immigrant, and low-income communities of San Francisco by providing direct services and advocacy to empower and help improve the lives of the members of the community. Carecensf.org

Business and/or professional experience:

I bring to the advisory committee over 15 years of experience working on racial and ethnic health equity issues, particularly as they relate to the Latino and immigrant communities. I have a graduate degree in Ethnic Studies from San Francisco State University, where I studied and researched social inequalities faced by the Latino, African American, Native, and Asian American communities living in the U.S. As part of this work I gained expert knowledge in health disparities affecting minority and marginalized populations. I've used my academic training to support local health projects, including the San Francisco State University and UCSF collaboration, Clinica Martin Baro, a community based clinic serving low-income and uninsured San Franciscans in the Mission District. At Clinica Martin Baro I worked directly with

Civic Activities:

My engagement and involvement in civic activities includes, taking an active role in creating awareness and support in the Latino immigrant community for the campaign to promote a tax on sugar sweetened beverages, which was successfully passed last year; voting in local elections and participating in public comments during public meetings dealing with issues I care about. In addition, I have advocated with local Board of Supervisors to address concerns from the Latino immigrant community and the community in which I live. This has included inviting Board of Supervisors and their aids to participate in community dialogues, visit community programming, and take part in key community events. I have addressed issues of community safety, health access issues, immigrant barriers and immigrant rights.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 6/28/17 Applicant's Signature: (required) Vanessa Marie Bohm

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

My graduate studies included investigating health disparities in the Latino immigrant community, including access to care & chronic diseases. For over 6 years I have also managed & evaluated public health programs & interventions at CARECEN, including a community health worker & after school exercise program, with the goal of improving health strategies and outcomes related to rates of diabetes, obesity, and poor oral health.

2. Please describe your experience in early childhood nutrition education, if applicable.

As the director of CARECEN's Health Promotion Program, I have worked on developing health curriculum that incorporates nutrition information that is science informed, evidence based, and relevant to the developmental needs of children and youth, including children birth to 5 years. Through this work I have partnered with UCSF to implement trainings on the importance of prenatal nutrition and breast feeding.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary drinks impact communities of color

disproportionately. Statistics show that Latino youth along with African American and Asian youth consume greater amounts of sugary drinks. In addition, soda companies disproportionately target minority children, youth and families. The higher rates of sugary drinks consumption has played a role in the high rates of diabetes, obesity, overweight, early childhood cavities, and other chronic diseases in these communities.

4. Please describe your experience in community-based outreach.

I have over 15 years of experience conducting

community based outreach, particularly targeting the Latino immigrant community. My experience ranges from providing direct outreach to community members through fairs, forums, community based presentations and other community based events, recruiting community members for focus groups, and training community members to conduct community based outreach and workshops.

Joint Health Equity Coalition of San Francisco
(African American Community Health Equity Council, Asian Pacific Islander Health Parity Coalition, Chicano/Latino/Indigena Health Equity Coalition)

July 5, 2017

To the Honorable members of the Sugary Drinks Distributor Tax Advisory Committee

Re: Applications for Seats One, Two, and Three

Dear Supervisors Safai, Fewer, and Yee:

We are writing on behalf of the Joint Health Equity Coalitions of San Francisco. We represent the unity of three coalitions who have organized our collective resources and communities to eliminate health disparities that disproportionately burden our communities. The three coalitions we represent are the African American Community Health Equity Council (AACHEC), the Asian Pacific Islander Health Parity Coalition (APIHPC) and the Chicano/ Latino/ Indigena Health Equity Coalition (CLIHEC). These three groups each represent dozens of large and small community-based organizations, community-based clinics, health professionals, and community members and leaders. We organized each of these coalitions about a decade ago, in partnership with San Francisco Department of Public Health (SFDPH) leadership in order to leverage our community-based leadership and resources to help the City of San Francisco in its efforts to improve health in the communities we represent and serve.

In 2010, we joined the San Francisco Health Improvement Partnership (SFHIP) to further these efforts, deepening our partnerships with SFDPH, and joining UCSF and SF's hospitals—among other key health leaders—to jointly assess community health, prioritize health needs, as well to collaboratively set strategy and implement solutions. As you may already know, African Americans and Latinos in SF experience the highest rates of diabetes and obesity. African American and Latino teens represent the demographic with the highest rates of consumption of sugary drinks. Asian youth consumption of sugary drinks is on the rise, and some sub-groups, like Filipinos and Samoans also have some of the highest rates of diabetes and obesity. As UCSF scientists and SFDPH staff have helped us understand, communities of color are also targeted more heavily by the sugary drinks industry for marketing of their products. In 2013-2014, we helped develop and implement organizational and City policy for the reduction of consumption of Sugar Sweetened Beverages (SSB), with some of our members joining in advocacy for the 2014 Soda Tax policy proposal. We joined SFHIP and the Shape Up San Francisco Coalition partners to collaboratively implement a City-wide strategy for education and policy to reduce SSB consumption in SF from 2015-2016. This resulted in tremendous progress on these fronts, including:

- The adoption of SSB policies at 7 organizations, including UCSF system-wide, Zuckerberg SF General Hospital, and Dignity Health's 2 SF hospitals

- 9 Community Health Outreach Workers trained in SSB education; 3115 community residents participated in 25 workshops and SSB education events
- 4 City policies on SSB developed and passed, including the Soda Tax
- 19 new water-bottle filling stations installed in the public realm; 34 in SFUSD school sites

Each of our coalitions leveraged existing Community Health Worker programs to partner with the SFPUC and UCSF scientists to develop community education materials in English, Spanish and Chinese. This represents the first San Francisco-wide effort to deliver community-based health education on SSBs in multiple languages, and using peer education approaches. This augmented education in the SFUSD as part of this year-long initiative. Currently, two of our member organizations are building on this partnership by contracting to the SF Public Utilities Commission (SFPUC) to develop and deliver tap water promotion for our communities.

Each of our Health Equity Coalitions represents dozens of years, organizations and health programs. Together, we are building a multi-racial, multi-ethnic City-wide network of leaders and services that have a strong track-record of serving our communities, including being on the leading edge of SSB education and policy.

We stand in unity, encouraging our elected representatives to consider the opportunity that exists to appoint one member from each of our coalitions. Each member was selected by each coalition, to represent the interests of our communities, to be a liaison to each coalition, and to seek ways to leverage the collective resources and networks of each coalition.

We present to you our three candidates:

Representing the African American Health Equity Council: Monique LeSarre, PsyD

Representing the Asian Pacific Islander Health Parity Coalition: Kent Woo, MPH

Representing the Chicano/ Latino/ Indigena Health Equity Coalition: Vanessa Bohm, MA

They will be submitting applications on or before July 5th.

Thank you for your consideration. We look forward to partnering with you and the City and County of San Francisco, for the health of our communities.

Sincerely,

Joint Health Equity Coalitions of San Francisco

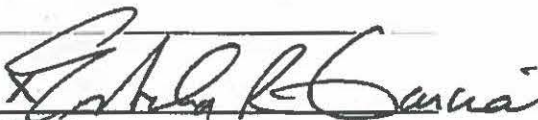
X 
Amor Santiago

Amor Santiago
API Health Parity Coalition
Amor@apafss.org
415-771-2600



X 
Christina Shea

Christina Shea
API Health Parity Coalition
Christinashea@ramsinc.org
415-800-0699 x22


Estella Garcia

Estella Garcia
Chicano Latino Indigena Health Equity Coalition
estela.garcia@ifrsf.org
415-229-0500



X 
Monique LeSarre

Monique LeSarre
African American Community Health Equity Council
mlesarre@afikicoalition.org
415.615.9945





**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): 1, 2, or 3 District: 3

Name: Kent Woo

Home Address: [REDACTED] Zip: 94112

Home Phone: [REDACTED] Occupation: Executive Director of NICOS Chinese Health Coalition

Work Phone: (415) 788-6426 Employer: NICOS Chinese Health Coalition

Business Address: 1208 Mason Street, San Francisco, CA 94108 Zip: 94108

Business E-Mail: kentwoo@nicoschc.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am currently the Executive Director of NICOS Chinese Health Coalition, a 501(c)3 non-profit with a mission to enhance the health and well-being of San Francisco Chinese community. For the past 21 years, I have been an ardent advocate for advancing the health and well-being of San Francisco's Chinese and API community. I have a deep knowledge of the health statuses, needs, and experiences of the San Francisco's Chinese and API populations. I grew up in San Francisco's Chinatown and have worked in this community in a variety of leadership roles to improve the health and welfare of this community. I bring a wealth of knowledge and experience on addressing the health needs of this population in a culturally and linguistically responsive way through advocacy, research, training, coalition-building, and program implementation.

Business and/or professional experience:

Executive Director, NICOS Chinese Health Coalition (1996 – Present)
Field Instructor/ Adjunct Professor, UC Berkeley, San Francisco State University (2001 – Present)
Board Member, Mental Health Association of San Francisco (2003 – 2005)
Co-Consultant, Chinatown Consortium for Children, Youth and Families (1995 - 1996)
Volunteer Mediator, Community Boards of San Francisco (1994 – 1996)
Employment Director, Chinatown Youth Center (1991 – 1996)

Civic Activities:

Chinatown Task Force on Children’s Oral Health, Chair (2015 – Present)
Chinese Community Cardiac Council, Member (2013 – Present)
Asian American Research Center on Health (ARCH), Core Member (2012 – Present)
API Council, Member (2010 – Present)
API Health Parity Coalition, first Co-Chair and Founding Member (2006 – Present)
API Advisory Committee to the S.F. District Attorney’s Office, Member (2005 – Present)
API Problem Gambling Task Force—Advisory to California Commission on Asian and Pacific Islander American Affairs, Founding member (2005 – Present)
Chinese Community Health Care Association, Advisory Committee Member (2003 – Present)
Asian American Network for Cancer Awareness, Research and Training, Steering Committee Member (2000 – Present)
Chinatown Community Health Fair Planning Committee, Facilitator (1998 – Present)
San Francisco Bringing Up Healthy Kids Coalition, Member (1998 – Present)
Building a Healthier San Francisco, Steering Committee Member (1997 – Present)
Asian and Pacific Islander Social Work Council, San Francisco, Member (1997 – Present)
2010 Census Complete Count Committee, Mayoral-appointed member (2009 – 2010)
American Cancer Society, Leadership Council, Member (2005 – 2009)
Children’s Fund Citizen Advisory Committee, Mayoral-appointed Member (2005 – 2008)
Asian and Pacific Islander Bay Area Health Council, Founding Member (2001 – 2008)
San Francisco Head Start, Health Advisory Committee (2000 – 2008)
San Francisco Living Wage Task Force, Appointed Member (2000)
Asian and Pacific Islanders California Action Network, Steering Committee Member (1997 – 1999)

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 07/03/2017 Applicant’s Signature: (required) _____



(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

As the Executive Director of NICOS Chinese Health Coalition, I have more than 21 years of experience researching public health issues and evaluating public health programs on a variety of topics which includes diabetes, obesity and sugary drink consumption relating to the Chinese and API community. I have led a campaign on childhood obesity in the Chinese community, implemented health education program on reducing sugary drink consumption and most recently I am the founder and chair of the Chinatown Task Force on Children's Oral Health addressing the alarming rates of dental decay among kindergarten aged children living in Chinatown.

2. Please describe your experience in early childhood nutrition education, if applicable.

As part of a childhood obesity prevention project at my agency, I oversaw curriculum development for childhood nutrition/ healthy eating education. I also served on the health advisory committee for San Francisco Head Start for a number of years while it was under the purview of SFSU.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary drink consumption are directly linked to chronic diseases such as diabetes, obesity, heart diseases, metabolic syndrome, and tooth decay. San Francisco data shows that low-income communities of color consume a higher rate of sugary drinks per day and have high rates of diabetes and other disparities. Studies have also shown that soda companies target the youth and children from communities of color. Diabetes is the fifth leading cause of death among Asian Americans in the US. In San Francisco close to 40% of kindergarten age children suffer from tooth decay. The problem is especially serious in the Chinatown neighborhood where 53% of kindergartners suffer from dental caries.

4. Please describe your experience in community-based outreach.

I have more than 21 years of experience in community-based outreach. In particular, I am experienced in designing and implementing culturally and linguistically responsive outreach to the Chinese and API communities on a variety of health topics including suicide prevention, problem gambling prevention, childhood obesity, sugary drinks consumption reduction, and colorectal cancer prevention. I am experienced leading mass media campaigns, small media (i.e. health education brochures and flyers) education campaigns, community-based event planning (i.e. Chinatown Community Health Fair), and building effective coalitions and partnerships to outreach to the community.

Joint Health Equity Coalition of San Francisco
(African American Community Health Equity Council, Asian Pacific Islander Health Parity Coalition, Chicano/Latino/Indigena Health Equity Coalition)

July 5, 2017

To the Honorable members of the Sugary Drinks Distributor Tax Advisory Committee

Re: Applications for Seats One, Two, and Three

Dear Supervisors Safai, Fewer, and Yee:

We are writing on behalf of the Joint Health Equity Coalitions of San Francisco. We represent the unity of three coalitions who have organized our collective resources and communities to eliminate health disparities that disproportionately burden our communities. The three coalitions we represent are the African American Community Health Equity Council (AACHEC), the Asian Pacific Islander Health Parity Coalition (APIHPC) and the Chicano/ Latino/ Indigena Health Equity Coalition (CLIHEC). These three groups each represent dozens of large and small community-based organizations, community-based clinics, health professionals, and community members and leaders. We organized each of these coalitions about a decade ago, in partnership with San Francisco Department of Public Health (SFDPH) leadership in order to leverage our community-based leadership and resources to help the City of San Francisco in its efforts to improve health in the communities we represent and serve.

In 2010, we joined the San Francisco Health Improvement Partnership (SFHIP) to further these efforts, deepening our partnerships with SFDPH, and joining UCSF and SF's hospitals—among other key health leaders—to jointly assess community health, prioritize health needs, as well to collaboratively set strategy and implement solutions. As you may already know, African Americans and Latinos in SF experience the highest rates of diabetes and obesity. African American and Latino teens represent the demographic with the highest rates of consumption of sugary drinks. Asian youth consumption of sugary drinks is on the rise, and some sub-groups, like Filipinos and Samoans also have some of the highest rates of diabetes and obesity. As UCSF scientists and SFDPH staff have helped us understand, communities of color are also targeted more heavily by the sugary drinks industry for marketing of their products. In 2013-2014, we helped develop and implement organizational and City policy for the reduction of consumption of Sugar Sweetened Beverages (SSB), with some of our members joining in advocacy for the 2014 Soda Tax policy proposal. We joined SFHIP and the Shape Up San Francisco Coalition partners to collaboratively implement a City-wide strategy for education and policy to reduce SSB consumption in SF from 2015-2016. This resulted in tremendous progress on these fronts, including:

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Each of our Health Equity Coalitions represents dozens of years, organizations and health programs. Together, we are building a multi-racial, multi-ethnic City-wide network of leaders and services that have a strong track-record of serving our communities, including being on the leading edge of SSB education and policy.

We stand in unity, encouraging our elected representatives to consider the opportunity that exists to appoint one member from each of our coalitions. Each member was selected by each coalition, to represent the interests of our communities, to be a liaison to each coalition, and to seek ways to leverage the collective resources and networks of each coalition.

We present to you our three candidates:

Representing the African American Health Equity Council: Monique LeSarre, PsyD

Representing the Asian Pacific Islander Health Parity Coalition: Kent Woo, MPH

Representing the Chicano/ Latino/ Indigena Health Equity Coalition: Vanessa Bohm, MA

They will be submitting applications on or before July 5th.

Thank you for your consideration. We look forward to partnering with you and the City and County of San Francisco, for the health of our communities.

Sincerely,

Joint Health Equity Coalitions of San Francisco

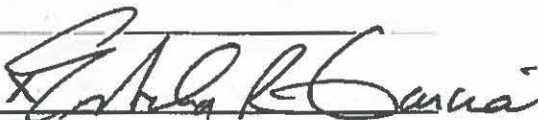
X 
Amor Santiago

Amor Santiago
API Health Parity Coalition
Amor@apafss.org
415-771-2600



X 
Christina Shea

Christina Shea
API Health Parity Coalition
Christinashea@ramsinc.org
415-800-0699 x22


Estella Garcia

Estella Garcia
Chicano Latino Indigena Health Equity Coalition
estela.garcia@ifrsf.org
415-229-0500



X 
Monique LeSarre

Monique LeSarre
African American Community Health Equity Council
mlesarre@afikicoalition.org
415.615.9945





**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory

Seat # or Category (If applicable): Vacancies 1-3 for nonprofit org. District: _____

Name: Colleen Kavanagh

Home Address: [REDACTED] Zip: 94117

Home Phone: [REDACTED] Occupation: Founder A Better Course, and Founder

Work Phone: 415-622-8115 Employer: A Better Course and ZEGO LLC

Business Address: 30 Woodland Ave., San Francisco Zip: 94117

Business E-Mail: colleen@zegosnacks.com Home E-Mail: [REDACTED]m

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

For the past 20 years I have lived and worked in San Francisco, primarily focused on improving nutrition for low-income children and families. For the nine years that I served on the San Francisco Unified School District's Food and Fitness committee, I worked closely with a diverse range of administrators, staff, teachers and students that represent the San Francisco Unified School District. The Wellness Policy that our committee ultimately created was developed to address the unique needs of the district's school population, and ensure that health outcomes improve for

Business and/or professional experience:

- Legislative Assistant overseeing child nutrition programs, Congressman George Miller (1990-1995)
- Director of Government Affairs for the School Nutrition Association (1995-1997)
- Assistant Director of California Food Policy Advocates (1997-2000).
- San Francisco Unified School District Food and Fitness Committee (2003 -2012)
- Founder, A Better Course (2008- present, San Francisco). The mission of A Better Course (formerly Campaign for Better Nutrition) is to improve the nutrition children receive in public programs and at home so they can be healthier, learn more, and better achieve their dreams. A Better Course does this through on-the-

Civic Activities:

- San Francisco Unified School District Food and Fitness Committee (2003 -2012)
- Founder, A Better Course (2008- present, San Francisco). The mission of A Better Course (formerly Campaign for Better Nutrition) is to improve the nutrition children receive in public programs and at home so they can be healthier, learn more, and better achieve their dreams. A Better Course does this through on-the-ground programs, research and analysis, and advocacy and education. We focus specifically on improving access to healthy foods through public programs like school meals and Cal Fresh.
- Founder, ZEGO LLC (2011-present). ZEGO LLC is a for-

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: July 5, 2017 Applicant's Signature: **(required)** Colleen Kavanagh
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

please see attached

2. Please describe your experience in early childhood nutrition education, if applicable.

please see attached

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

please see attached

4. Please describe your experience in community-based outreach.

please see attached

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE APPLICATION

Colleen Kavanagh

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

Over the past 25 years working on nutrition policy issues I have worked on improving nutrition for low-income children and adults locally, statewide and federally. This work has required me to stay on top of current research around obesity, sugary drink consumption, and diabetes and translate how the research should change current rules in public programs like school nutrition programs, Cal Fresh, the Child Care Food Program and WIC. I also worked on removing access barriers and systemic stigma issues to public nutrition programs that prevent food insecure people from participating in them.

I was a long-standing member and co-chair of the San Francisco Unified Schools District's (SFUSD) Food and Fitness Committee, a superintendent's committee charged with developing a comprehensive set of policy recommendations to improve health and education outcomes for students. That work included gathering and presenting the impacts of sugary drink consumption on the health and wellness of SFUSD students in a compelling way to gain support of the Board of Education and the public for the District's Wellness Policy. In that policy, our committee recommended policy changes to SFUSD's school meal programs, including eliminating sugary beverages, to improve health outcomes for our students. Through ABC, I am still involved in supporting the SFUSD school nutrition programs and have worked to improve nutrition for low-income kids with the current director of those programs, Libby Albert, in various capacities at the federal, state, and local level for over 20 years.

With my nonprofit organization A Better Course (formerly called Campaign for Better Nutrition), I worked with Public Advocates and SFDPH and authored an in-depth report, "Flunking Lunch" about issues of segregation and misappropriation of funds in school cafeterias and lunch programs. The report included a compilation of research citing the links between nutrition, academic achievement and other health outcomes, some specifically focused on the links between sugary diets and impacts to mental function. This report resulted in new laws and regulations at the federal level. As a part of this effort, I also worked with SFUSD and the SF Department of Public Health to eliminate the two-tiered lunch program in SFUSD schools under which low-income students received poorer quality meals and were easily identified as low-income by their peers.

Earlier in my career, I worked on state and national child nutrition policy through my work for Congressman George Miller and California Food Policy Advocates. I was involved in writing sections of the National School Lunch Act and bringing together coalitions of advocates and administrators to develop and evaluate policy recommendations.

The current Executive Director of A Better Course, Jennifer Lucky, has a master's degree in public health from UCLA, and has more than a decade of experience researching local public health issues and elevating public health programs that aim to improve nutrition for children and families.

2. Please describe your experience in early childhood nutrition education, if applicable.

I have worked extensively on the laws and regulations for the following programs: Child and Adult Care Food Program, National School Lunch Program, School Breakfast Program, Cal Fresh and WIC. I worked on those both as a legislative staff, nonprofit director, and community coalition leader. All of these programs serve young children, though WIC and CCFP are exclusively focused on them. I am very familiar with the research around the hyper-importance of getting proper nutrition from pregnancy through age five.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

It is well documented that the consumption of sugary drinks promotes excess calorie intake with little to no nutritional value added, and directly contributes to adverse health conditions such as obesity, diabetes and tooth decay. Overall poor nutrition is associated with a variety of chronic diseases. For youth, poor diet can also adversely affect attendance, grades and the ability to learn and succeed in school.

Today, an estimated two out of three adults and one out of three children in the U.S. are overweight or obese. Although obesity affects all genders, race and age groups, research shows that low-income and food insecure children may be at even greater risk. Nationwide, the cost of treating obesity related health conditions is close to \$190 billion per year.

Consumption of sugary drinks in the U.S. has risen dramatically across the board over the past decades, and San Francisco is no exception. Beverage companies have (and continue to) spend billions of dollars marketing sugary drinks, and their advertisements often target youth as well as communities of color.

According to an article published by the Centers for Disease Control and Prevention, 34% of African American and 24% of Latino children and adolescents in San Francisco consume 2 or more sugary beverages per day, compared with only 4% of whites. African American and Latino residents of San Francisco also experience stark health disparities such as high rates of obesity and hospitalization for diabetes.

Neighborhoods such as the Tenderloin, Bayview, Excelsior and Visitation Valley, where more African American and Latino residents live, are amongst the highest in expenditures on soda. They are also areas that some evidence shows have more limited access to grocery stores or affordable healthy food.

Moving forward as the Sugary Drinks Tax is implemented in San Francisco, it will be important to consider how residents from communities that have been most impacted by the adverse impacts of soda consumption can be meaningfully involved and benefit from the new tax on sugary drinks, and how alternatives to sugary drinks can be made more accessible in neighborhoods where sugary drink expenditures are highest.

4. Please describe your experience in community-based outreach.

Part of our work on SFUSD's Food and Fitness Committee involved bringing in interested people from the community (either to testify or as members of the committee) to discuss what issues were most relevant to their constituency in the area of child nutrition. This included students, parents, medical professionals, union members, PTAs, and school and district administrators. We also worked with the annual student survey to place questions about school meal programs so we could get more feedback from the students.

My nonprofit has also operated a program at Alemany Farmers' Market since 2010 that provides an additional \$5-\$10 in spending power for produce to Cal Fresh clients who spend at least \$10 at the market from their EBT benefits. We do community outreach in coordination with SF's Department of Human Services and the WIC clinics as well as the Food Security Coalition to ensure food insecure residents who live near the market know about the program. We have also conducted surveys with the program beneficiaries to measure the impact of the added benefit in increasing their household consumption of fresh fruit and vegetables. I have also worked with local radio stations and papers with a goal of encouraging parents to turn in their children's school meal applications but this has yielded fewer results than working with WIC clinics and Cal Fresh offices. Direct mail for Cal Fresh clients and involving principals and teachers for school meals have been the most effective outreach methods in my experience.



Board of Supervisors
 City and County of San Francisco
 1 Dr. Carlton B. Goodlett Place, Room 244
 (415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributer Tax Advisory Committee

Seat # or Category (If applicable): 1,2,3 District: _____

Name: Monique LeSarre, PsyD

Home Address: [REDACTED] Zip: 94115

Home Phone: [REDACTED] Occupation: Executive Director

Work Phone: 415-615-9945 Employer: Rafiki Coalition for Health and Wellness

Business Address: 601 Cesar Chavez Street Zip: 94124

Business E-Mail: mlesarre@rafikicoalition.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

In my capacity as Chair of the African American Community Health Council (AACHEC), and Executive Director of Rafiki Coalition for Health and Wellness/ formerly Black Coalition on AIDS, I am a strong supporter of Black/African American residents, and other marginalized communities in San Francisco. AACHEC is an independent body in collaboration with the San Francisco Department of Public Health's African American Health Initiative. The mission of the Council is to be a powerful advocate for health disparities affecting people of African descent by gathering and sharing health information and resources that promote effective health policies, community action and well-being. AACHEC has examined research on health disparities and has sought input, energy and public policy recommendation from residents of the city's neighborhoods with the highest Black populations (Western Addition, Bayview/Hunter's Point, Visitation Valley-Sunnydale and Oceanside-Ingleside-Merced). The resulting policy recommendations, which focus on physical health, mental health and environmental health, come from the heart of the community and are intended to impact and support a reduction in disproportionate illnesses and premature death in the black community.

Business and/or professional experience:

Dr. Monique LeSarre holds a Doctorate in Clinical Psychology, a Masters in Clinical Psychology and a Bachelors in Interdisciplinary Studies, she is currently the Excutive Director at Rafiki Coalition for Health and Wellness, and also teaches at California Institute of Intergral Studies in the Bachelor of Arts Completion Program, focusing specifically on Social Justice, Restorative Practices and a variety of Psychology Courses, as well as teaching in the Master's of Counseling Psychology programs. Additionally Dr. LeSarre provides trainings, keynotes and lectures at other schools, colleges, and Universities, including Standford, University of California San Francisco, University of San Francisco, University of California Berkeley, University of California Santa Barbara, San Francisco State, The Wright Institute and many others. Dr. LeSarre's community avocacy includes public speaking, curriculum development, and consulting with clinics, schools, CBO's and Public Health agencies. Recent organizations that she has worked with include Glide Memorial Church, The Janice Mirikitani Family Youth and Child Center, Los Angeles Unified School District, Bay Area Community Services (BACS), Californians for Safety and Justice, CalSwec, SVIP, Oakland Unified School District, and San Francisco Unified School District.

Civic Activities:

In the capacity of Rafiki and AACHEC Dr. LeSarre regularly advocates around issues of community concerns through developing pilot studies, curriculum and policy recomendations, public speaking and agency engagement at multiple level of systems change. Rafiki regularly hosts dialogues with community members on ballot issues to bringa awareness of the health lens of various measures and civic leaders. Additionally Rafiki held forums around the Sugar Sweetened Beverages (SSB) taxation to inform the community about the ballot, as well as trained community workers in SSB education and held community health education workshops and sessions on the impact of liquid sugar, and the risks to health such as diabetes and obesity. Additionally AACHEC members have worked on water and air-quality pilot studies and policy development, and given community tours, called toxic tours, to raise awareness of the health risks of dumping and air and ground-water contaminants entering the food and water supply. Additional work has been on tenants rights around toxic mold and other air pollutants for community members at high risk for asthma and COPD.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 6/5/17 Applicant's Signature: (required) Monique LeSarre

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

At RAFKI, in my former capacity as Director of Programs, I participated in, and and guided program design, curriculum development and interventions around health education and reducing disparities, specifically focusing on diabetes, obesity and sugary drink consumption.

2. Please describe your experience in early childhood nutrition education, if applicable.

In my former role of Director of Children Youth + Families at Westside Community Services, I initiated programs and services related to increasing child and parent awareness of healthy foods, as well as specific interventions around the impact of nutrition on development, mental health and behaviors.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Currently Black/AA + Latino/Indigenous communities comprise the population with highest rates of diabetes. Black/AA + Latino/Indigenous youth comprise highest consumers of SSB. Asian youth's numbers are rising quickly. Scientists at UCSF and staff at SFDPA have reported the heavy targeting of SSB to communities of color by the sugary drink industry.

4. Please describe your experience in community-based outreach.

I have personally taught and trained staff in methods of community outreach and strategies and best practices.

Joint Health Equity Coalition of San Francisco
(African American Community Health Equity Council, Asian Pacific Islander Health Parity Coalition, Chicano/Latino/Indigena Health Equity Coalition)

July 5, 2017

To the Honorable members of the Sugary Drinks Distributor Tax Advisory Committee

Re: Applications for Seats One, Two, and Three

Dear Supervisors Safai, Fewer, and Yee:

We are writing on behalf of the Joint Health Equity Coalitions of San Francisco. We represent the unity of three coalitions who have organized our collective resources and communities to eliminate health disparities that disproportionately burden our communities. The three coalitions we represent are the African American Community Health Equity Council (AACHEC), the Asian Pacific Islander Health Parity Coalition (APIHPC) and the Chicano/ Latino/ Indigena Health Equity Coalition (CLIHEC). These three groups each represent dozens of large and small community-based organizations, community-based clinics, health professionals, and community members and leaders. We organized each of these coalitions about a decade ago, in partnership with San Francisco Department of Public Health (SFDPH) leadership in order to leverage our community-based leadership and resources to help the City of San Francisco in its efforts to improve health in the communities we represent and serve.

In 2010, we joined the San Francisco Health Improvement Partnership (SFHIP) to further these efforts, deepening our partnerships with SFDPH, and joining UCSF and SF's hospitals—among other key health leaders—to jointly assess community health, prioritize health needs, as well to collaboratively set strategy and implement solutions. As you may already know, African Americans and Latinos in SF experience the highest rates of diabetes and obesity. African American and Latino teens represent the demographic with the highest rates of consumption of sugary drinks. Asian youth consumption of sugary drinks is on the rise, and some sub-groups, like Filipinos and Samoans also have some of the highest rates of diabetes and obesity. As UCSF scientists and SFDPH staff have helped us understand, communities of color are also targeted more heavily by the sugary drinks industry for marketing of their products. In 2013-2014, we helped develop and implement organizational and City policy for the reduction of consumption of Sugar Sweetened Beverages (SSB), with some of our members joining in advocacy for the 2014 Soda Tax policy proposal. We joined SFHIP and the Shape Up San Francisco Coalition partners to collaboratively implement a City-wide strategy for education and policy to reduce SSB consumption in SF from 2015-2016. This resulted in tremendous progress on these fronts, including:

- The adoption of SSB policies at 7 organizations, including UCSF system-wide, Zuckerberg SF General Hospital, and Dignity Health's 2 SF hospitals

- 9 Community Health Outreach Workers trained in SSB education; 3115 community residents participated in 25 workshops and SSB education events
- 4 City policies on SSB developed and passed, including the Soda Tax
- 19 new water-bottle filling stations installed in the public realm; 34 in SFUSD school sites

Each of our coalitions leveraged existing Community Health Worker programs to partner with the SFPD and UCSF scientists to develop community education materials in English, Spanish and Chinese. This represents the first San Francisco-wide effort to deliver community-based health education on SSBs in multiple languages, and using peer education approaches. This augmented education in the SFUSD as part of this year-long initiative. Currently, two of our member organizations are building on this partnership by contracting to the SF Public Utilities Commission (SFPUC) to develop and deliver tap water promotion for our communities.

Each of our Health Equity Coalitions represents dozens of years, organizations and health programs. Together, we are building a multi-racial, multi-ethnic City-wide network of leaders and services that have a strong track-record of serving our communities, including being on the leading edge of SSB education and policy.

We stand in unity, encouraging our elected representatives to consider the opportunity that exists to appoint one member from each of our coalitions. Each member was selected by each coalition, to represent the interests of our communities, to be a liaison to each coalition, and to seek ways to leverage the collective resources and networks of each coalition.

We present to you our three candidates:

Representing the African American Health Equity Council: **Monique LeSarre, PsyD**

Representing the Asian Pacific Islander Health Parity Coalition: Kent Woo, MPH

Representing the Chicano/ Latino/ Indigena Health Equity Coalition: Vanessa Bohm, MA

They will be submitting applications on or before July 5th.

Thank you for your consideration. We look forward to partnering with you and the City and County of San Francisco, for the health of our communities.

Sincerely,

Joint Health Equity Coalitions of San Francisco

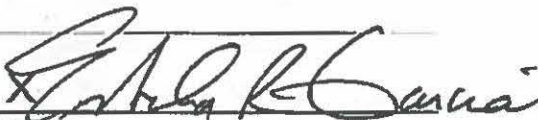
X 
Amor Santiago

Amor Santiago
API Health Parity Coalition
Amor@apafss.org
415-771-2600



X 
Christina Shea

Christina Shea
API Health Parity Coalition
Christinashea@ramsinc.org
415-800-0699 x22


Estella Garcia

Estella Garcia
Chicano Latino Indigena Health Equity Coalition
estela.garcia@ifrsf.org
415-229-0500



X 
Monique LeSarre

Monique LeSarre
African American Community Health Equity Council
mlesarre@afikicoalition.org
415.615.9945





Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Adviso

Seat # or Category (If applicable): Seat #1,2 or 3 District: _____

Name: Michael S. Laflamme

Home Address: _____ Zip: 94114

Home Phone: _____ Occupation: Registered Dental Hygienist

Work Phone: 415-621-8056 Employer: Native American Health Center

Business Address: 160 Capp Street, SF, CA Zip: 94110

Business E-Mail: MichaelLa@nativehealth.org Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes [X] No [] If No, place of residence: _____

Registered Voter in San Francisco: Yes [X] No [] If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a Registered Dental Hygienist (RDH) working in a public health setting, I am directly involved with the underserved in San Francisco. In this capacity, I am chiefly treating Native Americans, low income, and homeless within the mission district neighborhood. Through my position on the board of the SF Dental Hygiene Society (SFDHS), together with other like minded organizations we work to reach, treat, and educate those who are without care and prevent ive programs. In this capacity, patients seen are very diverse, and all are treated with respect

Business and/or professional experience:

Please see attached resume

Civic Activities:

Prop E and Prop V. volunteer. Spoke at Inital Prop E Press Conference with Supervisor Wiener discussing dental and overall health implications of soda consumption. Spoke directly with KCBS reporter at this event, and later at the Native Health Dental Clinic discussing tooth decay related directly to soda consumption. Sought and obtained endorsement of the California Dental Hygienists' Association (CDHA) as well as a CDHA donation to the campaign. Prop V volunteer at phone banking events. -SF Cavity Free stakeholder. - Past member of the SF Children's Dental Health Committee working to ensure coverage of all dental stakeholders within the city to reach and treat all populations in need. - "Give Kids a Smile" (GKAS) annual events each February. Education and treatment of SF children at the

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: July 5, 2017

Applicant's Signature: (required)

Micheal S Laflamme

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

- 1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

Please see attached

- 2. Please describe your experience in early childhood nutrition education, if applicable.

Please see attached

- 3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

please see attached

- 4. Please describe your experience in community-based outreach.

Please see attached

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

Working in a peer-reviewed field, I frequently am introduced to new materials and methods via studies conducted publicly and privately. Trained in these methods, it is a straightforward exercise to read through the data presented and to understand conclusions. Duplicating such studies is also not difficult, should the need arise. As diabetes and obesity related to soda consumption is a main topic in healthcare presently, programs related to these conditions are prevalent.

2. Please describe your experience in early childhood nutrition education, if applicable.

Working with children at Native American Health, and with outreach via the SFDHS is in my DNA. Early Childhood nutritional education is a daily discussion with every child, their parents/guardian, and with my pregnant mothers. Our goal is prevention: stopping the disease well before we have to treat it, and educating the patient or their parent/guardian to how these early choices will affect them the rest of their lives.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

While all soda consumption affects the teeth and body in the

same manner, those who are low income are at the highest risk for health consequences. The low cost (especially at fast food establishments), makes it an easy food choice to this population. Further, they are unlikely to learn of the health implications of this choice nor do they have the funds to treat the disease that will affect them; diabetes, obesity, and cavities. Lost school hours from dental pain translate to lost opportunities to an advanced education and higher paying jobs. Health implication of diabetes and obesity lead to larger health problems such as kidney disease and heart disease which further stress the income of low wage earners.

4. Please describe your experience in community-based outreach.

As a public health dental hygienist this is a daily occurrence. We are continually crafting programs to reach, treat, and educate those in the community to oral and overall health. As a member of the SFDHS, I volunteer at many events throughout the city providing direct care, while also participating in working groups such as SF Cavity Free or the SF Children's oral health committee.

Michael Laflamme, RDH, BA
30 Chattanooga Street
San Francisco, CA 94114
415-971-0070

More than 15 years diverse experience in dental health services as a dental hygienist and dental assistant (in general dentistry and all specialties) with significant accomplishments in leading full dental clinic operations while serving in the US Air Force and CA Air National Guard. A self-directed professional with excellent communication and interpersonal skills.

CLINICAL EXPERIENCE

Dr. Fabiola Lara, DDS -Private Practice (Nov. 2013-Present)

Clinical RDH working in Private Orthodontic Practice.

Native American Health Center (Sept 2010-Present)

Clinical RDH working with a population of Native Americans, Denti-Cal, Sliding Scale, low income families/individuals, and homeless in need of oral health care and education.

Tenderloin Health Center (May 2010 – 2012)

Clinical RDH working with a varied population of homeless individuals with diverse oral health needs. Treatment includes education, nutritional counseling, fluoride varnish applications, diagnosis of oral pathology, and scale and root planning.

Caracen Dental Clinic – Dr. Scott Meyers (October 2009-April 2010)

Clinical RDH working with a population of low-income families and individuals in need of oral health care, education, and treatment. Unfortunately, funding for the clinic was terminated, and the clinic closed April 1, 2010.

Private Practice Setting – 450 Sutter (Sept 2009 – January 2010)

Clinical RDH working in Private Practice. Unfortunately, the doctor and I were not compatible, and I chose to leave the practice after only 5 months of practice.

United States Air Force and California Air National Guard. (1989-1998)

USAF Dental Services personnel are considered critical to ensuring worldwide mobility of all personnel assigned to their base. Whether active duty or part of the CA Air National Guard, dental personnel are responsible to ensure military personnel are healthy and ready to serve. My professional growth within the military took me from

dental assisting of all specialties (prosthodontics, periodontics, endodontics, oral surgery) to AF certified dental hygienist and, finally, singlehandedly running the CA Air Guard dental clinic operation for a Rescue Wing unit with more than 2500 personnel.

California Air National Guard (1993-1998)

Non Commissioned Officer in Charge (NCOIC), Dental Clinic, 129th Rescue Wing, Moffet AFB, California Air National Guard. Working under the direction of the base dental surgeon, I was responsible for the entirety of dental clinic operations, the supervision of all assigned dental technicians (2-4 personnel) and the dental health qualifications for all assigned personnel in our unit (2500 + personnel). Ensuring dental health mission readiness of the Rescue Wing personnel.

United States Air Force (1989-1993)

Certified Air Force Periodontal Hygienist; Dental Assistant; Dental Lab Technician
During my AF active duty tenure, responsibilities included logistics and follow up for all assigned patients; including but not limited to dental records, quality control and unique military requirements. Responsible for knowing all aspects of dental care (including dental lab duties) so as to be completely prepared for dentist's, clinic's, hospital and base dental needs. Promoted and trained as Certified AF periodontal hygienists; working independently providing cleaning, prevention, maintenance, and hygiene.

Non-clinical (non dental) PROFESSIONAL EXPERIENCE

KRON Television, NBC affiliate and Cable Station San Francisco, California (1995-2003)

Master Control Operator. Duties include monitoring on air signal, airing daily network/local programs and commercial inventory, recording and timing daily programs, adjusting video and audio output, running Emergency Action System broadcasts, and ensuring signal complies with FCC rules and regulations. Liaison between network production headquarters and station chief engineer.

Studio Production Crew. Job titles include; Technical Director, Robotic Camera Operator, and Audio Technician. Directly involved in production of local shows and newscasts. Responsibilities included producing and routing show for broadcast; set up, color balancing and monitoring cameras and camera programs for production; providing audio setup (to talent and live music guests) and monitoring audio signal path passed through a 36 module audio board for broadcast.

Michael Laflamme Resume

Production Assistant for the Discovery Channel's technology show, "Next Step". Working directly with show producers to prepare and produce show segments, including researching information for story ideas, logging and archiving footage, and preparing location shoots.

CERTIFICATION AND LICENSURE

California Licensed RDH (July 2009)

CPR certified (2015)

Certified Air Force Periodontal Hygienist (1990)

Certified Air Force Dental Assistant (1989)

Society of Broadcast Engineers Certified Television Operator (1999)

EDUCATION

Associate of Science - Dental Hygiene. Western Career College (2009)

Bachelor of Arts - Broadcast and Electronic Communication. San Francisco State University (1996)

Dental Assisting, Periodontal Hygienists. Community College of the Air Force (1989)

REFERENCES

Available upon request

Michael Laflamme Resume



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): 1 District: 10

Name: Joi Jackson-Morgan

Home Address: [REDACTED] Zip: 94806

Home Phone: [REDACTED] Occupation: Executive Director

Work Phone: 415-822-1707 x303 Employer: 3rd Street Youth Center & Clinic

Business Address: 1728 Bancroft Ave. Zip: 94124

Business E-Mail: joi@3rdstyouth.org Home E-Mail: [REDACTED]@mail.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: Richmond, CA

Registered Voter in San Francisco: Yes No If No, where registered: Contra Costa

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Having a strong background in Urban Public Health has allowed me to work in two of California's biggest underserved communities: San Francisco's Bayview-Hunters Point and South Central Los Angeles. Both cities introduced me to various cultures, languages and the vast health disparities that plague urban communities. I have been involved in many community-based projects studying the effects of health access, exercise, exergaming, diet changes and low-to-moderate exercise on adults and youth either with or at-risk for Type-2 Diabetes.

Business and/or professional experience:

I am currently the Executive Director at the 3rd Street Youth Center & Clinic in Bayview Hunters Point. Founded in 2005 as a true community collaboration to fill a critical gap in Bayview Hunters Point (BVHP), we are the only multi-service health and wellness center for young people. We serve youth from ages 12-24, from early adolescence to early adulthood, to treat and educate them around the myriad of health problems that first appear in adolescence. We offer an array of services to support a broad view of health, including medical care, mental health services, and education for policy change, healthy eating and active living.

I also serve on the Our Children, Our Families Council's Data Analysis & Outcomes team looking at the health outcomes of San Francisco children and youth, as well as a member of the steering committee for the Adolescent Health Working Group, a coalition of committed youth, adults, and representatives of public and private agencies whose mission is to significantly advance the health and well being of youth and young adults in San Francisco and beyond.

Civic Activities:

New Leaders Council Fellow 2016

Volunteer phone banking for the Sugary Drinks Distributor Tax in Nov. 2016

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: June 22, 2017 Applicant's Signature: (required) Joi Jackson-Morgan

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

As both an urban public health graduate student and research assistant, I researched health disparities in urban communities and the effects of the determinants of health as they related to health outcomes and the metabolic cluster (diabetes, hypertension, hyperlipidemia). I was also an assistant on a liquid calorie diet study in youth ages 12-18 studying the impact of sugary drinks on diet, weight gain and the risk for Type-2 Diabetes.

2. Please describe your experience in early childhood nutrition education, if applicable.

During the liquid calorie and exergaming studies, I was required to research and synthesize the latest information on nutrition, diet, and active living. At 3rd Street, I co-created all of our health education programming, which includes a section on healthy eating, active living. I am also a former college pathophysiology professor, high school biology and middle school science teacher--all requiring knowledge of nutrition and body systems.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

According to SFHIP, Sugar-sweetened beverages (SSBs) and high sugar beverages such as juices are significant sources of added sugars. Obesity, type 2 diabetes, and cardiovascular disease are potential adverse health outcomes associated with SSB intake. The highest consumers of SSBs are adolescents aged 12 to 19 years, particularly males, non-Hispanic blacks and Mexican-Americans, those who are low-income, or obese.

4. Please describe your experience in community-based outreach.

At CDU and 3rd Street, I created and disseminated all of our study outreach materials. Throughout my career, I have also recruited for studies in the community, as well as conducted outreach in SFUSD schools, at health fairs and within the broader San Francisco community.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributors Tax Advisory Committee

Seat # or Category (If applicable): 2 District: _____

Name: Jonathan Butler

Home Address: [REDACTED] Zip: 94103

Home Phone: [REDACTED] Occupation: Postdoctoral Fellow/Researcher

Work Phone: 415-502-3515 Employer: University of California, San Francisco

Business Address: 400 Parnassus Avenue, AC-16 Zip: 94143

Business E-Mail: jonathan.butler@ucsf.edu Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: Arkansas

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I earned a doctorate in Medical Sociology and Social Inequality at Howard University. My research interests involve the social determinants of health, childhood health, health disparities, psychological stress, sleep and diabetes. I am employed at University of California, San Francisco, Department of Medicine, Cardiology Division. I am actively involved with the UCSF Abundant Life Ministry, an initiative designed to promote healthier behaviors in SF Bay Area African-American churches.

Business and/or professional experience:

Postdoctoral Scholar/Reseacher, University of California, San Francisco, Department of Medicine, Cardiology Division

Civic Activities:

NAACP SF Branch: Executive Committe member and Health Committee chair
American Diabetes Associatio: Young Professional Leadership Council
UCSF Abundant Life Health Ministry: Member

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7.27.2017 Applicant's Signature: (required) Jonathan Butler

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

Currently, I am conducting research on the relationship between cumulative psychological stress and type II diabetes. The research project focuses on how multiple domains of acute (e.g. negative and traumatic life events) and chronic stressors (work stress, work-family spillover, financial stress, discrimination, relationship stress, neighborhood stress) are related to cardiometabolic risk such as diabetes. This research manuscript will be submitted to a top peer-reviewed research journal.

2. Please describe your experience in early childhood nutrition education, if applicable.

Not Applicable

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Studies show that diabetes is more prevalent in communities of color than Caucasian communities. This is, in part, due to beverage companies using marketing tactics to target Black and Latino youth. According to a Yale study, Black children and teens saw 80 percent to 90 percent more ads compared with White youth. From 2008 to 2010, Hispanic children saw 49 percent more ads for sugary drinks and energy drinks on Spanish-language TV. Reducing the consumption of sugary drinks in these communities has the power to reverse a cluster of chronic metabolic diseases such as diabetes. Thus, may reduce the disparities gap in cardiometabolic diseases.

4. Please describe your experience in community-based outreach.

As the Health Committee Chair for the NAACP-SF Branch and minister at Third Baptist Church, I have played an active role in serving as an advocate and educator for the African American community in San Francisco on health related issues. The following are a few examples of my experience with community-based outreach.

- Serve on SF Can Prostate Cancer Task Force to eliminate cancer in African American men living in the Bay area
- Serve on American Diabetes Association's Young Professional Leadership Council to provide health education about diabetes to SF youth.
- NAACP-SF Branch, Health Committee Chair
 - Participated in the Sugary Drinks Distributor Tax campaign
 - Participated in the Flavored Tobacco Product Elimination campaign
 - Collaborating with SF Department of Health to increase health education and provide more health-related services for the African American community in San Francisco

- Involvement with UCSF Abundant Health Ministry to promote and/or enhance health ministries in African American churches in San Francisco



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisor

Seat # or Category (If applicable): 1,2,3 District: 9

Name: April McGill

Home Address: [REDACTED] Zip: 94102

Home Phone: [REDACTED] Occupation: Director of Community Partnerships & P

Work Phone: 415-638-6154 Employer: California Consortium for Urban Indian He

Business Address: 1016 Lincoln Blvd. 111 Zip: 94129

Business E-Mail: april@ccuih.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

The California Consortium for Urban Indian Health (CCUIH) supports health promotion and access for American Indians living in cities throughout California. Established in 2006, CCUIH is a nonprofit 501(c)(3) statewide alliance of Urban Indian health organizations and substance abuse treatment facilities collectively referred to as UIHOs. By blending the leadership and experience of our consortium members with shared resource development, and by combining applied research with educational and policy advocacy efforts, CCUIH offers innovative strategies to support the health and wellness needs of the Urban Indian community in California. Through AIAN community efforts, we collaborated with organizers from Prop V to

Business and/or professional experience:

I am a San Francisco resident in the Mission with a ten year old child in the sfusd. I am a California American Indian woman enrolled in Round Valley Indian Tribes. I am very active in the AIAN community here in San Francisco and the greater bay area. I work with the advisory committee for the AIAN Cultural Center as a program coordinator. My position at CCUIH as the Director of Commuity Partnerships & Projects is to work with AIAN health centers in California to provide educational support around health disparities and behavioral health programs. CCUIH is a leader in health care advocacy work for policy reform and work on state and federal levels. We feel our AIAN clinics are leading the research and development in diabetes prevention. CCUIH is the voice for our clinics and we look forward to being that voice with this soda tax committee.

Civic Activities:

I volunteer for the Indian Education Program sitting on the Parent Advisory Committee (PAC) advocating for more services for AIAN children in San Francisco. I sit on the board of directors for Thomas Eddison Charter Academy and we have our annual pow wow to educate the non-native community about the AIAN culture and traditions. I am the program coordiinator for the AIAN Cultural Center working with the mayors office and the San Francisco Arts Commission to get a building for our cultural center. I have worked at the Friendhsip House and the Native American Health Center as a Director of Programs.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7.28.17 Applicant's Signature: (required) April McGill
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

2. Please describe your experience in early childhood nutrition education, if applicable.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

4. Please describe your experience in community-based outreach.



Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): Any Available Seat District: _____

Name: Marion B. Standish

Home Address: _____ Zip: 94110

Home Phone: _____ Occupation: Foundation Executive/Lawyer

Work Phone: 501 271-4309 Employer: The California Endowment

Business Address: 2000 Franklin Street, Oakland, CA Zip: 94612

Business E-Mail: mstandish@calendow.org Home E-Mail: _____

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a resident of Bernal Heights and have been a resident in the neighborhood for over 20 years. I am a woman over 65 years old and a breast cancer survivor. My husband and I raised our children in Bernal Heights and my son attended public schools. Our family represents the diversity of San Francisco and we are proud of it. We are active in local affairs and support local organizations in the Mission neighborhood in addition to our own community of Bernal Heights.

Business and/or professional experience:

I am a lawyer and worked for many years in legal services representing low income farmworkers across the state. I launched several non profit organizations. One of them is, California Food Policy Advocates, a state advocacy organization that focuses on access to high quality federal food programs including the National School Lunch, Breakfast and Summer Food Service Programs, WIC and SNAP (Food Stamps). I have represented the interests of low income families in securing these programs before local school boards, state agencies, the state legislature and Congress. Over the last 20 years I have worked for The California Endowment, a California Foundation whose mission is to improve the health of all Californians. In that capacity I led the Foundations work on food and nutrition, with a focus on obesity prevention. That work includes support for efforts to improve community environments so that the healthy choice becomes the easy choice. I have worked with community based organization across the state to design and implement programs that tackle obstacles to healthy eating and active living. In my role at The Endowment I have supported local educational efforts on the health risks of sugar sweetened beverage consumption and worked with local, state and national leaders to eliminate sugary beverages from the school cafeterias. I was very involved in California efforts (which led the nation) to address unhealthy beverages (and food) in schools.

Civic Activities:

Former Board member and current advisor for Community Boards of San Francisco, a dispute resolution program.
 Volunteer at Martin de Porres House of Hospitality soup kitchen.
 Health Advisor for Intertribal Friendship House in Oakland.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 8/1/17 Applicant's Signature: (required) Marion B. Standish

(Manually sign or type your complete name.
 NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Marion B. Standish

Application for Boards, Commissions, Committees and
Task Force

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

See above Business and Professional experience.
As part of my work at The California Endowment
I research, analyze and evaluate the effectiveness
of programs supported by the foundation.

2. Please describe your experience in early childhood nutrition education, if applicable.

I am familiar with programs on early
childhood nutrition education and work
closely with nutrition program providers
and educators.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary drinks create an unhealthy option
for people and families living in S.F.
They are cheap, available everywhere,
filling and advertised without effective
warnings of their health risks, especially
diabetes and heart disease. Their impacts are
especially burdensome in low income +
communities of color.

4. Please describe your experience in community-based outreach.

I have extensive experience organizing
communities to advocate for changes
in their communities to improve
health - from school breakfast to parks,
grocery stores and the elimination of
sugary beverages in schools.



**Board of Supervisors
City and County of San Francisco
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(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: SDDTAC - Sugary Drinks Advisory

Seat # or Category (If applicable): Seats 1 to 5 District: V

Name: John Maa MD, FACS

Home Address: [REDACTED] Zip: 94109

Home Phone: [REDACTED] Occupation: Self employed surgeon/SFMS President

Work Phone: 415-924-2515 Employer: Marin General Hospital & Dignity Health

Business Address: 5 Bon Air Road, #101, Larkspur, CA Zip: 94939

Business E-Mail: maaj@maringeneral.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a first generation Chinese-American who has resided in District V for 23 years, I have dedicated my professional career to strengthening access to emergency surgical care across the City of San Francisco and the nation. From the clinical frontlines, I have witnessed the dual epidemics of obesity and diabetes that has adversely impacted patients over the decades, (especially children) across all demographic groups in our City, and proven to be a major source of disability and mortality. I have also made reducing the toll of tobacco and nicotine products on surgical outcomes as a focus of my clinical research, and have served as Chair of the UC Office of the President Tobacco Related Disease Research Program.

Business and/or professional experience:

- 1) Staff Surgeon at Marin General Hospital and Dignity Health - St. Francis
- 2) President-Elect, San Francisco Medical Society
- 3) Member, American Heart Association (AHA) Greater Bay Area Board of Directors
- 4) Immediate-Past Chair, University of California Office of the President Tobacco Related Disease Research Program Scientific Advisory Committee
- 5) Past President, Northern California Chapter of the American College of Surgeons
- 6) Past President AHA San Mateo Division
- 7) Previously I served as Associate Clerkship Director in Surgery, UCSF School of Medicine, Vice Chair of the UCSF Department of Surgery Quality Improvement Committee and Assistant Professor, UCSF Department of Surgery

Civic Activities:

- 1) Board of Trustees, Asian Art Museum
- 2) Advocacy Chair, AHA California Committee and Western States Affiliate (WSA) Committee
- 3) Member, AHA National Advocacy Coordinating Committee
- 4) Civic Awards - I was the AHA Physician of the Year for the WSA in 2016, one of the "Top 20 People Making a Difference in Healthcare in America" by HealthLeaders Magazine in 2009, received a Certificate of Honor from the SF Board of Supervisors for Advocacy in Tobacco Control in 2015, given the National American College of Surgeons Ellenberger award for Excellence in State Advocacy and the Perlman Award in Medical Journalism from SFMS in 2013, and a 2016 Star of Advocacy Award by the Chronic Care Coalition

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: June 24, 2017 **Applicant's Signature: (required)** John Maa

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

As a UCSF general surgery resident, I first noted the explosion of obesity in the late 1990s, leading to the rise of bariatric surgery. I presented the accumulating national evidence to a statewide audience in the early 2000s as President of the AHA-San Maria Division, which later led to the Alliance for a Healthier Generation to address childhood obesity and curb sugary drink consumption. I have witnessed the impact of diabetes and obesity on surgical outcomes over the years and chronicled these findings in an opinion article in "Perspectives in Biology and Medicine" from Johns Hopkins.

2. Please describe your experience in early childhood nutrition education, if applicable.

My core nutritional education activity has been in partnership with the AHA and through health and wellness programs like Jump Rope for Heart in elementary, middle and high schools. I have delivered public health lectures at Burlingame High School in SF, assisted with school fairs, collaborated with the children's Healthy Weight Make-a-Meal with the AHA/Voice for Healthy Kids and lectured at SF City Hall and a Sacramento conference to reduce junk food marketing in schools, improve physical activity and improve nutritional offerings.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Overconsumption of sugary drinks is linked to tooth decay, obesity and diabetes. One out of two African American and Hispanic youth in San Francisco are at risk of developing Type 2 "adult-onset" diabetes, and nearly two-thirds of African American and Latino adults are either overweight or obese. Sugary drinks are the leading source of extra calories, that is fueling this dual epidemic, which strains SF's precious healthcare resources.

4. Please describe your experience in community-based outreach.

As a member of the Board of Directors of the AHA/SFHS, I have assisted with several community-based programs to improve the health of the public, including tobacco control, e-cigarette regulation, hypertension screening and trauma prevention. As a faculty member at the UCSF School of Medicine, I assisted the Asian Health Institute in hepatitis screening and primary eye screening. For children, my outreach beyond reducing sugary drink consumption has focused on educating kids about the hazards of e-cigarette use. Finally, as chair of the UCOP tobacco control program, I have overseen the granting of both community and school based research funding to reduce the toll of tobacco on society.

JOHN MAA

July 6, 2017

To: The SF Board of Supervisors
Rules Committee

Thank you for the opportunity to apply to a position on the Sugary Drinks Distributor Tax Advisory Committee. I would like to submit this forthcoming manuscript that will shortly be published in the Perspectives in Biology and Medicine by Johns Hopkins University Press.

Thank you for your time and attention.

Sincerely,
John Maa

TAXING SODA

strategies for dealing with the obesity and diabetes epidemic

JOHN MAJ

ABSTRACT Over the past several decades, the United States has been experiencing a twin epidemic of obesity and type 2 diabetes. Recently, advocacy efforts to tax sugary drinks, place warning labels on soda, improve nutritional labeling, and reduce sugar overconsumption have swept across the nation to address public health concerns from sugary drinks that strain our nation's health-care resources. In this article, the historical and scientific framework of this public health policy and valuable lessons learned from implementation efforts thus far will be examined to shape the next steps forward for the movement. Additional goals of this article are to share a surgeon's perspective about trends in bariatric surgery and the link between obesity and type 2 diabetes as a result of peripheral insulin resistance.

OBESITY IS ONE OF THE most common health problems facing children and society today. Since 1960, the obesity rate among adults has risen to 34% in the United States, and morbid obesity is up six-fold (Glickman et al. 2012). In

Division of General and Trauma Surgery, Marin General Hospital, Kentfield, CA.

Correspondence: 5 Bon Air Road, #101, Larkspur, CA 94939.

E-mail: maaj@maringeneral.org.

Decades from now, the benefits from the passage of Prop V will likely have an enduring impact in San Francisco, across the nation, and around the globe. The world may likely not recall the names of those individuals who decades earlier battled the soda industry over this life-saving measure in 2016, but the intent of this article is to chronicle those individuals who played an important role in this victory. The author would like to dedicate this article in deep appreciation and gratitude to Mayor Michael Bloomberg, for making the difference and being the margin of victory in Berkeley, Philadelphia, San Francisco, and Oakland in particular.

Perspectives in Biology and Medicine, volume 59, number 4 (autumn 2016): 448–464.

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1980, only 14% of adult Americans were obese, but this figure had skyrocketed to 31% by 2000 (nearly 85 million Americans). Two out of three Americans today are overweight or obese, and one in 20 suffers from extreme obesity. In 2012, Reuters reported that obesity in America added \$190 billion to annual national health-care costs, passing smoking for the first time (Begley 2012).

Following closely on the heels of this epidemic is an explosion in the number of cases of diabetes, particularly among children, which has been steadily increasing since a spike in 2003. According to the Centers for Disease Control, the rate of diabetes soared from 5.8 million in 1980, to 17.9 million in 2009, and reached 29.1 million in 2014 (1 of 11 people in the United States) (Reusch and Manson 2017). This represents 9.3% of the population (21 million diabetics are diagnosed, while another 8.1 million are undiagnosed). Diabetes added another \$245 billion to national costs in 2012, including both medical costs and lost wages, and one out of 10 health-care dollars is attributed to the care of patients with diabetes (Hill, Nielsen, and Fox 2013; Menke et al. 2015). Particularly concerning is the explosion of type 2 “adult onset” diabetes that is now being increasingly diagnosed in adolescents and teenagers (Dabalea et al. 2017). Many researchers attribute this second wave as resulting from the epidemic of childhood obesity. Together, obesity and diabetes increase the risk of cardiovascular disease (both heart disease and stroke), renal failure, peripheral vascular disease, depression, dementia, retinal disease, and the risk of amputation (Laiteerapong and Cifu 2016). Type 2 diabetes and obesity are both a cyclical process; they result from and contribute to poorer health-care outcomes (Hill, Nielsen, and Fox 2013). Strategies to reduce the trillions spent each year on health care must find ways to curb the dual tidal waves of obesity and diabetes and the resulting economic burden.

THE RISE OF BARIATRIC SURGERY

As a medical student in the early 1990s, I never scrubbed for an operation of a patient requiring obesity surgery. This was likely the result of a very valuable lesson learned by the profession of general surgery decades prior. Between the 1960s and the 1980s, the jejunioileal bypass (which bypassed all but 30 cm of the intestinal tract) had been championed as the solution to morbid obesity. The procedure was abandoned as dangerous years later, when it was recognized that some patients developed serious complications of malnutrition, leading to liver failure requiring transplantation (Singh et al. 2009). In the absence of any effective therapy for obesity, some advocated wiring the jaws of obese patients shut, but for the most part, surgical intervention for morbid obesity was regarded as unfruitful.

During the first three years of my general surgery residency, I cared for only a handful of patients with morbid obesity, mostly those who had suffered serious complications from the jejunioileal bypass. But something changed during the years I spent in the research laboratory in the middle of my residency. The first

bariatric programs were being introduced in academic medical centers in the mid 1990s, and by the time I returned to finish my training in 2000 after three years in the laboratory, the Roux-en-y gastric bypass (commonly known as stomach stapling) had become one of the most popular treatments for morbid obesity. The procedure had been championed by organizations such as the American Society for Metabolic and Bariatric Surgery (ASMBS), founded in 1983.

Between 1998 and 2004, the national annual rate of “stomach stapling” for obesity would soar by 800% (Lim, Blackburn, and Jones 2010). The field of “bariatric surgery” soon became a very active and lucrative service line within hospitals, and membership in the ASMBS soared to 4,000 surgeons. Caring for morbidly obese patients in America’s hospitals required modifications, including larger-sized hospital gurneys and beds, waiting room chairs, CT scanners, operating tables, and other special equipment to accommodate patients over 350 pounds. The gastric bypass became one of the most common operations I performed in the last two years of my surgical residency. According to the Agency for Healthcare Research and Quality, the number of bariatric operations nationally rose nine-fold, from 13,386 in 1998 to 121,055 in 2004 (Nguyen et al. 2011). In 2008, nearly 220,000 patients in America underwent surgery for weight control (at which time the rates plateaued) (Livingston 2010), and the ASMBS estimates that between 2010 and 2015, nearly 1 million Americans underwent one of the various types of bariatric procedures, of which stomach stapling is the most commonly performed procedure.

Ethical controversies and debate arose when the first bariatric procedures were performed on adolescents. Some argued that it was unethical to alter the internal anatomy of teenagers who were suffering from a simple condition that might respond to exercise and diet change. In 2004, Lucille Packard Children’s Hospital performed the first adolescent bariatric procedure in California on a teenager, though choosing the laparoscopic band procedure rather than the more radical anatomy-altering gastric bypass. Between 2005 and 2007, 590 adolescents underwent bariatric surgery in California, and by 2009 an estimated 1,000 adolescents in America underwent bariatric surgery annually (Klebanoff et al. 2017). The new thresholds in bariatric surgery from preschoolers in Saudi Arabia have been even more concerning. In 2010, a two-and-a-half-year-old child underwent a sleeve gastrectomy for obesity, following on the heels of a five-year-old who had undergone a similar procedure (Al Mohaidly, Suliman, and Malawi 2013).

But there is a downside of the rise of bariatric surgery too, beyond the anticipated long-term nutrition and micronutrient deficiency (Brito, Montori, and Davis 2017). Complications and catastrophic outcomes from bariatric surgery have become a prime source of medical liability litigation, and there is a lack of surgeons with expertise in bariatric surgery to solve the obesity crisis at a population level (Blackstone 2015). The extra procedures and caring for the complications of bariatric surgery add enormous costs to the health-care delivery system and strain

operating room resources and schedules across America. Later modifications of the gastric bypass that are technically easier to perform (the sleeve gastrectomy), as well as the laparoscopic banding procedure, have proved to be less effective in achieving long-term sustained weight loss or a decrease in cure rates of diabetes after longer-term follow-up, and they have fallen into disfavor (Golomb et al. 2015). For patients who underwent these less invasive procedures, surgery has proved to be a temporary solution.

Hollywood celebrities who have had their stomachs stapled may have contributed to making Americans less concerned about the health risks of being obese and leading them to regard bariatric surgery as a permanent solution. Hearing only the success stories after bariatric surgery (and not the treatment failures with weight regain) may have encouraged Americans to mistakenly believe that being obese is not a problem—and that surgeons have perfected a simple “solution.” Celebrity stories are amplified in the media, and perhaps serve as an impetus for others to choose surgery over natural approaches for weight control. The more cautious approach to weight loss, through improved nutrition and increased activity, was reflected in a recent *New York Times* article titled “Think About Options Before Spending \$26,000 on Bariatric Surgery” (Castellano 2016).

WHAT IS DRIVING THE EPIDEMIC?

More Americans, including children, either have diabetes or are in the early stages of diabetes than at any time in our history. The increase has come primarily from the increased consumption of sugary beverages. Yet if one reads the arguments of the soda industry and other opponents of warning labels on sugary beverages and soda taxes, the source of this dual epidemic of obesity and diabetes is a mystery. Culprits, they claim, include a lack of exercise, poor parenting, a possible virus, a lack of walkable neighborhoods, processed foods, and lower smoking rates (smoking suppresses appetite), among others (Nestle 2015).

The medical community, including respected organizations like the American Heart Association (AHA) and American Diabetes Association (ADA), has attempted to raise awareness of the problem and promote civic action to build support for education campaigns and taxes on sugary drinks. The soda industry response has catalyzed the soda tax campaigns nationally and worldwide. To try to weaken the further connection to diabetes, industry proponents often argue anecdotally about a thin diabetic that they know personally who consumes soda regularly. What the industry experts are doing here is citing the minority of cases and ignoring the overwhelming majority of obese type 2 diabetics. Part of the confusion also stems from the existence of two distinct types of diabetes. Type 1 juvenile diabetics are often thin due to the inability to store carbohydrates, and this genetic condition typically does not result from soda consumption. Type 2 diabetes accounts for an estimated 90 to 95% of all diabetes cases in the United States, and almost 90% of

people with type 2 diabetes are either obese or overweight. Thus over 80% of all diabetics in America are obese or overweight diabetics (CDC 2011). Soda remains a major source of excess dietary sugar and calories in U.S. diets.

THE MISSING LINK: INSULIN RESISTANCE

As a medical student, one of the more intriguing lessons I learned in physiology classes was the principle of insulin resistance—the inability of peripheral fatty tissues and cells to properly respond to the hormone insulin. Insulin is the hormone of anabolism, telling the body that there are plenty of nutrients around, and to store them. In type 1 juvenile diabetes, the body does not make enough insulin in the pancreas, resulting in elevated blood sugars. These cases represent a small fraction of total diabetes cases (5%), and what is confusing is that type 1 diabetics are often thin, as a dramatic loss of weight is a key symptom of type 1 diabetes. In type 2 diabetes, the body makes normal amounts of insulin, but the peripheral fatty tissues—in other words, obesity—cannot respond properly to the hormonal signals. Type 2 diabetes can be prevented and also cured by losing weight, healthy eating, and being more active.

The current projected risk is that one of every three Americans will develop type 2 diabetes in their lifetime, and the greater concern is that the risk of diabetes rises exponentially as one's BMI increases in a nonlinear fashion. Being overweight increases the risk of developing diabetes five-fold, but being seriously obese increases the risk over 40-fold (Chan et al. 1994). Even more concerning is that while type 2 diabetes is commonly described as “adult onset,” it is increasingly being diagnosed in adolescents and teenagers. People who develop type 2 diabetes often have undiagnosed insulin resistance first, before progressing to full-blown diabetes. This is a common precursor in the condition known as prediabetes, which afflicts an estimated 86 million Americans (CDC 2014). The fascinating silver lining is that this condition is reversible. If the excess weight is lost, then the diabetes often resolves. Not many conditions in medicine are so easily curable through a balance of exercise and dietary change.

The other challenge is that this constellation of obesity and diabetes can be wrapped up with other co-morbidities in a condition known as the metabolic syndrome, which includes a whole package of troubling health problems once the BMI crosses 35, including sleep apnea, hypertension, depression, decreased fertility, heartburn, arthritis, and urinary stress incontinence. A BMI between 25 and 30 is defined as overweight, over 30 is obese, and morbid obesity is reached either at a BMI over 35, or if one is over 100 pounds over ideal weight. Recognizing the effectiveness of surgery in treating co-morbidities, the National Institutes of Health recommends that those with coexisting diabetes undergo surgery at a lower BMI threshold of 30, instead of 35 (Arterburn and McCulloch 2016). Most insurers will authorize bariatric surgery if the BMI is over 30 and there is coexisting di-

abetes. In 2006, nearly one-third of all patients in the United States undergoing bariatric surgery had coexisting obesity and diabetes (Nguyen et al. 2011). Up to 80% of bariatric patients are able to stop taking diabetes medications two years after surgery as they shed their extra weight—further proof of the relationship between obesity and diabetes (Johnson et al. 2013). The temporary diabetes induced by the weight gain of pregnancy (gestational diabetes) is also further proof of the role of insulin resistance.

As a surgeon, I saw in an interesting manifestation of this silver lining. One of the common procedures a general surgeon performs is to repair incisional hernias, which often result from diabetes, obesity, and smoking. We would routinely counsel patients to lose 10% of their body weight preoperatively. Many frustrated patients would say that losing even five pounds was hard, but others succeeded in losing 50 or 75 pounds or even more. They would often share that while losing the first pounds was the hardest, afterwards the weight loss would accelerate. It became easier to exercise as they carried less body extra weight, they spent less time snacking on processed foods, and their spirits lifted as their body image improved. I also believe they were losing the peripheral fat with insulin resistance first, especially those with an “apple” body type, where they carry more weight around their waist, than those with a “pear” body type, who carry more weight in their hips and thighs.

The triple hazard of soda derives first from undesired weight gain, which results in peripheral insulin resistance and in turn leads to diabetes as a third adverse health impact. Insulin resistance is the missing link. What the soda industry counterarguments are ignoring is the critical link—the fact that the chronic consumption of beverages containing 10 teaspoons of added sugar will contribute to obesity and peripheral fatty tissue deposition. These tissues do not respond to glucose and insulin signals properly, and the peripheral insulin resistance strains the pancreas and accelerates the development of type 2 diabetes. We have now likely witnessed insulin resistance unfold at the level of population health as an entire nation over the past 25 years. In the early 1990s, the United States experienced an epidemic of obesity, followed by an epidemic of diabetes that spiked a decade later. A similar process is now being recognized around the world, jeopardizing global public health. A 2012 *Harvard Gazette* article featuring researchers who were “targeting obesity and its cousin diabetes” reflected that, as a nation, the United States “have been set up” (Powell 2012). We have witnessed an “obese nation, a health crisis” and a “hard-to-escape cycle of weight gain, insulin resistance, and weight-retaining diabetic medication, leading to more pounds.” One Harvard professor summarized: “it’s not just a trap, it’s a trap and a downward spiral.”

SUGAR-SWEETENED BEVERAGES AND INSULIN RESISTANCE

Sugary drinks highlight the harm of “liquid sugar.” High fructose corn syrup is the most common sweetener used by the beverage industry, and the excess sugar consumption it engenders can also lead to addiction. Consuming solid food sends signals to the brain through a combination of gastric distension, vagal nerve activation, and hormones such as ghrelin that one is full and to stop eating. But these signals to stop eating are reduced from a concentrated liquid sugar diet. Unlike solid foods, our bodies cannot effectively process sugar in liquid form, creating a stress to the liver and pancreas that result in a greater weight gain than from consuming solid food with an equal calorie content. The danger from the average 12-ounce soda is the 10 teaspoons of sugar dissolved within—a danger that is not obvious to the drinker, who may mistakenly believe that the caloric content is similar to water. On average, the content of a packet of sugar is one teaspoon. Imagine if you were to observe someone at a café adding eight packets of sugar to their coffee. Individuals who regularly drink sugar-sweetened beverages also often have less healthy diets, containing fewer vegetables, higher sodium, and more processed meats, and they often are consuming empty calories with fewer nutritional benefits (Micha et al. 2017). Sodas are the number one source of added sugars in U.S. diets. Combined with inadequate physical activity, excessive sugar-sweetened beverage consumption has contributed to millions of individuals becoming overweight and obese over the past years; these actions are also detrimental to heart and brain health. Drinking just one sugary beverage a day increases the risk of developing type 2 diabetes by 26%.

**EMERGING AWARENESS OF A NEW
PUBLIC HEALTH PROBLEM**

In the early 2000s, the AHA led the way in characterizing the accelerating public health crisis of both childhood and adult obesity. As early as 1977, internal Coca-Cola documents discussed the possible connection between soda consumption and obesity and tried to counterargue that genetics was the key determinant of obesity (Nestle 2015). The dramatic increase in obesity rates that first began in the 1980s and then spiked in the 1990s (following the popularity of supersized soft drinks) was the focus of several AHA initiatives. In 2000, the World Health Organization recognized obesity as a global epidemic. In 2006, the Alliance for a Healthier Generation, a joint AHA initiative in partnership with the Clinton Foundation, was formed to address childhood obesity. One area of focus was the removal of full-calorie soft drinks in schools across the country and their replacement with smaller, lower-calorie options (Laberthe 2011). The spike in diabetes was not yet fully recognized because of the time lag of years between first becoming obese, then developing insulin resistance and later diabetes, but the diabetes

spike would logically follow in the mid-1990s and peak by 2003. The increased rates of adult onset diabetes in children and adolescents have been relatively recent in most populations (Dabalea et al. 2017).

My own awareness of the soda-related obesity problem emerged after I finished my residency in general surgery in 2002 and became a health-care policy fellow at the University of California–San Francisco, where I learned about the decades-long tobacco wars, the tobacco control champions at UCSF, and the tactics and strategy of Big Tobacco to confuse the science, influence our legislators, and challenge public health legislation in court. Subsequently, as a junior faculty member at UCSF, I met pediatric endocrinologist Robert Lustig. In 2009, Lustig produced a YouTube video on “The Bitter Truth” about sugar, which has now been viewed by nearly 7 million people. In that video, Lustig highlights the special health hazards from sugar in its liquid form. The *Financial Times* has called the revelations in the video “sugar’s tobacco moment” (Kaminska 2016). I also worked with health services researcher Laura Schmidt at UCSF, who has made invaluable academic contributions towards the conceptualization of a soda tax in San Francisco.

TAXING SODA AND THE PARALLELS WITH BIG TOBACCO

The goal of the soda tax efforts is to find an alternative, nonsurgical solution to the global obesity and diabetes epidemics. The major value of the soda tax campaigns is to raise awareness among regular sugary beverage drinkers so that they reduce their sugar intake for their own benefit. From that perspective, even soda tax campaigns that result in defeat at the ballot box remain a victory by educating voters of the health hazards of sugary drinks.

When President Obama raised the concept of a national soda tax in 2009, the beverage industry went into overdrive and spent millions of dollars to lobby Congress to ensure this idea was never introduced into the drafting of the Affordable Care Act. In California, efforts to tax soda statewide trace back to Senate Bill 1520, which was introduced in 2002, but decades of overwhelming beverage industry lobbying had resulted in the defeat of the handful of soda tax bills in Sacramento. In 2009, the San Francisco Medical Society (SFMS) succeeded in having the California Medical Association (CMA) support increased taxes on sodas and other relevant sugar-sweetened beverages, but an early effort in 2011 to introduce a soda tax in San Francisco vanished under an onslaught of soda industry lobbying. That same year, the SFMS introduced a second CMA resolution to reduce the marketing of unhealthy foods and beverages to children, which would lead to legislative efforts in Sacramento to ban sugary drinks from being sold on school campuses. This would help to inspire Senate Bill 1000 in Sacramento in 2014, which sought to place a warning label on sodas. The bill was defeated in the face of overwhelming industry lobbying (Maa 2014).

My professional research had been focused on reducing the impact of smoking on surgical outcomes, leading me to become very involved with the Proposition 29 tobacco tax campaign in June 2012. In the fall of 2012, I attended a presentation in which Councilman Jeff Ritterman, a doctor, spoke about a recent effort to tax soda in Richmond, a city across the Bay from San Francisco. What I heard from Ritterman was an inspiration. Though the Richmond soda tax was defeated by a two-to-one margin, it was one of the first salvos in the U.S. soda wars. Ritterman also pointed to how Big Soda was using strategies earlier employed by Big Tobacco to defeat the soda tax campaign. There were striking similarities in the overall messaging by the opposition, particularly in the attempts to minimize the overall dangers of their products to the health of the public. One of the most powerful arguments in support of the Richmond soda tax was the effectiveness of cigarette taxes in significantly reducing the smoking epidemic. The numerous precedents for warning labels, advertising restrictions, and policies restricting use of public funds for substances such as tobacco and alcohol would also prove very powerful in the Richmond soda tax campaign.

Within months, Lustig's work with the Mexican government resulted in passage of Mexico's landmark 2013 soda tax, which would accelerate efforts back home in the United States. The early data after Mexico instituted its tax in January 2014 demonstrated an immediate effect, with national soda consumption falling by an estimated 7%. In the latter half of 2013, I received a call from the communications firm of Erwin and Muir inviting me to assist with the San Francisco soda tax (Proposition E, or Prop E) campaign that was beginning to organize, and to speak at the press conference kickoff with San Francisco Supervisors Scott Wiener, Malia Cohen, David Chiu, and Eric Mar. I serve on the Board of Directors of both the AHA and the SFMS, two organizations that have endorsed sugar-sweetened beverage bills in Sacramento and San Francisco. Both organizations would later speak at the San Francisco City Hall hearings, press events, and newspaper editorial meetings on behalf of the soda tax, and they were featured in the Voter Information pamphlet in support of the measure.

Prop E sought to provide up to \$54 million for physical education and nutrition programs in San Francisco public schools, active recreation programs, food access, oral health and dental programs, water fountains, and water bottle filling stations citywide through a 2¢ per ounce special tax, paid by the distributors of sugary beverages (Maa 2014). As a special tax, it would require a two-thirds majority to pass, and the revenue would not go into the general program but instead support the designated special programs. The effort was supported by the CMA, the California Nurses Association, and the California Dental Association. Several months later, soda tax advocates announced that the City of Berkeley would place a 1¢ per ounce tax on the November 2014 ballot; as a general tax, it would only require a simple majority to pass. Instead of supporting specific programs, the funds would be deposited into the City's general fund.

The Bay Area campaigns that ensued in the following months were followed closely across the nation. The soda industry shattered all local records by spending more than \$10 million to defeat Prop E in San Francisco, utilizing the funds for an aggressive mail, television, billboard, and marketing campaign to portray the tax as regressive, and arguing that its passage would make living in San Francisco unaffordable. The Yes campaign was massively outspent and relied heavily on earned media counter-messages against the avalanche of soda industry advertising. In the smaller city of Berkeley, campaign manager Larry Tramutola focused on a door-to-door campaign and community activism to build public support; the campaign eventually attracted a major financial investment by Bloomberg Philanthropies to run television advertisements in support of the tax and to combat the tidal wave of \$2.4 million spent by Big Soda. The proximity of a sister campaign across the Bay benefitted both the Berkeley and San Francisco campaigns, and as the election approached, the two campaigns began to host joint press events to unify their efforts. This twin-city approach was highly effective. Earned media carried a double impact, and paid media reached voters in both cities, some of whom might work in San Francisco and live in Berkeley or vice versa. Election night was a success on both fronts: Prop D passed with over 75% of the vote, as Berkeley became the first city in America to pass a soda tax. Although Prop E in San Francisco failed, there was a silver lining in the defeat. Despite being heavily outspent 35 to 1, Prop E had garnered nearly 56% of the vote. This was short of the two-thirds majority required for passage, but the fact that a majority of voters had supported the soda tax provided the strongest polling data that a general soda tax effort (requiring only a simple majority) could succeed in San Francisco in the future. The only question would be when?

In the afterglow of the Berkeley Prop D victory, valuable lessons were identified. Berkeley's mayor and the entire City Council endorsed Prop D, unlike San Francisco, where four Supervisors voted against placing Prop E on the ballot. Matching the soda industry dollar-for-dollar in raising campaign funds was not required: instead, keeping the ratio of being outspent by the industry to around three to one could successfully get the message out. For me, the most striking realization was that nearly the identical public relations, campaign managers, communications firms, lobbyists, and legal teams used by Big Tobacco to defeat Prop 29 had been employed to defeat Prop E. We were fighting a common opponent.

In 2016, Philadelphia Mayor Jim Kenney looked to improve health outcomes in Philadelphia, as well as to provide needed improvements to city services, and proposed a tax on sugary beverages. Unlike California cities, in Philadelphia, the City Council has taxing authority. New York Mayor Michael Bloomberg and the AHA helped Mayor Kenney stand up against a vigorous \$11.2 million campaign by the beverage industry, and Philadelphia Council members voted to support the tax.

In the fall of 2016, the San Francisco Bay Area became ground zero for the soda wars. In the intervening 20 months, Supervisors Wiener, Mar, and Cohen had kept busy at San Francisco City Hall with a set of legislative proposals signed by the Mayor to place a warning label about sugary drinks on billboards, buses, transit shelters, sports stadiums, and posters, to limit sugary drink sales on City property and in vending machines, and to reduce the impact of industry advertising (Maa 2015). These efforts kept the American Beverage Association (ABA) attorneys occupied, as a legal challenge to the warning label would find its way first to federal court and then to an appeal in the 9th District Court. An injunction motion by the ABA blocking the implementation of the San Francisco soda warning label is still waiting to be ruled upon as of the writing of this article. Another focus in the intervening months was to organize and strengthen the scientific arguments for the upcoming public debate.

The successful 2016 efforts in San Francisco with Prop V rested on the foundation built by the 2014 Prop E campaign. Larry Tramutola, the winning campaign manager from Berkeley's Prop D, was brought back to lead another twin-city effort: San Francisco and Oakland. After careful consideration, the San Francisco soda tax Prop V was placed on the ballot by Supervisor Cohen, this time as a general tax without the need for a full vote at City Hall, and with a strong endorsement by Mayor Ed Lee. Only a simple majority would be needed for victory. In Oakland, a nearly identical Measure HH was spearheaded by Vice Mayor Annie Campbell Washington and received the support of the entire City Council and Oakland Mayor Libby Schaaf.

The game changer in San Francisco was the generous \$10 million support from Michael Bloomberg, who, along with the Arnold family, contributed over \$12 million to oppose the \$22.6 million spent by Big Soda to defeat Prop V. This total of nearly \$35 million spent by both sides on a local initiative in San Francisco easily dwarfed the record \$10 million spent in 2014 to defeat Prop E, and stands as a record nationally for the amount spent on a local measure in a single city. A similar investment was made in Oakland, and the final expenditures by the beverage industry to defeat both Prop V and Measure HH surpassed \$30 million.

Another change in 2016 was that the messaging was crystal clear, concise, and scientifically strong, and the talking points encompassed the dual threats of obesity and diabetes, along with tooth decay. The extra campaign funds helped support phone banking, canvassing, social media, technology devices, and additional outreach that had been unavailable for Prop E. Separate campaign managers were brought on in both Oakland (Diane Woloshin) and San Francisco (Monica Chin-chilla) to implement the overarching plan of Larry Tramutola. The aerial coverage in support of both soda taxes with paid media, mailers, and signage complemented a series of earned media in *Politico*, the Associated Press, Reuters, the *New York Times*, the *San Francisco Chronicle* (by journalist Heather Knight), and elsewhere.

The passion, determination, dedication and hard work of the coordinated campaign teams in both cities are what ultimately carried the campaign to victory.

Another beneficiary was the tiny city of Albany, which neighbors Berkeley to the north, and which placed an identical 1¢ per ounce general tax named Measure O1 on the same ballot. Advocates raised just over \$6,000, and the ABA spent \$185,000 to try to defeat this measure, which quietly moved forward in the updraft of the massive battles in neighboring Oakland and San Francisco.

Soda taxes in the Bay Area became a Goliath versus Goliath battle of epic media proportions, dominating the television airwaves through the election season. It was noteworthy that the spokespersons for the soda industry had become repetitive and tangential in their media response, choosing an unusual path of trying to argue that the soda tax was a grocery tax, which was an argument that failed in Philadelphia, failed again to resonate with voters in the Bay Area, and would result in ethics complaints against the ABA in both cities after an Alameda County Superior Court judge ruled that the soda tax was not a grocery tax. Another error on the part on the ABA was to use archived video of Senator Bernie Sanders to imply that he opposed Prop V and Measure HH. Senator Sanders's subsequent request to the ABA to stop utilizing his likeness in their television commercials would garner national attention and raise public suspicion of the Big Soda ads with the voters.

After overwhelming victories on the November 8, 2016 ballot in San Francisco (won with 62%), Oakland (won with 61%), Albany (won with 71%) and Boulder, Colorado (won by an eight-point margin), other cities quickly followed suit. A movement had caught fire. In Cook County, Illinois (which includes Chicago), a 1¢ per ounce soda tax was approved by the City Council on November 10. Santa Fe, New Mexico, announced plans for a 2017 soda ballot measure shortly thereafter, and Seattle and Portland would soon follow. A media spokeswoman for the soda industry tried to downplay the significance of these ballot victories, claiming that the taxes had only passed in the most liberal of American cities. But the attention of the world had been captured. The string of victories in the United States has sent a strong message with worldwide significance. At the 3rd World Innovation Summit in Health in Doha, Qatar, in November 2016, 1,400 health leaders from over 100 nations convened to discuss novel strategies to reform health care and control rising global health-care costs. The momentum of soda taxes in America was discussed during the plenary sessions, and also during a special panel session on improving cardiovascular health. Ireland, Oman, South Africa, and the United Kingdom would soon either announce or finalize their plans for national soda taxes.

THE LEGAL CHALLENGES

Another beverage industry strategy borrowed from the tobacco industry has been to challenge soda taxes and advocacy successes in court, in an effort to either overturn or delay the implementation of sugary drink legislation. In 2014, the soft drink industry achieved a victory when the New York State Court of Appeals ruled that New York City could not limit sales on jumbo sugary drinks (Grynbaum 2014). Later that year, the Alameda County Superior Court ruled partly in favor of two Berkeley residents who filed a lawsuit to change the phrases “high-calorie, sugary drinks” and “high-calorie, low nutrition products” in ballot materials to the phrase “sugar sweetened beverages” (Raguso 2014). However, the judge dismissed their companion claim, which sought to remove the statement that the sugary drink tax would be paid by distributors, and “not the customer.” This theme would return as the core of an August 2016 lawsuit by the ABA against the City of Oakland to remove the Measure HH ballot statement that “this tax is not paid by your local grocer.” An Alameda County Court Commissioner ruled against the soda industry, writing further that Measure HH was indeed a soda tax, and not a grocery tax (BondGraham 2016).

In addition to the ABA litigation against the trio of San Francisco sugary drink bills in 2015, the beverage industry also filed a lawsuit over the Philadelphia soda tax in 2016, arguing that the soda tax there would duplicate existing sales taxes and interfere with a federal mandate regarding SNAP funds. The Court of Common Pleas struck down this lawsuit on all counts in December 2016 (Erb 2016); an immediate appeal was filed with the Commonwealth Court, and the matter is likely destined for the Pennsylvania Supreme Court. In the interim, the Philadelphia soda tax was implemented January 1, 2017, and in the first month collected \$5.7 million in revenue for the city (Zwirn 2017). Throughout the Philadelphia soda tax campaign, the beverage industry had promised swift legal action to challenge the tax in court if it passed. Similar pledges were made against Measure HH and Prop V, and time will reveal if similar legal efforts to block soda tax implementation are filed in San Francisco, Oakland, Albany, Boulder, or Cook County. The outcomes of both the soda warning label litigation currently in the 9th District Court of Appeals, and the soda tax litigation headed to the Philadelphia Supreme Court will likely guide the next steps by the beverage industry in the courtroom. If an increasing number of cities nationally pass soda taxes through the ballot box, the ability of the industry to challenge each in local courts may be strained; a likely alternative strategy will be to file a challenge directly with the U.S. Supreme Court.

Thus far, the legal actions by the beverage industry have followed the early tobacco industry playbook, using the legal system to protect their interests or oppose control legislation in the role of plaintiff. But the tables turned for the tobacco industry following the disclosure of cigarette industry documents revealing that the tobacco companies were aware of the addictive properties of tobacco.

The tipping point for Big Tobacco came with the Tobacco Master Settlement of 1998, after the Attorneys General of 46 states successfully sued the largest cigarette manufacturers for tobacco-related health-care costs and the adverse impact on Medicaid. In early 2017, the Center for Science in the Public Interest and the Praxis Project jointly filed a lawsuit in federal court alleging that Coca-Cola and the had misled the public about the health hazards of sugary drinks (Rodionova 2017). The case was later dropped by the plaintiffs, but it signaled a new era of litigation where the beverage industry was placed in the role of defendant.

FUTURE POLICY INITIATIVES

Soda tax advocacy efforts nationally should continue as a multi-pronged effort that includes warning labels on sugary drinks, changing to milk and water as the default options for kids' meals in restaurants, and reforms to procurement policies to reduce the amount of processed foods and sugar-sweetened beverages in government cafeterias, vending machines, and in schools. A major victory for public health that came during the 2016 soda tax campaigns was the announcement from the FDA and the Obama Administration that an "added sugar" label for packaged foods would be required by July of 2018. This new label would allow consumers to compare foods and make more informed choices about their intake to promote health, but the implementation of the new rule was placed on hold by the Trump Administration in 2017. In 2014, Congresswoman Rosa DeLauro (D, Connecticut) introduced the Sugar-Sweetened Beverages Tax Act (the SWEET Act), and efforts at the federal level to tax sugary drinks merit careful consideration. Another area of further discussion at the federal level is the removal of sugary drinks from purchasing in the SNAP program, as the billions of dollars spent nationally on soda represents an estimated \$4 billion annual subsidy to the soda industry (Nestle 2015). Any changes to the SNAP program should be undertaken without creating an undue economic burden or stigma on low-income consumers. The special area of focus remains low-income consumers and communities of color, where policy leaders will need to intervene to help decrease consumption of soda and sugary beverages. Their neighborhoods are aggressively marketed to, and many times a bottle of soda is less expensive than a bottle of water at a corner store. Ultimately, a deeper understanding of the business model of the beverage industry, their sources of federal and state support, and drivers of their profitability may enable the creation of a new mechanism to tax sugary drinks that cannot be passed onto consumers.

In the aftermath of these advocacy successes, AHA CEO Nancy Brown reflected that the soda tax victories have demonstrated that cities and residents have the power to initiate positive change. After the victory in Philadelphia, she remarked, "What really excites me is the chance this is the beginning of a trend. Simply put, it's a movement that prioritizes heart-healthy habits over beverage industry prof-

its” (Brown 2016). Summarizing the keys to success, Brown concluded: “We’ve been there all along—representing all Americans—with our science, education, and advocacy.”

THE FUTURE FROM THE SURGEON’S PERSPECTIVE

Over the ensuing decades, millions of lives and precious health-care resources will be saved by these national efforts to tax sugary drinks. As a general surgeon, I have witnessed firsthand the epidemic of obesity and diabetes that has ravaged the United States over the past decades, and it was in an effort to reverse these national trends that I first became involved with Prop E in 2014. The passage of Prop V will help greatly in the larger goal. Lives will be saved, and quality of life will be improved for diabetics who no longer suffer falls after losing their eyesight from diabetic retinopathy, suffer complications from dialysis after suffering kidney failure, sustain heart attacks from coronary arterial disease, or struggle with disability after an amputation. Obese patients will experience fewer cases of osteoarthritis leading to joint replacements, sleep apnea and respiratory disease, gallstone formation leading to episodes of pancreatitis and acute inflammation, and fatty liver disease leading to liver transplant. Healthier patients will suffer fewer episodes of depression or bullying in school over their weight, and will experience longer and more productive and satisfying lives. The funds from the tax will help improve nutrition, physical activity, and water access for children, and the health of the public will be promoted as these children return home to educate their parents, siblings, grandparents, and friends about healthier lifestyles and beverage choices. Medical students in the future will read in their physiology textbooks about the enormous impact of Prop V and soda taxes in improving patient health across organ systems.

CONCLUSION

Given the current and projected severity of the obesity and diabetes epidemics among children and adults, a coordinated strategy is necessary to assist individuals in achieving and maintaining healthy weight. If we do nothing to address this health crisis, one in three children today will develop type 2 diabetes in their lifetime; for children of color, the risk is one in two. The consequences of obesity and diabetes are many and severe, including health concerns and economic costs. The decade-long movement to tax soda has likely reached an inflection point that signals the start of a movement to adopt healthy and viable taxes on sugar. Ultimately, the larger purpose of the soda tax effort is to raise awareness among the general public of the high sugar content in sugary drinks and to empower them to make healthier decisions for their own nutrition and health. Most importantly, the soda industry is now presented with the opportunity to change, and to not follow the path of the tobacco industry. By crafting healthier beverages with lower sugar and calorie content, it can be a win-win for the United States.

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June 29, 2017

The Honorable London Breed
President
Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Supervisor Breed:

We are writing on behalf of the San Francisco Marin Medical Society (SFMMS) to support the application of John Maa, MD, for the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC). Dr. Maa, who is the President-Elect of the SFMMS, has been a tireless advocate for the prevention of childhood obesity and diabetes. He was an early supporter of taxes on sugary drinks to help reduce their consumption and prevent diabetes and related diseases in individuals, especially children, across the demographic spectrum.

As a physician providing emergency surgical care, Dr. Maa has first-hand knowledge of the devastating effects of diseases that result from obesity and diabetes. Through his work with the American Heart Association, Dr. Maa has advocated at City Hall and in Sacramento to reduce junk food marketing, increase physical activity and improve nutritional offerings in schools.

Dr. Maa led the Medical Society in efforts to organize physicians and gain county-wide support for the first San Francisco soda tax initiative. Although the initiative was unsuccessful, it set the ground work for the 2016 initiative passed by the voters. In 2016, Dr. Maa worked closely with Supervisor Cohen and others to plan strategies and advocate for the benefits of taxing sugary drinks. Throughout the years he has spoken and written extensively in support of efforts to decrease the consumption of sugary beverages. These efforts significantly contributed to the successful passage of the law that created the SDDTAC.

As a member of the SFMMS, Dr. Maa has championed many public health causes. In addition to his work on taxing sugary drinks, he has also done extensive clinical research on the toll of tobacco and nicotine products on surgical outcomes and chaired the UC Office of the President Tobacco Related Disease Research Program.

The Honorable London Breed

June 29, 2017

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As Dr. Maa's CV will attest, he is highly regarded in the medical and public health communities and has received numerous awards and national recognition for his work on heart disease, tobacco and disease prevention and health promotion. The SFMMS is pleased and proud to support Dr. Maa's application. We believe that his medical and public health background plus his demonstrated experience in advocating for taxes on sugary drinks make him uniquely qualified to serve on the SDDTAC.

Sincerely,



Man-Kit Leung, MD
President



Mary Lou Licwinko, JD, MHSA
Executive Director/CEO

MKL:pl

Asian Health Institute
2200 Post Street, C-208
Box 1609
San Francisco, CA 94143-1609
tel: (415) 885-3678
fax: (415) 885-3899

TTY: (415) 885-3889
www.ucsfhealth.org

University of California
San Francisco

July 5, 2017

Dear SF Board of Supervisors/Rules Committee,

It is a pleasure to write in strong support of Dr. John Maa's application to the SF Sugary Drinks Tax Advisory Committee.

Dr. Maa is a first generation Chinese American who has advocated for the health of all San Franciscans, particularly in the arena of tobacco control and access to emergency surgical care. He has participated in health panels at the Asian Health Institute to enlighten the health reform debate, and is passionate to help improve the community health of Asian Americans in San Francisco by assisting with hypertension and hepatitis screenings in the community for the immigrant and underserved patient populations.

Dr. Maa currently serves on the Board of Directors of the American Heart Association and as Chair of the Western States Affiliate Advocacy Committee. He is also President-elect of the San Francisco Medical Society.

I believe that he will be an effective advocate to advance the health of San Francisco through his appointment to the Sugary Drinks Distributor Tax Advisory committee.

Please do not hesitate to contact me with any questions that you may have.

Sincerely,



Diana Lau, PhD, RN, CNS

CAPITOL OFFICE
STATE CAPITOL, ROOM 4066
SACRAMENTO, CA 95814
TEL (916) 651-4011
FAX (916) 651-4911

DISTRICT OFFICE
455 GOLDEN GATE AVENUE
SUITE 14800
SAN FRANCISCO, CA 94102
TEL (415) 557-1300
FAX (415) 557-1252

SENATOR.WIENER@SENATE.CA.GOV

California State Senate

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SCOTT WIENER

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COMMITTEES
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APPROPRIATIONS
ENERGY, UTILITIES &
COMMUNICATIONS
PUBLIC SAFETY
TRANSPORTATION & HOUSING



July 10, 2017

Derek Evans
1 Dr. Carlton B.
Goodlett Place, City Hall, Room 244
San Francisco, CA 94102

Dear Mr. Evans:

It is a pleasure to write in support of Dr. John Maa's application to the SF Sugary Drinks Distributor Tax Advisory Committee. Since 2013, Dr. Maa has been dedicated to the efforts to tax sugary drinks in San Francisco, to remove sugar sweetened beverages from City vending machines and hospital property, and to improve public awareness through nutritional labels of the sugar content of food and drinks.

He currently serves on the Board of Directors of the American Heart Association and as Chair of the Western States Affiliate Advocacy Committee, and is the President-elect of the San Francisco Medical Society. He is on the active Medical Staffs of Marin General Hospital and Dignity-Health St. Francis.

His related public policy efforts in San Francisco have focused on tobacco control, electronic cigarette regulation, and eliminating the use of chewing tobacco at AT and T baseball park, for which he was recognized with a Certificate of Honor by the SF Board of Supervisors in 2015. I believe that he will be an effective advocate to advance the health of San Francisco through his appointment to the Sugary Drinks Distributor Tax Advisory committee.

Sincerely,

A handwritten signature in blue ink that reads "Scott Wiener".

Scott Wiener
Senator



2016-2017
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July 20, 2017

The Honorable London Breed
President of the Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Supervisor Breed:

On behalf of the American Heart Association (AHA), Greater Bay Area, we write in support of the application of John Maa, MD, for the San Francisco Sugary Drink Distributor Tax Advisory Committee (SDDTAC).

Dr. Maa is an outstanding candidate for seats 1-5 of the SDDTAC, as evidenced by his stellar professional training in gastrointestinal surgery, current practice at Dignity Health Hospitals in San Francisco, his national role with the American Heart Association's Advocacy Committee and his personal dedication to the cause of ending childhood obesity by reducing sugary drink consumption.

As a first-generation Chinese-American, Dr. Maa intimately understands that communities of color are targets of predatory marketing of unhealthy products, like sugary drinks, and therefore, shoulder a disproportionate burden of the chronic diseases associated with their consumption. His dedication to health equity and public policy is bolstered by his Fellowship training in Health Care Policy at the University of California, San Francisco.

Dr. Maa has been a physician volunteer for the American Heart Association for nearly 15 years. He is the advocacy lead on the Greater Bay Area Division Board of Directors, the Chair of our Western States Affiliate Advocacy Committee, and a vital member of our National Advocacy Coordinating Committee. Dr. Maa is our designated advocacy volunteer for speaking and writing on the need for policy change to reduce sugary drink consumption and end the twin epidemics of obesity and diabetes.

During his (volunteer) tenure with the AHA Dr. Maa has been dedicated to passing sugary drink taxes, with special attention on San Francisco where he is a longtime resident of District V. His assiduous efforts in support of the two sugary drink tax campaigns included volunteering time to educate the public by "pounding the pavement," raising funds, and testifying in City Hall in support of the ballot measures responsible for the creation of the SDDTAC body itself.

For all these reasons, it is with great confidence and enthusiasm that the American Heart Association supports Dr. John Maa in his application to serve on the San Francisco Sugary Drink Distributor Tax Advisory Committee.

Sincerely,

Eric Batch
Vice President of Advocacy
Western State Affiliate, AHA

Maria Olson
Senior Vice President
Greater Bay Area Division, AHA

Greater Bay Area Division

426 17th St, Ste 300, Oakland, CA 94612
Phone (510) 903-4050 Fax (510) 903-4049

www.heart.org

Chinese American Democratic Club



華裔民主黨協會

July 17, 2017

Derek Evans
1 Dr. Carlton B.
Goodlett Place, City Hall Room 244
San Francisco, CA 94102

Dear Mr. Evans,

It is a pleasure to write in support of Dr. John Maa's application to the SF Sugary Drinks Distributor Tax Advisory Committee.

We met Dr. Maa in 2016 when he was an advocate for Proposition V (a.k.a. Soda Tax). We were impressed that someone with his credentials would commit his time to participate in the democratic process at the grassroots level. He was knowledgeable on the issues and eloquent in his replies.

In addition, when we discussed Asian American issues associated with Proposition V, it was quite evident that he took genuine interest in our concerns. We believe his patience and understanding will also be extended to other minority groups when their issues are brought to the SF Sugary Drinks Distributor Tax Advisory Committee for discussion.

As a community, we are also proud of his accomplishments:

1. Board certified medical doctor
2. Board of Directors of the American Heart Association
3. President-elect of the San Francisco Medical Society

We understand the dedication and commitment he has made to his profession, and are impressed that he continues to give back to the community of San Francisco.

It is with the utmost enthusiasm that we recommend Dr. John Maa to the SF Sugary Drinks Distributor Tax Advisory Committee.

If you have any questions, please do not hesitate to ask.

Sincerely,

Wilson Chu
President
Chinese American Democratic Club

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San Francisco CA 94108
www.sfcadc.org



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drink Tax Advisory Committee

Seat # or Category (If applicable): _____ District: _____

Name: Lyra Ng, MD, MPH

Home Address: _____ Zip: 94080

Home Phone: _____ Occupation: Pediatrician

Work Phone: 650-761-3500 Employer: Chinese Hospital

Business Address: 845 Jackson St. San Francisco, CA Zip: 94133

Business E-Mail: lyran@chasf.org Home E-Mail: _____om

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: San Mateo County

Registered Voter in San Francisco: Yes No If No, where registered: San Mateo County

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am Dr. Lyra Ng, an Asian American pediatrician raised in the greater Bay Area, now serving the San Francisco Chinese community and the greater SF community through the efforts of CavityFreeSF and the Chinese Hospital in Chinatown. I am the doctor for kids from a wide range of communities in San Francisco. I am their medical provider, their nutrition educator and their oral health educator. My patients represent both natural born Asians as well as new immigrants from China and Hong Kong. My views are representative of the recommendations of the American Academy of Pediatrics in both preventive health care and acute care of sugary beverage triggered illnesses such as obesity and dental decay.

Business and/or professional experience:

I am a practicing pediatric medicine provider in my 14th year of practice. I also have a public health background with work experience in various research departments of the UCLA School of Public Health. Both professional sides come together in my role as a children's oral health advocate since 2015 with the Medical-Dental Integration team of the CavityFreeSF coalition. Our goal is to preserve oral health and dental health as the way to ensure full physical health and mental well being.

Civic Activities:

My efforts with the citywide CavityFreeSF movement involves connection with the SF Health commission via communications with Health Commissioner Dr. Edward Chow and Director of Public Health, Barbara Garcia. Regular monthly and quarterly meetings with members of the local health department and the department of maternal and child health via CavityFreeSF Medical-Dental Integration team meetings. Additionally, I attend monthly Chinatown Children's Oral Health Task Force meetings. These meetings all center around the CavityFreeSF goal of dental decay reduction in our vulnerable SF communities.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7/5/2017 Applicant's Signature: (required) Lyra Ng, MD, MPH

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

Lyrany MD, MPH

7/5/17

lyrang@yahoo.com

lyran@chastf.org

949-637-4877

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

I am a practicing pediatrician with a background in Public Health research at UCLA. I have worked at three UCLA departments including the UCLA Center for Health Policy Research, The UCLA Study of Women's Health Across the Nation + the UCLA Center for Injury Prevention.

2. Please describe your experience in early childhood nutrition education, if applicable.

My experience in early childhood nutrition is based on contact, education + counselling for patients + their parents + grandparents during their doctor visits. Nutrition recommendations are based on the American Academy of Pediatrics guidelines. Nearly every visit touches on nutrition questions.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary beverages intake signal a certain risk in a family associated with a lack of knowledge and respect for the DAMAGE that can be caused by excess sugar exposure. This damage includes childhood caries, excess body weight + obesity. It indicates an overall environment of lenient behavior that extends to other overuse issues.

4. Please describe your experience in community-based outreach.

My experience in Community Based outreach includes 2 on-going projects. The first is County Free SF since 2015 involving about 10-12 hours of volunteer time per month. The second is my free Preparing for the Baby class to introduce the concept of a medical home to the Asian Immigrant community since 2011.

affect our SF communities where citizens are of Asian, African American

Lyra W. Ng, MD, MPH

Current Practice:

12/10-present General Pediatrics, Chinese Community Health Services, Chinese Hospital, Gellert Health Services, 386 Gellert Blvd, Daly City, CA 94015

Post-Doctoral Training:

2017 -2019 UCSF Champion Providers Fellowship, Advocacy and media training.

2000-2003 Loma Linda University Medical Center & Children's Hospital.
11234 Anderson Ave, Loma Linda, CA 92354
Categorical Pediatric Internship and Residency

Education:

07/96-05/00 **Albany Medical College**, 47 New Scotland Avenue, Albany, NY, 12208.
Doctor of Medicine

09/92-12/94 **University of California, Los Angeles**, 10883 Le Conte Avenue, LA, CA, 90095
Masters of Public Health in Community Health Sciences

09/87-12/91 **University of California, San Diego**, 9500 Gilman Drive, La Jolla, CA, 92093.
Bachelor of Science in Biology

Medical Licensure:

2003, 2013 Diplomate, American Board of Pediatrics-MOC current

2001 California Medical License-current

Clinical Practice:

08/10-10/10 Job search in San Francisco.

06/10-07/10 General Pediatrics, Office of Robert Langston, MD,
3838 California Ave, Suite 815, San Francisco, CA 94118

05/04-04/10 General Pediatrics, Pediatric Medical Associates of TriCity, Inc.
2067 West Vista Way, Suite 180, Vista, CA 92083

05/03-03/04 General Pediatrics *per diem*, patient care, teaching medical and PA students.
La Salle Medical Associates, 685 Carnegie Drive, San Bernardino, CA, 92408

Volunteering:

2015 on-going CavityFreeSF: San Francisco Children's Oral Health Medical Integration Team and ICC member. NICOS Chinatown Taskforce on Children's Oral Health.

2015 on-going UCSF Medical School, 1st year medical student Pediatrics Selective

2014 - 2017 Vice chair of Pediatrics, Department of Family Practice and Pediatrics,
Chinese Hospital. 845 Stockton Street, San Francisco, CA 94133

2013-on going Touro University, 4th year medical student preceptorship.

2011 on-going UCSF Medical School, 2nd year medical student Pediatrics Preceptorship.

Research:

- 1995-1996 **Assistant Project Director**, UCLA Study of Women's Health Across the Nation. Coordinator of community outreach/recruitment. Interviewer, phlebotomist and biological data manager for a multi-site NIH/NIA menopause study. Primary Investigator: Gail Greendale, MD
- 1994-1995 **Research Assistant**, UCLA Center for Health Policy Research, Los Angeles, CA. Data collection, analysis, desktop publishing, Co-authored statements on women's health, health insurance coverage, homelessness, and managed care. Primary Investigator: E. Richard Brown, PhD.
- 1992 **Biology Consultant**, Sandia National Laboratory, Livermore, CA- Fuel Oil Spill Bioremediation. Consultation for *in situ* bioremediation regarding common bacterial metabolites and metabolic enzymes of hydrocarbon degradation.
- 1989, 1990 **Biomedical Fellow**, Lawrence Livermore National Laboratory, Livermore, CA- Food Mutagen Project, Associated Western Universities Fellowship. Topic-mutagenic metabolites of beef. Managed hybridoma and HeLa cell lines for antibody design and production. Primary Investigator: Martin Vanderlaan, PhD.

Experience:

- 1999-2000 **Class representative, Albany Medical College Student Body**
- 1997-2000 **Albany Medical College Admissions Committee, Interviewer and Tour Coordinator**, Evaluated candidates for Albany Medical College. Trained, coordinated 70 volunteers.
- 1997-2000 **Interpreter** for a Cantonese-speaking obstetric patient, AMC Family Practice Department, prenatal care visits and delivery, assisted with Medicaid and WIC

Awards:

- 2016 SFHP provider award for SF Children's Oral Health Advocacy
- 2011 AAP CATCH Implementation Grant: A Medical Home for Asian Immigrant Newborns
- 1999-2000 AMC Alumni Scholarship, 1993-1994 UCLA Trainee Scholarship
- 1990, 1991 UCSD Provost List
- 1989, 1990 Associated Western Universities Fellowship

Additional Language: Cantonese**Affiliations:** American Academy of Pediatrics**Publications:**

- Ng L, Janner D. (April 2003) Recurrent aseptic meningitis in a 5-year-old Latino male. *Journal of Pediatric Infectious Diseases*.
- Brown ER, Wyn R, Cumberland WG, Yu H, Able E, Gelberg L, Ng L. (1995) *Women's Health-Related Behaviors and Use of Clinical Preventive Services*, UCLA Center for Health Policy Research.
- Cousineau MR, Ng L, Pitts D, Shen S, et al. (1994) *At Risk: Los Angeles County, The Health of Its People and Its Health System*, UCLA Center for Health Policy Research.

Cousineau MR, Ng L, Wyn R, Brown ER. (1994) *Los Angeles' Health Safety Net is Threatened, PB-95-1*. UCLA Center for Health Policy Research.





July 10, 2017

San Francisco Board of Supervisors
San Francisco City Hall
1 Dr Carlton B Goodlett Pl,
San Francisco, CA 94102

**RE: Support for Sugary Drinks Distributor Tax Advisory Committee
Candidacy for Dr. Lyra Ng**

Dear Board of Supervisors,

I am writing in strong support of Dr. Lyra Ng as an applicant for seat 4 or 5 on the Sugary Drinks Distributor Tax Advisory Committee. Dr. Ng is an Asian American pediatrician raised in the Bay Area who currently serves the Chinese and broader community of San Francisco.

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community. The coalition fulfills its mission through research, training, advocacy, coalition-building and program implementation.

Since 2015, Dr. Ng has worked closely with NICOS as a member of the Chinatown Task Force on Children's Oral Health. I know Dr. Ng to be an experienced pediatric medicine provider with 14 years of experience in the practice and a passionate advocate for children and family health and wellness. In particular, Dr. Ng has been a strong supporter and partner in addressing the dire oral health situation within the Chinese community and low-income communities of color in San Francisco that is linked to the consumption of sugar-sweetened beverages. In addition to her valuable contributions on the Chinatown Task Force on Children's Oral Health, Dr. Ng is also a member of the Cavity Free SF movement supported by the San Francisco Health Commission and the Department of Public Health.

As a pediatric medical provider and an advocate for community health, Dr. Ng brings with her a wealth of knowledge and experience on the health statuses and needs of children and families throughout San Francisco. I believe that Dr. Ng can effectively evaluate the impact of the Sugary Drinks Distributor Tax on San Francisco's diverse communities and make informed recommendations to reduce the consumption of sugar-sweetened beverages and address health disparities for low-income communities of color in the City.

Once again, I strongly recommend Dr. Ng to serve on the Sugary Drinks Distributor Tax Advisory Committee. If you have any questions or would like further comments, please feel free to contact me at (415) 788-6426.

Sincerely,

Kent Woo, MSW
Executive Director

NICOS Chinese Health Coalition is a public-private-community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community.

The acronym, "NICOS," stands for the first initials of the five founding members. Additional organizations and individual members have since joined to form the overall health coalition.

Founding Members:

North East Medical Services
Chinese Community Health Care Association (IPA)

Chinese Hospital

On Lok Lifeways

Self- Help for the Elderly

Additional Members:

(partial listing)

APA Family Support Services
Asian & Pacific Islander American Health Forum
Asian Women's Resource Center
Chinatown Child Development Center
Chinatown Community Children's Center
Chinatown Community Development Center
Chinatown/ North Beach Mental Health Services (DPH)
Chinatown Public Health Center (DPH)
Chinatown YMCA
Chinese Community Health Plan
Chinese Community Health Resource Center
Chinese Hospital Medical Staff
Chinese Newcomers Service Center
Community Youth Center
Donaldina Cameron House
Gordon J. Lau Elementary
HealthRight 360
Kai Ming Inc.
Kaiser Permanente
National Council of Asian and Pacific Islander Physicians
Newcomers Health Program (DPH)
Richmond Area Multi-Services, Inc.
San Francisco CARD
San Francisco Health Plan
St. Mary's Chinese Day School
St. Mary's Medical Center - Asian Physician Advisory Committee (APAC)
University of California, San Francisco- Memory and Aging Center
University of California, Davis-Dept of Psychiatry and Behavioral Science
Wu Yee Children's Services
(Partial List)

1208 Mason Street
San Francisco, CA 94108
Phone: (415) 788-6426
Fax: (415) 788-0966
www.nicoschc.org



August 7, 2017

Re: Recommendation for Lyra Ng, MD to the Sugary Drinks Distributor Tax Advisory Committee

To Whom It May Concern:

Lyra Ng, MD, is an outstanding pediatrician who represents the best interests of the patients and communities she serves in San Francisco. I strongly recommend Dr. Ng to serve on the Sugary Drinks Distributor Tax Advisory Committee. Dr. Ng has volunteered with exceptional service on public health initiatives, including the Cavity-Free SF children's oral health collaborative and projects to promote childhood nutrition and physical activity (C-NAPA). Dr. Ng consistently provides an accurate and well-balanced perspective of her community and families' needs. She is passionate about health equity and health promotion, but she is always pleasant, calm, and team-oriented.

Dr. Ng is one of San Francisco's most effective advocates for community health, particularly related to children's oral health and childhood obesity—which are two major consequences of sugary drinks. She works as a pediatrician for Chinese Hospital Community Clinics. Chinatown and Chinese immigrant children have the highest rates of dental caries. We at SFDPH are grateful for Dr. Ng's intelligent leadership in developing and encouraging a standard of pediatric practice for assessing teeth and dental access; and for serving as a spokesperson for oral health issues for the Chinese media. Dr. Ng also utilizes her clinical and public health expertise, her understanding of patients and families, and community experiences in addressing childhood obesity. She is one of 3 physicians nominated by SFDPH who are currently completing a "Champion Provider" Fellowship with the California Department of Public Health (administered by UCSF) <http://champion.ucsf.edu/> to use her "expertise and respected voices to improve the health of communities through local policy, systems and environmental change."

Dr. Ng is highly respected by both her colleagues and her patients' families. She represents the health interests of so many of the most vulnerable children in San Francisco, and has particular insights of immigrant families. She has a strong understanding of how the funding can impact children, families, healthcare services, and community organizations. She has been completely fantastic to work with in every aspect. For these reasons, I strongly recommend the nomination of Dr. Ng to serve on the Sugary Drinks Distributor Tax Advisory Committee.

If you have any questions, please contact me at (415)575-5672 or curtis.chan@sfdph.org. Thank you for your commitment to public health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Curtis Chan".

Curtis Chan, MD, MPH
Medical Director of Maternal, Child and Adolescent Health
Deputy Health Officer, San Francisco Department of Public Health



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drink Distributor Tax Over-si

Seat # or Category (If applicable): 1,2,3,4,5 District: 11

Name: Catherine Covey

Home Address: [REDACTED] Zip: 94117

Home Phone: [REDACTED] Occupation: Physician

Work Phone: 510-541-1141 Employer: Clinic by the Bay

Business Address: 4877 Mission Street, San Francisco Zip: 94112

Business E-Mail: _____ Home E-Mail: ccovey@mac.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

Female

Business and/or professional experience:

Retired nephrologist (kidney specialist)
Founder and former president, Chabot Nephrology, now a 19 physician group of kidney spe
cialists
Medical Doctor at Clinic by the Bay, a free clinic for the uninsured
Member, medical advisory board of Clinic by the Bay

Civic Activities:

Volunteer physician and board member, Clinic by the Bay
Member, 2015-2016 San Francisco Civil Grand Jury

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7/9/17 Applicant's Signature: (required) Catherine Covey
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable. *As an experienced physician, I have seen first hand the devastating health impact of diabetes and obesity. As a nephrologist, I know that diabetes is the most common cause of kidney failure requiring dialysis. At Clinic by the Bay we see an epidemic of obesity and type 2 diabetes in the poor and people of color. I have read extensively about public health interventions which might be effective in preventing diabetes and its complications. For an individual patient, I have seen how decreasing sugary beverage consumption and other dietary modifications can delay the onset of diabetes. Evaluating how a sugar tax might decrease consumption will be very important to future public policy nationwide.*
2. Please describe your experience in early childhood nutrition education, if applicable. *I have only worked with adults. However, as a parent and provider of health care, I am familiar with the literature about early childhood nutrition education.*
3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco. *At Clinic by the Bay, we take an extensive history about consumption of sugary drinks from each new patient. I have been amazed at amount of sugary drinks consumed. Most patients aren't even aware of the negative health consequences of such consumption. Minorities have a higher burden of diabetes and obesity. The CDC reports that 13.2% of Hispanics and 12.9% of African Americans have diabetes. We certainly see this pattern in our clinic. An objective, scientific evaluation of whether a tax on sugary drinks can decrease consumption and improve public health in San Francisco could be very important to the health of all, especially minorities.*
4. Please describe your experience in community-based outreach. *I am dedicated to Clinic by the Bay, a clinic which cares **only** for uninsured patients, serving as a physician and a member of the medical advisory board. I am working with Supervisor Safai to allow recycling of unused prescription medications to patients who cannot afford to pay for their prescriptions. I served for a year on the Civil Grand Jury of San Francisco (2015-2016).*



Clinic by the Bay

4877 Mission Street
San Francisco
CA 94112

415.405.0207 o
415.405.0223 f

clinicbythebay.org

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Jennifer Miller, RN

Biana Roykh, DDS

Elisabeth Wilson, MD, MPH

San Francisco Board of Supervisors
San Francisco City Hall
San Francisco, CA 94102

To The Honorable Supervisors of San Francisco,

I am writing this letter in support of the application of Dr. Catherine Covey's application to serve on the "Sugary Drinks Distributor Tax Advisory Committee." Dr. Covey is a volunteer physician at Clinic By The Bay which is a free clinic, part of Volunteers in Medicine, serving low income uninsured San Francisco residents and workers. We are a volunteer run Primary Care Clinic that provides medical care, imaging, and laboratory services for free without any government funding or support. Dr Covey also serves on our Medical Advisory Board. She is a retired Nephrologist who, given her extensive experience caring for very ill people, and given the fact that we care for some complicated patients, has become one of our most valuable volunteer physicians. She volunteers on a frequent and regular basis and has demonstrated a sincere desire to care for underserved patients who are very ill. She has an uncompromising commitment to caring for our patient population. She has a deep understanding of metabolic issues and the effects of poor nutrition on health. She takes care of a significant population of Diabetics with complications at the clinic. These are people that have no other access to healthcare and thus have waited until they are very ill before coming to see us. Many of our patients are Hispanic and Asian, who are disproportionately affected by Diabetes and hypertension. She is a clear thinker, practical, who cares deeply about people. She is a great source of ideas, in her role on the Medical Advisory Committee, that result in operational improvements. She is also in charge of a project she has just initiated that will help bring expensive, unaffordable medications used to treat diabetes and hypertension to patients for free. She would be a most capable and effective representative of our organization and the people for whom we care.

Sincerely,

David Goldschmid, MD
Medical Director, Clinic By The Bay



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Soda Tax Advisory

Seat # or Category (If applicable): Seat # 4 or 5 District: _____

Name: Roberto Ariel Vargas, MPH

Home Address: [REDACTED] Zip: 94080

Home Phone: [REDACTED] Occupation: Navigator

Work Phone: _____ Employer: UCSF

Business Address: 550 16th Street, 6th Floor, SF, CA Zip: _____

Business E-Mail: roberto.vargas@ucsf.edu Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: South San Francisco

Registered Voter in San Francisco: Yes No If No, where registered: South San Francisco

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

My family first came to SF in 1946. My parents and I are graduates of SF public high schools. I was born and raised in the Mission, and lived in the Bayview for 25 years, until being displaced 3 years ago. I have served the Mission and Bayview communities all my life in non-profits and the SFUSD.

I have two teenage children who need their own rooms. As a result, when we lost our housing in 2014, we were forced to leave the Bayview. The Soda Tax advisory is not a chartered commission, so I believe I don't need to be a resident to serve. If I am deemed

Business and/or professional experience:

I have worked at UCSF for 12 years, with 8 of those years focused on reducing consumption of sugary drinks in SF. I helped facilitate the creation of SF policy on sugary drinks, building partnerships between SF BOS, UCSF scientists, and health advocates. I've partnered with experts in this field from across the US and Mexico, providing expert technical assistance, leveraging UCSF scientists, and learning from them. I helped convene partners to design the 2014 SF Soda Tax and provided advising and assistance in developing and passing the 2016 tax. I debated representatives of the American Beverage Association to get endorsements for the tax in 2014 and 2016, representing the communities I was raised in, not UCSF. I continue to work on increasing access to public water and water promotion in low income communities, and communities of color in SF in partnership with SFPUC, UCSF and

Civic Activities:

I currently serve on the Chicano Latino Indigena Health Equity Coalition, though I'm not applying for a seat representing that group. I also serve on the National Council of Research Advocates (NCRA) of the National Cancer Institute (NCI), appointed from 2015-2019. At the NCRA, we provide guidance to the Director of the NCI for national cancer research investment and strategy. In the past, I served as president of the Board of Directors for the Central American Resource Center of San Francisco (CARECENSF) for 6 years. I've served on the board of directors of the Mission Cultural Center for Latino Arts for several years. I currently am a dancer for Danza Azteca Xitlalli and have provided many volunteer hours dancing and singing for community events

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: June 20, 2017 Applicant's Signature: (required) Roberto Ariel Vargas

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

On behalf of UCSF, I helped lead research into community perspectives on education and policy approaches to reducing consumption of sugary drinks in the BVHP, Mission and Tenderloin in 2014. What we learned in partnership with the SFDPH, Rafiki Coalition, NICOS and Instituto Familiar De La Raza, and the American Heart Association helped us develop education approaches like OpenTruth.org, and helped us shape 3 City policy proposals on sugary drinks that passed unanimously in SF, 2015. I helped lead a partnership between UCSF, UC Berkeley and the SFDPH that evaluated our campaign.

2. Please describe your experience in early childhood nutrition education, if applicable.

I have worked in early childhood settings as a tutor, teacher's aide, and as an aide to bus drivers transporting small children. While parenting my own small children, I got graduate training in public health, with an emphasis in community health education. On the board of CARECEN SF, I helped provide input and guidance on program development, including for our physical activity and nutrition programs. In the last several years, I've convened partnerships between community health education programs, UCSF and SFDPH to develop sugary drinks and water promotion curricula to be used across SF.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

African American and Latino communities-- especially teens-- are disproportionately high consumers of these products. They are also targeted more heavily by marketing of these products by the sugary drinks corporations. Asian teens have shown increased consumption of sugary drinks in recent years. Communities like the Tenderloin and the BVHP have rates of diabetes-related hospitalization are 5-7 times that of some west-side neighborhoods. Heart attack, stroke, and obesity are scientifically proven to be of greater likelihood for heavy consumers of sugary drinks, and are also documented to occur at higher rates in the TL, BVHP, Mission, SOMA and even Treasure Island. We are working to fix this.

4. Please describe your experience in community-based outreach.

I was a street outreach worker for the Mayor's Gang Prevention Program from '89-'92 in the Mission, working to mediate street conflict and provide direct service to youth. As the Director of the RAP Collaborative from '00-'05, and later as a UCSF employee from '05-'07, I again served in this role as a volunteer for the Calles Program. In recent years, I've served in a role at UCSF that enables me to conduct outreach on behalf of the University, seeking opportunities to build partnership between UCSF and community. That work has allowed me to build partnership with programs working for health equity in Chinatown, the Mission, the Excelsior, the Tenderloin, SOMA and more. My work requires and enables me to find ways of linking world class science to passionate and skilled community leadership. Our work seeks to find the nexus between science and community assets and will.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): 4 and 5 District: N/A (residence in district 7)

Name: Hilary Seligman MD MAS

Home Address: [REDACTED] Zip: 94127

Home Phone: [REDACTED] Occupation: physician/researcher

Work Phone: 415-206-4448 Employer: UCSF

Business Address: Box 1364 Zip: 94127

Business E-Mail: hilary.seligman@ucsf.edu Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am trained as a primary care physician and a health disparities researcher. I practiced primary care medicine at Zuckerberg San Francisco General Hospital for more than ten years while I developed deep expertise in food insecurity, both in San Francisco and nationally. My work now focuses entirely on food insecurity, both the study of its implications (particularly for health and dietary intake) and design of interventions to improve food security. I am the founder of EatSF (a fruit and vegetable voucher program for low-income residents of San Francisco), which has deep connections in the Tenderloin, SOMA, and BVHP neighborhoods. I am deeply committed to efforts to end hunger and food insecurity in San Francisco.

Business and/or professional experience:

Current positions include:

- Associate Professor, Departments of Medicine and of Epidemiology and Biostatistics, UCSF
- Faculty, UCSF's Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital
- Senior Medical Advisor, Feeding America (501c3 non-profit)
- Director, CDC's Nutrition and Obesity Policy Research and Evaluation Network

Civic Activities:

I serve in the following capacities in my efforts to support a food secure San Francisco:

- Member, Food Security Task Force (Seat 6)--appointed 2013. I have led numerous projects on behalf of the Task Force, including the development of a healthy food voucher program (EatSF) and, most recently, the Task Force's Policy on screening for food insecurity.
- Board of Directors, San Francisco-Marin Food Bank--appointed 2013.
- Board of Directors, California Food Policy Advocates--appointed 2012.
- Founder, EatSF (www.eatsfvoucher.org)

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7/1/2017 Applicant's Signature: (required) Hilary Seligman

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption.

My professional expertise is in public health, with a focus on the health impact of food insecurity and the effectiveness of policies and programs designed to support food security.

Among my more than 50 peer-reviewed publications are ones describing:

- the effectiveness of using food pantries as a site for diabetes-appropriate food distribution and diabetes self-management support
- the increase in hospital admissions for low blood sugars among patients with diabetes at the end of the month due to exhaustion of food budgets
- health care costs associated with food insecurity, and the positive impact of programs such as SNAP (CalFresh) in supporting health and reducing food insecurity-associated health care costs

2. Please describe your experience in early childhood nutrition education, if applicable.

I direct the Centers for Disease Control and Prevention (CDC) Nutrition and Obesity Policy Research and Evaluation Network. This work includes facilitating cross-sector and collaborative activities across numerous different fields related to nutrition and obesity policy, including one workgroup focusing specifically on Early Care and Education. Activities of this workgroup can be found at https://nopren.org/working_groups/early-care-and-education/.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Sugary drinks are ubiquitous. Despite overwhelming evidence of their contribution to epidemics of obesity, diabetes, and other diet-sensitive diseases, individual efforts to reduce consumption is challenging because they are cheap, palatable, heavily marketed, and universally available. Policy efforts to reduce consumption can therefore support individuals across the socioeconomic spectrum to reduce consumption. Communities at greatest risk for harms related to SSB consumption are those at highest risk of chronic disease, including low-income and minority populations. These are the populations in which I focus my efforts. However, I also recognize the complexity of this issue for low-income populations; efforts to reduce sugary drink consumption must be carefully balanced with efforts to support food security and access to healthy foods. This is why the work of this Advisory Panel is so important.

4. Please describe your experience in community-based outreach.

I have always balanced my academic work with a deep commitment to supporting food security in San Francisco. As a long-time member of the Food Security Task Force, I work with many community-based organizations to end hunger in San Francisco. EatSF, the healthy food voucher program I founded, provides fruits and vegetables to approximately 1200 households (including all low-income, pregnant women in San Francisco currently) every week for redemption in neighborhood stores. As part of my work with Feeding America, I work very deeply with food banks and food pantries throughout the US on strategies to improve the nutrition of the foods they distribute and better support clients with chronic disease.



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Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Dist. Tax Advisory
Committee

Seat # or Category (If applicable): Vacant Seat 4 or 5 District: 6

Name: Alice Jo Pilram, RN MS, CPNP

Home Address: [Redacted] Zip: 94102 94130

Home Phone: [Redacted] Occupation: Pediatric Nurse Practitioner

Work Phone: 415-600-0702 Employer: Stanford Children's Health

Business Address: 3700 California St. #B555 Zip: 94118

Business E-Mail: apilram@stanford Home E-Mail: [Redacted]
childrens.org

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I live on Treasure Island and work in San Francisco. I see children & their parents in clinic and we accept all patients regardless of ethnicity, race, age (Pediatrics to age 21), sex orientation, gender identity, uninsured, with or without disability. We care for the full spectrum of children.

Business and/or professional experience:

Please see CV enclosed.

Civic Activities:

Active member of the Navy's RAB program on Treasure Island.
Member of Treasure Island Museum Assoc.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. (Please submit your application 10 days before the scheduled hearing.)

Date: 7/7/17

Applicant's Signature: (required)

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

As I work in Pediatric Endocrinology, as a part of my job I am constantly reviewing new research and best practices for treating children with conditions directly affected by consumption of sugars.

2. Please describe your experience in early childhood nutrition education, if applicable.

As a ped's nurse practitioner I advise all patients as to best nutrition practices. I also work directly with two registered pediatric dieticians on a daily basis.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Any & every child exposed to sugar loves sugar and anything sweet. We have a responsibility to educate parents & caregivers of the outcomes of exposing children to sugar & the consequences it brings to lifelong poor habits as opposed to healthy habits!

4. Please describe your experience in community-based outreach.

I have extensive experience in teaching children & parents in the classroom, K-6th grade, with healthy foods, good nutrition - avoidance of soda & juices, dental hygiene, good hand hygiene, etc.

ALICE JO PILRAM, RN, MS, CPNP



EDUCATION:

1997 University of California, San Francisco

Degree: Master of Science

Focus: Advanced Practice Pediatric Nurse (Pediatric Nurse Practitioner and School Nurse Practitioner)

1977 Pittsburg State University

Pittsburg, Kansas

Degree: Bachelor of Science in Nursing

PROFESSIONAL EXPERIENCE:

August 2014 to Present – Pediatric Nurse Practitioner, Endocrinology, Stanford Children’s Health at CPMC, San Francisco, CA

Assess, plan and implement medical care of pediatric endocrine and diabetes patients under the supervision of the Pediatric Endocrinologists, in the outpatient setting, including multiple outreach clinics. Includes the position of certified CCS nurse, planning and implementing case management of CCS qualified patients. Working with the certified diabetes education nurse and the internal education department to plan in-service and continuing education in pediatric diabetes for hospital staff nurses and clinic staff. Maintaining databases for CCS, diabetes and endocrine patients. Working closely with colleagues in specialty services to maintain continuity of care for children with multiple, chronic disabilities. Including care of inpatients with the Endocrine service within the Sutter hospital system. Using EPIC electronic medical record system.

Assess, plan and implement medical care for children including the following diagnoses: Type I and II diabetes, growth issues, obesity, polycystic ovarian syndrome, metabolic syndrome, obesity, hypercholesterolemia, transgender children, thyroid issues, adrenal issues, pituitary issues.

May 2011 to August 2014 – Pediatric Nurse Practitioner, Endocrinology, Sutter Pacific Medical Foundation, San Francisco, CA

Same job as above. Practice sold to Stanford Children’s Health in August 2014.

Jan 2011 to May 2011 – Pediatric Nurse, Endocrinology, Sutter Pacific Medical Foundation, San Francisco, CA (Temporary Position)

Assist Pediatric Endocrinologist with administrative nursing functions in the outpatient department at Sutter Pacific Medical Foundation.

Sept 2010 to Dec 2010 – Pediatric Nurse Practitioner, Pediatric Cardiology, Lucille Packard Children’s Hospital, Palo Alto, CA (Temporary Position)

Assess, plan and implement medical care of patients in the Pediatric Heart Failure/Heart Transplant Clinic. Position involves telephone triage, pre- and post- operative transplant teaching for children and their families and medical management of children in heart failure, including outpatient management of ventricular assist devices.

2002 to June, 2010 – Pediatric Nurse Practitioner, Pediatric Cardiology, Sutter Pacific Medical Foundation, San Francisco, CA

Assess, plan and implement medical care of cardiology patients under the supervision of the Pediatric Cardiologist, both in hospital and outpatient setting, including multiple outreach clinics. Certified CCS nurse, planning and implementing case management of CCS qualified patients. Worked with education department to plan in-service and continuing education in pediatric cardiology for hospital staff nurses and clinic staff. Participated in quality assurance activities. Maintained databases for CCS and surgical patients. Worked closely with colleagues in specialty services to maintain continuity of care for children with multiple, chronic disabilities.

1997 to 2002 – Pediatric Nurse Practitioner, Primary Care Provider, The Health Trust, School Health Clinics, San Jose, CA

Certified by multiple insurance plans as a primary care provider. Provided care to students and their siblings, ages 1 to 18, in a school based clinic located in the San Jose Unified School District. Included immunization clinics and health education in the classrooms of multiple elementary schools.

1997 to 1998 – Pediatric Nurse Practitioner, Triantos and Milford, Los Gatos, CA

Provided care to pediatric population of private medical group. Duties included physical exams, illness, minor injuries, and immunizations under the supervision of pediatrician.

1996 to 1997 – Pediatric Nurse Practitioner Student, UCSF, Camino Medical Group, Santa Clara, CA, preceptor Dr. Ken Vereschagin

Provided care to children, ages newborn to 18, in the primary care outpatient setting, including complete physical exams, well baby routine checks and immunizations, kindergarten screening, and minor illnesses and injuries, and adolescent counseling.

1996 to 1997 – Pediatric Nurse Practitioner Student, UCSF Practicum at Mission High School, San Francisco, CA

Provided primary care to the adolescent population of the high school. Included complete physical exams, care of minor illnesses and injuries, and adolescent counseling.

1991 to 1997 Clinic Nurse II, Pediatrics, Camino Medical Group, Sunnyvale, CA

Assisted the physician in the primary care practice of pediatrics. Assessed patients, performed vision and hearing screenings, administered immunizations, revised protocols and procedures, and various other tasks concerning office management.

1979 to 1983 Clinic Nurse II, Pediatrics, Sunnyvale Medical Clinic, Sunnyvale, CA

Hired as a Float Pool Nurse, trained and assisted various physician within the clinic system. Took permanent position in Pediatrics performing duties as listed above.

1978 to 1979 Charge Nurse, Medical/Surgical Floor, Labette County Medical Center, Persons, Kansas
Charge Nurse for a 40 bed unit of post-surgical and medical patients.

1977 to 1978 Staff Nurse II, Intensive/Coronary Care Unit, St. Joseph's Medical Center, Wichita, Kansas
Float nurse in Intensive and Coronary Care Units in a 500-bed tertiary hospital. Completed American Heart Association course in EKG Interpretation.

1974 to 1977 Unit Clerk, Labette County Medical Center, Parsons, Kansas

Assisted the professional medical and nursing staff in the hospital with transferring orders and scheduling procedures on the medical and surgical floors of a 120-bed community hospital.

LICENSURE AND CERTIFICATION:

2010 ANCC National Certification, Pediatric Nurse Practitioner-Current
2010 Federal DEA Number-Current
1998 Furnishing Number, Nurse Practitioner, State of California-Current
1997 Nurse Practitioner, State of California-Current
1995 Certified Audiometrist, State of California
1995 Pediatric Advanced Life Support, Certified-Current
1979 Registered Nurse, State of California-Current
1977 Basic Life Support, Certified-Current
1977 Registered Nurse, State of Kansas

PROFESSIONAL ORGANIZATIONS:

California Association of Nurse Practitioners
National Association of Pediatric Nurse Practitioners

CURRENT PROJECTS:

ANCC Item Writer for 2013 National Pediatric Nurse Practitioner Exam
Completed the 6th Annual Becoming a Diabetes Educator Program at UCSF
Studying and logging hours toward CDE certification

OUTSIDE INTERESTS:

Community Chairperson with the US Navy's Restoration Advisory Board, Naval Station Treasure Island, San Francisco, CA
Past Board of Directors for Treasure Island Yacht Club, San Francisco, CA



**Board of Supervisors
City and County of San Francisco
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Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory

Seat # or Category (If applicable): 4 District: 6

Name: Michelle Antone

Home Address: [REDACTED] Zip: 94103

Home Phone: [REDACTED] Occupation: Community Health Worker

Work Phone: 415-857-8688 Employer: Native American Health Center

Business Address: 1089 Mission Street Zip: 94102

Business E-Mail: michellean@nativehealth.org Home E-Mail: [REDACTED]m

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have worked at the Native American Health Center for 10 years in community health. I work on many levels of prevention such as diabetes prevention and nutritional education. My family is Native American and we have four generations of our family in San Francisco. Also my sister was diagnosed with diabetes and she passed during January 2014. So health disparities and diabetes prevention is very important work to me. I work closely with youth educating them on healthy choices in their beverages and food.

Business and/or professional experience:

I started out working at the native american health center in the medical billings department. I then moved up to Peer support worker, Family advocate to Community Health worker. I lead the community governing body meetings called Blanket Weavers with the Native American community. I do outreach and collaborate with other departments in health care and behavior health. I work on contracts with the city and county and attend trainings with the public health department.

Civic Activities:

I am an active activist in the native community. I attend housing meetings advocating for housing for the American Indian community. I also am a leader with the Indian Education program with the SFUSD. I also work with partners in the latino community around violence prevention and also food workshops to bring back our traditional foods to our people.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7.28.17 **Applicant's Signature: (required)** Michelle Antone
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

My experience at the NAHC has given me greater knowledge of diabetes and health disparities in the AIAN community. I am part of many programs at the clinic that work with AIAN clients who are at risk of diabetes or have diabetes. A lot of AIAN people in our community do not know about the risk of diabetes from too much sugary drink consumption. We try and provide healthy sugar free drinks at our events and gatherings. We try and teach our AIAN youth during our afterschool programs to make healthier choices.

2. Please describe your experience in early childhood nutrition education, if applicable.

While working at Sanchez Elementary School with the Indian Education program, we make it a priority to offer healthy choices of snacks and beverages. We encourage our youth to drink water. We understand that the AIAN families in our community can not afford healthy drinks and often choose sugary drinks because its cheaper. I am a mother and an auntie and I practice teaching our family to make good choices as well to prevent diabetes because it runs in our family. We lost my sister to diabetes so we are very aware of the risks of getting diabetes.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Diabetes, obesity, tooth decay, lack of energy and nutrition. Because AIAN are the smallest population we often get overlooked when it comes to health disparities and life expectancies. But it is due to poor health from lack of health education and lack of resources available, poverty, homelessness and other social and economic disparities.

4. Please describe your experience in community-based outreach.

Through my position at NAHC we offer health education around nutrition, diabetes, exercise, the importance of drinking water and not sugary beverages. We often try to hold events for the AIAN communities through all the Urban Indian Health Organizations to return to our traditional foods and culture. The AIAN community has always been doing this work to outreach to our communities and we are an example on a national level of what works to lower the risk of getting diabetes. We have the research and data to improve our services that we offer for diabetes prevention.



**Board of Supervisors
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Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): 4, 5, 16 District: _____

Name: Amy L. Beck

Home Address: [REDACTED] Zip: 94116

Home Phone: [REDACTED] Occupation: Pediatrician

Work Phone: (415) 476-3368 Employer: UCSF

Business Address: 550 16th Street 5th Floor San Francisco, CA Zip: 94158

Business E-Mail: amy.beck@ucsf.edu Home E-Mail: [REDACTED]m

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I have been a resident of San Francisco since 2007. I live in the Inner Parkside District with my husband and two children ages 3 years and 7 months. I completed a residency in pediatrics at UCSF and San Francisco General Hospital. Since completing my residency, I have worked as a pediatrician at UCSF and San Francisco General Hospital. I have been an Assistant Professor of Pediatrics at UCSF and San Francisco General Hospital since 2014.

Business and/or professional experience:

I am an Assistant Professor of Pediatrics at UCSF and Zuckerberg San Francisco General Hospital (ZSFG). I am the co-director of the Healthy Lifestyles Clinic, the pediatric obesity clinic at ZSFG. I am also a primary care provider for children at ZSFG. I devote 75% of my time to research on early childhood obesity with a focus on preventing obesity in low-income children. My research is funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Hellman Fellows Fund.

Civic Activities:

I am a member of the Health Advisory Board for the San Francisco Boys and Girls Club.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7/7/2017 Applicant's Signature: (required) Amy L. Beck

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

2. Please describe your experience in early childhood nutrition education, if applicable.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

4. Please describe your experience in community-based outreach.



August 17, 2017

Re: Recommendation for Amy Beck, MD to the Sugary Drinks Distributor Tax Advisory Committee

To Whom It May Concern:

Dr. Amy Beck is an outstanding pediatrician and UCSF physician researcher with expertise in preventing and treating childhood obesity. I highly recommend Dr. Beck to serve on the Sugary Drinks Distributor Tax Advisory Committee, as she may have the strongest understanding of public health approaches to preventing and treating childhood obesity in the San Francisco Bay Area. The Advisory Committee would likely benefit immensely from her expertise and experiences in San Francisco. Amy is also very team-oriented, thoughtful, and pleasant to work with.

Dr. Beck is uniquely qualified for this position among San Francisco health care providers due to her clinical and research expertise. Dr. Beck is the co-director of the Healthy Lifestyles Clinic at Zuckerberg San Francisco General Hospital (ZSFG), a clinic focused on treating childhood obesity. She has served in this role since 2013. As co-director of the Healthy Lifestyles Clinic, Dr. Beck treats individual patients, provides group education classes for parents, and oversees clinic programming and initiatives. As a result of countless hours spent working with obese children and their families, Dr. Beck has a deep awareness of the factors that contribute to obesity among low-income children in San Francisco and the structural barriers to preventing and treating childhood obesity. Dr. Beck is also an accomplished researcher in the area of early childhood obesity prevention. She has conducted research examining the factors that contribute to obesity in Latino children and has also conducted extensive qualitative research with Latino parents to better understand their beliefs and practices related to beverage consumption, screen time, and infant and toddler feeding practices. She is currently funded by the National Institute for Child Health and Human Development to develop and evaluate a primary care based intervention to prevent obesity in low-income Latino infants and toddlers. She is also in the midst of a qualitative study to better understand the barriers and facilitators to healthy eating and physical activity among adolescents who receive primary care at ZSFG.

In addition to her clinical work and research, Dr. Beck has a track record of contributing to community and government initiatives related to child health. She serves on the Health Advisory Board of the San Francisco Boys and Girls Club. She is also participating in the Champion Provider Fellowship sponsored by the California Department of Public Health. Champion Providers receive training on advocacy related to obesity prevention and partner with their local health department on a project. For Dr. Beck's project, she is working to identify barriers to enrollment in physical activity programs among children who receive care in the Healthy Lifestyles Clinic as a means to advocate for improved access to physical activity programming. Dr. Beck is strongly committed to reducing disparities in obesity and obesity related conditions among children in San Francisco through her clinical work and research. Given her experiences and expertise, she would be an outstanding contributor to the Sugary Drinks Distributor Tax Advisory Committee.

If you have any questions, please contact me at (415)575-5672 or curtis.chan@sfdph.org. Thank you for your commitment to public health.

Sincerely,

A handwritten signature in blue ink that reads "Curtis Chan".

Curtis Chan, MD, MPH

Medical Director of Maternal, Child and Adolescent Health

Deputy Health Officer, San Francisco Department of Public Health



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory

Seat # or Category (If applicable): 6 District: 6

Name: Areeya Chananudech

Home Address: [REDACTED] Zip: 94102

Home Phone: N/A Occupation: _____

Work Phone: [REDACTED] Employer: _____

Business Address: _____ Zip: _____

Business E-Mail: [REDACTED] Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a 17 year old Asian American woman living in District 6, I feel that these qualifications represent the diversity in San Francisco. By having these qualifications, it is important to be able to voice any thoughts and concerns within the community. As a woman of color, being heard is one of the many crucial parts of being a part of a community. Being young can also impact the young minds of San Francisco and can lead to a better future for the next generation.

Business and/or professional experience:

My sophomore year of high school, I had applied to the Mayor's Youth Employment and Education Program (MYEEP). This program had lead me into job readiness and working with others my age. During the year, I was recruited to become a counselor in training by my supervisor to help assist with the workshops for MYEEP. As a CIT, I created and facilitated workshops to help serve the participants of the Mayor's Youth Employment and Education Program. While becoming a counselor, I also attended workshops on how to work with developing youth who come from different backgrounds. The experience from this program has encouraged me to be more involved with my community.

Civic Activities:

One of the many civic activities I did include being a part of the organization of Proposition F. Proposition F was a bill created to lower the voting age to 16, and to have 16 year olds have a chance to vote for local officials including the Board of Education. Part of my duty was to make calls to a list of registered voters to emphasize the importance and understanding of Proposition F. Another activity that I am involved and participate in is Youth and Government. Youth and Government has given me the opportunity to run for vice president. As a vice president in Youth and Government, I became a leader to the other delegates. Part of my responsibilities is to plan meetings that included ice breakers, check ins, current events, and potential bill topics. State-wide conferences in Youth and Government has also made me interested in the Court of Appeals. The Court of Appeals gave me a better understanding of

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: July 3rd, 2017 **Applicant's Signature: (required)** Areeya Chananudech
(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:
Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

2. Please describe your experience in early childhood nutrition education, if applicable.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

4. Please describe your experience in community-based outreach.

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As a 17 year old Asian American woman living in District 6, I feel that these qualifications represent the diversity in San Francisco. By having these qualifications, it is important to be able to voice any thoughts and concerns within the community. As a woman of color, being heard is one of the many crucial parts of being a part of a community. Being young can also impact the young minds of San Francisco and can lead to a better future for the next generation.

Business and/or professional experience:

My sophomore year of high school, I had applied to the Mayor's Youth Employment and Education Program (MYEEP). This program had lead me into job readiness and working with others my age. During the year, I was recruited to become a counselor in training by my supervisor to help assist with the workshops for MYEEP. As a CIT, I created and facilitated workshops to help serve the participants of the Mayor's Youth Employment and Education Program. While becoming a counselor, I also attended workshops on how to work with developing youth who come from different backgrounds. The experience from this program has encouraged me to be more involved with my community.

Civic Activities:

One of the many civic activities I did include being a part of the organization of Proposition F. Proposition F was a bill created to lower the voting age to 16, and to have 16 year olds have a chance to vote for local officials including the Board of Education. Part of my duty was to make calls to a list of registered voters to emphasize the importance and understanding of Proposition F. Another activity that I am involved and participate in is Youth and Government. Youth and Government has given me the opportunity to run for vice president. As a vice president in Youth and Government, I became a leader to the other delegates. Part of my responsibilities is to plan meetings that included ice breakers, check ins, current events, and potential bill topics. State-wide conferences in Youth and Government has also made me interested in the Court of Appeals. The Court of Appeals gave me a better understanding of being a respondent, appellant, and justice by giving me California laws and U.S Amendments to use in cases which I was able to debate in.



Nancy Hernandez
Teen Programs Specialist
Buchanan YMCA of San Francisco
1530 Buchanan Street
San Francisco, CA 94115

To whom it may concern,

I am writing this letter on behalf of Areeya Chananudech who has been a staple in our Buchanan YMCA Community serving the Western Addition and Fillmore neighborhoods of San Francisco. She has shown commitment and dedication through participating in several of our youth programs. I am very proud of her many accomplishments, especially as a 2 year participant in our Mayor's Youth Employment and Education Program (MYEEP). She has also been a part of our Youth & Government program for 2 years and our Mock Trial program for the past 2 years. Areeya has helped several of our programs grow by recruiting youth to our programs through sharing her experiences with her peers.

When I meet Areeya last summer I knew she would be one of the youth that would make the biggest positive impact in my first year working with youth. She instantly wanted to start planning for our Youth and Government program. Her role in this program was as the Historian, she was responsible for taking photos during our conferences and reporting on the events and conference. She took it upon herself to teach me the steps and roles about the Youth & Government program because I was new to it. She was always coming early to meetings to set up and was helping the students that were in charge of making dinner. I believe she not only had a responsibility as an officer but took the initiative to go on and beyond her role.

I am confident Areeya would be the perfect fit for the Sugary Drinks Distributor Tax Advisory Committee for several reasons. She would be the only youth in this committee and she would be able to share her ideas as a youth growing up in San Francisco. She likes to have her voice heard and is passionate about issues in this city. I believe Areeya is a huge asset for this Committee because she encourages positive outcomes in what she is passionate about.

Sincerely,

Nancy Hernandez

To Whom It May Concern:

It is with my great pleasure to recommend Areeya Chananudech to the Sugary Drinks Distributor Tax Advisory Committee. I hold Areeya in the highest esteem and believe through her work and growth witnessed this past school year, she is the perfect candidate for this position. As her MYEEP coordinator I can attest to Areeya's work ethic while attending workshop, her respect for her fellow peers, her academic and personal successes, among a host of other qualities.

As a participant in MYEEP, Areeya has created a strong bond with her fellow participants, and is always the first participant to complete her tasks and assignments. She has taken a leadership role among many of her fellow participants by applying and interviewing for the CIT (Counselor in Training) position. Being 1 of 3 CIT's Areeya's job was to plan and facilitate workshops to upwards 40 of her peers. Where it may take other youth some time getting used to facilitating/speaking in front of a group of youth their own age, Areeya flourished in her role and was truly a model CIT.

Aside from her duties as a MYEEP CIT, Areeya also took up a leadership role at Buchanan YMCA's Youth and Government Program. At weekly meetings and state wide conferences Areeya began to hone and practice her skills speaking among an audience, skills that would aid in her ability to be a positive youth addition to your committee. I am confident Areeya has all the tools to be successful as the youth advocate in this committee. Her willingness to speak up not only for herself, but her peers will be vital and bring a youthful perspective to this committee.

Areeya would be an asset to any committee and I am confident to give her my full support and endorsement. Should you have further inquiries please feel free to contact me at mmendoza@ymcasf.net.

Sincerely,

Matthew Mendoza



Our mission is to convene partners for greater collective impact in order to create equitable and sustainable environments, systems and policies that promote healthy eating and active living across the lifespan in San Francisco.

SUSF Coalition Co-Chairs

Roberto A. Vargas
Navigators
UCSF Community Engagement
& Health Policy Program

Sarah Fine
*Director, The Bigger Picture
Manager, Health
Communications*
UCSF Center for Vulnerable
Populations

SUSF Ambassador

Beatrice Cardenas-Duncan
Policy Advocate
American Cancer Society
American Heart Association

www.shapeupsf.org

July 18, 2017

Dear SF Youth Commissioners,

The Shape Up SF Coalition appreciates San Franciscan voters for choosing health at the ballot box last November. As you know, the Shape Up SF Coalition has been working on decreasing consumption of sugary drinks for over a decade and we are excited about the SSB legislation and the advisory committee that will be formed. Given the Coalition's extensive work on sugary drinks and chronic disease prevention, we have enclosed a list of recommended guidelines to help ensure success, as well as recommendations of Advisory Committee members for considerations by City leadership that we would like to share with you.

Below is a list of recommended guidelines that we think are fundamental to the success of the SSB Advisory Committee and ultimately, to the successful implementation of the distributor's fee:

1. Encourage the committee to make recommendations for spending revenue on chronic disease prevention with a focus on communities with higher consumption of SSB and higher prevalence of chronic diseases. Encourage the BOS and the Mayor to ensure these funds are spent for the same.
2. Ensure key tenets of legislation are executed which include adequate funding for evaluation and interventions that address communities most impacted by SSB consumption and industry targeting.
3. Ensure that the committee fund and evaluate programs and strategies that are based on data, evidence and best practices.
4. Collect and analyze data describing SSB consumption trends as well as impact of funded programs and initiatives.
5. Ensure that all communication, outreach and programs are culturally appropriate, culturally sensitive and reach caregivers, families, and communities across the age spectrum.
6. Support interventions that address chronic disease prevention across the spectrum of prevention, including the following targets: community-clinic interventions, individual behavior change, education/awareness campaigns, and systems/policy change to address upstream social determinants of health.
7. Ensure efforts are collaborative and coordinated across city agencies, CBOs, and clinical systems; adopt collective impact model of work.
8. Promote community engagement, capacity building, and leadership development in communities to foster sustainable change.
9. Commit to disseminating lessons learned broadly so that other jurisdictions may learn and benefit.
10. Fund dedicated staff to oversee, execute, and evaluate work funded through the fee. Limit City staffing costs to no more than 15% of revenue generated from the distributor's fee.
11. Staff to the Advisory Committee should include subject matter experts in the health impacts of SSB and chronic disease prevention.
12. Create appropriate safeguards so Advisory Committee members who represent institutions or organizations that may apply for funding may serve on the committee without conflict of interest.

Based on our decade of work in this area, the Shape Up SF Coalition has developed effective, collaborative relationships with a number of number of subject matter experts who are committed to reducing the health inequities that overconsumption of sugary drinks exacerbate. We support the appointment of Areeya Chanenduech for seat 6 on the Sugary Drink Distributor Tax Advisory Committee.

YOUTH COMMISSIONER – seat 6

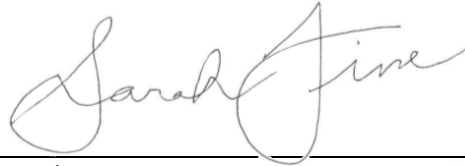
Areeya Chanenduech is a junior at the Academy of Arts and Sciences and a resident of District 6. As a YMCA of San Francisco Youth & Government delegate, Areeya has participated in an intensive Civic Engagement program and shown outstanding skill in the areas of public speaking and debate and is passionate about health equity; promoting tap water and decreasing consumption of sugary drinks.

Thank you for your consideration. If you have any questions or need any additional information, please contact us or Shape Up SF Coalition backbone staff, Christina Goette, at christina.goette@sfdph.org or 628-206-7630. Thank you for your consideration. We look forward to working with you to make the healthy choice the easy choice for *all* San Franciscans.

In good health,



Roberto A. Vargas
Shape Up SF Coalition Co-Chair
Navigator, Community Engagement and Health
Policy Program, Clinical & Translational Science
Institute, UCSF
Roberto.vargas@ucsf.edu



Sarah Fine
Shape Up SF Coalition Co-Chair
Director, The Bigger Picture
Manager, Health Communications Program
UCSF Center for Vulnerable Populations
sarah.fine@ucsf.edu



YOUTH COMMISSION MEMORANDUM

TO: Honorable Members, Board of Supervisors

CC: Angela Calvillo, Clerk of the Board of Supervisors
Derek Evans, Clerk, Rules Committee, Board of Supervisors
Jack Gallagher, Policy Aide, Office of the City Administrator
Suhagey Sandoval, Legislative Aide to Supervisor Ahsha Safai, Rules Committee Chair
Brittini Chicuata, Legislative Aide to Supervisor Malia Cohen, Budget and Finance Committee Chair

FROM: 2016-2017 Youth Commission

DATE: Friday, August 11, 2017

RE: Youth Commission Recommendations for Seat 6 on the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC)

Pursuant to Administrative Code, Chapter 5, Article XXXIII, Sections 5.33-2, seat 6 on the Sugary Drinks Distributor Tax Advisory Committee is reserved for “[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]”

In order to fulfill their duties outlined in the administrative code concerning recommendations for seat 6, youth commissioners conducted an outreach and application process in which they reached out to youth-serving community organizations across San Francisco to help identify youth interested in serving on the SDDTAC. Youth commissioners invited the youth applicants to participate in in-person interviews, and considered applications at their Tuesday, August 1, 2017 Executive Committee meeting. Youth commissioners reviewed the Sugary Drinks Distributor Tax legislation (BOS File No.160729) in detail, working carefully first to reach out to, and later select, youth who they believe can provide valuable insight on the diverse experiences and challenges of young people in San Francisco, as well as bring a systems-informed and solution-oriented lens to the work of the SDDTAC.

Youth commissioners are pleased to share their **recommendations of both Charley Obermeyer and Areeya Chananudech for appointment consideration to seat 6 on the SDDTAC.** Youth commissioners found that both Mr. Obermeyer and Ms. Chananudech are well positioned to bring unique and important insights to the work of the SDDTAC through their own

experiences and challenges as a young San Franciscans, as well as their dedication to improving health outcomes for young people in our City. Their full applications are attached for your review.

Charley Obermeyer, 16, is a student at the Bay School and resident of district 1. Charley served as a community funder through DCYF's Youth Empowerment Fund, a youth-led philanthropy arm of the department. In his role, Charley read, scored, and administered grant awards to dozens of youth-led and youth-initiated projects over three grant cycles. Additionally, Charley served as a youth leader in Youth Advocacy Day 2017, welcoming dozens of young people to City Hall and the civic center area to engage with city leaders and department representatives. As a queer identified young person, Charley is active in his school's Gay Straight Alliance (GSA) community and seeks to stay informed of queer young people's needs. In his application, Charley wrote about his passion for local governance and civic engagement. During his interview, he spoke about overcoming personal health challenges, and his desire for the city to investment in healthy food education for youth.

Areeya Chananudech, 17, is a district 6 resident. She volunteered on the Vote16/Prop F campaign to lower the voting age to 16 in San Francisco municipal elections. During her sophomore year in HS she was hired into the MYEEP program, and subsequently was recruited to be a counselor in training (CIT). In her role as CIT, she created and facilitated workshops to help serve the MYEEP participants. She presently participates in Youth in Government where she is vice-president. As vice president she leader her peers, helps plan meetings, and attend statewide conferences. Areeya is recommended for this seat by the Shape Up San Francisco Coalition.

Once again, youth commissioners would like to thank members of the Board for passing legislation providing for the inclusion of a youth seat on the SDDTAC, and look forward to continuing to support the process of confirming youth appointments to the committee. We hope you will inform our office if commissioners can be of further assistance.

Please do not hesitate to contact me at (415) 554-6254 or Leah.LaCroix@sfgov.org if you have any questions. Thank you.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-5163**

Application for Boards, Commissions, Committees, & Task Forces

Name of Board, Commission, Committee, or Task Force: Sugary Drinks Distributor Tax Advisory Committee

Seat # or Category (If applicable): Seat 15: Parent of SFUSD District: 9

Name: Janna N. Cordeiro

Home Address: [REDACTED] Zip: 94110

Home Phone: [REDACTED] Occupation: Program Manager

Work Phone: 415-550-4495 Employer: San Francisco Wholesale Produce Market

Business Address: 2095 Jerrold Avenue, SF CA Zip: 94124

Business E-Mail: jcordeiro@sffproduce.org Home E-Mail: [REDACTED]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of electors (registered voters) of the City and County of San Francisco. For certain other bodies, the Board of Supervisors can waive the residency requirement.

Check All That Apply:

Resident of San Francisco: Yes No If No, place of residence: _____

Registered Voter in San Francisco: Yes No If No, where registered: _____

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

As I am applying for vacant seat 15 for the Sugary Drinks Distributor Tax Advisory Committee, I am a parent of a current SFUSD student. My daughter will be a sophomore at the Ruth Asawa San Francisco School of the Arts. As the product of California public schools, and the first on both sides of my family to go to college, I highly value public education and have actively been involved in my daughter's schools (Fairmount Elementary, Hoover Middle, and SOTA). I am a white, college educated, straight woman who comes from a working class family-- all of whom are impacted by chronic diseases fueled by sugary drink consumption. Just this past February, my 48 year old brother died from heart disease.

Business and/or professional experience:

I received a Masters in Public Health from Emory University (Behavioral Sciences/Health Education), and have been a public health professional for the past 25 years. I have spent my career working in a variety of settings including small community- based organizations, as a consultant for the CDC, for a California funded breast cancer foundation, 9 years as an independent consultant focusing on chronic disease prevention/sugary drinks, and most recently as the Program Manager for the SF Wholesale Produce Market.

Please see the attached supplemental questionnaire and my CV for more specific information.

Civic Activities:

My daughter has attended SFUSD since kindergarten and I have volunteered and actively participated in the PTA at each of her schools (Fairmount Elementary, Hoover Middle, and Asawa SF School of the Arts). For example, in the last year I volunteered to staff events and performances, write grants and lead other fundraising efforts, coordinated off-site performances for her department (World Music), and chaperoned on an 8 day trip to Cuba. In addition, I am currently serving on the executive committee of my neighborhood democratic club and spearheaded community building and an event with our local mosque. I volunteered numerous hours for the 2014 SF Soda Tax Campaign, and I supported the 2016 SF Soda Tax campaign as well.

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

Appointments confirmed by the Board of Supervisors require an appearance before the Rules Committee. Once your application is received, the Rules Committee Clerk will contact you when a hearing is scheduled. *(Please submit your application 10 days before the scheduled hearing.)*

Date: 7/1/17 Applicant's Signature: (required) Janna Noel Cordeiro

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Submitted by Janna Cordeiro

Supplemental Questionnaire

- 1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption.**

Since becoming an independent consultant in 2008, I've had the privilege of working with several clients to reduce consumption of sugary drinks, including extensive work supporting SF DPH Shape Up San Francisco's initiatives; The California Endowment/Latino Coalition for a Healthy California efforts to educate stakeholders about harms of sugary drinks; SFHIP healthy beverage education and assessment of collective impact; and the San Francisco City Attorney's Office defending the Sugary Drink Advertisement Warning Label law.

Shape Up San Francisco

- Provided technical assistance to the following organizations to develop and implement healthy beverage policies: Bay Area YMCA, The Children's Council, and Bayview Hunters Point Foundation.
- Led a team to secure funding, develop, implement and evaluate the Open Truth Campaign (www.opentruthnow.org). Conducted extensive research on health harms of sugary drinks; health inequities caused by sugary drinks (locally, nationally, and internationally); industry targeting of youth and communities of color; and effective communication, strategies, and policies to reduce consumption of sugary drinks. Stayed current and networked with others advocating for reducing sugary drink consumption locally, statewide, nationally and internationally. Contributed to the development and testing of an educational Open Truth curriculum that can easily be adapted to a variety of audiences.
- Supported San Francisco State University students in their efforts to resist a "Pouring Rights" contract on their campus.
- Researched effective policies to reduce sugary drink consumption and provided guidance to SF policy makers in the development of the 2014 and 2016 soda tax efforts, as well as the Sugary Drink Ad Warning Label law.
- Conducted research, focus groups, and interviews to adapt the Open Truth website, messaging, and materials for Bay Area Spanish speaking moms and youth.

SFHIP

- Worked collaboratively with three community-based organizations to adapt the Open Truth curriculum materials for communities disproportionately

impacted by overconsumption of sugary drinks. Tailored curriculum, developed new posters, trained lay health workers and program staff, and provided evaluation coaching to NICOS (Chinese community), Rafiki Coalition (African Americans), and CARECEN (Spanish speaking /Central American newcomers).

- Developed an evaluation strategy and data collection to measure collective impact from healthy beverage efforts by SFHIP members and Shape Up San Francisco programs.
- Worked with St Mary's Hospital to develop a Sugary Drink Assessment question for all patient contacts.

California Endowment/Latino Coalition for a Healthy California (LCHC)

- Researched and compiled lessons learned from student activists resisting pouring rights contracts on their campuses. Shared lessons learned with advocates around California.
- Provided extensive training for LCHC's Health Justice Fellows including: beverage industry tactics/targeting of Latinos and youth; developing social media and campaign messaging for sugary drink education; and public speaking.
- Provided sugary drink education and training to outreach workers at OCCUR—Oakland based CBO serving African Americans and Latinos.
- Supported 3 OpEds in Oakland newspaper advocating for sugary drink education. Identified lead authors, wrote/edited pieces, and secured photographs.
- Interviewed soda tax funded Berkeley health education programs and worked with artist to create 4 social media posts. Efforts meant to promote the positive outcomes resulting from the soda tax efforts. Shared illustrations with TCE convening of sugary drink and water advocates from around the state.
- Provided technical assistance and support to staff at Benioff Children's Hospital Oakland who worked to remove sugary drinks from the hospital cafeteria and eateries.

SF City Attorney

- Provided support for SF City Attorney's defense of the Warning Label Ad Law: conducted research, connected the City Attorney with stakeholders interested in supporting the defense of the law, and secured numerous signatories for the Amicus.

Volunteer work

- Active volunteer for the SF 2014 soda tax campaign, supported the SF 2016 soda tax campaign.

2. Please describe your experience in early childhood nutrition education, if applicable.

- As part of my work with SFDPH/Shape Up San Francisco, I provided technical assistance to The Children's Council to develop a wellness policy for their staff and guidelines for the Children's Council childcare providers. I researched federal and state guidelines, researched best practices for healthy beverage policies, and provided training and support to their staff to implement the policies.
- As a mother, I diligently research nutrition information to ensure I do my best to provide my child, and all the children in my life, with healthy food and drinks.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

Overconsumption of sugary drinks disproportionately harms youth, communities of color, and low-income communities in San Francisco by contributing to high rates of tooth decay, heart disease, obesity, type 2 diabetes and other metabolic disorders. This is no coincidence since the beverage industry aggressively targets these communities with predatory marketing campaigns that utilize powerful messaging, influential celebrities, and lobbying money to directly undermine public health efforts to educate about the harms of sugary drinks, and increase access to healthier beverages.

While we have seen some improvement in young children drinking fewer sugary drinks in San Francisco, teenagers – especially African American and Latino youth—continue to regularly consume sugary drinks at levels we know lead to chronic diseases such as type 2 diabetes and heart disease.

We have alarming rates of pre-diabetes in California, and while San Francisco does not have the highest rates in the state, type 2 diabetes is completely preventable, and should not be showing up in our youth. According to a health policy brief published by Public Health Advocates in 2016, 28% of young San Franciscans 18-39 have pre-diabetes, 51% of 40-54 year olds, and 66% of 55-69 year olds, and 55% of San Franciscans over 70 have pre-diabetes. We also see disproportionate rates of hospitalizations due to complications from diabetes among residents of low-income neighborhoods in San Francisco (e.g. Bayview/Hunter's Point, Tenderloin, Treasure Island).

Further, low-income children attending public schools, and in particular low income Asian children, have very high rates of tooth decay caused in part, by sugary drink consumption.

4. Please describe your experience in community-based outreach.

I began my public health career in college conducting outreach to my peers about HIV prevention. This volunteer work led to a position at a community-based HIV Prevention organization where I created award winning community outreach programs for women at high risk for HIV. In graduate school, I majored in behavioral sciences/health education, and my Master's thesis work helped to design a community-based outreach program for women who used injection drugs and or crack cocaine, or were partners with male drug users. After graduating, I worked as an outreach worker for the program working primarily with African American women at risk for HIV. Then, as a consultant for the CDC, I evaluated and compiled lessons learned from 10 successful HIV community outreach programs around the country. In my work as an independent consultant (see above answer to question 1), I provided technical assistance to several community-based organizations who were providing community-based outreach to those most impacted by sugary drink consumption.



Janna Cordeiro M.P.H.

Non-Profit & Public Health Consultant
janna@jannacordeiro.com 415.734.8345

SUMMARY

Public Health consultant, strategist, and researcher with over 25 years of non-profit, foundation, and university experience. Strengths lie in project management, strategic planning, grant writing, program development and evaluation, implementation of long-term projects, group facilitation and coordination.

SKILLS AND EXPERTISE

- Project Management
- Program and Campaign Development
- Program Evaluation and Grant Portfolio Analysis
- Strategic Planning and Priority Setting
- Advocating for Effective Public Health Policies
- Grant Writing
- Qualitative Research
- Professional and Technical Writing
- Grant Administration and Peer Review Process
- Cross-disciplinary Team Management

PROFESSIONAL EXPERIENCE

4/17-present **SAN FRANCISCO WHOLESALE PRODUCE MARKET** – San Francisco, CA
Program Manager

Developing, implementing and evaluating programs that carry out the mission, vision, and strategic plan of the San Francisco Wholesale Produce Market. Responsibilities include: coordinating fund development effort to secure \$5-8Million for the Market's Reinvestment plan; raising the profile of the Produce Market through complete rebranding effort, visual identity, website overhaul, PR strategy, and implementing a social media strategy; managing the successful Food Recovery Project; developing, implementing, and evaluating other community engagement programs at the Market including community produce donations, healthy retail/food access policy efforts, educational tours, workforce development, and outreach to local farmers. Other duties include: fundraising for programs and strengthening relationships to key stakeholders and funders.

6/08-present **Janna N. Cordeiro, Independent Consultant** – San Francisco, CA
Sole Proprietor

Working collaboratively with foundations, non-profit organizations, and public health departments to develop new initiatives, write grants, conduct qualitative research, guide development of wellness policies, evaluate outcomes from grant making or public health programs, advocate for effective policies, and develop strategic planning processes.

Key successes include:

- Providing technical assistance to community-based organizations and health advocates who are educating stakeholders about the harms of sugary drinks;

- Coordinating the development and implementation of the Open Truth campaign (www.opentruthnow.org) designed to reduce consumption of sugary drinks and expose industry tactics;
- Providing technical assistance to 3 large youth-serving organizations to develop healthy eating and physical activity policies;
- Successfully advocating for public health policies to prevent chronic diseases fueled by sugary drinks including warning label legislation, sugary drink tax on distributors, and resisting pouring rights contracts at universities;
- Leading strategic planning and evaluation for a foundation reviewing multiple years of breast cancer research grant funding;
- Securing almost \$6 Million in grants for SF Safe Routes to School program for the SF Department of Public Health;
- Leading multi-disciplinary/multi-institutional team to develop report back materials for a research study investigating causes of early puberty.

Clients include: The California Endowment/Latino Coalition for a Healthy California, California Breast Cancer Research Program, San Francisco Department of Health/Shape Up SF Coalition, SFHIP, UCSF, Zero Breast Cancer, and Breast Cancer Fund.

12/00-6/08

CALIFORNIA BREAST CANCER RESEARCH PROGRAM – Oakland, CA

University of California Office of the President

Coordinator of Special Projects

Since 1994, the California Breast Cancer Research Program has awarded over \$262 million in over 1000 breast cancer research grants. As Coordinator of Special Projects, I provided leadership, project management, and coordination of long-term program initiatives including strategic planning, program evaluation, and development of new research priorities.

- *Special Research Initiatives (SRI)*: Developed research priorities for \$26 million major initiatives addressing the environmental links to breast cancer and the unequal burden of the disease. Collaborated with management team, led planning process, implemented stakeholder meetings, coordinated workgroups, and wrote communication documents.
- *Strategic Planning and Priority-Setting*: Developed and implemented multi-phase strategic planning process. Led Advisory Council, conducted analyses, wrote data summaries, commissioned position papers, and planned decision-making retreat.
- *Program Evaluation*: Collaborated with a wide variety of program stakeholders (breast cancer advocates, researchers, clinicians, and industry representatives) to create a program evaluation plan. Oversaw study design, data analysis, writing and production of evaluation reports for both lay and scientific audiences.
- *Other Duties*: Led International Cancer Research Partners (ICRP) outcomes subcommittee to compile and develop evaluation trends and best practices. Recruited, hired, and trained several staff, consultants, and interns.

6/99-12/00

CONWAL, INC/Contract with CDC – McLean, VA

Qualitative Research Coordinator

Led the qualitative component of a large multidisciplinary research project exploring the context in which CDC-funded CBOs function.

7/97-5/99

ROLLINS SCHOOL OF PUBLIC HEALTH, EMORY UNIVERSITY– Atlanta, GA

Project Coordinator for the Health Intervention Project (HIP)

Utilized motivational interviewing and stages of change assessment to deliver theory-based HIV intervention for African American women who use drugs.

9/92-8/96

BRATTLEBORO AREA AIDS PROJECT – Brattleboro, VT

Women's Program Coordinator

Developed, implemented, and evaluated award winning community-based HIV prevention programs for women and girls in high-risk situations.

EDUCATION

CrossFit Level 1 Trainer, September 2016

Masters in Public Health, May 1998

Rollins School of Public Health at Emory University, Atlanta, GA

Bachelor of Arts, May 1992

Marlboro College, Marlboro, Vermont

PUBLICATIONS

PEER REVIEWED PUBLICATIONS AND PRESENTATIONS

Plumb, M., Collins, N., Cordeiro, J., & Kavanaugh-Lynch, M.H. (2008). *Assessing Process and Outcomes: Evaluating Community-Based Participatory Research*. Progress in Community Health Partnerships: Research, Education, and Action. 2(2), 85-86, 87-97.

"Assessing Process and Outcomes: Evaluating Community-Based Participatory Research." Paper presented at the annual meeting of the American Public Health Association, Boston, MA. 2006.

http://apha.confex.com/apha/134am/techprogram/paper_137524.htm

"Increasing Community Interest and Success in Community-Based Participatory Research." Paper presented at the annual meeting of the American Public Health Association, Boston, MA. 2006. Natalie Collins, Marj Plumb, Walter Price, Janna Cordeiro, and Marion Kavanaugh-Lynch.

Chillag, K, Bartholow, K, Cordeiro, J, et al. (2002). *Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations*. AIDS education and prevention, 14(3 Suppl A), 27-37.

"What's Love and Sex Got to Do with It? Understanding How Relationships Influence HIV Risk Reduction Among At-Risk Women." Paper presented at the annual meeting of the American Public Health Association, Washington, DC. 1998. Janna Cordeiro, Claire E. Sterk, and Kirk W. Elifson.

EVALUATION AND OTHER REPORTS

Cordeiro, J.N., Birkey-Reffey, S., Grossmann, C. (2008). *Evaluating Career Development Awards: Lessons Learned and Recommendations from the International Cancer Research Partners*. International Cancer Research Partners.

Plumb, M., Collins, N., Cordeiro, J. N., & Kavanaugh-Lynch, M. (2007). *Transforming partnerships: The relationship between collaboration and outcomes in the community research collaboration awards*. Oakland, CA: California Breast Cancer Research Program.

Plumb, M., Collins, N., Cordeiro, J. N., & Kavanaugh-Lynch, M. (2005). *Transforming research: An evaluation of the community research collaboration awards*. Oakland, CA: California Breast Cancer Research Program.



Our mission is to convene partners for greater collective impact in order to create equitable and sustainable environments, systems and policies that promote healthy eating and active living across the lifespan in San Francisco.

SUSF Coalition Co-Chairs

Roberto A. Vargas

Navigators

UCSF Community Engagement
& Health Policy Program

Sarah Fine

Director, The Bigger Picture

Manager, Health

Communications

UCSF Center for Vulnerable
Populations

SUSF Ambassador

Beatrice Cardenas-Duncan

Policy Advocate

American Cancer Society

American Heart Association

www.shapeupsf.org

July 18, 2017

Dear SFUSD Parent Advisory Council,

The Shape Up SF Coalition appreciates San Franciscan voters for choosing health at the ballot box last November. As you know, the Shape Up SF Coalition has been working on decreasing consumption of sugary drinks for over a decade and we are excited about the SSB legislation and the advisory committee that will be formed. Given the Coalition's extensive work on sugary drinks and chronic disease prevention, we have enclosed a list of recommended guidelines to help ensure success, as well as recommendations of Advisory Committee members for considerations by City leadership that we would like to share with you.

Below is a list of recommended guidelines that we think are fundamental to the success of the SSB Advisory Committee and ultimately, to the successful implementation of the distributor's fee:

1. Encourage the committee to make recommendations for spending revenue on chronic disease prevention with a focus on communities with higher consumption of SSB and higher prevalence of chronic diseases. Encourage the BOS and the Mayor to ensure these funds are spent for the same.
2. Ensure key tenets of legislation are executed which include adequate funding for evaluation and interventions that address communities most impacted by SSB consumption and industry targeting.
3. Ensure that the committee fund and evaluate programs and strategies that are based on data, evidence and best practices.
4. Collect and analyze data describing SSB consumption trends as well as impact of funded programs and initiatives.
5. Ensure that all communication, outreach and programs are culturally appropriate, culturally sensitive and reach caregivers, families, and communities across the age spectrum.
6. Support interventions that address chronic disease prevention across the spectrum of prevention, including the following targets: community-clinic interventions, individual behavior change, education/awareness campaigns, and systems/policy change to address upstream social determinants of health.
7. Ensure efforts are collaborative and coordinated across city agencies, CBOs, and clinical systems; adopt collective impact model of work.
8. Promote community engagement, capacity building, and leadership development in communities to foster sustainable change.
9. Commit to disseminating lessons learned broadly so that other jurisdictions may learn and benefit.
10. Fund dedicated staff to oversee, execute, and evaluate work funded through the fee. Limit City staffing costs to no more than 15% of revenue generated from the distributor's fee.
11. Staff to the Advisory Committee should include subject matter experts in the health impacts of SSB and chronic disease prevention.
12. Create appropriate safeguards so Advisory Committee members who represent institutions or organizations that may apply for funding may serve on the committee without conflict of interest.

Based on our decade of work in this area, the Shape Up SF Coalition has developed effective, collaborative relationships with a number of number of subject matter experts who are committed to reducing the health inequities that overconsumption of sugary drinks exacerbate. We support the appointment of Janna Cordeiro for seat 15 on the Sugary Drink Distributor Tax Advisory Committee.

SFUSD PARENT – seat 15, nominated by SFPAC

Janna Cordeiro, MPH –Janna has vast knowledge about sugary drinks and effective strategies for decreasing consumption of sugary drinks and directing revenue towards preventing chronic diseases that disproportionately burden vulnerable populations. She has worked with Shape Up San Francisco as a Healthy Beverage Consultant since 2012. She has a freshman daughter at SOTA and both supported the soda tax campaigns in SF.

The Coalition feels that Janna Cordeiro would be an asset to the Advisory Committee. However, if the SFPAC is selecting a parent who is an active member of the Parent Advisory Council, then the Coalition recommends that the parent represents one or more of the populations disproportionately burdened by chronic diseases that are fueled in part, by sugary drinks.

Thank you for your consideration. If you have any questions or need any additional information, please contact us or Shape Up SF Coalition backbone staff, Christina Goette, at christina.goette@sfdph.org or 628-206-7630. Thank you for your consideration. We look forward to working with you to make the healthy choice the easy choice for *all* San Franciscans.



Roberto A. Vargas
Shape Up SF Coalition Co-Chair
Navigator, Community Engagement and
Health Policy Program, Clinical & Translational
Science Institute, UCSF
Roberto.vargas@ucsf.edu



Sarah Fine
Shape Up SF Coalition Co-Chair
Director, The Bigger Picture
Manager, Health Communications Program
UCSF Center for Vulnerable Populations
sarah.fine@ucsf.edu

Evans, Derek

From: Georgia Williams-Bratt <pac.sfusd@yahoo.com>
Sent: Friday, September 01, 2017 6:51 PM
To: Evans, Derek
Cc: Chicuata, Brittni (BOS); Janna Cordeiro
Subject: PAC's nomination for the Sugary Tax Advisory Committee

Hi Derek,

I hope you are well and keeping cool in the heat.

I want to let you know that the Parent Advisory Council (PAC) has voted to nominate Janna Cordeiro for Seat 15 for the Sugary Tax Advisory Committee. The PAC held its first advisory meeting of the new school year on Wednesday, August 30th and approved her nomination from the pool of applicants. I understand that a slate of nominees will go before the Board of Supervisors Rules Committee on Wednesday, September 6th, and Janna will be among them as the PAC nominee.

Please let me know if you need any more information or have any questions.

Enjoy the long weekend.

Thank you,
Georgia

Georgia Williams Bratt, Coordinator
Parent Advisory Council
555 Franklin Street
San Francisco, CA 94102
Office: 415-355-2201
Mobile: 415-407-1488
Fax: 415-241-6684
pac.sfusd@yahoo.com

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City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

INAUGURAL NOTICE

NOTICE IS HEREBY GIVEN of the following vacancies and term expirations (**in bold**), appointed by the Board of Supervisors:

Vacant seat 1, new appointment, must be held by a representative of a nonprofit organization that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of sugar-sweetened beverages, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Vacant seat 2, new appointment, must be held by a representative of a nonprofit organization that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of sugar-sweetened beverages, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Vacant seat 3, new appointment, must be held by a representative of a nonprofit organization that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of sugar-sweetened beverages, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Vacant seat 4, new appointment, must be an individual who is employed at a medical institution in San Francisco and who has 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, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Vacant seat 5, new appointment, must be an individual who is employed at a medical institution in San Francisco and who has 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, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Vacant seat 6, new appointment, must be 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, for an initial term starting on September 1, 2017, and ending on December 31, 2018. (Note: 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.)*

Vacant seat 15, new appointment, must be 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, for an initial term starting on September 1, 2017, and ending on December 31, 2018. (Note: 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 next vacancy occurs.)

Vacant seat 16, new appointment, must be a person with experience or expertise in services and programs for children five years old and under, for an initial term starting on September 1, 2017, and ending on December 31, 2018.

Report: 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.

Sunset Date: December 31, 2028.

Additional information relating to the Sugary Drinks Distributor Tax Advisory Committee may be obtained by reviewing Administrative Code, Chapter 5, Article XXXIII, Sections 5.33-1 through 5.33-6, at <http://www.sfbos.org/sfmunicodes>, added by Proposition V (2016).

Interested persons may obtain an application from the Board of Supervisors' website at http://www.sfbos.org/vacancy_application or from the Rules Committee Clerk, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. Completed applications should be submitted to the Clerk of the Board. All applicants must be U.S. citizens, and, unless otherwise stated, residents of San Francisco.

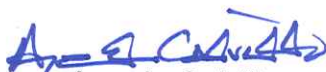
Interested persons may also obtain more information from the Sugary Drinks Distributor Tax Advisory Committee website at <http://sftreasurer.org/sugary-drinks-tax-frequently-asked-questions-faq> or by contacting Jack Gallagher in the City Administrator's Office at (415) 554-4851.

*Youth interested in applying to Seat 6 may also obtain more information from the Youth Commission website at <http://sfgov.org/youthcommission> or by contacting Director Adele Failes-Carpenter at (415) 554-6446.

Next Steps: Applicants who meet minimum qualifications, and have received a letter of nomination (for seats 6 and 15), will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Advisory Committee is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.

Further Note: Additional seats on this body may be available through other appointing authorities, including the Office of Economic and Workforce Development (seat 7), Board of Education (seats 8 and 9), Department of Public Health (seats 10 through 12), Department of Children, Youth and Their Families (seat 13), and Recreation and Park Department (seat 14).


Angela Calvillo
Clerk of the Board

DATED/POSTED: June 13, 2017

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Supplemental Questionnaire

1. Please describe the experience you have in researching public health issues or evaluating public health programs related to diabetes, obesity, and sugary drink consumption, if applicable.

2. Please describe your experience in early childhood nutrition education, if applicable.

3. Please describe the ways in which sugary drinks impact diverse communities across San Francisco.

4. Please describe your experience in community-based outreach.

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Date Printed: June 9, 2017

Date Established:

January 1, 2017

Active

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

Contact and Address:

Jack Gallagher
City Administrator's Office
City Hall, 1 Dr. Carlton B. Goodlett Place, Rm 362
San Francisco, CA 94102

Phone: (415) 554-4851

Fax: (415) 554-4849

Email: jack.gallagher@sfgov.org

Authority:

Business and Tax Regulations Code, Article VIII, Sections 550 through 560; Administrative Code, Chapter 5, Article XXXIII, Sections 5.33-1 through 5.33-6; Proposition V (2016)

Board Qualifications:

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.

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

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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.

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

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September 1, 2017, and end on December 31, 2018.

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.

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.

Report: 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.

Sunset: December 31, 2028.