



San Francisco Department of Public

Health Dr. Grant

Colfax

Director of Health

City and County of San Francisco
London N. Breed
Mayor

Sugary Drinks Distributor Tax Advisory Committee

MINUTES

September 18, 2019

5:00 pm

25 Van Ness Avenue, Room 610

San Francisco, CA 94102

* Please note that public comment will be held after every agenda item. If a member of the public would like to comment on a topic that is *not* on the agenda, they may do so during general public comment at the start of the meeting. Please see the *Notes* section of this document for additional information about public comment.

Order of Business:

1. Call to Order / Roll Call – Roberto Vargas called the meeting to order at 5:10pm.
 - a. Approval of Excused Absences [Action]
 - i. Excused absences – Vanessa Bohm, Joi Jackson-Morgan. John Maa motioned to approve excused absences. Aaron Kunz seconded the motion. All voted in favor of approving excused absences.
 - ii. Unexcused absences – Rita Nguyen, Irene Hilton
2. Approval of Minutes for previous meeting [Action]

Jorge Rivas motioned to approve the minutes from August 21 meeting. John seconded the motion.

Shelley Dyer and Roberto Vargas abstained. The minutes were approved.
3. Review and Consideration of Regular Agenda [Action]

Jorge Rivas motioned to approve the agenda. Jonathan seconded the motion. The agenda was approved.
4. Public Comment – There was no public comment.
5. DPH Staff Report [Discussion and Possible Action]
 - a. SDDTAC web page updates

SDDT Revenue Tracking posted on SDDT webpage. Revenue tracking can be accessed with specific instructions listed to access. SDDT work plan will be on google doc and uploaded onto the SDDT webpage.

b. DPH RFP update

- i. DPH RFP - expected release in October
- ii. RFP04 (under \$1M) – 32 applications – completed contract negotiations
 1. 22 applicants under \$500K
 2. 10 applicants \$500 – 1M
- iii. RFP 05 (HFPS) – grant negotiations complete
 1. 5 applications
- iv. RFP 07 (Support – 1 time funds) – completed contract negotiations
 1. 32 applications
- v. Saeeda, SFUSD 18/19 RFQ completed and working on application (as a google form), for community grants; release date by end of September. Funding will be released through various channels. 4 sections of Request For Qualifications: physical+ activity, staff wellness and capping amounts per school. An agency that qualifies can go up to 4 schools. Organizations will respond to request and schools will identify which organization to work with. Total amount is over \$700,000.00

c. Evaluation Planning Update

- i. Harder & Company will be focusing on evaluation of the SDDT funding initiative and its impact. DPH will be receiving Harder & Company's first draft of evaluation summary/write up for city survey and RFP process survey at the end of September. DPH will present Harder & Company summary and write up through D/E subcommittee and then SDDTAC.

d. Media– Civic Edge Consulting - design elements

- i. Paisley Strellis of Civic Edge Consulting presented the latest draft versions of design elements of SDDT media campaign illustrating the impact of the tax.

Option 1: REASONS our SF Soda Tax Works

Necessary to include photos of SF residents; illustration overlay can be removed; photo shoots will be done

Strong preference for Option 1

Option 2: Display of Programs on a Map

Civic Edge will need support from SDDTAC, which programs to be highlighted.

On September 19th, Civic Edge will be facilitating a focus group on the draft versions of design elements of the SDDT media campaign.

Feedback from SDDTAC

Recommendations to identify if illustration overlay appeals to youth differently; Preferable to have quantifiable numbers instead of reasons, especially with SDDT funded programs being highlighted. Others expressed preference of including reasons but understand the need to use statistics. Logo place holders are for city/DPH and highlighted programs.

Option 1 is clear and preferably without illustrations; it challenges the eye; using statistics are better and possibly include reducing numbers to show how SDDT is supportive.

Option 2 – Identify how healthy eating/active living contribute to outdoor activities, adding themes and having tangible locations within the city would be good to see.

There was no public comment.

6. Emma Sanchez-Vaznaugh, ScD., MPH, San Francisco State University, Physical Activity and Physical Education [Discussion]

Dr. Sanchez-Vaznaugh presented NIH funded project focusing on school nutrition/physical activity policies on disparities; relationships between fitness levels and nutrition; targeted primarily – having at least 50% of students who qualify for free lunch; details of report – hard copy available on web; key findings shared; presentation can be found on SDDT webpage.

Project Recommendations Include:

- Increase compliance with state physical education laws in SF schools
- Fully fund physical education at all schools
- Create and promote a culture of learning and health in schools
- Foster collaboration and provide technical assistance focused specifically on physical activity
- Strengthen policies governing physical activity/physical education

Attitudes towards physical activity was not asked; After school programs with physical activity was not included as part of project.

No public comment

7. Controller's Office – Michelle Allersma, discuss SDDT revenue [Discussion]

Michelle Allersma presents SDDTAC with FY 18-19 and FY 19-20 SDDT revenue and expenditures.

The office of the controller serves as the accounting auditor for city revenue including taxes, it projects and forecasts all tax revenues, including the sugary drink distributor tax.

By the end of August, the Office of the Controller generates reports of tax revenues for two fiscal years, including general tax and voter allocations.

Questions from SDDTAC members inquired about \$16M allocation of revenue for FY 18-19. How would the Office of the Controller forecast especially with the intent that there would be a decrease in the amount of sugary drink consumption. Michelle Allersma noted that within the five year mark forecast, they would be able to determine decreased trends, though consumption can also be attributed to visitors.

Would there be an understanding through the validity of quarters? The Office of the Controller speaks with tax collector's office and is better able to determine if tax bill went out in time and if there was a seamless administration of tax collection; Michelle advises to check quarterly report for tax revenues on the website, July – December released in February; long term – 5 year forecasting.

Would it be ideal to report recommendations based on percentages rather dollar amounts; would the Office of the Controller forecast that it be a greater amount, answer: the amount would be consistent, ideal to do percentages; how are decisions made to support SDDTAC recommendations – it is recommended to draw from Mayor's budget office – asking for future fiscal years. Are Board of Supervisors addbacks included; Board of Supervisors budget of \$1.2M was not included; suggestion to have Board of Supervisors to link addbacks with the Mayor's SDDT revenue allocation; Board of Supervisors addbacks go to the baseline budget.

Michelle Allersma will go back to see if there was something tagged as addbacks from Board of Supervisors. It was also stated that addbacks get absorbed into the departmental budget, revenues aren't tagged. Assumption that the funding continues to the department. Can that be changed? Can new supervisors change that?

Suggestion to SDDTAC to ask the clerk of board for information to understand how funds are appropriated? The Office of the Controller's office would not have that level of detail per the Board of Supervisors, they would just be able to identify how the SDDT revenue was appropriated.

Handout of SDDT final budget recommendations was referenced – to be added to SDDTAC folders and shared with Michelle Allersma.

There was no public comment.

8. City Department Report [Discussion] – 45 min

a. Oral Health Task Forces – 30 min

Prasanthi Patel introduces oral health task forces; soda tax funds have yet to be received due to contracting.

Background of the problem - data of kindergarten caries: majority of kids live in the Tenderloin.

Chinatown Oral Health Task Force District 3 – Andrea Zhou – Coordinator/NICOS

Promoting through the whole family not just to the child; developed and disseminated materials; organized 4 health fairs; integrated work with city wide collaborations such as CavityFree.

Future Plans with SDDT funds – continue activities, collaborations (utilizing a collective impact approach), work with other task forces, “health starts with the mouth” messaging; access – continued work; oral health flyers posted in Asian newspapers of free oral screenings/services offered to community members.

Mission Oral Health Task Force/District 9 – Tomasa Bulux - Carecen SF

Accomplishments To Date: Task Force established in 2018; Focus groups were conducted to inform culturally appropriate media campaign; developed outreach strategy for community and providers; hosted community briefing on the state of Latino children’s oral health in SF; in support of Cavity Free SF.

Future plans with SDDT funding: hire full time staff; meet with task force; complete and launch Latino focused oral health media campaign; outreach and education at community based events, schools, clinics, etc.; Utilization of the promotora-based outreach and education approach; Support Cavity Free SF; implementation of strategy to engage local dental providers in oral task force efforts.

District 10 Children’s Oral Health Taskforce – Justin Adeyanju – APA Family Support Services

Target audience: Bayview and Visitacion Valley Black/African American children 0-5.

Accomplishments to Date: monthly community meetings; design and implementation of oral health education campaign in district 10 promoting behavior change; messages disseminated through radio, newspaper, street pole banners and community posters. Only 1 Black/African American dentist in San Francisco that accepts Medi-Cal.

Plans for SDDT funding: host 2-3 community informed design thinking workshops in partnership with UC Berkeley Health Research for Action; support taskforce capacity building; continuation of providing free services and incentives to community members; continue oral health education campaign messaging highlighting the reduction of sweet foods and beverages; alignment with CavityFree SF strategic planning and promotion strategies.

b. SFUSD Oral Health funding

SF Unified School District Care Coordination – Tomoko Isoqai, Oral Health Nurse Coordinator

SDDT funds support staffing and educational materials development and dissemination, data collection management – identifying which schools need oral health care.

Total # of students who failed screening 986/5342 - # of appointments made 1989

Screening mandated by CA for kindergarten children – pediatrician encourage parents for children to be seen by dentist.

Question: How much do you see a decrease due to education versus screening? Still seeing trends within the next 5 years.

Community members on Juneteenth event expressed the increased knowledge about varying methods of brushing teeth e.g. brushing at 45 degree angle.

Question: In light of displacement within geographical areas, how does your work address the geographical spread? Oral health task forces are identifying strategies and efforts to

outreach to other areas where racial ethnic groups have moved to other districts within SF. There is a need to look at data to determine how to reach certain populations due to displacement. Example of the Tenderloin neighborhood – not culturally specific due to many cultures in the Tenderloin; Strategic plan will inform how to address displacement of cultures. CARECEN is trying to extend services to the Tenderloin neighborhood; Promotion of services/educational outreach despite geographical location is needed.

No public comment

c. SFUSD Oral Health funding

9. Subcommittee Update [Discussion and Action] - 30 min

a. Co-chair update

i. No updates from co-chair

b. Infrastructure – strategic planning

An overview of Raimi & Associates’ proposed scope of work on strategic planning was shared with SDDTAC. It was expressed that much of the work on SDDT purpose, values and principles have already been done and by conducting a strategic plan, it would be duplicating the work; By adopting Raimi & Associates scope of work it would require at least an additional 6 hours of SDDTAC members. SDDTAC members expressed reservations with additional time commitments, especially with preparation for the upcoming annual recommendation report to the Mayor in March.

The strategic planning process would also create a final product that could support how SDDTAC to make better decisions and memorialize what would happen, especially with SDDTAC membership rolling over. Others expressed that priorities have already been set for SDDT and what Raimi & Associates is proposing is too pricey for what SDDTAC needs, although sees the value in continuity and memorializing SDDTAC activities, especially for SDDTAC rolling membership and defining how to move forward.

It would be helpful to have Raimi & Associates pare down SDDTAC principles/priorities. By having a more simplified rubric of SDDTAC building blocks and assembly into what SDDTAC values.

No Public Comment

Michelle motions that Raimi & Associates continue with a strategic planning process as written in the scope of work without buying into optional tasks and to develop a rubric in time for annual report. No vote necessary. Motion withdrawn. Michelle encourages other members to attend infrastructure meeting – 1st Tuesday of the month. SDDTAC backbone staff will notify SDDTAC members with advance notice so that members can determine if they are available to attend Infrastructure subcommittee meetings as it relates to the SDDTAC strategic plan.

c. Community Input – Community outreach event

SDDT community engagement activities were discussed and presented to SDDTAC for a way to ensure meaningful community engagement opportunities. Community input would like to put engage in partnership with the SDDT media campaign to illustrate and

communicate out, how communities are being impacted by the SDDT, highlight where the funds are going and utilize the campaign to reach a broader audience. This community engagement would allow for an extension to the depth of work being done with the SDDT revenue and offer an opportunity for data gathering.

Aaron motions to reallocate community engagement funds towards the media campaign, community input subcommittee will work with media adhoc committee, Roberto seconds.

No public comment.

d. Data and Evidence – Data report approval

Data and Evidence – update on data report; Jonathan provides SDDTAC members with updates to data report that includes: timeline of SF sugary drink interventions, updated 2018 mortality data, SSB price data changes, SSB sales – preliminary and baseline data, data from SFUSD School health survey, 2017-2018 Fitnessgram data and notes on social determinants of health. The data report is provisionally approved, with an additional week for SDDTAC to review and provide comments. Comments should be directed to Jonathan Butler. Data report approval at next D/E meeting and published for the public with language to help community to understand report.

Melinda to resend report, SDDTAC members send comments to Jonathan. D/E subcommittee to send to Michelle Kirian with changes.

No public comment.

10. Committee Member Proposed Future Agenda Items [Discussion and Possible Action]

- a. DPH Oral Health, Healthy Food Purchasing Supplements and DPH Community-Based Grants
- b. Jim Krieger, MD, MPH – Sugary Drink taxes: challenges and lessons learned
- c. Linda – Update on state SSB efforts
- d. Janna – prioritize on what SDDT is funding

11. Announcements [Discussion]

- a. Lauren Heumann shared that SOTA High School will be having its kitchen opening on October 15th from 11am- 1pm. Roberto, Christina and Janna interested in joining opening.
- b. Christina welcomes Melinda Martin to SDDTAC as SDDT backbone staff.
- c. Derik Aoki encourages SDDTAC to view SF Board of Supervisors hearing on food security among low income pregnant women and families.
http://sanfrancisco.granicus.com/MediaPlayer.php?view_id=192&clip_id=33984
- d. Roberto Vargas announces A Celebration of SF Changemakers with Peer Resources, September 28, 2019 – Gray Area 7-10pm.

- e. Michelle Kim announces DCYF hosts We Are The City: Family Summits in Every San Francisco District. <https://www.dcyf.org/>
- f. Saeeda announces being interviewed for radio KQED for California reports and reported that she mentions SF SDDTAC during her interviews.
- g. Shelley announces the OMI Health & Wellness Fair, September 21, 11am – 2pm at the Minnie and Lovie Ward Rec Center.

12. Adjournment

Linda Barnard motions to adjourn meeting. Janna seconds. Meeting is adjourned at 8:30pm

Notes

PUBLIC COMMENT

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- Briefly responding to statements made or questions posed by members of the public, or
 - Requesting staff to report back on a matter at a subsequent meeting, or
 - Directing staff to place the item on a future agenda. (Government Code Section 54954.2(a).)
- 10.

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Ang mga kopya ng Sunshine Ordinance ay makukuha sa Clerk ng Sunshine Task Force, sa pampublikong aklatan ng San Francisco at sa website ng Lungsod sa www.sfgov.org. Mga kopya at mga dokumentong na nagpapaliwanag sa Ordinance ay makukuha online sa <http://www.sfbos.org/sunshine> o sa kahilingan sa Commission Secretary, sa address sa itaas o sa numero ng telepono.

PAG-ACCESS SA WIKA

Ayon sa Language Access Ordinance (Chapter 91 ng San Francisco Administrative Code), maaaring mag-request ng mga tagapagsalin sa wikang Tsino, Espanyol, at/o Filipino (Tagalog). Kapag hiniling, ang mga kaganapan ng miting ay maaring isalin sa ibang wika matapos ito ay aprobahan ng komisyon. Maari din magkaroon ng tulong sa ibang wika. Sa mga ganitong uri ng kahilingan, mangyaring tumawag sa Minouche Kandel sa 415-252-3203, o minouche.kandel@sfgov.org, sa hindi bababa sa 48 oras bago mag miting. Kung maari, ang mga late na hiling ay posibleng pagbibigyan.

ACCESS PARA SA MAY KAPANSANAN

Ang Konseho tungkol sa Karahasan sa Pamilya (Family Violence Council) ay ginaganap sa room 617 sa 400 McAllister Street sa San Francisco. Ang building ay maaaring ma-access ng mga taong gumagamit ng wheelchair at iba pang gamit na tumutulong sa pagkilos .

Ang mga pagpupulong ng Task-Force ng Mayor sa Anti-Trafficking ay ginaganap sa Room 305 sa City Hall, 1 Dr. Carlton B. Goodlett Place sa San Francisco. Ang City Hall ay accessible para sa mga taong gumagamit ng wheelchair at iba pang mga gamit na tumutulong sa pagkilos. Mayroong mga rampa sa mga pasukan sa Grove, Van Ness at McAllister.

Ang mga kagamitan sa pagtulong sa pandinig, mga interpreter ng American Sign Language, mga tagapagbasa, mga adyenda na malalaki ang print, at iba pang pangangailangan ay maaaring hilingin. Para humingi ng tulong, tawagan si Minouche Kandel (415) 252-3203, o mag email sa minouche.kandel@sfgov.org. Kailangan mag-request ng mga pangangailangan sa hindi bababa sa 72 oras bago ng pagpupulong upang matiyak kung maaaring ipaglingkod ang inyong kahilingan.

LOBBYIST ORDINANCE

Ayon sa San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100], ang mga indibidwal o mga entity na nag iimpluensiya o sumusubok na mag impluensiya sa mga lokal na pambatasan o administrative na aksyon ay maaring kailangan mag register o mag report ng aktibidad ng lobbying. Para sa karagdagan na impormasyon tungkol sa Lobbyist Ordinance, mangyaring tumawag sa San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102, (415) 252-3100, FAX (415) 252-3112, website: sfgov.org/ethics.

SDDTAC Recommendations FY19-20 and 20-21

	FY19-20	FY20-21	%	Department
COMMUNITY-BASED GRANTS				
Health education, food security, physical activity	\$3,260,000	\$3,260,000		DPH/CHEP
CBOs working with SFUSD	\$300,000	\$300,000		DPH/CHEP
Media	\$680,000	\$680,000		DPH/CHEP
Community engagement	\$50,000	\$50,000		DPH/CHEP
TOTAL COMMUNITY BASED GRANTS	\$4,290,000	\$4,290,000	41%	
SFUSD				
School Food, Nutrition Ed	\$1,000,000	\$1,000,000		SFUSD via DCYF
Student Led Action	\$500,000	\$500,000		SFUSD via DCYF
TOTAL SFUSD	\$1,500,000	\$1,500,000	14%	
FOOD ACCESS				
Healthy Food Purchasing Supplement	\$1,000,000	\$1,000,000		DPH/CHEP
Healthy Retail	\$150,000	\$150,000		OEWD
TOTAL FOOD ACCESS	\$1,150,000	\$1,150,000	11%	
ORAL HEALTH				
Community task forces	\$450,000	\$450,000		DPH/MCAH
School-based sealant application	\$350,000	\$350,000		DPH/SF Health Network

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

	Budget Descriptions
COMMUNITY-BASED GRANTS	City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies:
Health education, food security, physical activity	<ol style="list-style-type: none"> 1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health 2. Physical Activity opportunities, including: a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Efforts to influence changes to the built environment (ie sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and walking and biking for utilitarian trips, sometimes referred to as active transportation); and c) pursuit of institutional or local policies that facilitate physical activity and active transportation (such as adequate PE time and instructors, commuter benefits for active transportation, etc) 3. Healthy Eating/Food Security*, including: a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; and d) Pursuit of institutional or local policies that facilitate food security. 4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing 5. Community Based Participatory Research
CBOs working with SFUSD	7% of all CBO funding (eg 7% of approximately \$4.3 million) should go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOS should follow the guidelines above.
Media	To develop and implement a media campaign focused on the impact of the SDDT with an emphasis on grassroots, community-led storytelling. Community Based Participatory Principles will be utilized in the development of the storytelling campaign, with CBOs funded to co-develop the campaign with a contracted media agency. The funds should support both a local and regional media campaigns. The regional campaign should be in coordination with other jurisdictions with similar sugary beverage taxes to leverage resources and augment the intended goals of the SDDTAC. A portion of the local media campaigns must include a merchant education component. A smaller proportion of the funds (to be determined by the Department of Public Health and any contracted entities) may support media/communications campaigns that highlight the health harms of sugary beverage intake and encourage tap water consumption. A portion of the funds must include merchant education. The local campaign must include merchant education component. DPH/CHEP will contract with media agency, and oversee the campaign progress, with guidance from the Community Input Subcommittee on the local and regional community-led story telling campaigns and guidance from the Infrastructure Subcommittee on the merchant focused campaign.
Community engagement	Community engagement activities (ex. community conveners, focus groups, town halls, attending existing community meetings, etc.) to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the SDDTAC, so that impacted populations can inform the decisions of the full committee.
SFUSD	
School Food, Nutrition Ed	To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.
Student Led Action	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action.

FOOD ACCESS	
Healthy Food Purchasing Supplement	Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. This investment is meant to support both the communities most impacted by the health consequences of sugary beverage consumption and to support the local economy including local merchants. These funds should be RFPed out to CBOs and FBOs according to the Community Based Grants guidelines.
Healthy Retail	Supporting small business to increase healthy food access in high risk and impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment.
ORAL HEALTH	
Community task forces	Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations.
School-based sealant application	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. This should also support SFUSD dedicated oral health staffing.
School-based education and case management	
INFRASTRUCTURE	
DPH Infrastructure	<p>A. Personnel</p> <p>1) Backbone staffing to support SDDTAC a. A program manager to provide backbone staffing to the SDDTAC, including: i) Staffing full committee and 3 subcommittees in compliance with Sunshine and Brown Acts; ii) Coordinating among city agencies and funded CBOs to promote collective impact; iii) Help guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline; and iv) Working with evaluation team to establish shared measurement practices b. As necessary, manage citywide/soda tax impact media c. Develop/Compile and Manage completion of SDDTAC Annual Report d. Manage SDDTAC biennial nominations process</p> <p>2) Staffing to support DPH SDDT implementation of community based grants a. Manage work of contractors, including: i) develop and implement CBO RFP process; ii) provide technical assistance for CBOs and merchants; iii) promote collective impact in coordination with SDDTAC backbone staff and City Agencies; and iv) work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance.</p> <p>3) Staffing to support research and evaluation of SDDT impact, including data purchases as necessary a. At least 1.0 FTE epidemiologist; b. Support data analysis for annual report; c. Manage data purchases; d. participate in development and implementation of SDDT evaluation</p> <p>B. Professional services including: i) technical assistance for funded CBO and FBO; ii) evaluation - to implement evaluation framework and evaluate funded city agencies, CBO and FBO, and process evaluations from applicants, and provide evaluation technical assistance; iii) city attorney to provide ongoing technical consultation</p> <p>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>
Strategic planning	Strategic planning consultant to facilitate the SDDTAC in creating a strategic plan to guide the work. The development of this plan should be informed by multiple guiding principles to at least include: the 10 essential public health services, community input regarding its priorities and needs, lessons learned and best practices from other jurisdictions that have implemented similar taxes. The strategic planning process should address, among other aspects, the near and long term strategic goals of the SDDTAC; the role of CBOs, FBOs, and city agencies in achieving this vision; how the SDDTAC's goals fit within the context of city-wide coalitions with similarly aligned goals

Evaluation	<p>Additional funds for evaluation may:</p> <ul style="list-style-type: none"> a. support community based participatory research (ex. street intercept, merchant interview, focus groups) b. develop a system to collect data c. expand technical assistance d. conduct more qualitative evaluation that can help develop stories that describe impact of tax
WATER ACCESS	
Water Access - SFUSD	<p>To install hydration stations at low income schools serving students with health disparities (ex. Bayview, Chinatown, Mission), to elevate the schools to the Silver or Gold standard for hydration stations (i.e. one on each floor, centrally located, and conduct water education). Funds may support purchase of Spa Water Supplies, station maintenance and beautification, refillable water bottles to distribute to students, water testing.</p>
Water Access - Public Spaces	<p>To install or upgrade existing hydration station(s) in public spaces that target high-risk populations that are disproportionately targeted by the sugary drink industry (community identified public spaces). This funding should support high-quality, visually appealing, stations that can serve as a highlighted example of the potential for hydration stations. This can include beautifying and optimizing current station(s) or creating new one(s).</p>
SF Recreation & Parks	<p>To support staffing and supplies, including healthy food, for Peace Parks programs in target populations</p>
HOPE SF Chronic Disease Equity	<p>To fund services to public housing residents in the HopeSF sites. Public housing is a known risk factor for diet sensitive health disparities. The concentrated poverty and resource isolation intensify the impact of race and poverty. This funding will be used to support resident peers, trained as community health workers, to provide health education, chronic disease self-care programs, and linkages to care. Each of the 4 sites will have two full time peer community health workers who will provide a variety of programming. The funding supports both wages and some program expenses.</p>

* Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; foods that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/incentives, transportation and delivery and prepared foods.