Sugary Drinks Distributors' Tax (SDDT) Funding Initiative Evaluation

Fiscal Year 2018-2019

Annual Report

harder+co | community research

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Contents

Executive summary

In November 2016, San Francisco voters approved Proposition V, the Sugary Drink Distributor Tax (SDDT). This established a one-cent per ounce fee on the initial distribution within San Francisco of bottled sugar-sweetened beverages, syrup, or powder. The money generated is being used to address health inequities of priority communities that are most targeted by the beverage industry, i.e., youth, young adults, low income individuals, and ethnic minorities — particularly Black/African American, Asian, Latinx, Native American, and Pacific Islander communities.

In the first years of available revenue, the **SDDT funding initiative** is supporting direct services that decrease consumption of sugar sweetened beverages, increase healthy eating and active living, and addressing the social determinants impeding healthy lifestyles. The funding initiative also aims to develop capacity, leadership, and job opportunities for members of the priority communities and make policy and systems changes.

In the 2018-19 fiscal year, SDDT funds supported five city agencies as well as the development and implementation of three funding announcements (Requests for Proposals - RFPs) for community organizations. This report describes two evaluation activities—a City Agency Survey examining how SDDT funds were utilized in the 2018-19 fiscal year and a RFP Process Survey examining the grant making process.

Key Findings

City Agency Survey

In FY 2018-19, the SDDT funded a total of $10,419,000 for fifteen programs and infrastructure support mechanisms across five agencies. SDDT city agencies funded a range of direct services and systems change activities aimed at meeting the needs of priority populations. Support for existing programs allowed agencies to broaden their reach in services and participants.

Examples of SDDT-fund use by city agencies include Peace Parks, operated under the Recreation and Parks Department, which extended programming with additional free classes and strengthened relationships among community members, city agencies, and the police department. The Human Services Agency used SDDT funds to expand program capacity to meet the growing demands of home-meal deliveries and social activities for older adults and adults with disabilities. The San Francisco Unified School District used SDDT funds by strengthening in-house food preparation programs, increasing water access in schools, and implementing student-led learning projects. The Department of Public Health developed a community-based grant program, provided food supplements for under resourced San Franciscans, and supported child oral-health messaging campaigns in Chinatown, Mission, and Visitacion Valley/Bayview Hunters Point neighborhoods.

RFP Process Survey

In 2019, SFDPH partnered with the San Francisco Public Health Foundation (PHF) to release three request-for-proposals (RFPs) for SDDT grants in the spring of 2019:

- *Healthy Communities Grants* for agencies with budgets under one million dollars that are demonstrably connected to SDDT priority populations.

- *Healthy Communities Support Grants* for one-time funds for equipment, data systems, computers, software, curriculum, consultants, or supports to build capacity to deliver chronic disease interventions for priority populations.
- *Healthy Food Purchasing Supplement Grants* for agencies with experience in operating programs to improve food security.

One of the goals for the Healthy Communities Grants and the Health Communities Support grants was to contract with and to support organizations that do not traditionally contract with the health department but who have reach into vulnerable populations. Overall, the survey found that the RFP process was successful, accomplishing the stated goals of engaging smaller organizations, receiving applications from organizations that work directly with priority populations, reducing barriers to applying, and providing information to inform future RFPs.

Applicants who completed the survey indicated that smaller, non-traditional organizations applied for all three grants, with median annual budgets of $300,000 for the Healthy Communities grant and $600,000 for the Healthy Communities Support and Healthy Food Purchasing Supplement grants. Most survey respondent applicants belonged to 501(c)3 or neighborhood-based organizations and many had not previously received SFDPH funding. Survey respondent applicants often served many of the priority populations most impacted by sugary beverages, especially young adults and people from African American and Latinx communities. The application process was relatively clear, with survey respondents generally reporting straightforward instructions and an appropriate page limit.

Survey respondents who reported barriers to applying generally highlighted two types. The first was not having enough time between their receipt of the RFP and the application due dates, especially since many applied for more than one of the community grants and they had close due dates. Some survey respondents also felt that having a grant writer would have been helpful, yet their organizations did not have the funds for this type of support.

Survey responses demonstrate that the effort extended to make these RFPs more accessible were largely successful. To build on this, future RFPs may want to consider a broader dissemination strategy and the ability to apply online.

Introduction

In November 2016, San Francisco voters approved Proposition V, the Sugary Drink Distributor Tax (SDDT). This established a one-cent per ounce fee on the initial distribution within San Francisco of bottled sugar-sweetened beverages, syrup, or powder. The money generated is being used to address health inequities of priority communities that are most targeted by the beverage industry, i.e., youth, young adults, low income individuals, and ethnic minorities — particularly Black/African American, Asian, Latinx, Native American, and Pacific Islander communities.

In the first years of available revenue, the **SDDT funding initiative is** supporting direct services that decrease consumption of sugar sweetened beverages, increase healthy eating and active living, and addressing the social determinants impeding healthy lifestyles. The funding initiative also aims to develop capacity, leadership, and job opportunities for members of the priority communities and make policy and systems changes.

In the 2018-19 fiscal year, SDDT funds supported five city agencies as well as the development and implementation of three funding announcements (Requests for Proposals - RFPs) for community organizations. This report summarizes these SDDT-funded activities.

The FY 2018-19 Evaluation Report

As part of the effort to evaluate the SDDT funding initiative, the San Francisco Department of Public Health (SFDPH) engaged Harder+Company Community Research. This report presents findings from these evaluation activities completed by Harder+ Company Community Research:

- **City Agency Survey**. This survey gathered information about funded programs and services, funding amounts, and populations served by SDDT-funded city agencies in FY 2018-19.

- **Request For Proposal Feedback Survey**. This survey gathered information from organizations that applied, considered applying, or received information about funding announcements released through the San Francisco Department of Public Health's program administrator, the Public Health Foundation, i.e., the Healthy Communities grant, Healthy Communities SUPPORT grant, and Healthy Food Purchasing Supplement grant.

City Agency Survey

The City Agency survey helps ensure transparency and accountability by San Francisco city agencies receiving SDDT funds in FY 2018-19. The survey was first administered in the previous fiscal year (FY 2017-18) by the San Francisco Department of Public Health, with the intended goal of tracking the use of funds. Harder+Company developed and administered the current survey to build on the previous learning effort.

Methods

The City Agency survey was based on the version distributed in FY 2017-18, updated with input from the SDDT backbone committee and the SDDT Advisory Committee (SDDTAC). Key research questions for the City Agency Survey were:

- How did SDDT funds expand and improve program services?

- What evidence is there of increased reach to populations disproportionately targeted by the sugary drinks industry?

- What barriers or challenges did City Agencies encounter in achieving their aims for the use of SDDT funds?

The purpose of the survey was to gather overall city agency information (e.g., total funds awarded, number of programs funded) as well as program-specific information such as outcomes and populations reached.

The survey was conducted online with the software program Qualtrics which provides tailored email distribution, respondent tracking, and survey skip patterns so that agency respondents only answer questions relevant to their work. The survey was distributed via email to the primary contact person at each of the five funded city agencies. The data collection window ran from the second half of June 2019 (before the close of the fiscal year, which allowed respondents to preview the survey and know what was required) through the months of July and early August 2019. A point person at Harder+Company interfaced directly with these organization primary contacts via phone and email to encourage participation and answer any clarifying questions about survey content.

Once full participation had been achieved, responses were exported to a statistical analysis software program called Statistical Package for the Social Sciences (SPSS). Frequency tables were generated in SPSS for all of the survey questions to identify the full distribution of responses. These full results can be found in the attached Appendix A. For open ended questions, the small sample size made thematic coding unnecessary since results could be directly summarized for each reporting organization. For the purpose of this report, primary outcomes of interest related to: goals of SDDT fund use, outcomes of SDDT fund use, partnerships generated via SDDT funds, and any challenges or barriers to achieving desired goals.

Key Findings

A summary of the City Agency results is presented below, beginning with Exhibit 1, which lists each city agency that received FY 2018-19 SDDT funds, a description of the program(s) they funded, and their dollar allocation. This is followed by Exhibit 2, which lists the priority populations served by each program. Finally, a summary of activities is presented that describes the impact SDDT funds had on each agency and corresponding program. A full set of survey results for each program is included in Appendix A (included in a separate document).

In FY 2018-19, the SDDT funded a total of $10,419,000 for fifteen programs and infrastructure support mechanisms across five agencies. As described in Exhibit 1, below, SDDT city agencies funded a range of direct services and systems change activities aimed at meeting the needs of priority populations.

Provided services included outcomes such as: meal delivery for seniors and adults with disabilities, classes and events to strengthen relationships between community and city agencies, community health worker training, the development of oral health task-forces to address at-risk racial and ethnic communities, and student-led projects to support decreased consumption of sugary drinks.

Activities directed towards systems change included outcomes such as: support for small business communities in high-need neighborhoods to increase the supply of affordable food, planning and evidentiary support for the SDDT-AC, improved water access and local food sourcing in SFUSD schools, and the distribution of community grants allowing organizations serving communities most impacted by the sugary beverage industry to decide how best to use SDDT Funds.

Support for existing programs allowed agencies to broaden their reach of services to diverse communities. For instance, over three-quarters of city agency programs served Black/African Americans, Pacific Islanders, Asians, and the Latinx communities. Additionally, three quarters of programs served youth ages 10-18, and nearly all programs (94%) served low income San Franciscans making below 200% of the Federal Poverty Line.

Exhibit 1. Summary of SDDT Funds Allocated to City Agencies, FY 2018-19.

City Agency	Funded Programs	Program Description	FY 18-19 Allocated Funds
Human Services Agency / Department of Aging and Adult Services These funds are ongoing through the initial FY 2017-18 addback process	Home Delivered Meals	Delivers meals to homebound seniors and adults with disabilities who are unable to shop or prepare their own meals due to a physical or mental impairment	$477,000
	Congregate Meals	Provides lunch every day at various sites to and offers opportunities to socialize with peers and engage in community activities	$370,000
	Community Services	Provides older adults and adults with disabilities with social activities to promote engagement and inclusion in the community	$200,000
Office of Economic and Workforce Development (a portion of these funds, $60k, are ongoing through the initial FY 2017-18 addback process)	Healthy Retail	Addresses public health needs around healthy and affordable food access with a lens of supporting SF's small business community in neighborhoods of high-need	$150,000

City Agency	Funded Programs	Program Description	FY 18-19 Allocated Funds
San Francisco Department of Public Health (a portion of these funds, $50k, are ongoing through the initial FY 2017-18 addback process)	Food Security-Healthy Food Purchasing Supplement	Extends food supplements to improve food security and increase fruit and vegetable consumption	$1,435,000**
	Community-based Grants	Develops Community-based Grants Program to be awarded in 2019/20	$3,817,000
	Infrastructure Support*	Supports data, evaluation, planning and staffing for SDDTAC	$800,000
	HOPE SF Peer Enhancement	Continues Community Health Workers training for all peers	$400,000
	Children's Oral Health Taskforce: Mission	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of Latinx heritage	$150,000
	Children's Oral Health Taskforce: Visitacion Valley/Bayview Hunters Point	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of African American heritage	$150,000
	Children's Oral Health Taskforce: Chinatown	Supports the development and implementation of a children's oral health taskforce that focuses on high risk children of Asian heritage	$150,000
Department of Recreation and Parks	Peace Parks	Provides safe spaces with engaging classes/events for community residents and strengthens relationships between the community, police and city agencies.	$520,000
San Francisco Unified School District	Student Nutrition Services	Supports the improvement of local sourcing and central warehousing, expansion of teacher outreach, and advancement of professional development for cafeteria staff	$1,000,000
	Student-Led Action School Health Programs	Supports decreased consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry	$500,000
	Water Access	Offers free, safe, unflavored drinking water to all students throughout the school day	$450,000
	Oral Health SFUSD	Supports oral-health related staffing as well as school-based and school-linked preventive oral health programs within SFUSD schools serving high-risk target populations	$200,000

* Infrastructure support for the administration of SDDT funds is not technically one of the 15 implemented programs; however, it is included in this table as a major category of SDDT expenditures.

** In FY 2018-19, 72% of allocated funds for the Food Security-Healthy Food Purchasing Supplement derived from SDDT funds

All city agencies reported serving SDDTAC priority populations. Exhibit 2 presents the percent of SDDT funded programs that serve each of the SDDTAC-identified priority populations. For instance, 13 programs (or 81% of the funded entities) identified Black/African Americans as one of the priority populations they served.

Exhibit 2. Populations Served by SDDT-Funded Programming (n=16*)

	% of Programs Serving Each Population
Race/Ethnicity	
Black/African Americans	81%
Latinx	81%
Pacific Islanders	81%
Asian	75%
Filipinx	63%
Native American/Native Indians	44%
Gender	
Women and/or Girls	75%
Men and/or Boys	75%
Age	
Youth (aged 10-18 years)	75%
Young Adults (aged 18-24 years)	44%
Other Demographic Groups	
Low-Income San Franciscans (< 200% FPL)	94%
Pregnant women	38%
Other specified populations	63%
Populations reached unknown	38%

* Includes 15 programs and infrastructure support

Human Services Agency / Department of Aging and Adult Services

Three programs within the Human Services Agency received SDDT funding, totaling $1,047,000. Funds were utilized by the Department of Aging and Adult Services' Office of Community Partnerships, who in turn contract with community based organizations for the delivery of services to community members. All three programs served Black/African Americans, Latinx, Filipinx, Pacific Islanders, as well as older adults (aged 60+), adults aged 18-59 with disabilities, and low-income San Franciscans. SDDT funds allowed the Human Services Agency to expand existing nutrition and fitness programs to meet the demand in the community. This included providing older adults and adults with disabilities home-delivered meals, community dining opportunities, and social activities to promote community engagement and inclusion.

Home Delivered Meals

The Home Delivered Meals program of the Department of Aging and Adult Services received $477,000 in SDDT funds for FY 2018-19. The Home Delivered Meals program delivered meals to 5,500 homebound seniors and adults with disabilities who are unable to shop or prepare their own meals due to a physical or mental impairment. The activities are intended to allow participants to live more independently, increase their consumption of fruits and vegetables, and feel less isolated. The program achieved successes as 90% of surveyed clients reported the program benefitted them and over 90% reported eating more fruits as vegetables as a result of program participation. The Home Delivered Meals program partners with six local organizations for program operations: Meals on Wheels, Self-Help for the Elderly, Centro Latino de San Francisco, On Lok Day Services, Jewish Family and Children's Services, and Russian American Community Services.

Congregate Meals

The Congregate Meals program of the Department of Aging and Adult Services received $370,000 in SDDT funds and served 19,500 clients for FY 2018-19. The program provides daily community dining opportunities for lunch at various locations throughout the San Francisco. It promotes participant wellness through healthy meals and opportunities to socialize. The program supports over 48,000 congregate meals, aiding participants' independence and nutrition. Though SDDT funds have allowed the Congregate Meals program to expand capacity to meet demand for services, difficulty in finding an appropriate space that meets accessibility and safety requirements delayed the deployment of new sites. Eight partner organizations played a key role in delivering the Congregate Meals program: Self-Help for the Elderly, Project Open hand, Bayview Senior Services, on Lok Day Services, Episcopal Community Services, Russian American Community Services, GLIDE, and Centro Latino de San Francisco.

Community Service Centers

The Community Service Centers program of the Human Services Agency received $200,000 and reached 1,000 community members. Community Service Centers engage adults and seniors with disabilities programs to promote socialization and inclusion in the community. Offered at nearly 40 sites throughout San Francisco, the program partnered with Bayview Senior Services and I.T. Bookman Community Center to offer educational and exercise classes such as tai chi, painting, computer literacy, and English as a Second Language (ESL). The program seeks to expand and develop specialized fitness classes in the future. Many individuals reported participation in more than one physical activity per week as well as positive impacts on their health after participating in a Community Service Center program. The

program reported limited barriers as it has a strong foundation as an existing program.

Office of Economic and Workforce Development

Healthy Retail

The Healthy Retail SF (HRSF) program partners with merchants of local retail shops, or corner stores, to revitalize and strengthen their stores and offer healthier food options in their communities. Healthy Retail SF's goals are to promote healthy eating, strengthen small independent businesses, and increase community cohesion while reducing visibility and de-normalizing unhealthy products so that all residents and children have access to healthy, fresh, and affordable foods. Healthy Retail SF is an incentive-based voluntary program that offers small business owners three key areas of support: 1) store redesign and physical-environment improvements; 2) business-operations advising and technical assistance, and 3) community engagement. Healthy Retail SF helps small business owners shift their business models to become healthy-food retailers in their communities.

San Francisco Department of Public Health

The Department of Public Health received $6,902,000 in SDDT funds in FY 18-19 to support five programs[†] as well as support for infrastructure and community-based grants. Funding for Community-based Grants amounting to $3,817,000 was not expended in FY 2018-19. Altogether, programs overall served 6,166 individuals, many of who were of the following priority populations: Asians, Black/ African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, youth (aged 10-18 years), young adults (aged 18-24 years), and low-income San Franciscans (<200% FPL).

Healthy Food Purchasing Supplement

The Food Security Initiative within the Department of Public Health received funds to improve food security access under the Healthy Food Purchasing Supplement program by providing food supplements through vouchers, incentives, and coupons designed to pay for healthy food. In FY 18-19, the Food Security Initiative partnered with SF Public Health Foundation and their subcontractor, EatSF. The program served 5,100 San Franciscans, most who fall under the SDDT priority population of Black/African Americans, Latinx, Native American/Native Indians, Pacific Islander, Youth (aged 10-18 years), Young Adults (aged 18-24), low-income San Franciscans (< 200% FPL), Pregnant Women, as well as people on Social Security Income. As a result of the program, participants reported eating less junk food (87%); being more confident making healthy choices on a budget (97%); and that their health improved (90%). Low-income pregnant women on WIC especially benefited. The food purchasing vouchers were embedded into the WIC program, and in effect, WIC clients who are pregnant, received an additional $40/month in fruit and vegetable vouchers. Pregnant WIC clients reported an increase in daily fruit and vegetable consumption by 0.26 servings and increase in overall food security from 38% to 44%. The program is growing, as 6 interns were hired for a semester. Of the 6, 3 were bi-lingual Spanish, 2 identified as African American, 1 as Latino, 1 as Filipino, and 2 as White. One barrier to program success was the need for additional vendors to distribute healthy food purchasing supplements; this

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[†] This includes funding for three health task forces, which are summarized below in a single synthesis due to the overlapping goals of their programs.

issue was addressed through the release of an RFP with new vendors coming online in FY19-20. The program supports families and individuals in need, as program data shows 82% of participants report incomes of less than $1000 per month; 75% report low or very low food security status; 71% are seniors; 72% are SSI recipients and 70% had a chronic disease affected by diet.

Community-Based Grants

The Department of Public Health, Community Health Equity and Promotion Branch, received $3,817,000 in SDDT funds to support community programs and organizations through community-based grants. The objective is to fund community organizations and provide financial and technical assistance to support the implementation of innovative chronic disease prevention programs. The funds were not expended in FY 2018-19; DPH will fund community based organizations starting FY 2019-20. Harder+Company Community Research was asked to conduct a survey of applicants and potential applicants of these RFP processes. These findings are included in the next chapter of this report. To develop an equitable grant process through which smaller and less resourced organizations could apply, the Department of Public Health contracted with the San Francisco Public Health Foundation as a program administrator. Unfortunately, the DPH process to contract with the Public Health Foundation took longer than anticipated, resulting in a delay in funding to the community.

Infrastructure Support

The Department of Public Health, Community Health Equity and Promotion Branch, received $800,000 in SDDT funds to provide backbone support to the SDDTAC and its three subcommittees, SDDT evaluation, data collection efforts, and implementation of the community-based grants. DPH hired an epidemiologist during the FY 2018-19 and identified two other positions (backbone support to the SDDTAC and its subcommittees and a grants coordinator) that started in FY 2019-20, collected sugary drinks purchasing data, partnered with RDA to support SDDTAC activities, and hired Harder+Company Community Research to develop an evaluation framework and produce an annual evaluation report.

HOPE SF

The Department of Public Health received $400,000 in SDDT funds to continue chronic disease and nutrition education programs for HOPE SF participants. The program serves the following priority populations: Black/African Americans, Latinx, Pacific Islanders, Youth (aged 10-18 years), Young Adults (aged 18-24), and low-income San Franciscans (<200% FPL). The program's key outcomes include (1) identifying hypertensive patients, (2) linking patients to clinical services, and (3) improving nutrition education. To reach these outcomes, HOPE SF partnered with the YMCA to hire and train HopeSF residents to provide these linkage and educational services, including through health fairs and wellness classes. The additional funding allowed increased hours for the community health workers with and additional educational support.

Three Oral Health Taskforces

Maternal, Child and Adolescent Health Branch of the Department of Public Health, was awarded $450,000 to support the development and implementation of three neighborhood taskforces in the Mission, Visitacion Valley/Bayview Hunters Point, and Chinatown. With the goal to improve access to and awareness of early preventative oral health services, each taskforce was set to receive $150,000 to focus on the development of a sustainability plan and expansion of culturally appropriate messaging tailored to the make-up of the respective neighborhoods. While the taskforce in the Mission focused on high risk children of Latinx heritage

and the Chinatown Taskforce on those of Asian heritage, the Visitacion Valley/ Bayview Hunters Point geared its attention to children of African American heritage. All taskforces partnered with CavityFreeSF with regards programming activities and media campaigns. CARECEN, APAFSS, and NICOS were identified as host agencies to staff the groups. Each task force held focus groups to gather information which will be used to develop the messaging campaign. The Chinatown Taskforce has already implemented PSAs on the radio.

San Francisco Department of Recreation and Parks

Peace Parks

The Peace Parks program of the Department of Recreation and Parks received $520,000 and provides a safe recreation space for all San Franciscans. One thousand community members, including over 600 families, participated in Peace Parks. The program an array of free classes in creative arts (dance and drumming lessons), physical activities (martial arts and basketball leagues), and career advancement (coding and job readiness workshops).Peace Parks assisted 6 families in finding housing and provided 25 secure jobs to members of the community. The program partnered with Loco Bloco to provide drumming classes and Street Violence Intervention Project (SVIP) to improved safe transport options. Among many desired outcomes, the program aims to increase and encourage formal and informal education, reduce truancy, increase physical activity opportunities, and provide safe access to community spaces. Peace Parks has influenced the safety of recreation spaces and strengthened the relationship between community members, city agencies, and the police department. As the program grows, the need to provide healthy meals to participating families and youth becomes more imperative, though funding for these meals is a challenge. To better understand successes and gaps, the program encourages funds to be dedicated toward more data collection and monitoring.

San Francisco Unified School District

The San Francisco Unified School District (SFUSD) received $2,150,000 in SDDT funding to support four programs. In total, programs administered through SFUSD served 28,542 individuals including those from the following SDDT priority populations: Asians, Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, youth (aged 10-18 years), foster youth, low-income San Franciscans (< 200% FPL), members of the LGTBQ community, and students who do not have a sense of belonging at school.

Student-Led Action School Health Programs

SFUSD received $500,000 in SDDT funds to support Student-Led Action programming. It served approximately 1,000 individuals from the following SDDT priority populations: Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, Youth (aged 10-18 years), and Low-Income San Franciscans (under 200% FPL). The program aimed to implement student-led projects in three to seven schools (with the goal of eventually expanding to 33) with students receiving stipends for their extra work. These projects plan to culminate with presentations of findings related to increased water consumption and decreased sugary beverage consumption, increased consumption of fruits and vegetables, and increased physical activity. Program activities included assessing school and other community data and training staff and students to develop project-based learning activities. During the beginning of the program, the lack of

staff served as a barrier, but fortunately with the SDDT funding, the program was able to hire multi-lingual Teacher on Special Assignment (TSA), Paraprofessional on Special Assignment and 2.2 FTE Site Nutrition Coordinator. The main success of this program was the implementation three project-based learning efforts.

Student Nutrition Services

SFUSD received $1,000,000 in SDDT funds to support student nutrition services. Programming served approximately 20,200 and aimed to improve local sourcing and central warehousing of foods, expand teacher outreach, and advance professional development for cafeteria staff. Program activities included hiring a culinary supervisor to research local food options and connect with suppliers and hiring a communications and design strategies firm to develop a marketing campaign. Through these efforts 20% of total food purchases were locally sourced and there was a 50% increase in Refresh (in house meals prepared at middle and high schools). Additionally, cafeteria staff received over 44 hours of professional development. Limitations in facility capacity were identified as a barriers to improve meals and the meal experience.

Water Access

SFUSD received $450,000 in SDDT funds to support Water Access Programming. Programming served approximately 2,000 individuals from the following SDDT priority populations: Black/African Americans, Latinx, Filipinx, Pacific Islanders, Native American/Native Indians, Youth (aged 10-18 years), Foster Youth, low-income San Franciscans (< 200% FPL), and members of the LGBTQ community, and students who do not have a sense of belonging at school. The program aims to fund 30 - 35 hydration stations in 15 - 19 schools, meeting SFUSD's Silver or Gold Standard. At this point, three schools are scheduled for installation. The program also aimed to address disparities in underserved areas by increasing the percentage of accessible hydration stations the percentage of students self-reporting drinking more water; and the number of student led health activities. Finally, the program aimed to decrease self-reported sugar-sweetened beverage consumption. Program activities included meeting with stakeholders for guidance; completing a data assessment of filling stations across 123 schools; preparing Whole School, Whole Community, Whole-Child Professional Development, education delivery for 15 - 19 schools; and implementing a student-led project-based learning water project for more than 20 students. The main barrier related to organization and coordination across multiple stakeholders to problem-solve water installations. The main success of the program will be the implementation of various student-led projects across three schools.

Oral Health

SFUSD received $200,000 in SDDT funds to support oral health. Programming served approximately 5,342 individuals and aimed to increase the number of oral health case management post-care screenings. To achieve its goals, they partnered with the SF Public Health Foundation to provide oral health screening to Kindergarteners and First Graders in one school district. Program activities included outreach calls and letters to families in their preferred languages, connecting families to oral health care providers, and following up to see if families attended appointments. One success was the hiring of a health worker and a nurse coordinator.

RFP Feedback Survey

Community-based grants are an important component of the SDDT Funding Initiative. In their recommendations for how to distribute this grant money, the SDDT Advisory Committee (SDDTAC) was guided by the principle that SDDT revenue should be spent to effectively reduce the burden of chronic diseases associated with the consumption of sugary drinks among populations facing the largest health disparities. Specifically, funds should support community-based organizations (CBOs) that address the health inequities of those who are most targeted by the beverage industry.

In an effort to reach organizations that do not traditionally contract with the health department, SFDPH partnered with the San Francisco Public Health Foundation (PHF) to release three request-for-proposals (RFPs) for SDDT grants in the spring of 2019:

- *Healthy Communities Grants* for agencies with budgets under one million dollars that are demonstrably connected to SDDT priority populations.

- *Healthy Communities Support Grants* for one-time funds for equipment, data systems, computers, software, curriculum, consultants, or supports to build capacity to deliver chronic disease interventions for priority populations.

- *Healthy Food Purchasing Supplement Grants* for agencies with experience in operating programs to improve food security.

Methods

An RFP survey was developed as part of the SDDT Funding Initiative evaluation to assess how well the proposal solicitation process worked. Key questions addressed by the RFP survey were: Was the application process clear and concise? Were there any unnecessary barriers to applying? Did the pool of applicants include organizations that work most directly with priority populations? The purpose of the survey was to understand whether the RFP process allowed for smaller, non-traditional organizations to apply and to inform future RFP development.

Survey questions also asked about the RFP application process, information sessions, and support, as well as descriptive information about each organization. Harder+Company drafted the survey, which was then discussed and edited by the SFDPH backbone team and SDDTAC subcommittees.

Since the goal was to compare responses from organizations that did and did not apply for community grants, the potential respondents and data collection windows were informed by this goal. The survey was distributed to all organizations that were notified about the grants, participated in an RFP information session, submitted questions on the RFP website, and/or applied for a grant so that Harder+Company could compare the responses of applicants, potential applicants (those who considered applying), and non-applicants. People who received these invitations were also invited to share the link with organizations or listservs representing organizations eligible for this funding. The surveys were distributed at the end of July 2019, right after proposals were due so that the experience of applying was recent enough that applicants could recall their experiences and non-applicants could remember what dissuaded them from applying Individuals were also asked to share the survey link with any relevant list serves or contacts to which the RFP had been distributed.

The survey was conducted online with the software program Qualtrics which provides tailored email distribution, respondent tracking, and survey skip patterns

so that agency respondents only answer questions relevant to their work. Weekly reminder emails were circulated to survey distribution lists. Once these reminder emails failed to generate new respondents (see response rate description below), the survey was closed in late August 2019. Survey data were then imported into SPSS for statistical analysis. Frequency tables were generated for all of the survey questions to identify the full distribution of responses. These full results can be found in the attached Appendix B. For open-ended questions, responses were reported verbatim to allow DPH and the grant-making intermediary organization Public Health Foundation to assess feedback directly (see exhibits 13, 15, 27, 29, 42 and 44). For the purpose of this report, primary outcomes of interest related to: clarity and complexity of proposal process, barriers and challenges to applying, and an assessment of efforts to make the application process more accessible to non-traditional grantee applicants (i.e., smaller, more grassroots, organizations).

Responses Rate

The survey was sent to a total of 1,142 email addresses. An "adjusted" total of **946** was computed after the following exclusions:

- 7 emails (0.6%) bounced

- 88 email recipients (8%) opted out of the survey by clicking the "unsubscribe" link at the bottom of the email invitation

- 101 (9%) email recipients were excluded because their email address was from an @sfgov (n=55), @sfdph (n=42), or @harderco (n=4) email domain, meaning they were included on the distribution lists to monitor process - not as prospective grantees

We received 79 responses. We then excluded an additional seven because there was another response from the same organization; the most complete or earliest response was kept. This resulted in a final sample size of 72, for an overall 8% response rate. This is in the range of what can be expected for online surveys sent to recipients who do not necessarily know the distributor (i.e., Harder+Company). As summarized in Exhibit 3, below, the response rate was much higher for actual applicants for each of the three grants. Note that the total number of people who received the survey link is unknown because those who received the initial invitation were asked to share the link with other organizations eligible for this funding. These response rates, therefore, do not account for these secondary distributions.

Exhibit 3. SDDT RFP Survey Response Rate, by Distribution Group (survey respondents could be in more than one distribution group).
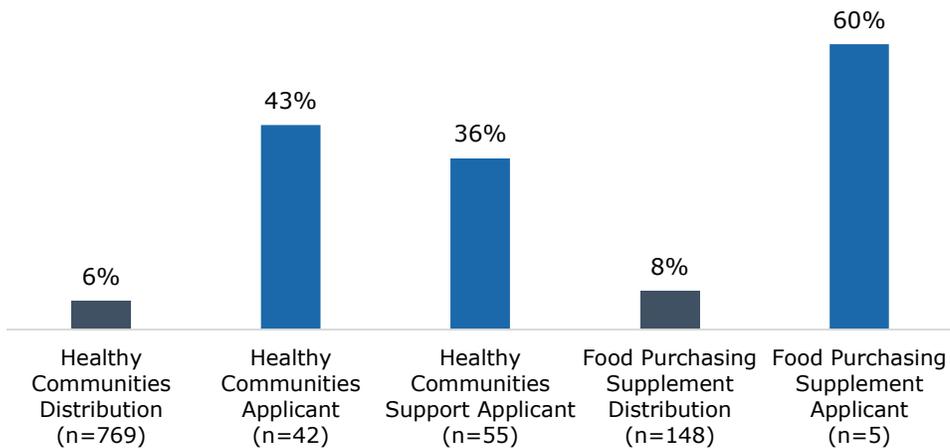
As with most survey data, the results in this report are based on self-reported information and not independent assessments of grant applications or

organizations' practices. Furthermore, as indicated by the response rate, not all organizations that received the RFP or applied for the grants responded to the survey. Results are, therefore, *representative of organizations that responded to the survey* and not necessarily all organizations that applied or considered applying for the SDDT community grants.

Key Findings

Overall, the survey found that the RFP process was successful, accomplishing the stated goals of engaging smaller organizations, receiving applications from organizations that work directly with priority populations, reducing barriers to applying, and providing information to inform future RFPs.

Applicants who completed the survey indicated that smaller, non-traditional organizations applied for all three grants, with median annual budgets of $300,000 for the Healthy Communities grant and $600,000 for the Healthy Communities Support and Healthy Food Purchasing Supplement grants. Most survey respondent applicants belonged to 501(c)3 or neighborhood-based organizations and many had not previously received SFDPH funding. Survey respondent applicants often served many of the priority populations most impacted by sugary beverages, especially young adults and people from African American and Latinx communities. The application process was relatively clear, with survey respondents generally reporting straightforward instructions and an appropriate page limit.

Survey respondents who reported barriers to applying generally highlighted two types. The first was not having enough time between their receipt of the RFP and the application due dates, especially since many applied for more than one of the community grants and they had close due dates. Some survey respondents also felt that having a grant writer would have been helpful, yet their organizations did not have the funds for this type of support.

Survey responses demonstrate that the effort extended to make these RFPs more accessible were largely successful. To build on this, future RFPs may want to consider a broader dissemination strategy and the ability to apply online.

A summary of the detailed RFP survey results is presented here. A full set of tables is included in Appendix B.

Full Results

Healthy Communities Grant

The SDDT Healthy Communities RFP was intended to fund 12 or fewer applicants for up to $500,000 each, between September 2019 and June 2022. Selected organizations need to have strong and demonstrable connections to SDDT priority populations and annual budgets under one million dollars.

The goal of the RFP was to fund projects that implement chronic disease prevention initiatives that impact health equity and inspire innovative, community -driven and -led projects that strengthen priority communities. Long term sustainable changes that are health promoting, community building, and equity focused were also prioritized.

Description of Survey Respondents

About one-third of survey respondents (35%) applied for the Healthy Communities grant and another 10% considered applying (Exhibit 4). An additional 38% (n=26),

represented organizations with annual budgets greater than one million dollars; these were not eligible to apply for the Healthy Communities grant. Because one of the goals of this analysis was to highlight the reasons why eligible organizations did not apply, the 26 ineligible organizations were excluded for the rest of the section.

Exhibit 4. Survey Respondents' Healthy Communities Grant Application Status

	Frequency	Percent
Applied	24	35%
Considered Applying	7	10%
Neither Applied nor Considered	12	17%
Ineligible, Budget >$1m	26	38%
Total	69	100%

- As summarized in Exhibit 5, most survey respondents belong to 501(c)3 or neighborhood-based organization (each 40%). Organizations that applied and those that considered but did not apply were generally similar types. The largest difference was that 14% of those that did not apply were schools or educational institutions, while none of the applicants were.

- Survey respondents that did not consider applying had the lowest median annual budget ($7,500), while those who applied ($300,000) or considered applying ($250,000) had similar budgets (see Appendix B).

- The most common way that survey respondents who applied for the grant heard about it (57%, see Appendix B) was through an email from the San Francisco Public Health Foundation (PHF). Survey respondents who considered applying, however, were most likely to hear about the grant through an email from someone else or word of mouth (29%, both).

Exhibit 5. What type of organization are you (please check all that apply)?

	Application Status: Healthy Communities Grant			
	Applied (n=24)	Considered, But Did Not Apply (n=7)	Neither Applied nor Considered (n=12)	Total (n=43)
501(c)3 (nonprofit)	46%	43%	25%	40%
Faith based group	8%	0%	8%	7%
Private company	4%	0%	8%	5%
Neighborhood based organization	33%	29%	58%	40%
School or educational institution	0%	14%	8%	5%
Other (please specify)	13%	8%	11%	12%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, health and wellness advocate, independent consultant, and retired LCSW who sits on several nonprofit boards

Applied or Considered Applying for the Healthy Communities Grant (n=31)

- As summarized in Exhibit 6, half of the survey respondents that applied for funding had received a previous grant from SFDPH (50%) while none of the respondents that considered applying had. Most survey respondents (75%) do not use professional grant writers.

- The Healthy Communities RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 7). Among the age-related priority populations, survey respondents that applied were most likely to serve young adults (75%) and organizations that considered applying were most likely to serve seniors (75%). Among the race/ethnicity priority populations, the group most often served by applicants was African American communities (85%), while each of the race/ethnicity priority populations was served by 75% of organizations that considered applying. A similar number of survey respondents that applied and considered applying served each of the priority gender and "other" populations.

- The type of work done by the largest proportion of survey respondents (Exhibit 8) was related to active living / physical activity (79%) and chronic disease prevention education (71%). No responding organizations worked on oral health (0%).

- Survey respondents that considered applying for the Healthy Communities grant usually apply for a few more grants per year (median: 8) than those who applied (median: 5, see Appendix B).

- Most survey respondents who applied or considered applying for the Healthy Communities grant knew about the information session (79%, Exhibit 9). Most of those who knew about it attended (64%, Exhibit 10) and found it very helpful (57%, see Appendix B).

- Most survey respondents (79%) also knew about the RFP web Q&A page (Exhibit 11); 44% were very satisfied and 50% were mostly satisfied with the information (Exhibit 12).

Exhibit 6. Has your organization ever received a grant from the San Francisco Department of Public Health?

	Application Status: Healthy Communities Grant		
	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Yes	50%	0%	42%
No	45%	75%	50%
Don't Know	5%	25%	8%

Exhibit 7. Which of the following populations are served by your organization? (select all that apply)

	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Application Status: Healthy Communities Grant			
Age			
Children 0-5 years	55%	25%	50%
Children 6-17 years	70%	25%	63%
Young Adults (age 18 to 24 years)	75%	50%	71%
Male Youth 10-24 years	55%	25%	50%
Adults 25-64	45%	50%	46%
Seniors 65+	40%	75%	46%
Race/Ethnicity			
Asians	65%	75%	67%
Black/African Americans	85%	75%	83%
Filipinx	30%	75%	38%
Latinx	65%	75%	67%
Native Americans	25%	75%	33%
Pacific Islanders	60%	75%	63%
Whites	40%	75%	46%
Gender			
Men / Boys	65%	50%	63%
Women / Girls	65%	50%	63%
Additional Priority Populations			
Pregnant Women	35%	25%	33%
Low Income Residents	80%	75%	79%
Specific Neighborhoods (please specify)	60%	75%	63%
Other (please specify)	5%	50%	13%

Exhibit 8. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Healthy Communities Grant		
	Applied (n=20)	Considered, But Did Not Apply (n=4)	Total (n=24)
Active living / physical activity	80%	75%	79%
Adverse childhood experiences	20%	0%	17%
Chronic disease prevention education	70%	75%	71%
Food security	25%	25%	25%
Healthy eating	70%	50%	67%
Oral health	0%	0%	0%
Policy or systems changes	25%	50%	29%
Sugary drink consumption	30%	0%	25%
Supporting breastfeeding	20%	0%	17%
Water access	15%	0%	13%
Workforce development / local hiring	35%	0%	29%
Other (please specify)	25%	25%	25%

Other included: doula services, education, mass incarceration, maternal health care, mental health, older adult recreation, spiritual health, and tobacco control.

Exhibit 9. Did you know about the Healthy Communities grant application information session?

	Frequency	Percent
Yes	22	78.6
No	6	21.4
Don't Know	0	0.0
Total	28	100.0

Exhibit 10. Did you attend the Healthy Communities grant application information session meeting (either in person or remotely)?

	Frequency	Percent
Yes	14	63.6
No	8	36.4
Total	22	100.0

Exhibit 11. Did you know about the question and answer page for the Healthy Communities grant?

	Frequency	Percent
Yes	22	78.6
No	6	21.4
Total	28	100.0

Exhibit 12. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	8	44.4
Mostly satisfied (please describe why)	9	50.0
Somewhat satisfied (please describe why)	1	5.6
Not at all satisfied (please describe why)	0	0.0
Total	18	100.0

Exhibit 13. What tools or trainings would have been helpful in completing the Healthy Communities grant application?

Text Responses
• A workshop specifically to help non-professional grant writers understand more clearly how to promote our programs
• All the trainings were helpful
• For small organizations with small budgets but has experience implementing programs, it would've been equitable if a grant writer was delegated to them
• I thought it was fairly straightforward but I used to work in the Accounting field and I am well acquainted with reading complicated government publications. That being said I thought it was fairly easy, LONG but not that complicated.
• In the future it would be great to have some program highlights videos from funded programs/orgs so that we can see what type of programs this grant funding supports as well as impact.
• Online application
• Research
• Scored LOI
• Tools and information provided were adequate
• We would need specific training on how the organization would be reimbursed for monies spent. We had a bad experience with this several years ago, poor guidelines, poor follow up from the City. Not anxious to repeat that experience.

Considered Applying (n=7)

There were only a few survey respondents who considered applying for the Healthy Communities grant but did not actually apply (n=7). In this section, we, therefore, refer to *numbers* of respondents because the sample is too small to yield reliable percentages (i.e., a small change in the frequency will result in a large change in the percentages).

- Among those who considered but ***did not apply*** for the Healthy Communities grant, the most common reason for not applying was that they did not have time or did not have a grant writer (n=2 out of 7 each). No one (n=0) reported that the amount of funding was too small (Exhibit 14).

Exhibit 14. Why did you choose not to apply for the Healthy Communities grant? (select all that apply)

	Frequency	Percent
Didn't have time	2	33.3%
Don't have a grant writer	2	33.3%
We are not eligible	0	0%
The amount of funding available was too small	0	0%
The application process was too much work	1	16.7%
The application process was too complicated	1	16.7%
Our work does not fit within the scope	1	16.7%
Other (please specify)	3	50.0%
Other included: Did not know about it; the amounts were more than we needed for a planned project.		

Exhibit 15. What could we change so that you would apply for future SDDT funding?

Text Responses
• Add us to your list of RFP recipients
• Better distribution of RFP
• Could applicants ask for a smaller grant? $5,000 to $10,000? Also, needed more information on how this is administered, receipts, who submitted to, etc.
• Not have all the deadlines to close together
• Provide a grants 101 course

Applied (n=24)

- Among those who applied for the Healthy Communities grant, a large majority (77%) felt that the instructions were very clear (Exhibit 16), the time frame was just right (68%, see Appendix B), and the 10-page limit was about right (77%, Exhibit 17).

- When considering the difficulty of the application sections (Exhibit 18), a majority of survey respondents rated the following sections as somewhat or very easy: fiscal agency organizational capacity (64%), organizational capacity (55%), and qualifications statement (59%). The largest portion of survey respondents rated the remaining sections (budget, project description, and workplan) as neither easy nor difficult.

Exhibit 16. How clear and understandable were the application instructions for the Healthy Communities grant?

	Frequency	Percent
Very clear	17	77.3
Somewhat clear	5	22.7
A little clear	0	0.0
Not at all clear	0	0.0
Total	22	100.0

Exhibit 17. The limit of 10 pages for the narrative section of the Healthy Communities grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	5	22.7
Was about the right length; it gave us enough space to answer all the questions	17	77.3
Was too long; we did not need that much space	0	0.0
Total	22	100.0

Exhibit 18. How difficult was each of the following sections of the Healthy Communities grant application? (n=22)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	n/a	Total
Budget	14%	50%	36%		100%
Fiscal agency organizational capacity	9%	18%	64%	9%	100%
Organizational capacity	9%	36%	55%		100%
Project description	23%	32%	45%		100%
Qualifications Statement	9%	32%	59%		100%
Workplan	27%	41%	32%		100%

Healthy Communities *Support* Grant

The SDDT Healthy Communities **Support** grants provide capacity building funding for non-profit agencies implementing chronic disease interventions for priority populations. The RFP sought to fund between 10 and 15 grants, for 10 months each.

The maximum allotment of $75,000 per grant was intended to provide one-time capacity-building funds for equipment, data systems, computers, software, curriculum, consultants, or other supports. As with the SDDT Healthy Communities RFP, the goal of the Support grants is to impact chronic diseases and health equity.

Description of Survey Respondents

- As summarized in Exhibit 19, 44% of survey respondents applied for the Healthy Communities Support grant and another 23% considered applying.

- Most survey respondents (59%) belong to 501(c)3 organizations. Organization type was similar between the organizations that applied and considered applying (Exhibit 20).

- There was no annual budget restriction for Healthy Communities Support grant applicants, so the budget range was large, up to $80 million (see Appendix B). Organizations that applied had a median annual budget of $600,000 while the median for those that considered applying was $910,000.

- The most common way survey respondents who applied for the grant (55%) or considered applying (38%) heard about the RFP was through an email from the San Francisco Public Health Foundation (see Appendix B).

Exhibit 19. Survey Respondents' Healthy Communities Support Grant Application Status

	Frequency	Percent
Applied	30	43.5%
Considered Applying	16	23.2%
Neither Applied nor Considered	23	33.3%
Total	69	100.0%

Exhibit 20. What type of organization are you (please check all that apply)?

	Application Status: Healthy Communities Support Grant			
	Applied (n=30)	Considered, But Did Not Apply (n=16)	Neither Applied nor Considered (n=23)	Total (n=69)
501(c)3 (nonprofit)	60%	56%	61%	59%
Faith based group	10%	0%	4%	6%
Private company	3%	6%	0%	3%
Neighborhood based organization	23%	19%	39%	28%
School or educational institution	3%	6%	9%	6%
Other (please specify)	17%	13%	9%	13%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, FQHC, health and wellness advocate, independent consultant, retired LCSW who sits on several nonprofit boards.

Applied or Considered Applying for the Healthy Communities Support Grant (n=46)

- More than half of the responding organizations that applied for funding had received a previous grant from SFDPH (58%) while only one-third (33%) of the organizations that considered applying had (Exhibit 21). Two-thirds of survey respondents in both groups (67%) do not use professional grant writers (see Appendix B).

- The Healthy Communities Support RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 22). Among the age-related priority populations, survey respondents that applied were most likely to serve young adults (71%) and responding organizations that considered applying were most likely to serve children 6-17 years and adults (75% each). Among the race/ethnicity priority populations, the group most often served by applicants was Latinx communities (92%), and the group most often served by organizations that considered applying was African Americans (83%).

- The type of work done by the largest proportion of survey respondents (Exhibit 23) was related to healthy eating (69%) and active living (67%). The lowest proportion worked in oral health (8%).

- There was no information session specifically for the Healthy Communities Support grant. There was, however, an RFP Q&A webpage. A majority of responding organizations knew about this webpage (64%), Exhibit 24), and most visited it (76%, Exhibit 25). One-third (33%) were very satisfied with the information and a majority (53%) were mostly satisfied (Exhibit 26).

Exhibit 21. Has your organization ever received a grant from the San Francisco Department of Public Health?

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Yes	58%	33%	50%
No	38%	58%	44%
Don't Know	4%	8%	6%

Exhibit 22. Which of the following populations are served by your organization? (select all that apply)

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Age			
Children 0-5 years	58%	42%	53%
Children 6-17 years	67%	75%	69%
Young Adults (age 18 to 24 years)	71%	58%	67%
Male Youth 10-24 years	63%	50%	58%
Adults 25-64	63%	75%	67%
Seniors 65+	58%	50%	56%
Race/Ethnicity			
Asians	71%	75%	72%
Black/African Americans	88%	83%	86%
Filipinx	63%	58%	61%
Latinx	92%	58%	81%
Native Americans	58%	58%	58%
Pacific Islanders	83%	67%	78%
Whites	67%	67%	67%
Gender			
Men / Boys	75%	67%	72%
Women / Girls	79%	75%	78%
Additional Priority Populations			
Pregnant Women	54%	33%	47%
Low Income Residents	92%	83%	89%
Specific Neighborhoods (please specify)	67%	75%	69%
Other (please specify)	13%	8%	11%

Exhibit 23. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Healthy Communities Support Grant		
	Applied (n=24)	Considered, But Did Not Apply (n=12)	Total (n=36)
Active living / physical activity	79%	42%	67%
Adverse childhood experiences	21%	33%	25%
Chronic disease prevention education	54%	50%	53%
Food security	38%	25%	33%
Healthy eating	83%	42%	69%
Oral health	8%	8%	8%
Policy or systems changes	25%	42%	31%
Sugary drink consumption	38%	17%	31%
Supporting breastfeeding	25%	8%	19%
Water access	17%	0%	11%
Workforce development / local hiring	42%	33%	39%
Other (please specify)	25%	25%	25%

Other included: doula services, education, etiquette and manners, legal aid, life skills, mass incarceration, maternal health care, mental health, older adult recreation, services to public school families, spiritual health, tobacco control, youth and family development.

Exhibit 24. Did you know about the question and answer page for the Healthy Communities Support grant?

	Frequency	Percent
Yes	25	64.1
No	14	35.9
Total	39	100.0

Exhibit 25. Did you visit the question and answer page for the Healthy Communities Support grant?

	Frequency	Percent
Yes	19	76.0
No	6	24.0
Total	25	100.0

Exhibit 26. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	5	33.3
Mostly satisfied (please describe why)	8	53.3
Somewhat satisfied (please describe why)	2	13.3
Not at all satisfied (please describe why)	0	0.0
Total	15	100.0

Exhibit 27. What tools or trainings would have been helpful in completing the Healthy Communities Support grant application?

Text Responses
• A session to go over the grant application with a staff member who is clear what is necessary to qualify and stand a chance of getting a grant
• I believe all information needed was available to applicants.
• I have been attending the Grant Space seminars and webinars , they are good for me as I just started doing this
• It was pretty straightforward and well done
• Ongoing with SF FOG and city and county cross department information sharing
• Online support
• Some language in the RFP was technical, and did not easily give reference (or spell out definitions) of terms. A glossary section would have been useful for organizations who do Community Health work outside of the formal health sector.
• Time necessary to write and gather all information

Considered Applying (n=16)

- Among those who considered but did not apply for the Healthy Communities Support grant, the most common reason for not applying (Exhibit 28) was that they did not have time or did not have a grant writer (21% each). No survey respondents reported that the application process was too complicated or too much work (0% each).

Exhibit 28. Why did you choose not to apply for the Healthy Communities Support grant? (select all that apply)

	Frequency	Percent
Didn't have time	3	21.4
Don't have a grant writer	3	21.4
Our work does not fit within the scope	1	7.1
The amount of funding available was too small	1	7.1
Application process was too complicated	0	0.0
Application process was too much work	0	0.0
Other (please specify)	2	14.3

Other included: amount was too large.

Exhibit 29. What could we change so that you would apply for future SDDT funding?

Text Responses
• It was about organizational fit not the grants
• Nothing it was a good process
• Right fit and time to apply.
• SF should cover more costs that are related for indirect due to high rents
• Smaller grants, detailed information on pay out process, receipts needed, etc.
• Smaller organizations without professional/staff grant writer with a capacity grant to address health disparities in the community.

Applied (n=30)

- Among those who applied for the Healthy Communities Support grant, most (74%) felt that the instructions were very clear (Exhibit 30), the time frame was just right (85%, see Appendix B), and the four-page limit was about right (70%, Exhibit 31).

- When considering the difficulty of the application sections (Exhibit 32), a majority of survey respondents (59% to 89%) rated all of the sections as somewhat or very easy.

Exhibit 30. How clear and understandable were the application instructions for the Healthy Communities Support grant?

	Frequency	Percent
Very clear	20	74.1
Somewhat clear	6	22.2
A little clear	1	3.7
Not at all clear	0	0.0
Total	27	100.0

Exhibit 31. The limit of 4 pages for the narrative section of the Healthy Communities Support grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	8	29.6
Was about the right length and gave us enough space to answer all the questions	19	70.4
Was too long; we did not need that much space	0	0.0
Total	27	100.0

Exhibit 32. How difficult was each of the following sections of the Healthy Communities Support grant application? (n=27)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	n/a	Total
Budget	11%	30%	59%		100%
Fiscal Agency Capacity / Staff Qualifications	4%	22%	63%	11%	100%
Organizational Capacity	11%	19%	70%		100%
Project Description	19%	19%	63%		100%
Qualifications Statement & Cover Sheet	11%	0%	89%		100%

Healthy Food Purchasing Supplement Grant

The SDDT Healthy Food Purchasing Supplement grants are for agencies with experience in operating programs to improve food security and dietary intake by increasing the ability of food-insecure San Franciscans to purchase foods that contribute to a nutritious diet.

The funds were expected to support to up to five agencies for interventions to improve food security and dietary intake. An estimated $1,000,000 is expected to be available annually for this solicitation.

Description of Survey Respondents

- As summarized in Exhibit 33, 9% of survey respondents applied for the Healthy Food Purchasing Supplement grant and another 15% considered applying.

Exhibit 33. Survey Respondents' Healthy Food Purchasing Supplement Grant Application Status

	Frequency	Percent
Applied	6	8.7
Considered Applying	10	14.5
Neither Applied nor Considered	53	76.8
Total	69	100.0

There were only a few survey respondents who applied (n=6) or considered applying for the Food Purchasing Supplement grant (n=10). In this section, we, therefore, refer to numbers of respondents because the sample is too small to yield reliable percentages (i.e., a small change in the frequency will result in a large change in the percentages).

- The largest group of survey respondents that applied (2 out of 6) were from schools or educational institutions (Exhibit 34), while the largest group that considered but did not apply were 501(c)3 organizations (6 out of 10).

- There was no annual budget restriction for Food Purchasing Supplement grant applicants, so the budget range was large, up to $20 million (see Appendix B). Organizations that applied had a median annual budget of $600,000 while the median for those that considered applying was $375,000.

- The most common ways that survey respondents who applied or considered applying for the Food Purchasing Supplement grant heard about the RFP was through an email from someone else (i.e., not the San Francisco Public Health Foundation or word of mouth (see Appendix B).

Exhibit 34. What type of organization are you (please check all that apply)?

	Application Status: Food Purchasing Supplement Grant			
	Applied (n=6)	Considered, But Did Not Apply (n=10)	Neither Applied nor Considered (n=53)	Total (n=69)
501(c)3 (nonprofit)	17%	60%	64%	59%
Faith based group	17%	0%	6%	6%
Private company	0%	0%	4%	3%
Neighborhood based organization	17%	30%	30%	28%
School or educational institution	33%	10%	2%	6%
Other (please specify)	17%	20%	11%	13%

Other included: 501(c)4, advocacy group with fiscal agency, fiscal sponsor, FQHC, health and wellness advocate, independent consultant, retired LCSW who sits on several nonprofit boards.

Applied or Considered Applying for the Food Purchasing Supplement Grant (n=16)

- Half of the responding organizations that applied for funding (1 out of 2) had received a previous grant from SFDPH, while one-third (2 out of 6) of the survey respondents that considered applying had (Exhibit 35).

- The Food Purchasing Supplement RFP specified priority populations based on communities that are most impacted by sugary beverages (Exhibit 36). All of the survey respondents who applied (2 out of 2) reported serving seniors. Organizations that considered applying were most likely to serve adults and seniors (4 out of 6 each). Among the race/ethnicity priority populations, all survey respondents that applied reported serving African American or Asian communities; the group most often served by organizations that considered applying were African American and Pacific Islander communities (5 out of 6 each).

- Not surprisingly, all of the responding applicant organizations worked on food security and healthy eating (Exhibit 37). The largest proportion of responding organizations that considered applying worked on active living and chronic disease prevention (4 out of 6 each).

- Many survey respondents did not know about the information session (5 out of 9, Exhibit 38). Half of those who knew about it attended (2 out of 4, Exhibit 39).

- In contrast, most survey respondents (7 out of 9) knew about the RFP web Q&A page (Exhibit 40). Two out of three were mostly satisfied with the information (Exhibit 41).

Exhibit 35. **Has your organization ever received a grant from the San Francisco Department of Public Health?**

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Yes	50%	33%	38%
No	50%	50%	50%
Don't Know	0%	17%	13%

Exhibit 36. **Which of the following populations are served by your organization? (select all that apply)**

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Age			
Children 0-5 years	50%	50%	50%
Children 6-17 years	50%	33%	38%
Young Adults (age 18 to 24 years)	50%	50%	50%
Male Youth 10-24 years	50%	17%	25%
Adults 25-64	50%	67%	63%
Seniors 65+	100%	67%	75%
Race/Ethnicity			
Asians	100%	50%	63%
Black/African Americans	100%	83%	88%
Filipinx	50%	67%	63%
Latinx	50%	67%	63%
Native Americans	50%	50%	50%
Pacific Islanders	50%	83%	75%
Whites	50%	67%	63%
Gender			
Men / Boys	50%	67%	63%
Women / Girls	50%	67%	63%
Additional Priority Populations			
Pregnant Women	50%	33%	38%
Low Income Residents	100%	83%	88%
Specific Neighborhoods (please specify)	50%	83%	75%
Other (please specify)	0%	17%	13%

Other included: immigrants.

Exhibit 37. What type(s) of work does your organization do? (please check all that apply)

	Application Status: Food Purchasing Supplement Grant		
	Applied (n=2)	Considered, But Did Not Apply (n=6)	Total (n=8)
Active living / physical activity	0%	67%	50%
Adverse childhood experiences	0%	33%	25%
Chronic disease prevention education	50%	67%	63%
Food security	100%	50%	63%
Healthy eating	100%	50%	63%
Oral health	0%	17%	13%
Policy or systems changes	0%	17%	13%
Sugary drink consumption	0%	17%	13%
Supporting breastfeeding	0%	33%	25%
Water access	0%	0%	0%
Workforce development / local hiring	0%	0%	0%
Other (please specify)	50%	0%	13%

Other included: older adult recreation

Exhibit 38. Did you know about the Healthy Food Purchasing Supplement grant application information session?

	Frequency	Percent
Yes	4	44.4
No	4	44.4
Don't Know	1	11.1
Total	9	100.0

Exhibit 39. Did you attend the Healthy Food Purchasing Supplement grant application information session meeting?

	Frequency	Percent
Yes	2	50.0
No	2	50.0
Total	4	100.0

Exhibit 40. Did you know about the question and answer page for the Healthy Food Purchasing Supplement grant?

	Frequency	Percent
Yes	7	77.8
No	2	22.2
Total	9	100.0

Exhibit 41. How satisfied were you with the responses to e-questions and why?

	Frequency	Percent
Very satisfied (please describe why)	0	0.0
Mostly satisfied (please describe why)	2	66.7
Somewhat satisfied (please describe why)	1	33.3
Not at all satisfied (please describe why)	0	0.0
Total	3	100.0

Exhibit 42. What tools or trainings would have been helpful in completing the Healthy Food Purchasing Supplement grant application?

Text Responses
• All of them. There is a lot of material to cover and could confuse and overwhelm a person. So any and all seminars and or trainings would be helpful. Budget =Accounting, Healthy food = Nutritionist, Interoperability with target group = Psychology Sociology you cover a lot of territory with the Questions on the RFP

- Too long.

Considered Applying (n=10)

- Among survey respondents who considered but did not apply for the Healthy Food Purchasing Supplement grant, the most common reason for not applying (Exhibit 43) was that the application process was too much work (4 out of 7).

Exhibit 43. Why did you choose not to apply for the Healthy Food Purchasing Supplemental grant? (select all that apply)

	Frequency	Percent
Didn't have time	2	28.6
Don't have a grant writer	1	14.3
Our work does not fit within the scope	0	0.0
The amount of funding available was too small	1	14.3
The application process was too complicated	2	28.6
The application process was too much work	4	57.1
Other (please specify)	1	14.3

Other included: did not know about it

Exhibit 44. What could we change so that you would apply for future SDDT funding?

Text Responses
• Just add us to your list of orgs notified about the RFPs
• More flexibility, better communications about agency eligibility, etc.
• Nothing, it's more of having an organizational capacity to apply for it
• Providing guiding questions.
• Requirements
• Unsure
• Ways to integrate this into existing programming

Applied (n=6)

- Among survey respondents who applied for the Healthy Food Purchasing Supplement grant, half of those who responded (1 out of 2) felt that the instructions were very clear (Exhibit 45) and all (2 out of 2) felt that the time frame was just right (see Appendix B).

- Both survey respondents (2 out of 2) thought the 10-page limit was too short (Exhibit 46).

- When considering the difficulty of the application sections (Exhibit 47), all survey respondents rated the budget for FY2019-20, the qualifications statements, and the supporting documents as somewhat or very easy.

Exhibit 45. How clear and understandable were the application instructions for the Healthy Food Purchasing Supplement grant?

	Frequency	Percent
Very clear	1	50.0
Somewhat clear	0	0.0
A little clear	1	50.0
Not at all clear	0	0.0
Total	2	100.0

Exhibit 46. The limit of 10 pages for the narrative section of the Healthy Food Purchasing Supplement grant application:

	Frequency	Percent
Was too short; it did not provide us with enough space to answer all the questions	2	100.0
Was about the right length and gave us enough space to answer all the questions	0	0.0
Was too long; we did not need that much space	0	0.0
Total	2	100.0

Exhibit 47. How difficult was each of the following sections of the Healthy Food Purchasing Supplement grant application? (n=2)

	Very or Somewhat Difficult	Neither Easy nor Difficult	Very or Somewhat Easy	Total
Budget for FY 2019-2020	0%	0%	100%	100%
Proposal Narrative	0%	50%	50%	100%
Qualifications Statements	0%	0%	100%	100%
Supporting Documents (i.e., two letters of recommendation)	0%	0%	100%	100%

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