



APPENDIX A

Article 8: Sugary Drinks Distributor Tax Ordinance

PROPOSED INITIATIVE ORDINANCE TO BE SUBMITTED BY FOUR OR MORE SUPERVISORS TO THE VOTERS AT THE NOVEMBER 8, 2016 ELECTION.

[Under Charter Section 2.113(b), this measure must be submitted to the Board of Supervisors and filed with the Department of Elections no less than 45 days prior to deadline for submission of such initiatives to the Department of Elections set in Municipal Elections Code Section 300(b).]

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[Initiative Ordinance - Business and Tax Regulations Code - One Cent Per Ounce Tax on the Distribution of Sugary Beverages]

Ordinance amending the Business and Tax Regulations Code by imposing a tax of one cent per ounce on the distribution of sugar-sweetened beverages, and amending the Administrative Code by creating a Sugary Drinks Distributor Tax Advisory Committee.

NOTE: **Unchanged Code text and uncodified text** are in plain font.
Additions to Codes are in *single-underline italics Times New Roman font*.
Deletions to Codes are in *strikethrough italics Times New Roman font*.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. The Business and Tax Regulations Code is hereby amended by adding Article 8, consisting of Sections 550 through 560 to read as follows:

ARTICLE 8: SUGARY DRINKS DISTRIBUTOR TAX ORDINANCE

SEC. 550. SHORT TITLE.

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

SEC. 551. FINDINGS AND PURPOSE.

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

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

Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this "sugar rush" over time leads to fat deposits and metabolic disturbances that cause diabetes, cardiovascular disease, and other serious health problems. Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. For example, diabetes hospitalizations are more than triple in low-income communities as compared with higher income areas. African American death rates from DM2 are five times higher than San Francisco's overall rate. DM2 is the fifth leading cause of death in SF (which is an underestimate, since heart disease, the leading killer, is often a result of DM2); DM2 reduces the lifespan of San Franciscans by eight to ten years.

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

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

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

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

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

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SEC. 552. DEFINITIONS.

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

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

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

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

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

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

“Distribution” includes:

(a) The transfer in the City, for consideration, of physical possession of Sugar-Sweetened Beverages, Syrup, or Powder by any person other than a common carrier. “Distribution”

also includes the transfer of physical possession in the City by any person other than a common carrier, without consideration, for promotional or any other commercial purpose.

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

“Distribution” does not include:

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

(b) A retail sale or use.

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

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

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

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

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

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

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

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

(b) Any Beverage for Medical Use.

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

(d) Any Milk Product.

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

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

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

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

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

(b) The Tax shall be calculated as follows:

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

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

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

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

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

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

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

SEC. 555. CREDITS AND REFUNDS.

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

SEC. 556. TECHNICAL ASSISTANCE TO THE TAX COLLECTOR.

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

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

SEC. 557. MUNICIPAL AFFAIR.

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

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SEC. 558. NOT A SALES AND USE TAX.

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

SEC. 559. SEVERABILITY.

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

SEC. 560. AMENDMENT.

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

Section 2. The Administrative Code is hereby amended by adding Article XXXIII, consisting of Sections 5.33-1 through 5.33-6, to Chapter 5, to read as follows:

ARTICLE XXXIII:

SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

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

SEC. 5.33-2. MEMBERSHIP.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.

(b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin

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September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.

(c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.

(d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.

(e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission

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of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

SEC. 5.33-5. MEETINGS AND PROCEDURES.

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

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

SEC. 5.33-6. SUNSET.

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

Section 3. Effective Date. The effective date of this ordinance is 10 days after the date the official vote count is declared by the Board of Supervisors.

Section 4. Conflicting Measures. This ordinance is intended to be comprehensive. It is the intent of the people of the City and County of San Francisco that in the event that this measure and one or more other measures regarding the taxation of Sugar-Sweetened Beverages shall appear on the same ballot, the provisions of the other measure or measures shall be deemed to be in conflict with this measure. In the event that this measure receives a greater number of affirmative votes, the provisions of this measure shall prevail in their

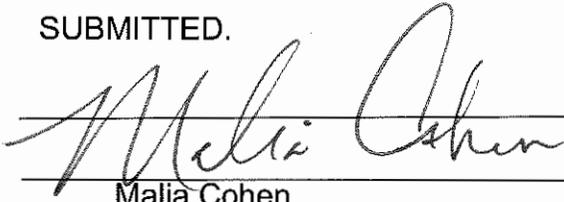
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entirety, and all provisions of the other measure or measures shall be null and void. If this measure is approved by a majority of the voters but does not receive a greater number of affirmative votes than any other measure appearing on the same ballot regarding taxation of Sugar-Sweetened Beverages, this measure shall take effect to the extent not in conflict with said other measure or measures.

Section 5. Appropriations Limit Increase. Pursuant to California Constitution Article XIII B and applicable laws, for four years from November 8, 2016, the appropriations limit for the City shall be increased by the aggregate sum collected by the levy of the Sugary Drinks Distributor Tax (Business and Tax Regulations Code, Article 8) imposed by this ordinance.

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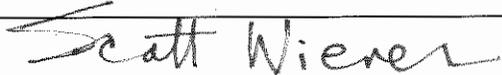
SUBMITTED.



Malia Cohen
Member, Board of Supervisors

Date:

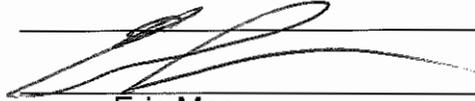
6/16/16



Scott Wiener
Member, Board of Supervisors

Date:

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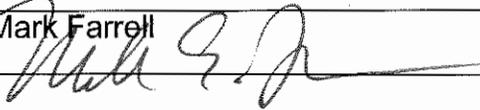


Eric Mar
Member, Board of Supervisors

Date:

6/19/16

Mark Farrell



Member, Board of Supervisors

Date:

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Initiative Ordinance – Business and Tax Regulations Code – One Cent Per Ounce Tax on the Distribution of Sugar Beverages

Sources for SEC. 551 Findings and Purpose

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Data and Evidence Subcommittee Appendix
Prepared for the 2019 SDDT Annual Report

Main Outcome Measure - Variables of interest were SSB preference and consumption, advertising susceptibility, perceived self-efficacy to make good nutritional choices, perceived SSB consumption by peers, and attitude toward SSBs. Exposure to obesogenic environments was examined as a moderator.

Analysis - Direct and mediated associations between advertising susceptibility and SSB preference were estimated through a series of regression and mediation analyses.

Results - Advertising susceptibility was a strong predictor of SSB preference (unstandardized $B = .29$, $SE = .026$, $P < .001$), which, in turn, was a strong predictor of consumption (unstandardized $B = .10$, $SE = .01$, $P < .001$), controlling for potential mediators. The only statistically significant mediator of this association was perceived peer consumption (unstandardized $B = .38$, $SE = .08$, $P < .001$), which was stronger for adolescents with higher exposure to obesogenic environments.

Conclusions and Implications - This study offers developers of inoculation-based strategies additional insight into levers that could be targeted for building adolescent resistance to advertising effects.



APPENDIX B

Article XXXIII: Sugary Drinks Distributor Tax Advisory Committee

ARTICLE XXXIII: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

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

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

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

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

SEC. 5.33-2. MEMBERSHIP.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.

(b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.

(c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.

(d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.

(e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

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

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

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

SEC. 5.33-5. MEETINGS AND PROCEDURES.

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

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

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

SEC. 5.33-6. SUNSET.

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

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



APPENDIX C

Sugary Drinks Distributor Tax Advisory Committee Bylaws

City and County of San Francisco



Sugary Drinks Distributor Tax Advisory

Committee Bylaws

I. Name and Membership:

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Purpose

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

III. Attendance

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

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

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

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

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

IV. Election of Officers and Terms of Offices

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

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

V. Duties of the Co-Chairs

The duties of the Co-Chairs are to:

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

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

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

VI. Committee Meetings

a. Regular Meetings

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

b. Special Meetings

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

c. Public Comment

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

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

d. Minutes of Meetings

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

VII. Subcommittees

a. Standing Subcommittees

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

b. Special Subcommittees

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

VIII. Quorum

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

IX. Rules of Order and Compliance with Open Meeting Requirements

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

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

X. Voting

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

XI. Technical Assistance

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

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

XII. Order of Business

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

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

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



APPENDIX D

Current State of Diet Sensitive Health in San Francisco

Appendix D

Current Status of Diet-Sensitive Disease

About the Data

Weight data

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

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

Chronic Disease Prevalence

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

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

Hospitalizations

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

Current State of Diet-Sensitive Health in San Francisco

Oral Health

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

¹ http://www.who.int/oral_health/en/

Children's oral health

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

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

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

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

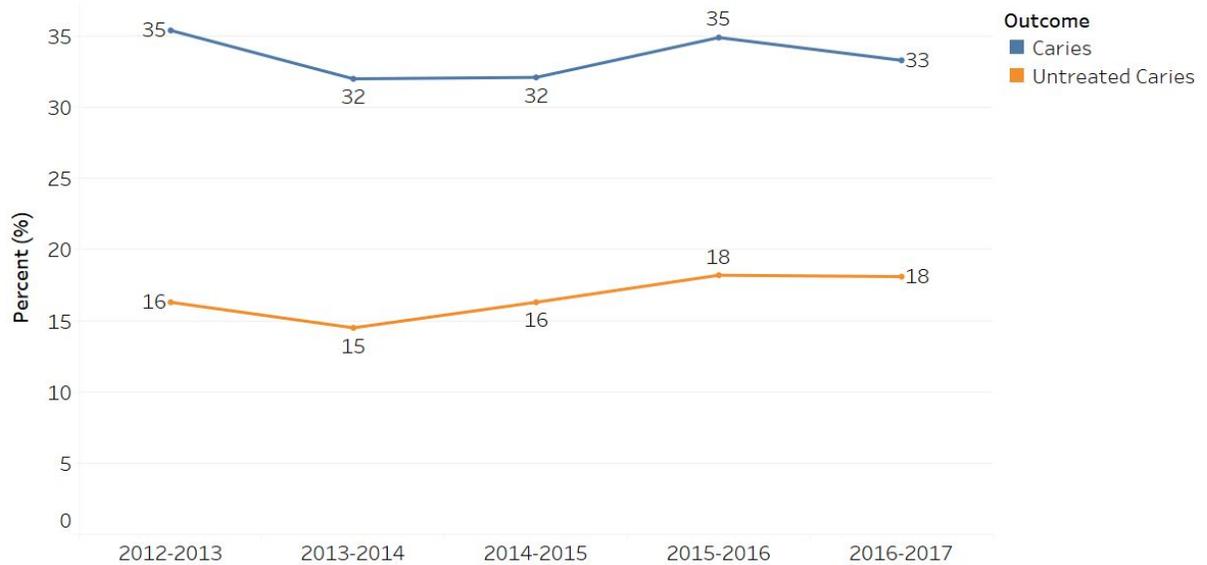
⁴ Pourat N and Nicholson G. Unaffordable Dental Care Is Linked to Frequent School Absences. Los Angeles, CA: UCLA Center for Health Policy Research, 2009.
<http://healthpolicy.ucla.edu/publications/Documents/PDF/Unaffordable%20Dental%20Care%20Is%20Linked%20to%20Frequent%20School%20Absences.pdf>

⁵ http://www.who.int/oral_health/en/

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

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

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



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

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

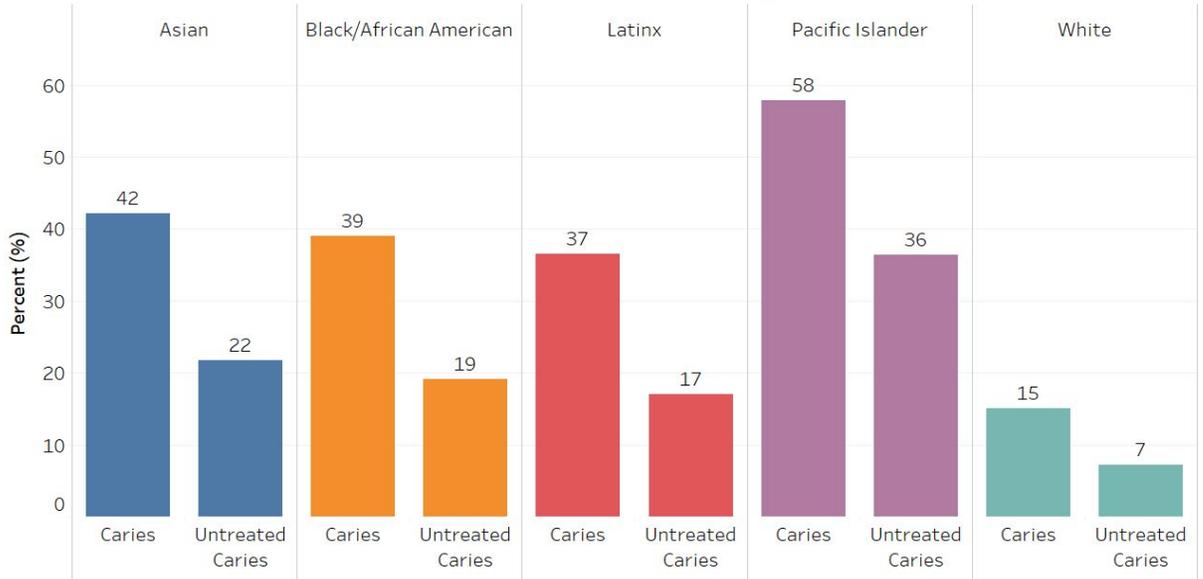
Even if decay is properly treated before kindergarten, children who do not receive fluoride treatments, dental sealants, or reduce sugars in the diet are at higher risk for the development of further caries. Cavity fillings also need ongoing care, management, and possible replacement. Therefore, the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

Consistent with nationwide patterns and trends, disparities in oral health persist in San Francisco. Low-income and minority children have higher tooth decay rates. In San Francisco, Black/African American, Latinx, and Asian kindergarteners are one and a half to two times more likely to experience dental decay as White kindergarteners. Pacific Islander kindergarteners are almost three times more likely than White kindergarteners to have caries. Disparities are similar for *untreated* caries with Black/African American, Latinx, and Asian kindergarteners are more likely to experience untreated caries.. Dental caries and the untreated dental caries rates among kindergarteners at the lowest income schools are more than 50% higher than rates at the highest income schools.

⁸ [Healthy People 2020](#)

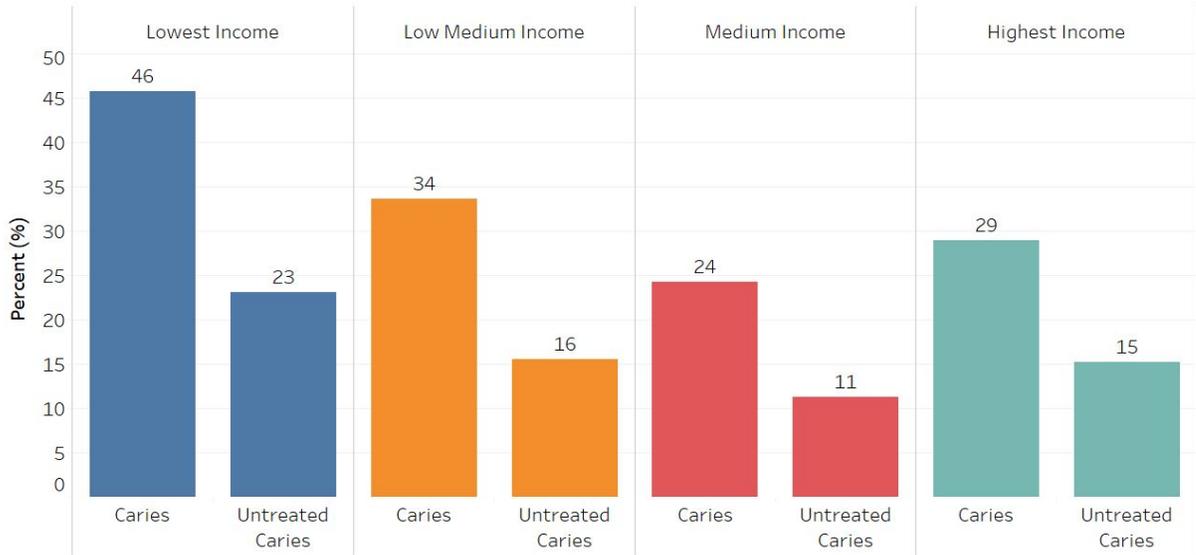
⁹ California Department of Health Care Services, Systems of Care Division, [2016, March](#).

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



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

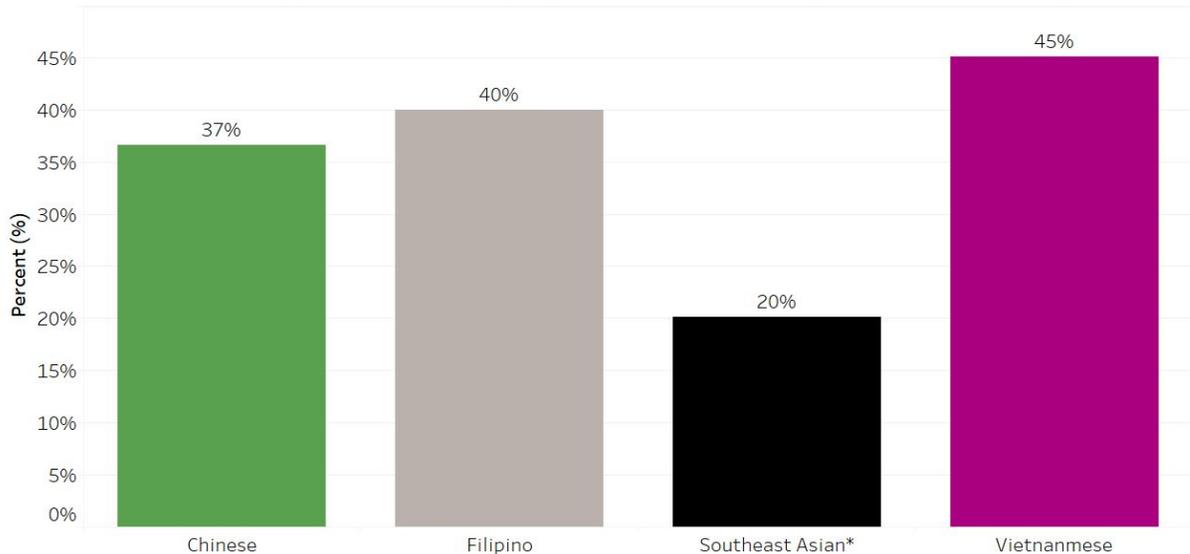
Percent of SFUSD Kindergartener with Caries or Untreated Caries Experience by School Income Level, 2012-2016



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

Rates of caries experience vary among Asians subpopulations in San Francisco. Asian Indian, Cambodian, Hmong, Japanese, Korean, and Laotian collectively have lower rates of caries prevalence (20%) compared to Chinese, Vietnamese, and Filipinx (37-45%).

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

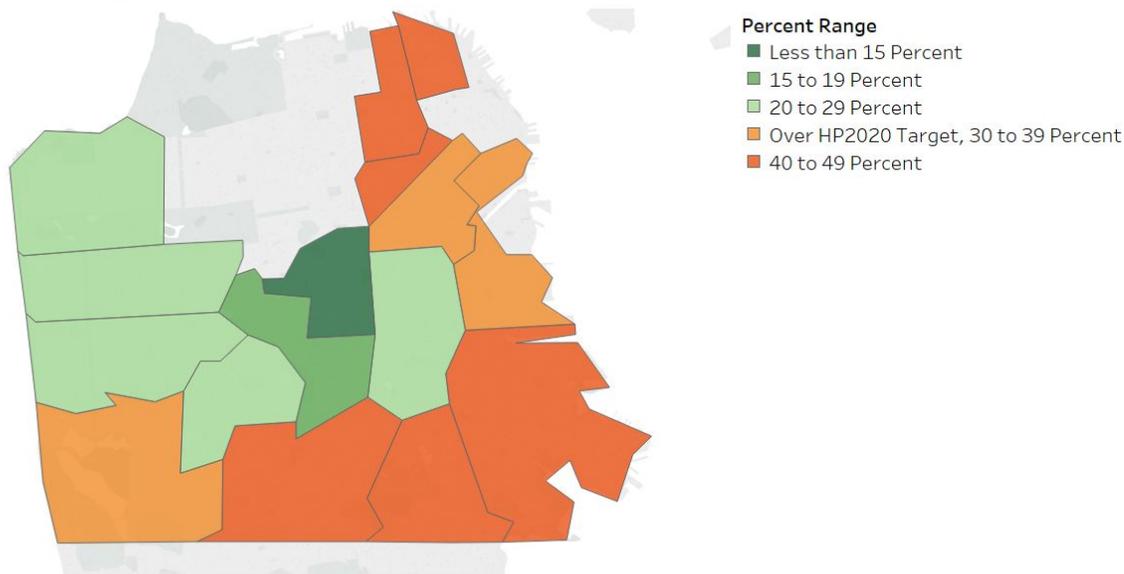


* Southeast Asian: Asian Indian, Cambodian, Hmong, Japanese, Korean and Loatian.

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

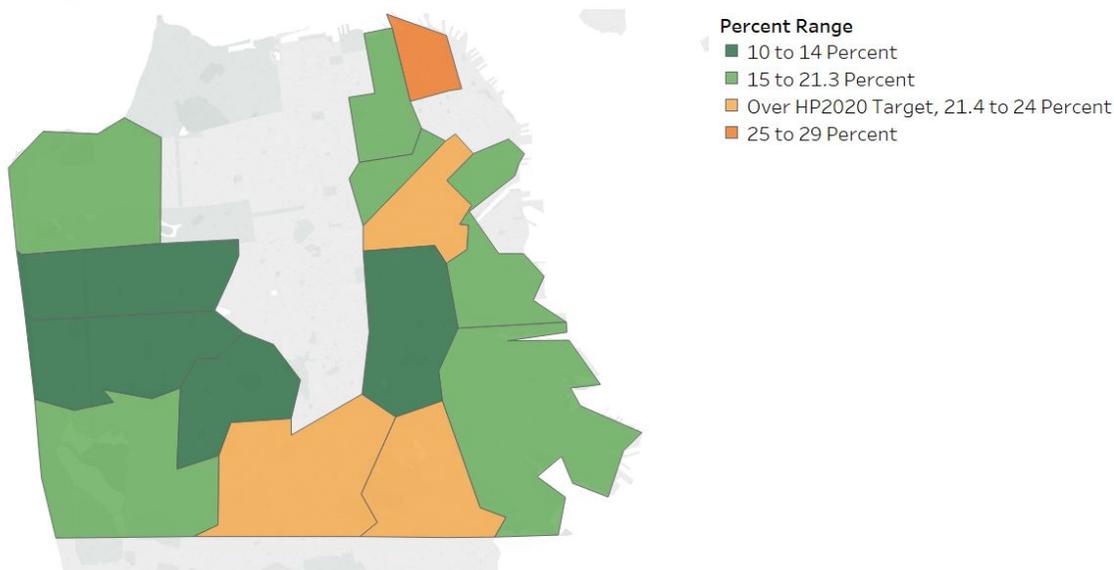
Caries experience clusters by neighborhood. Children in Chinatown, North Beach, Nob Hill/Russian Hill/Polk, Tenderloin, SOMA, Bayview/Hunters Points, Visitacion Valley, Excelsior, and Portola consistently experience more caries than children in other San Francisco neighborhoods. The most affected neighborhoods coincide with those with high proportions of Latinx, African American, Asian, and low-income residents.

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



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

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



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

Adult oral health

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

San Francisco Emergency Room Visits for Non-Traumatic Dental Conditions 2012-2016 by Age

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

California Department of Public Health Office of Oral Health

San Francisco Emergency Room Visits for Non-Traumatic Dental Conditions 2012-2016 by Race/Ethnicity

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

Overweight and Obesity

Sugary drink consumption is associated with overweight and obesity. (1, 2) Overweight and obesity reflect excess body weight relative to height. Overweight and obesity are associated with greater risk of chronic disease, pain, disability, anxiety, depression, mental illness, and lower quality of life.¹⁰¹¹ Obesity

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

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

For adults, overweight is defined as a body mass index (BMI) of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥ 30 kg/m².¹³ For infants and toddlers up to two years of age, excess weight is identified as a weight-for-length greater than or equal to the 98th percentile.¹⁴ For children and adolescents, the CDC defines overweight as a body mass index (BMI) percentile over the 85th percentile for age and sex.¹⁵ FitnessGram® data for youth in San Francisco describe students as having body compositions either being within or outside the “healthy fitness zone” which is comprised of BMI and a measure of percent body fat. For pregnant women, excess weight gain is defined as a gain of more than 40 pounds if the mother is underweight before pregnancy, more than 35 pounds if she is normal weight before pregnancy, more than 25 pounds if she is overweight before pregnancy, and more than 20 pounds if she is obese before pregnancy.¹⁶

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

¹¹ Grover SA, Kaouache M, Rempel P, Joseph L, Dawes M, Lau DC, Lowensteyn I, "YearB, Amodu A, Sharma D, Androga L, Hawkins M. Muscle mass, BMI, and mortality among adults in the United States: A population-based cohort study. *PLoS One*. 2018 Apr 11;13(4):e0194697. doi: 10.1371/journal.pone.0194697. eCollection 2018. s of life lost and healthy life-years lost from diabetes and cardiovascular disease in overweight and obese people: a modelling study." *The Lancet Diabetes & Endocrinology*, (2015) Feb;3(2):114-22. doi: 10.1016/S2213-8587(14)70229-3. Epub 2014 Dec 5.

¹² Abramowitz MK, Hall C

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

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

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

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

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

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

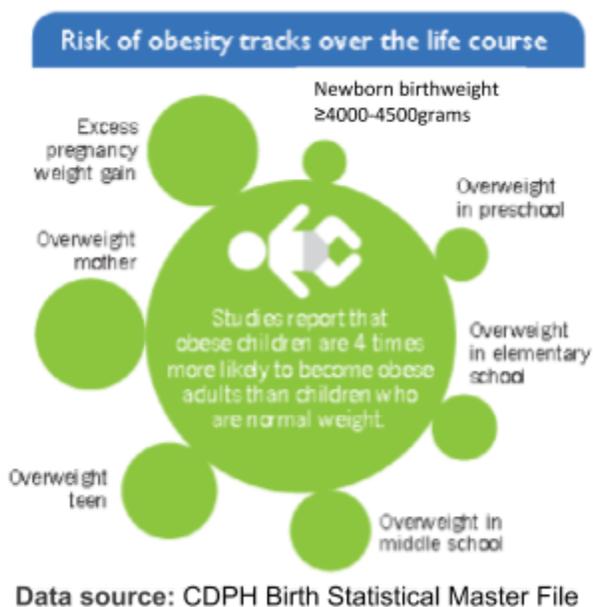
¹⁹ Mamun et al., “Gestational weight gain in relation to offspring obesity over the life course: a systematic review and bias-adjusted meta-analysis,” *Obesity Reviews* (2013).

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

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

²² Sparano et al., “Being macrosomic at birth is an independent predictor of overweight in children: results from the IDEFICS

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



YOUTH – Overweight and Obesity

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

study,” *Maternal and Child Health Journal* (2013) Oct;17(8):1373-81.

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

²⁴

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

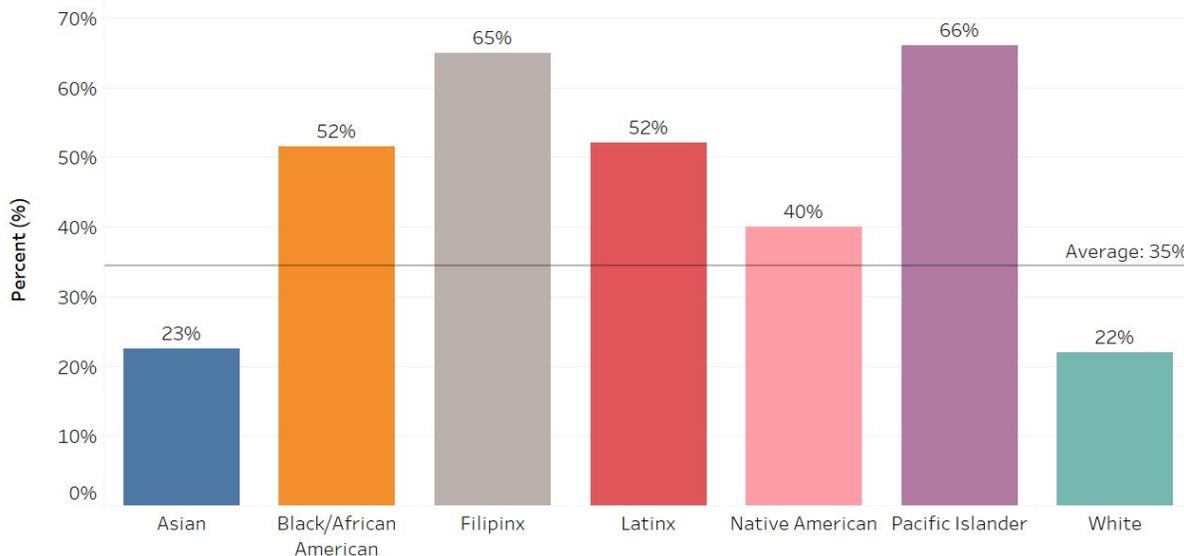
²⁵ Torgan, C. (2002)

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

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

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

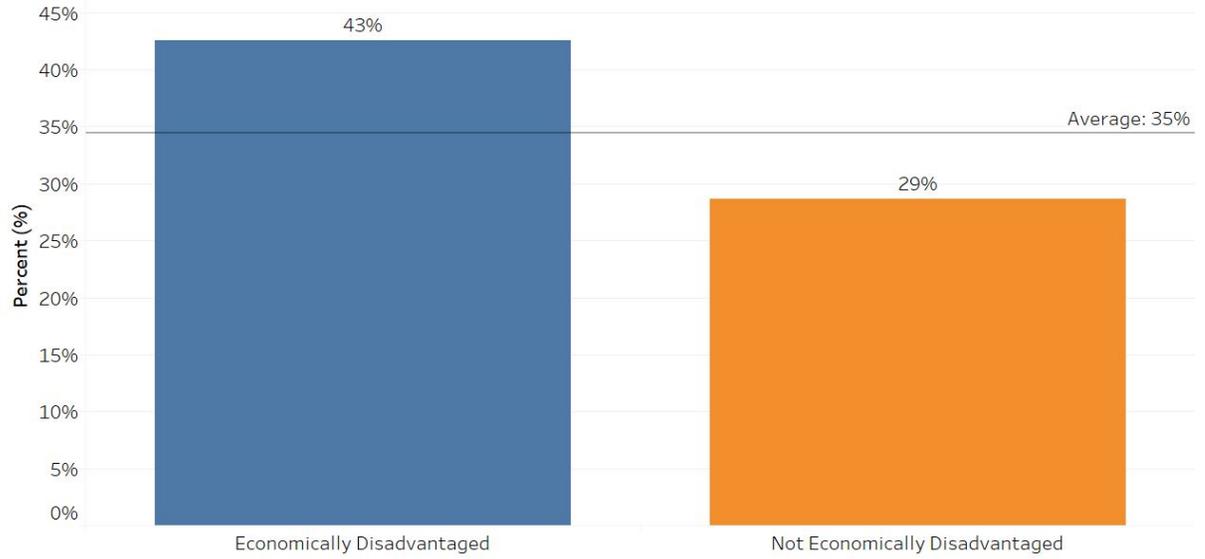
Percent of SFUSD 5th Grade Students with a Measured Body Composition outside the Healthy Fitness Zone by Race/Ethnicity, 2016-2017



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

Compared to the broader population of SFUSD students, a higher proportion of racial minority 5th grade students have a body composition outside of the healthy fitness zone. Sixty-five percent and 66% of Filipinx and Pacific Islander students, respectively, and 52% of African American and Latinx students had a body composition outside of the healthy fitness zone compared to 22% of White and Asian students. White and Asian students have lower prevalence of body composition outside of the healthy fitness zone than the general population by grade. These trends are mirrored in the adult population. Economically disadvantaged students are more likely to have a measured body composition outside the healthy fitness zone than not economically disadvantaged students

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

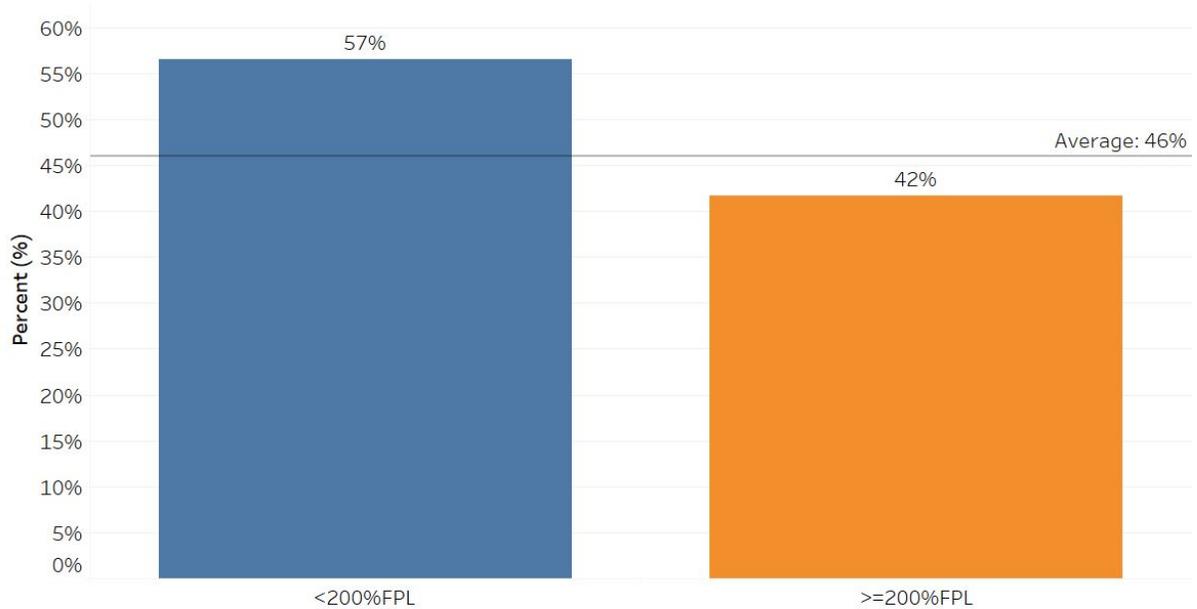


Data Source: FitnessGram Physical Fitness Test, California Department of Education, 2016-2017.

ADULTS – Overweight and Obesity

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

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



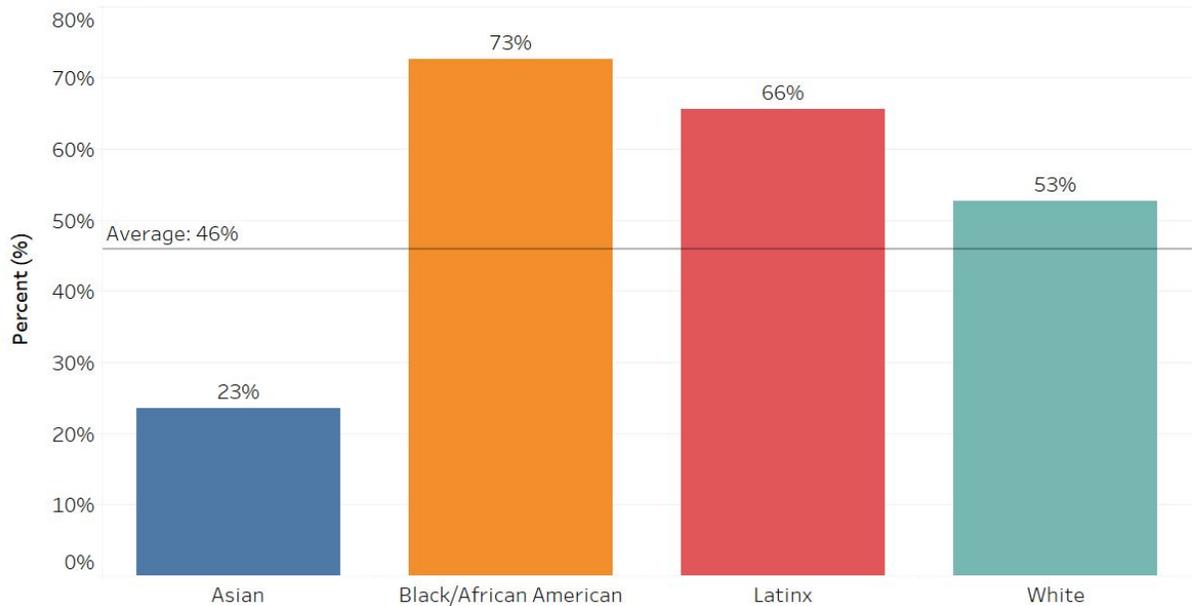
Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

Consistent with national obesity disparities, the risk of overweight and obesity locally varies by income, race/ethnicity, and zip code. Data from the California Health Interview Survey indicates that Black/African Americans (73%), Latinx (66%), and Whites (53%) have higher prevalence of overweight/obesity than the general San Francisco adult population (46%) and are statistically significantly higher as compared with Asian populations (23%).²⁹

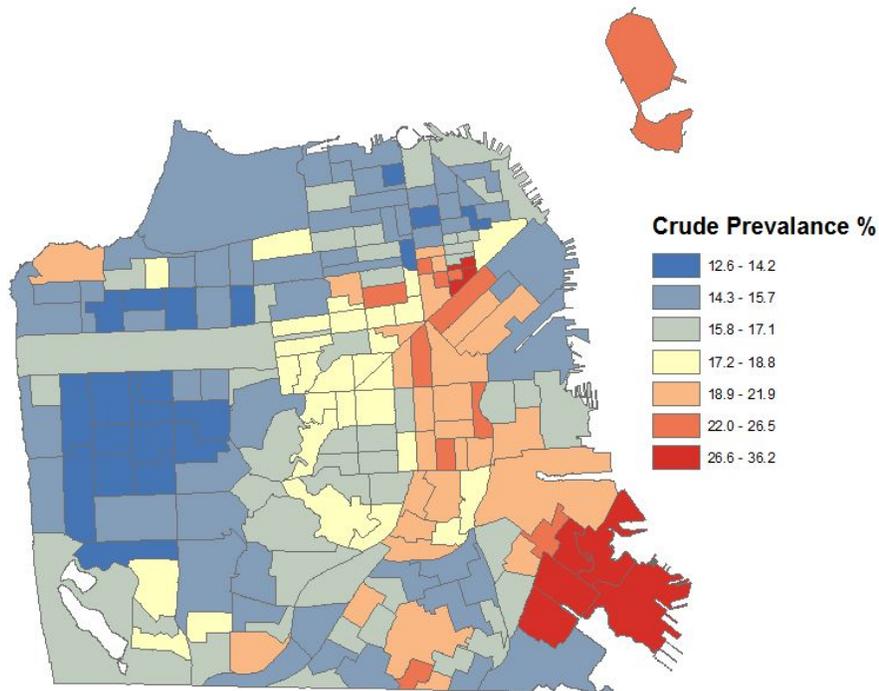
²⁸ UCLA Center for Health Policy Research, California Health Interview Survey. <http://ask.chis.ucla.edu/main/default.asp> California Health Interview Survey, 2016.

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

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



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



Data Source: CDC 500 Cities Project 2018

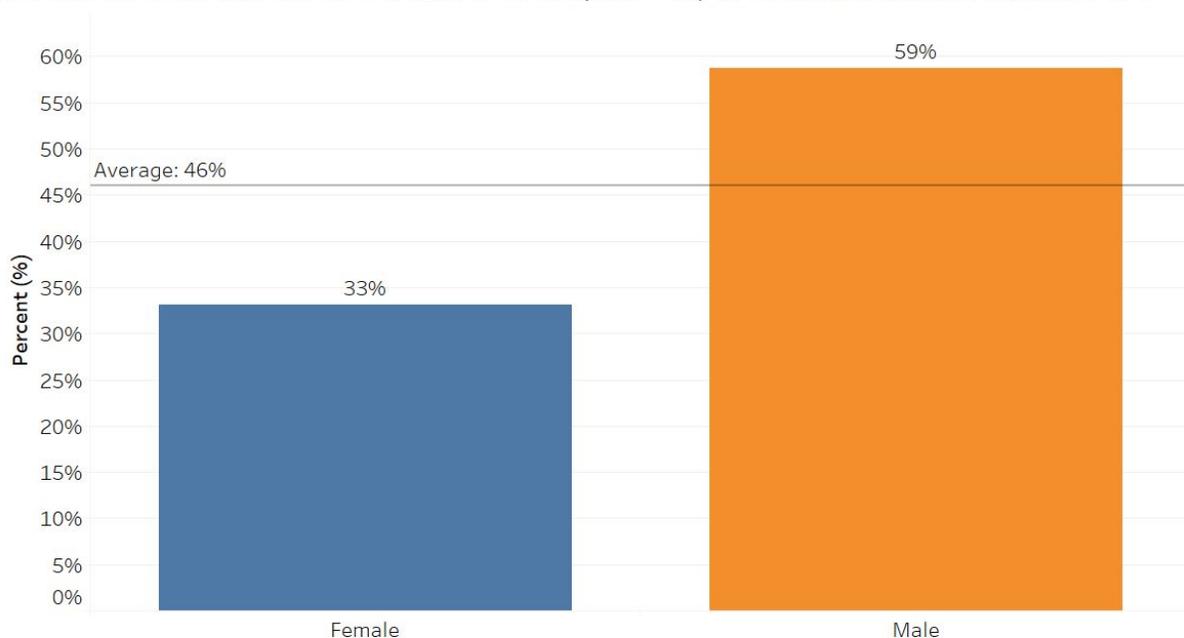
The CDC's modeling of obesity suggests obesity is concentrated in parts of Bayview Hunters Point, Tenderloin, Western Addition, Hayes Valley, Visitacion Valley, and McLaren Park, coinciding with concentrations of populations at higher risk.³⁰

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

Males and older adults are more likely to be overweight or obese than are women and young adults. In San Francisco, 59% of adult males are overweight compared to 33% of females.

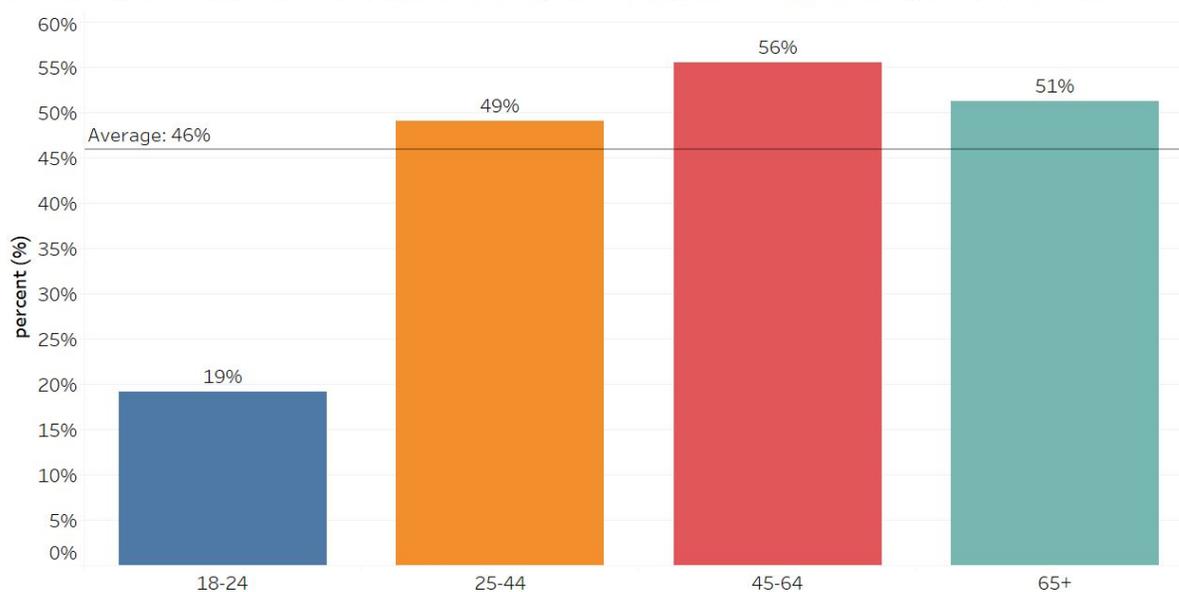
Approximately 50% of adults older than 25 years in San Francisco are overweight or obese compared to 19% of adults 18 to 24 years.

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



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

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

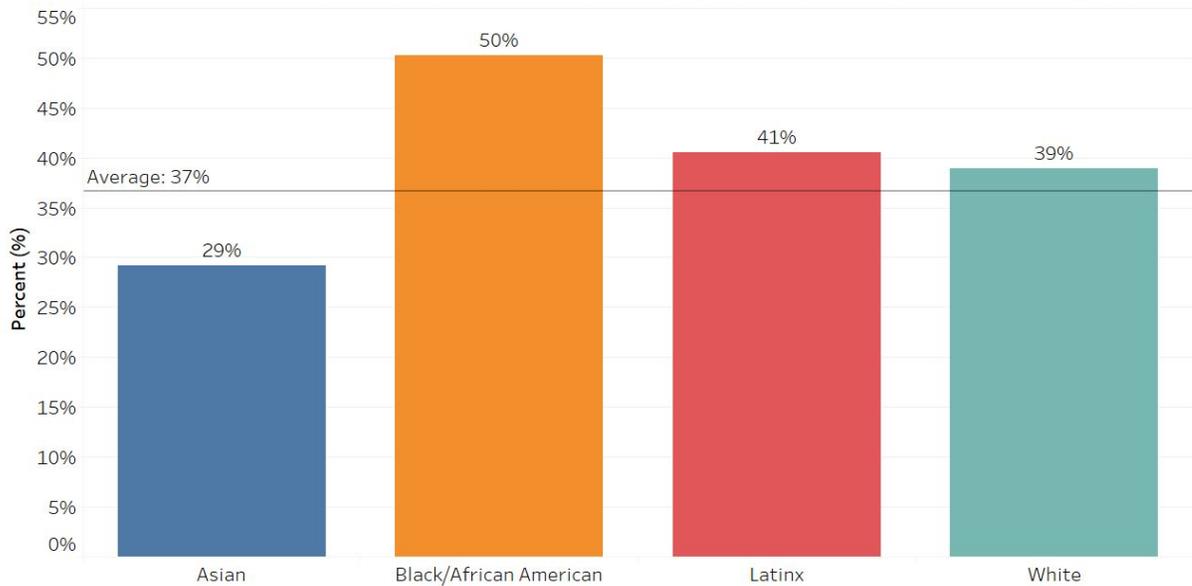


Data Source: California Health Interview Survey (CHIS), UCLA Center for Health Policy Research, 2015-2016.

PREGNANT WOMEN – Overweight and Obesity

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

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

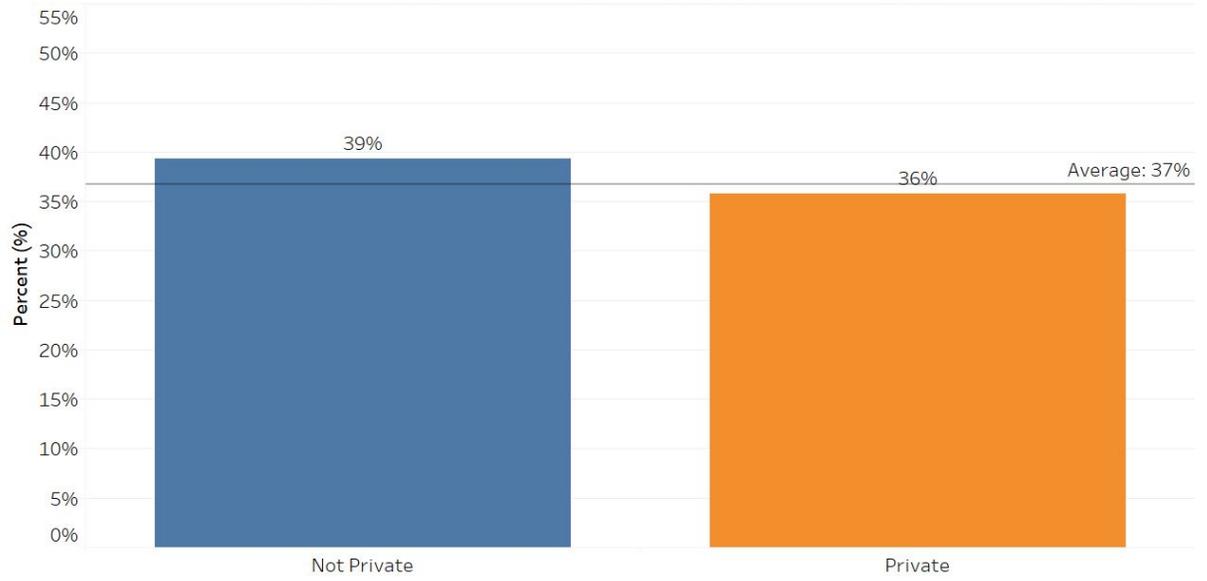


Data Source: Birth Statistical Master Files, California Department of Public Health (CDPH), 2016.

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

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

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



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

Diabetes

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

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

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

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

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

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

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

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

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

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

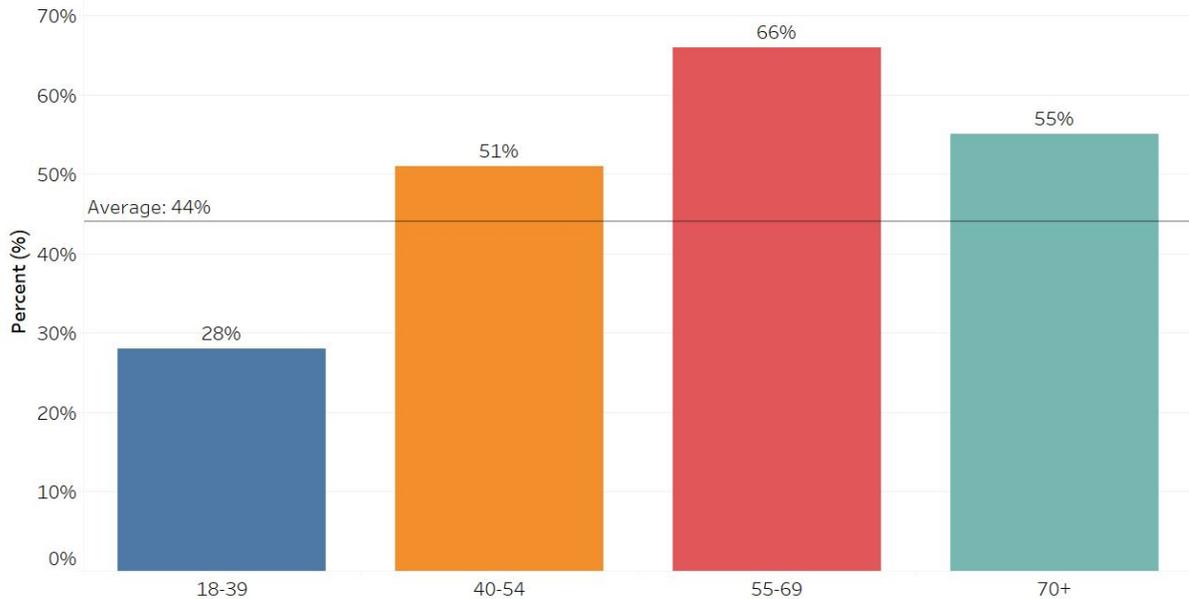
³⁹ Robert N Foley and Allan J Collins. End-stage renal disease in the United States: an update from the united states renal data system. *Journal of the American Society of Nephrology* : *JASN*, 18:2644–2648, October 2007

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

San Francisco Prediabetes Prevalence

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

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



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

San Francisco Type 2 Diabetes Prevalence

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

San Francisco Gestational Diabetes Prevalence and Disparities

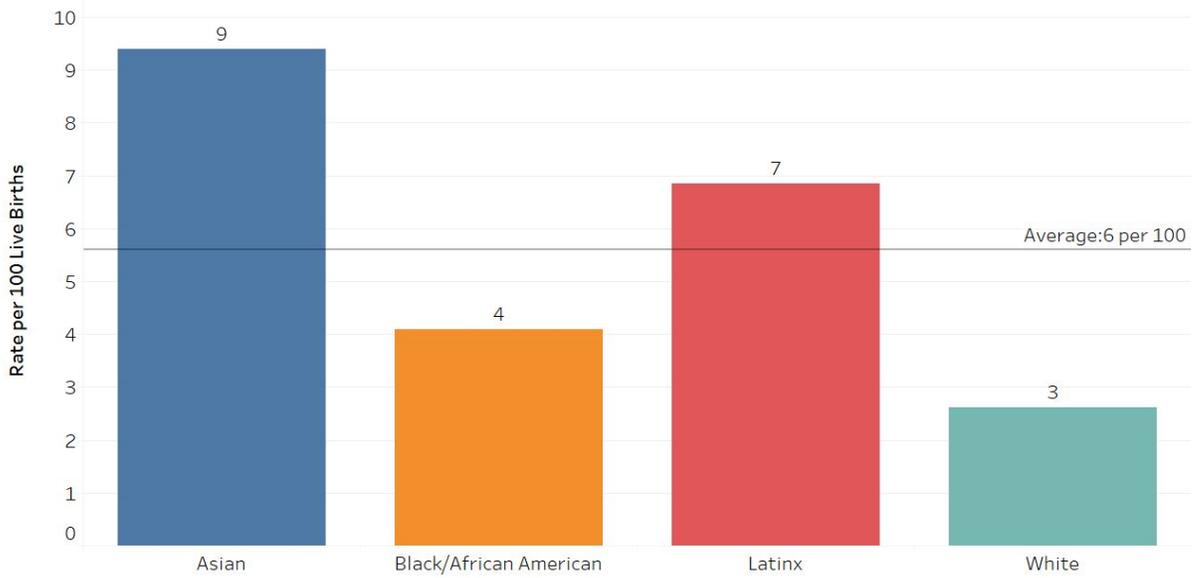
The incidence rate of gestational diabetes in San Francisco decreased in 2014-2016, but disparities still exist among racial groups. In 2016, Asian women had the highest rate with 9 out of 100 live births affected. This is almost 3 times higher than among White women. The rate for Latinx women is also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

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

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

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

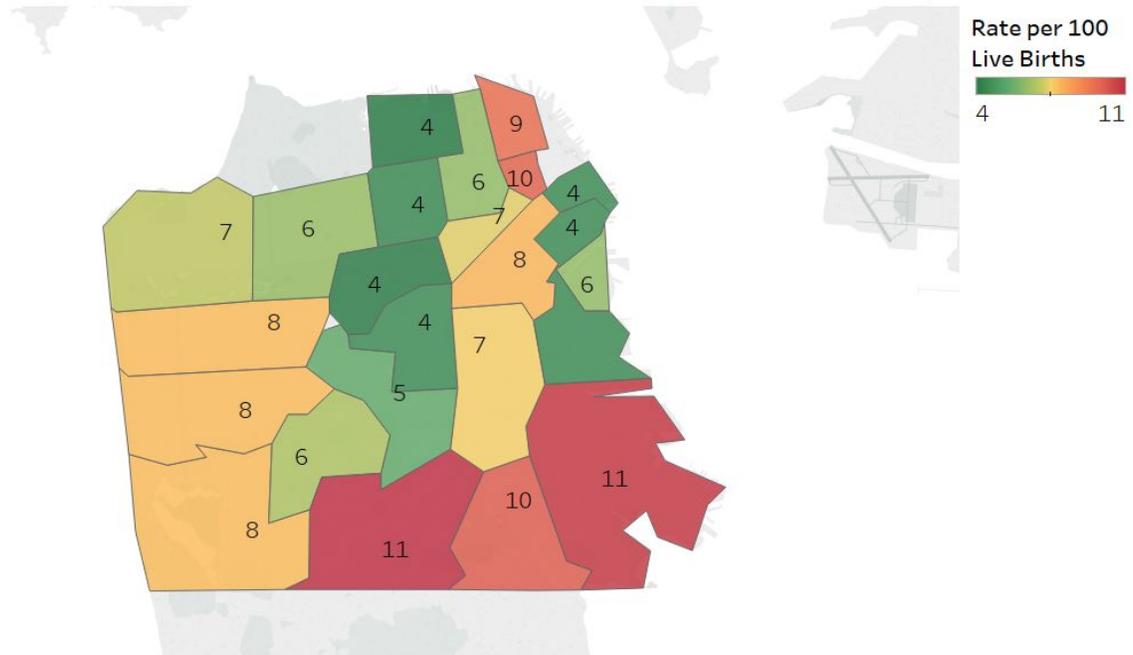
Gestational Diabetes Rate per 100 Live Births by Race/Ethnicity, San Francisco, 2016



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

Women who living in the zip codes including Northbeach, Chinatown, Sunset/Parkside, Lakeshore, Bayview Hunters Point, Visitation Valley, Excelsior, and Oceanview/Merced. Ingleside neighborhoods are at highest risk of gestational diabetes

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



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

National Ethnic Disparities in Prediabetes and Type 2 Diabetes

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

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

San Francisco Disparities in Diabetes

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

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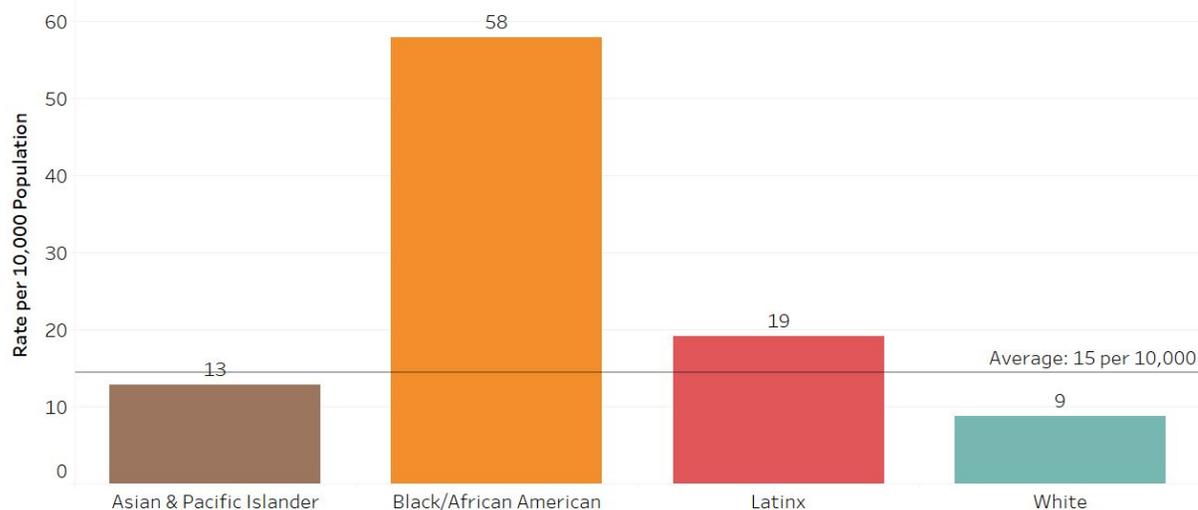
Gregg E, Zhuo X, Cheng Y, Albright A, Narayan K M, Thompson T. "Trends in lifetime risk and years of life lost due to diabetes in the USA, 1985-2011: a modelling study." *The Lancet*. 2014

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

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

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

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



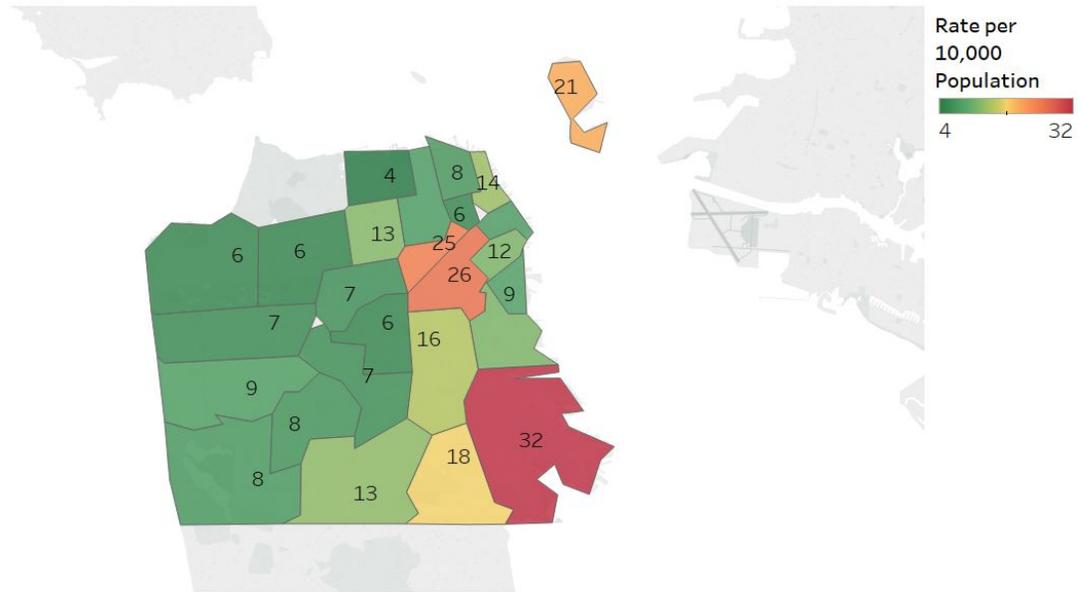
Data Source: California Office of Statewide Health Planning and Development (OSHPD), 2016.

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

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

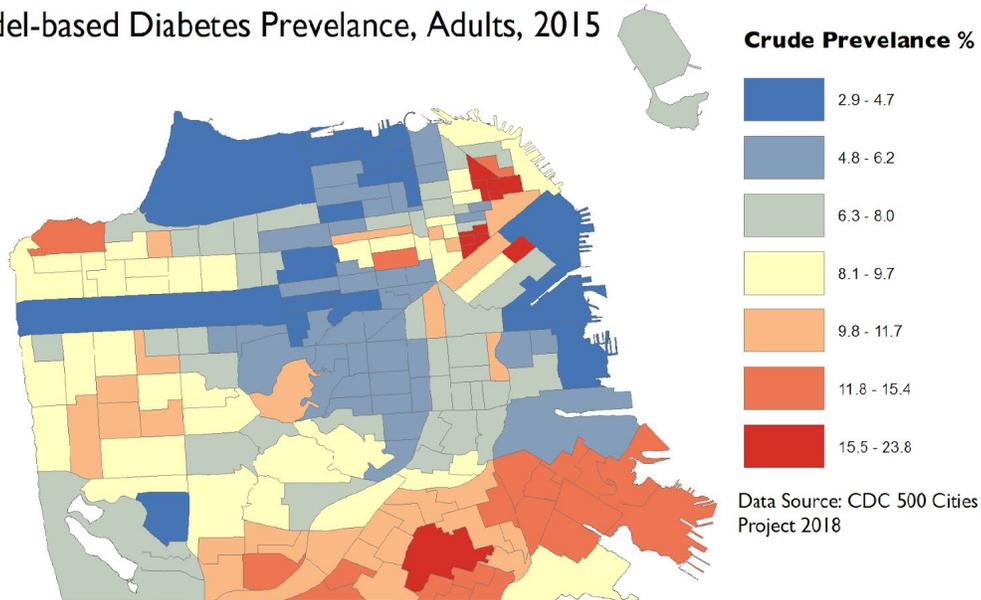
Age-adjusted Rates of Hospitalizations due to Diabetes per 10,000 Population by Zip Code, San Francisco, 2012-2016



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

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

Model-based Diabetes Prevalence, Adults, 2015



Data Source: CDC 500 Cities Project 2018

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

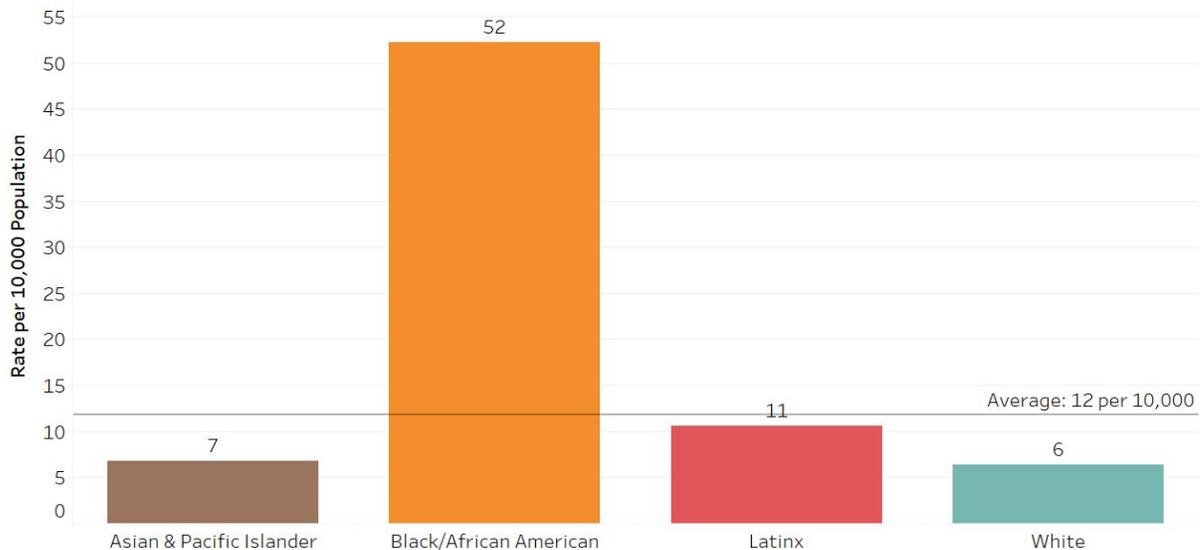
Hypertension

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

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

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

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



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

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

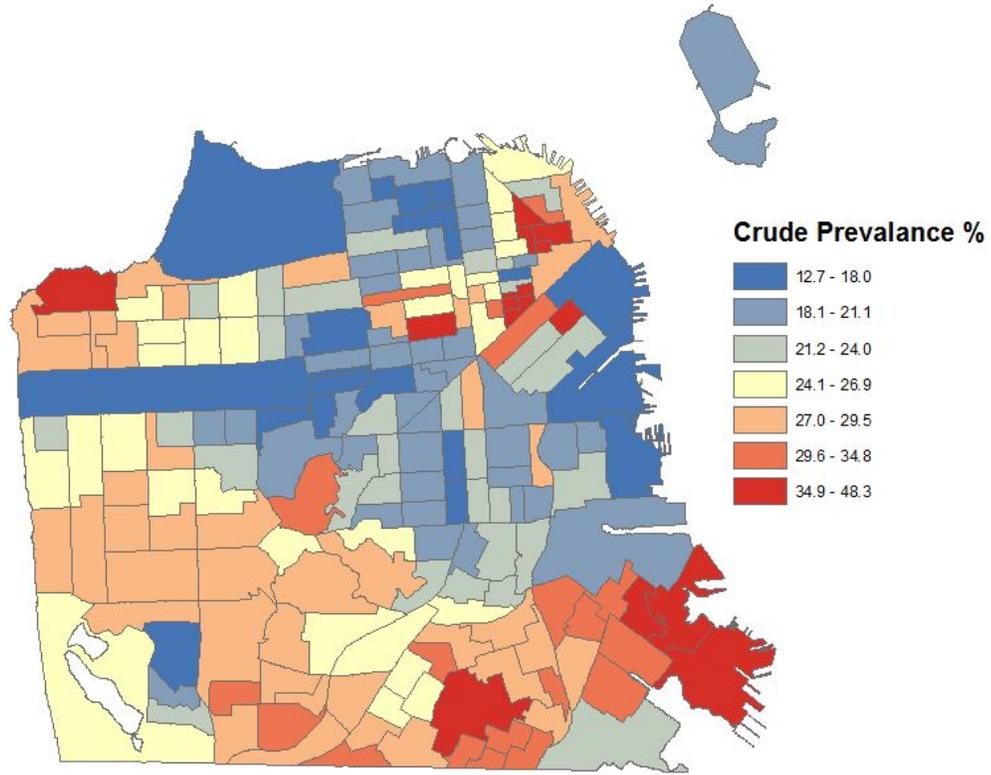
⁴⁹ National Institute of Diabetes and Digestive and Kidney Diseases. 2018. <https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/high-blood-pressure><https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/high-blood-pressure>

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

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

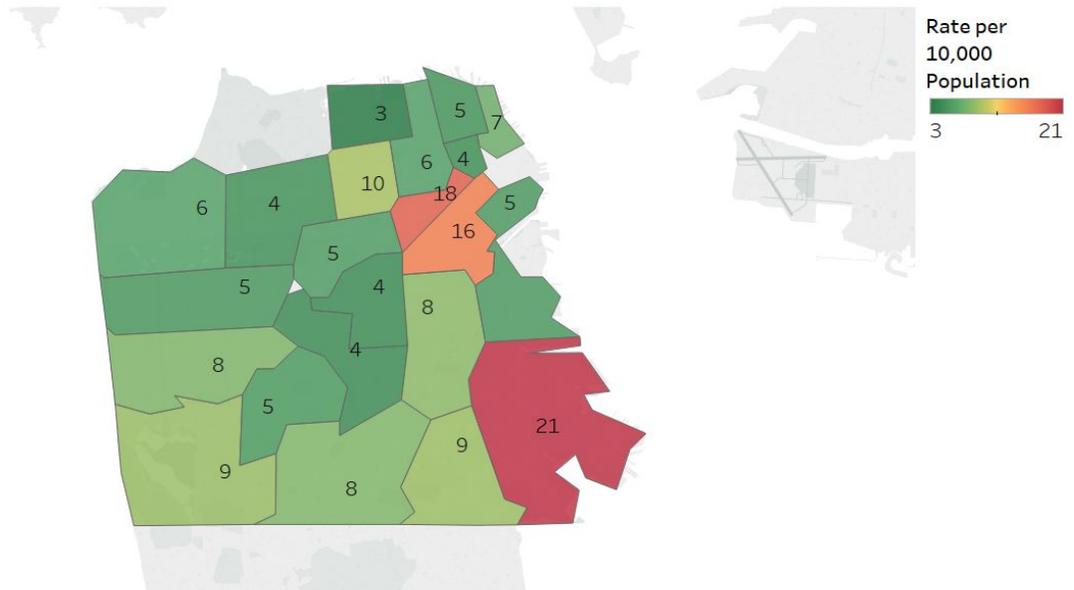
⁵² Ibid

Model-based High Blood Pressure Prevalence among SF Adults



Data Source: CDC 500 Cities Project 2018

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



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

Cardiovascular disease

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

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

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

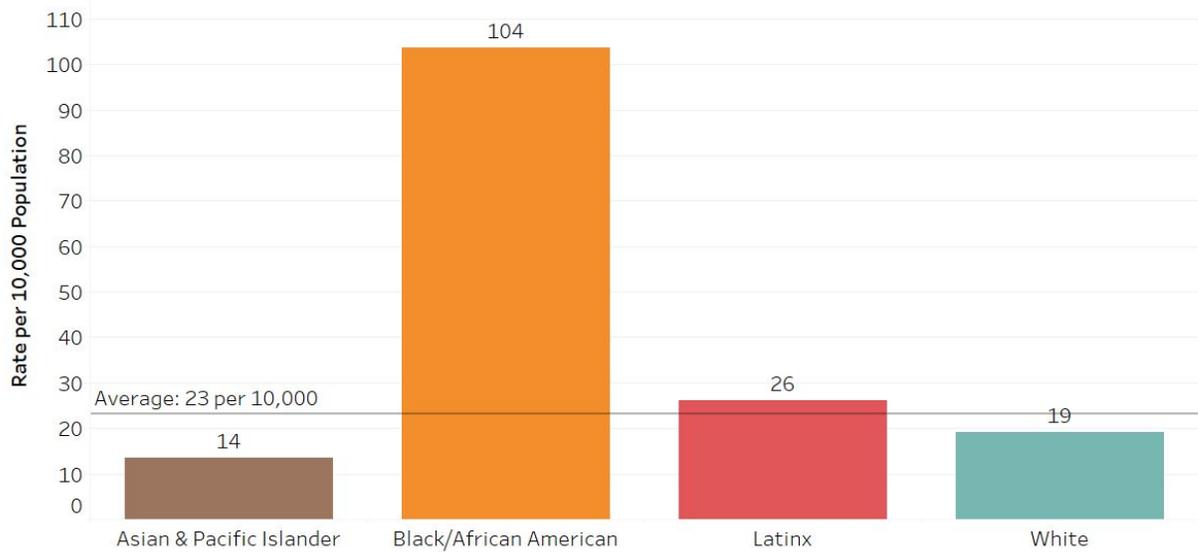
Hospitalization rates due to heart failure are highest among Black/African Americans. In 2016, Black/African American hospitalization rate (104 per 10,000 residents) for heart failure was more than four times higher than White San Franciscans (19 per 10,000 residents). Hospitalization rates due to heart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

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

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

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

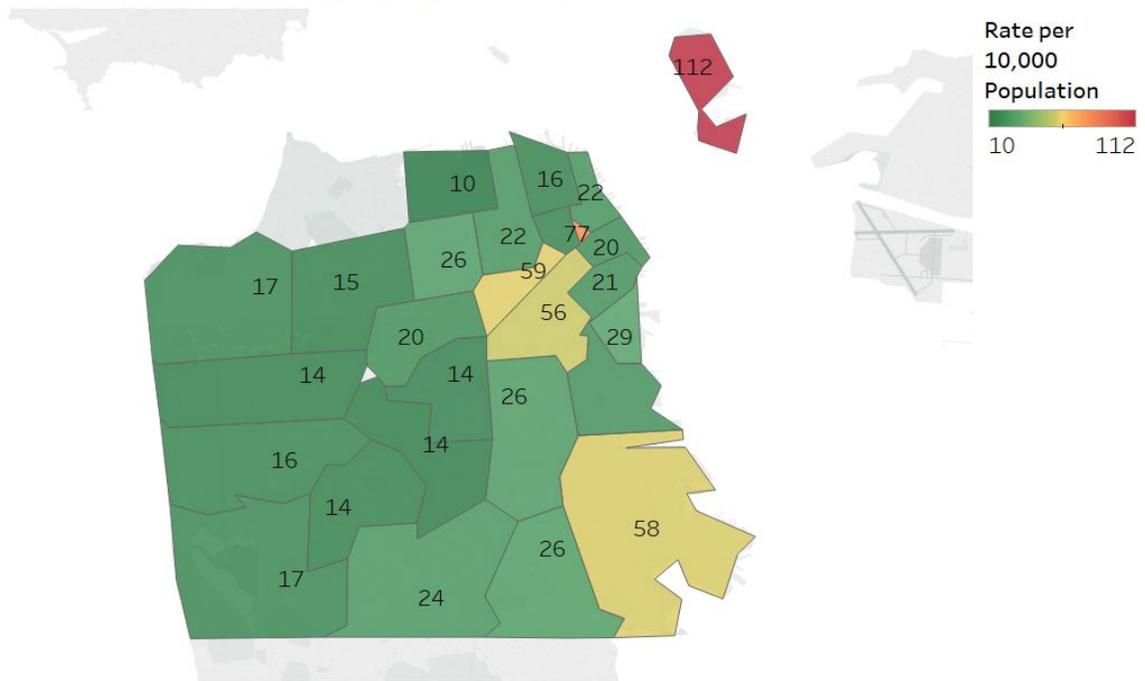
Age-adjusted Rates of Hospitalizations due to Heart Failure per 10,000 Population by Race/Ethnicity, San Francisco, 2016



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

Residents living in the zip codes 94124, 94102, 94103, and 94130 have the highest hospitalization rates for chronic heart failure, with rates ranging from 56 to 112 per 10,000 adults.

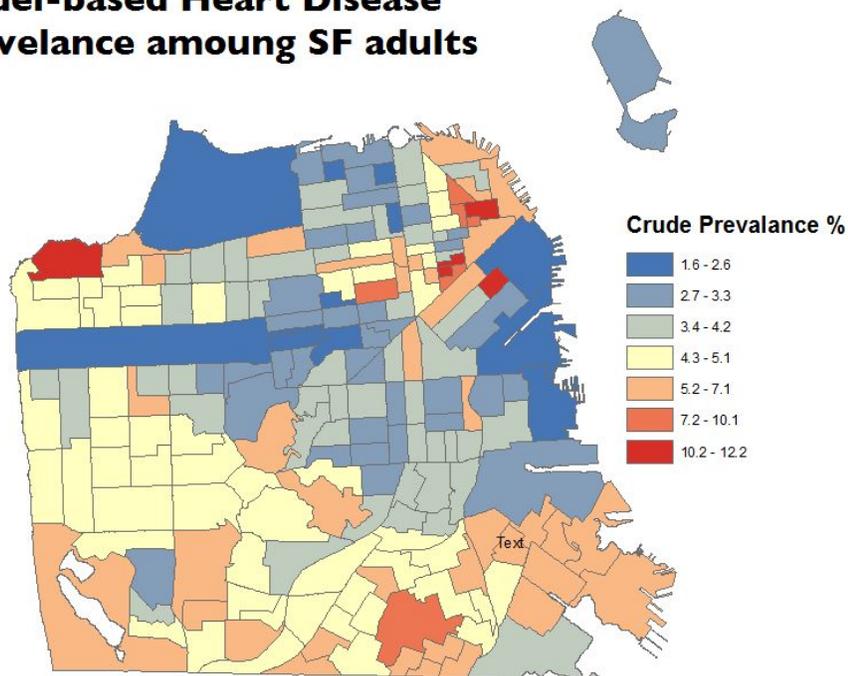
Age-adjusted Rates of Hospitalizations due to Heart Failure per 10,000 Population by Zip Code, San Francisco, 2012-2016



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

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

Model-based Heart Disease Prevalence among SF adults



Data Source: CDC 500 Cities Project 2018

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



APPENDIX E

FY2017-18 SDDT Revenue Department Survey

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

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

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

Methods

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

City Department Survey Intro:

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

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

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

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

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

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

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

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

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

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

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

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

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

Survey Questions:

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

Survey Recipients

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

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

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

Prepared for the Sugary Drinks Distributor Tax Advisory Committee

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

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Prepared for the Sugary Drinks Distributor Tax Advisory Committee

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

Summary of Survey Results:

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

Survey Monkey Respondents:

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

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Programs funded with SDDT Revenue - \$3.3M

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

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

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

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

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Healthy Addbacks - \$2.3M

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

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

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Program	Department	Description	FY 17-18	Program Description/Impact
				<p>vouchers.</p> <ul style="list-style-type: none"> · Received high satisfaction ratings from participants (93%) and have a waitlist of 6,000+ households, evidencing great demand for the program. <p>Outcomes:</p> <ul style="list-style-type: none"> · Food security rates among EatSF WIC participants increased 15%. · Non-WIC EatSF participants increased their F&V intake (by 0.7+ daily servings) – enough for immediate health impacts. · Participants report better eating habits as a result of EatSF, such as eating more kinds of F&V (97%) and eating less junk food (87%). · Participants reported being more confident making healthy choices on a budget (96%); that they are more knowledgeable of the importance of F&V (96%); and that their health improved as a result of the program (96%).
Food Security - Home-Delivered Meals (HDM)	Human Services Agency	Address current waitlist: Delivery of nutritious meals, a daily safety-check/friendly interaction to homebound seniors/adults with disabilities who cannot shop or prepare meals themselves. Many providers offer home assessments/nutrition education/counseling.	477K	<p>Approximately 203K additional home delivered meals on annual basis, for 525 clients</p> <p><i>(this info represents impact for all \$977k funding to HSA for home delivered meals – see above SDDT-revenue table)</i></p>
Healthy Corner Store Retail	Office of Economic and Workforce Dev,	Promoting corner stores and markets to sell healthy Products as opposed to sugary beverages, etc.	60K	<p>HealthyRetailSF is an incentive-based, voluntary pilot program for merchants of local retail shops, also known as corner stores, to help shift business models and make the changes needed to remain competitive but to also provide healthier food options in their communities.</p> <p>HealthyRetailSF builds upon the best practices of previous efforts and provides interested small business owners with the tools and resources they need, along with focused attention from experts, to develop a business model that allows them to introduce and integrate healthy food options. The program’s ultimate goals are to increase access to healthy food, engage local residents in decision making processes, reduce unhealthy influences, strengthen communities, and stimulate economic development and job creation.</p>
Medical Assisting and Hospitality Training	Office of Economic and Workforce Dev,	Funding to support Medical Assisting and Hospitality Training	150K	<p>Healthcare and Hospitality. Medical Assisting is a training track within our healthcare sector, whereas Hospitality training would apply to all training tracks within our hospitality sector. The organizations that conduct Medical Assisting</p>

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

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

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



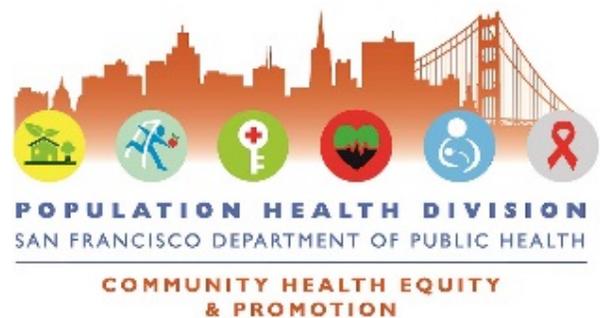
APPENDIX F

Focus Group Report

Sugary Drink Distributor Tax Focus Group Results

August 2018

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



Focus Group Report
Sugary Drinks Distributor Tax Revenue

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

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

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

I. Introduction

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

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

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

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

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

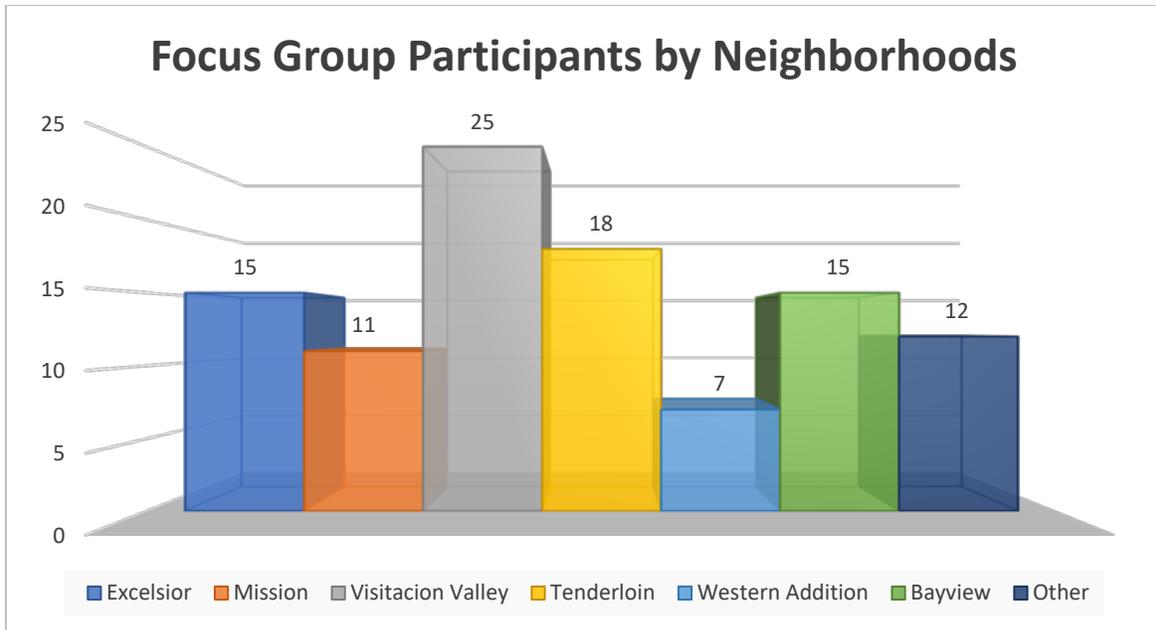
- African American Adults -Bayview District including the Visitacion Valley and Western Addition (2 groups)
- Latino Adults - Mission, Tenderloin and Excelsior District (2 groups)
- Youth-Transitional Age (14 – 24 years old), citywide, mixed raced (2 groups)
- Asian Adults-Chinese (1 group)
- Samoan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

II. Demographics

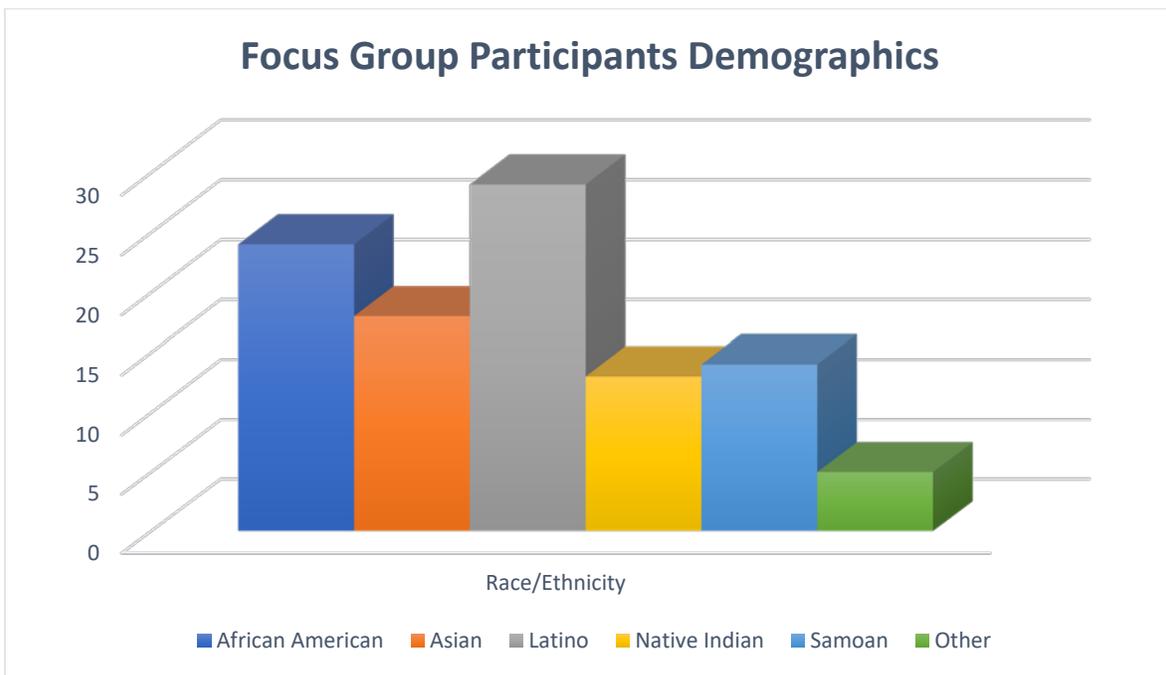
A series of 10 focus groups were conducted over five weeks beginning on May 21, 2018 and ending June 29, 2018. In total, 103 unduplicated community members/representatives from SF-based organizations participated, providing input on how they could make healthy eating and active living a possibility while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

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

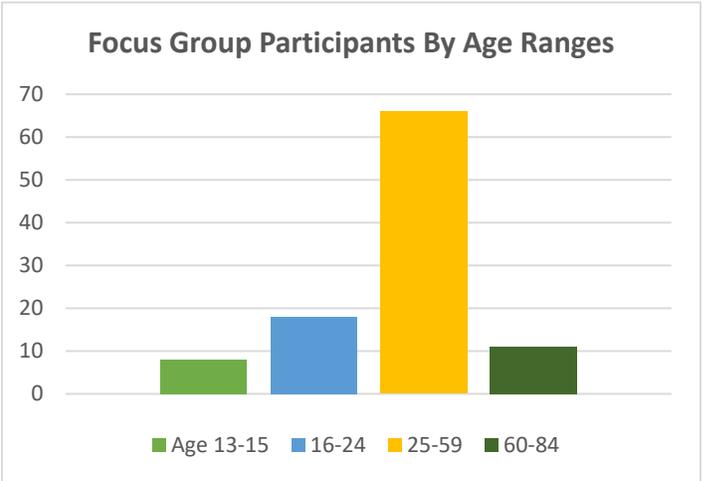
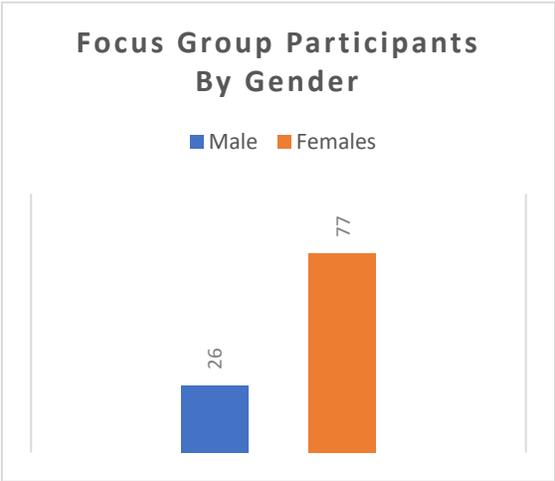
- Sunnydale Tenant's Association had nine (9) community members: four males and five females with 262 cumulative total years as residents in the Sunnydale community.
- Collective Impact/Mo' MAGIC had ten (10) community members: one male and nine females 355 cumulative total years working and/or residing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



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



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



III. Focus Group Key Findings

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

The findings are structured into these response categories:

HEALTH EDUCATION

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

PHYSICAL ACTIVITY

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

HEALTHY FOOD

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

MEDIA/AWARENESS CAMPAIGNS

SMALL ORGANIZATIONS RESPONSES

HEALTH EDUCATION

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

HEALTH EDUCATION – *Nutrition/Healthy Foods*

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

HEALTH EDUCATION - *Physical Activity*

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

HEALTH EDUCATION - *water*

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

PHYSICAL ACTIVITY

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

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

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

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

HEALTHY FOOD

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

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

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

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

MEDIA/AWARENESS CAMPAIGNS

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

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

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

REDUCING SUGARY DRINK CONSUMPTION

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

a. Adopt Community Vetted Policies

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

b. Increase Opportunities for Education

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

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

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

Focus Group Report

Sugary Drinks Distributor Tax Revenue

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

SMALL ORGANIZATIONS

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

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

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

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

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

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

IV. APPENDIX: Focus Group Notes

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

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

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

- Community Action Committee to hold agencies accountable and set expectations

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

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

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

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

Did not rank as they felt all are equally important

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

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

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

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

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

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

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

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

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

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

- Benefits of water- proportions (cups/ day)

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

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

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

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

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

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

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

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

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

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

Pacific Islander/Samoan Focus Group

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

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

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

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

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

Activities

- Behavior training on eating healthy foods

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

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

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

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

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

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

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

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

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

Latinx Focus Group1

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

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

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

a. Help people eat healthy foods

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

b. Help people to move and get more exercise

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

c. Help people to drink more water

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Programs

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

Activities

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

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

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

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

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

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

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

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

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

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

Services

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

Programs

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

Activities

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

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

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

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

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

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

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

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

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

Services

 - Food Pantries

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

Programs

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

Activities

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

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

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

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

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

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

Services

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

Program

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

Activities

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

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

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

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

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

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

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

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

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

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

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

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

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

- A unanimous YES

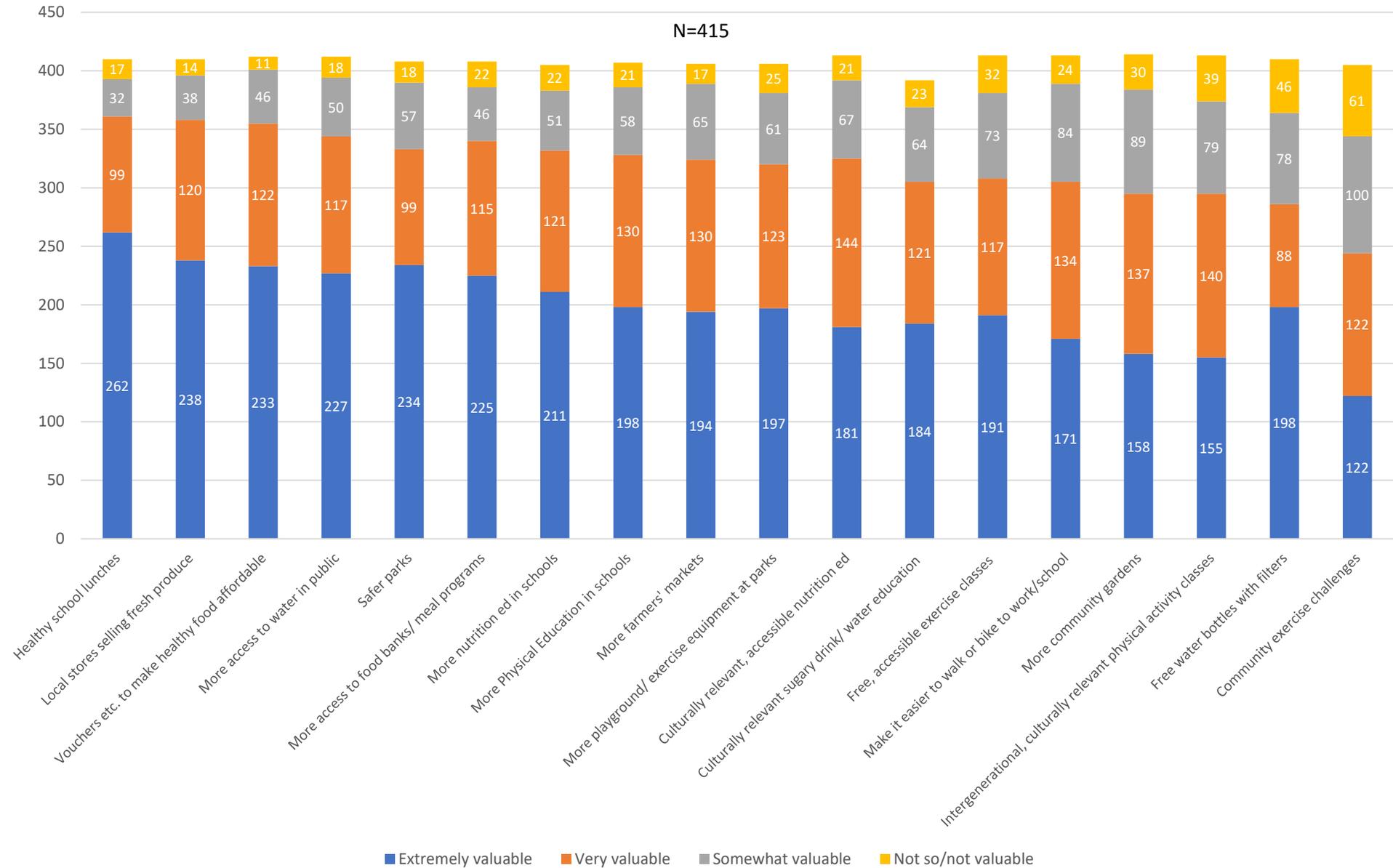


APPENDIX G

Community Survey Results

SDDT Revenue Survey Results, August - October 2018

combined online and paper surveys





APPENDIX H

Town Hall Brief and Appendix

Sugary Drink Distributor Tax Implementation Support

Sugary Drink Distributor Tax Funding Priorities Town Hall Brief



Prepared by:

Resource Development Associates

November 1st, 2018





Sugary Drink Distributor Tax Funding Priorities Town Hall Brief

Executive Summary

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

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

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

Table 1. Focus Group Key Findings

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

The following brief describes the process and findings.



Introduction

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

Background

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

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

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

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



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

Table 2. Focus Group Key Findings

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

Town Hall Methodology

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

Table 2. Town Hall Meetings

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

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



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

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

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

Findings

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

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

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

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



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

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

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

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

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

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



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

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

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

Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.

Community participants reported a need for more classes and workshops that provide culturally relevant opportunities for learning about health and nutrition. Though some participants referenced existing community events that promote learning about healthy living, they felt that these opportunities were not adequate in reaching communities of color and older adults. They recommended the expansion of interpretation services to accompany education initiatives such as reading nutrition labels and making healthy lifestyle choices. Cooking classes were a popular idea to teach community members of all ages how to cook nutritious recipes. Participants included in this recommendation the need to build on recipes



and cooking practices that are appropriate to the cultural and ethnic makeup of specific neighborhoods across the city. Addressing barriers to participation in such events, such as transportation and childcare needs, were viewed by many as essential to increasing access for target communities.

Participants frequently discussed the importance of providing children and youth with health and nutrition education opportunities that are participatory and engaging. There were many calls to engage young people in interesting approaches to healthy eating such as holding “taste test” activities in schools and recreation centers where they could sample fresh nutritious foods and recipes. In different iterations, children and adolescents referenced wanting opportunities to take part in project-based learning to more tangibly grasp the high volume of sugar in soda and the effects on the body. Youth and adult participants both recommended the creation of programs that would train high school students to provide education about sugary drink consumption to younger students in elementary and middle schools.

Across Town Hall meetings, participants reinforced the importance of providing young people with a rationale for behavioral change when it comes to consuming sugary drinks. While many participants focused on health implications, some discussed the importance of educating youth about systemic health inequities and their causes.

Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.	
Access	<ul style="list-style-type: none"> • Ensure community events and classes offer transportation and childcare support • Provide wellness information and trainings at popular locations and places of employment
Age appropriateness	<ul style="list-style-type: none"> • Provide novel and hands-on approaches to health education for children and youth
Cultural Responsiveness	<ul style="list-style-type: none"> • Expand of interpretation services to accompany health and nutrition education initiatives • Offer healthy cooking demonstrations and classes that build off of cultural/ethnic culinary practices that reflect the population of the community

Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.

Participants recommended that SDDT funding support the creation of youth-led media campaigns that raise awareness about the negative health impacts of excessive sugary drink consumption and the positive impacts of the SDDT. They suggested supporting existing CBOs that facilitate youth-focused media and empowerment programs to do so, referencing Youth Media and BAYCAT, organizations that provide low-income youth, youth of color, and young women with education and employment opportunities related to digital media.





Community members also cited the need to address language barriers and cultural differences in messaging campaigns, emphasizing that “one size does not fit all” in San Francisco. Ideas for community-centered and culturally responsive message dissemination included the *promotora* model in which community members are trained to provide health information within their community, and story-telling opportunities for individuals to share their experiences related to health struggles and successes with their community.

Across several town hall meetings, community members requested that awareness campaigns also support transparency about the purpose of the SDDT, its progress, and regular updates about the impact of the tax on target communities. They requested continued community engagement activities such as community forums and focus groups to ensure that information and feedback flows in both directions.

Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.	
Access	<ul style="list-style-type: none"> Engage CBOs that work with youth and communities of color to facilitate community-led media campaign Increase transparency about SDDT processes and impact through regular report-outs to impacted communities and opportunities for feedback
Age appropriateness	<ul style="list-style-type: none"> Utilize social media for messaging about sugary drink consumption to reach children and youth Initiate a student- led PSA contest Offer contests and giveaways to encourage healthy living Providing Fitbits to older adults to encourage increased physical activity
Cultural Responsiveness	<ul style="list-style-type: none"> Use the <i>promotora</i> model for awareness-raising activities Translate messaging materials Offer opportunities for community members to exchange their experiences and stories

Finding #5: Community members identified additional services and areas for support that fell outside of larger categories.

Community Research: Across the majority of the town halls, participants recommended that SDDT revenue fund programs that train and empower community members to conduct their own research about perceptions and behaviors related to sugary drink consumption. At the Bayview town hall meeting, a discussion group shared that as information and data “never make it back to the community,” community groups should be trained to gather their own data about behaviors and impacts related to the SDDT. At the Town Hall in the Mission neighborhood, high school students brainstormed approaches to encourage student learning about healthy food and beverage choices. They identified student-led



research projects that survey peers about health perceptions and identify the number of vending machines in high schools across the city. At the Tenderloin location, participants envisioned SDDT funding contributing to trainings for community members to conduct research in their neighborhoods with the goal of understanding who may be underutilizing city and CBO-provided services related to health and nutrition.

Health Services: Additional recommendations focused on increasing funding support to expand the reach and accessibility of health services (summarized in the table below).

CBO Program Components: Community members offered several ideas about key CBO program components and requirements that should be integrated into SF DPH’s request for proposal (RFP) process (summarized in the table below).

Finding #5: Community members identified additional services and areas for support that fell outside of larger funding categories.	
Community Research	<ul style="list-style-type: none"> • Train community members to collect their own data about impact of SDDT • Promote student-led research projects related to sugar consumption as part of school curriculum • Build a repository of community data that is available to all
Health Services	<ul style="list-style-type: none"> • Increase the number of health navigators. • Provide dietician/nutritionist led programs for those with chronic illnesses • Offer trainings in technology to assist people to enroll in health services with greater ease • Offer more services to provide support for chronic disease management • Provide greater access to pharmacies and urgent care facilities • Offer dental care for all, prioritizing low-income seniors and children
CBO Program Components	<ul style="list-style-type: none"> • Provide requirements and/or incentives for organizations to collaborate with each other • Fund CBOs that do policy change work affecting health disparities in impacted communities • Promote program models that incorporate youth and peer education • Fund evaluations of eating habits and health challenges in impacted communities



SF Department of Public Health

Sugary Drink Distributors Tax Town Hall Brief

Appendix

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of six community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue. These are the notes taken on flip charts at the 6 Town Hall Meetings.

Town Hall at Bayview September 11, 2018

Station #1: What types of programs do you think DPH should fund and why?

Programs DPH should fund:

1. Recreational Programs and access
 - Structured programs in parks
 - Increase outreach/awareness of programs
 - Park and Rec does not have partner listings
 - Need for a centralized hub of health information and activities
 - Sports, Tai Chi, Yoga
 - Baseball fields
 - More regimented instructors for evening and weekend programs
 - Paid positions for trained instructors
 - Expanding support for existing exercise classes
 - Increase access for families
 - Increase pool access for Seniors and families
 - Open at night
 - Allow open community time
 - Provide day-time access for elder community
 - Increase hours of availability for community exercise resources
2. Increase Food Access
 - Increase access to produce/healthy foods in Bayview
 - Provide more options
 - Challenges: difficult to meal plan
 - Provide culturally appropriate produce



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- Increase access to food pantries
 - Increase awareness through media support
 - Build collaborations with farmers
 - Open 7 days a week
 - Provide food in an emergency
 - Incentives like gift cards
 - Efforts are currently undertaken by churches, learning hospital, families taking on additional funding
- Hold Social events to encourage healthy eating
 - “Learn how to cook a nutritious meal”
 - Through CBO’s/Restaurants
 - “RadioAfrica” sponsor a night
- 3. Increase Food/Health Education
 - Education about food as medicine
 - Have clinics prescribe healthy food
 - Food on-site
 - Model exists elsewhere
 - Reach vulnerable populations
 - Translators w/food education
 - Reach missing communities of color
 - Seniors
 - Increase culturally relevant health education
 - Currently at multiple community locations
 - Youth-led education about how food industry targets public/community
- 4. Increase funding for sex education
 - Response to decrease in the use of protection
 - “youth-led”
- 5. Expand and increase health navigation
 - More professionals
- 6. Transportation
 - Increased support and funding for transportation to activities
- 7. Community-led research and data collection
 - Building repository and research
- 8. Increase youth access to community centers
- 9. MLK Pool – serve and engage with the community
- 10. Support existing programs
 - Youth media
 - BAYCAT
- 11. Medical Services – provide what people really need
- 12. Strengthen partnerships to fight barriers to access in communities
- 13. Build housing/address homelessness



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14. Cutting checks-supporting visions
15. Revamp MLK Park
16. Introduce health stores
 - o No booze
 - o No bartering

Why they should fund them:

1. Member of the SDDTAC and wants to hear from the community and build those connections
2. To enhance existing efforts
3. Discovery
4. Understand what is important to the community
5. Participated in focus groups and wants to see where the process is now
6. Represent older/frail adults (w/disabilities)
7. Nutrition Academic work/interest
8. Repping community
 - a. Wanting to learn

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Initiatives for seniors
 - o Education
 - o Planning
 - o Chronic disease management
 - “Elder Refit” – health education, food access
 - o Youth mentorships with seniors
 - ‘Youth refit’ with elders
2. Targeted population approach
 - o Low-income SF residents
 - o Those affected by health hazards
 - o SDDTAC should explicitly call out who the target populations are
3. Funding for CBOs already doing great work
 - o Many groups are already doing great work, so there should be more funding for them
 - o Research to find out what approaches are working
4. Prevention of sugary drink consumption
5. Other groups can apply for community groups
6. Committee perspective is a broader perspective
7. Physical activity
 - o More walking opportunities (events, walking groups)



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- Address the barriers (safety concerns)
- 8. Access to culturally-relevant food and drinks
 - People resort to the foods they see if what they are used to is not available
 - The need to be conscious of demographics living in the area and address this need
- 9. Data-sharing and collaborating around the effects of the funding
 - Bucket suggestion: Provide a report-out of results that is community-centered
- 10. Support smaller organizations with DPH compliance
- 11. Funding for community to gather data for themselves (Community Participatory Research)
 - Empower community groups to gather their own data, they may find things that we can't capture
 - Ensure data comes back to the community, because information never makes it back out to the community
 - Ex. Health effects from living in a specific area
 - Talk to community members
- 12. Use funding to hire a data coordinator
 - Someone who can compile data in one location for the community to access
- 13. Provide incentives for organizations to work together
 - Ex. Monthly or quarterly check-ins
 - Collaboration for community capacity
- 14. Focus on health inequity
 - Educate youth about structures at play
 - Health education around what is causing health inequalities
- 15. Empower youth to be leaders (what lessons can youth bring home?)
- 16. Prioritizing solutions to the problem
- 17. Communicating the right message
 - Initial impression: SDDT will hurt the poor
- 18. Lifestyle Interventions
 - idea: Someone comes and organizes your fridge, creates a diet plan for you ("Youth Refit")
- 19. Make internships available for the community to get involved in the SDDT
- 20. Using the Collective Impact Model
 - Concentrate on service
- 21. Add a requirement for RBA certified training to RFPs

Questions:

1. Can we prioritize chronic disease prevention as an SDDTAC target?
2. Where is the funding directed?
3. Can funding expand to include other health hazards?
4. I see money going towards prevention, but is there funding for treatment?
 - For example, funding to help people who are already having problems with sugary drinks and other health hazards?



Feedback:

1. Participant sees a reflection of the work already done in the funding buckets that exist

Town Hall at Mission High School September 12, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Church involvement
 - Activities to encourage healthier eating/drinking
 - 'Taste testing' activity
 - Price tags, where available
2. Increase food education
 - Youth group= receiving and giving education
 - Food as Medicine
 - Food/nutrition education
 - Early education/care around nutrition
3. Youth-led initiatives
 - Participatory
 - Actively engaged
 - Parents participating in home
 - Takes place where youth are
 - Sports, clubs (at schools)
 - Online campaigns – social media
 - Cross-pollination/collaboration between multiple organizations (churches, community centers)
4. Increase funding for food pantries
 - Need more space
 - Resourcing (a lot of work) done for free in distribution, need funding
5. High School Programs
 - Healthy food tastings
 - Cooking class/electives
 - Peer education
 - HS students providing training/education to elementary and middle schools on healthy eating/drink and PA
 - Embed healthy cooking in Health/PE
 - CBOs could play a role in this



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- Teachers
 - Teach the science behind the ill effects of sugary drink consumption
- 6. Improve School lunches
 - Better “tastier” lunch and visual display of nutrition information
 - Accommodate allergies and dietary restrictions but still make it flavorful
 - Increase variety
 - Fresher foods
- 7. Increase resources for CBOs
 - Low SES in communities of color
 - Provide an intergenerational element
- 8. Include immigrant seniors
- 9. General health, walk-ins, blood pressure
- 10. Healthy practices/education
- 11. Physical Activity programs
 - Running groups for youth
- 12. School Lunches
 - Homecooked lunch – 1-2 days provided by local grocers
 - Students could help cook
 - Students could vote on the menu
 - Each period participates differently
 - Health classes not on same level
 - Student-led research → student survey
 - Vending machines (#?)
 - Gain concrete understanding of science
- 13. Cheaper, healthier food options
 - Student-led
 - Community gardens
 - Grow your own food
 - Outside of school, increase opportunities
- 14. Documentaries about food “health”
 - Advertise food documentaries and other health education in communities
 - Student film
 - Drive-in – Dolores Park
 - 0-5, targeting day care
 - System change, policy change
 - Food standards, h2O access
 - Physical activity
- 15. Nutrition education for parents
 - Meal prep (if limited access to healthy foods)



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- Targeting workplaces
 - Speakers
 - Teacher
 - Yoga discounts
 - H2O
 - Wellness programs
16. WIC
- Boosting existing education
 - Changing juice offering
17. Extended family providing care
18. Increase funding for community centers
- Family Resource Center
 - La Raza
 - Youth-led, peer education
 - Promote a model incorporating youth

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Prenatal Health
 - (4th trimester)
 - Critical (health/nutrition/lactation)
 - Specific populations
 - High-risk for pre-term birth
2. School Programs
 - Physical Activity
 - Funding for programs around PA
 - Maintenance of facilities
 - Cleanliness (cafeteria, bathrooms, everywhere)
 - Rats
 - Drinking fountains don't work
 - We want cleaner fountains, cold water, trustworthy fountains
 - Lack of trustworthy fountains causes youth to resort to sugary drinks
 - Food education courses
 - Cooking classes in school offered as electives
 - Kids often don't have time for after-school activities
 - School lunch
 - Free breakfast, school lunches
 - Quality of the food is lacking



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- A need for culturally relevant food
- A need for food you can trust
- School trips
 - Creative around encouraging PA
 - Encouraging organized sports, field trips
 - Affordable opportunities
- Amenities
 - Pools, tracks, facilities for PA
- 3. Prison Conditions
 - Providing prisoners the essentials
 - Sandals, medicines, toothbrushes, etc)
 - Place a focus on youth in prison
- 4. Proper food handling
 - Train staff to handle food properly
- 5. Accountability measures for basic needs
 - Transparency around funds
 - Accountability for funds going to Public Education
 - After-school programming, etc
 - There is a dissonance with healthy equity and what is happening at the school
- 6. SDDTAC won't get to all the necessary issues
 - Accountability for SDDT funds
 - An additional process is needed, SDD tax is not enough to do this
- 7. Equity lens
- 8. Age lens
 - Infants, babies, parents, 0-5 lens
- 9. Funding for CBOs doing policy work
 - Funds for policy change
 - Policies need to work with the community
- 10. Physical Activity
 - There is a need for more focus on safe spaces
 - How to use equipment
 - Incentives for PA, ask community what they want or need
- 11. Media-awareness campaign funding allocation is too low
 - Need an initial focus on getting community input before making changes
- 12. Funding local workforce development
 - Local community members to disseminate information
- 13. Involvement with other community initiatives
 - There are current examples of community members mobilizing around housing and immigration issues (Carnaval SF, CALLE 24)
 - Tap into these movements
- 14. Mental Health



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- Healthy use of screen time and social media
- 15. Multi-lingual and culturally competent health education and media
- 16. Lack of diversity of people utilizing bike lane
 - Why?
 - Education
 - Lack of awareness
 - Messaging
- 17. More funding for oral health care
 - Healthy SF does not offer dental or vision insurance coverage
 - More funding needed for low-income populations
- 18. School visits by healthcare professionals
- 19. Lack of knowledge on what resources or help can be accessed in non-white communities
- 20. Messaging
 - One size does not fit all
 - For example: DPH messaging for HIV is not reaching all vulnerable groups
 - It needs to be targeted
 - Needs to reach the poor, those with language barriers
- 21. Realize that the community's first concerns are not healthy eating or PA
 - Housing, immigration are top concerns
 - Important to be aware of community's top concerns
- 22. Organize events that combine causes
 - Ex. Healthy food access and housing
 - Cater events with healthy food and discuss issues around food access and healthy eating
- 23. Prioritize finding solutions
 - Are strategies being used been proven to work?
- 24. Need for structure around funding
 - Sees the buckets as an opportunity to re-organize and create a path of activities and interventions
 - Sees an overall logic model for the investments
- 25. Rallies, picnics, outside of commute hours
 - Events that are family friendly
- 26. Understanding your relationship to food
 - Community gardens
 - How does food get to the table
 - More education on food

Questions:

- 1. Who is being funded?
 - Funds are not going everywhere that they need to



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- Need to account for different languages and backgrounds when disseminating information

Feedback:

2. Someone agrees with all funding buckets as being top priorities in SF

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Stores selling fresh and healthy food
 - Store owners say “Customers are demanding fresh foods”
 - Corner stores that sold fruit/food
 - Affordable/free healthy food
 - (water is more expensive than soda)
 - Cheap and healthy stores in neighborhoods
 - More fresh foods, community gardens
 - There are other things – more fresh food, eat and think about what’s going into the body
2. Access to real cooked food
 - Have real food, cooked in a kitchen
 - In a community center – especially during school breaks
 - Less vending machines in schools that sell sugary beverages
3. Water should be more available
 - Water from the tap
 - Global taps
 - Not from a bottle (ex. Bottled Life)
4. Vacant lots can be used as local grocery stores and facilities
 - – where people want to be
 - East Side should look like the West Side
5. Improve parks
 - clean them
 - more Open spaces
6. Recreational activities
 - Other activities include swimming
 - Community gym in the building
 - Activities over the weekend, so that children are not in the house eating ‘bad’ food
7. Healthy options should be easy options
 - Affordable and accessible
8. See metrics improve in communities



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- See health interventions be stable – continuity
- 9. Incentives to participate
- 10. Less soda in stores because people are not drinking
- 11. Increase in time that kids and adults have opportunities for physical activity
 - Diverse opportunities (not one size fits all)
 - During times that work
- 12. Social change
 - (A bit unfair) – eventually people won't pay high prices → instead community resources to direct people to other types of drinks
- 13. Community center that packaged and gave food, situated in the community
 - Accessible evenings and weekends
- 14. Decrease in rates of diabetes
 - Stats from Mexico decreasing
 - This as our goal, this is impact annually
- 15. Community members are willing to share stories about impacts – publically
 - Have participants know that it's the soda tax
 - Campaign people from the community (leaders on the materials ex. Billboards)
 - Impact the rest of the country
- 16. Change in community behavior
 - Families are excited about eating more fruits and vegetables and water, family and community level awareness
 - Community – behavior change, less soda, more water because that is what consumers are purchasing
 - Don't see parents on the street giving children sugary drinks
- 17. Fitness level for youth will improve
- 18. Dental improvement in the young people

Town Hall at Minnie and Lovie Ward Recreation Center September 17, 2018

Station 1: What types of programs do you think DPH should fund and why?

- 1. More fitness programs
 - Walking groups
 - Example: fog walkers
 - Get to know the community
- 2. A fitness room
 - Learn what the best cardio is
 - This is onsite and has equipment
 - Boxing
 - People use the facility on their own



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3. Programs in all age groups
4. Healthy parks
5. Cooking programs
 - Nutrition
 - healthy, tasty cooking
 - Free, since it costs \$65
 - Better choices
6. Invest in neighborhoods, healthy retail
 - OEWD
 - Soda tax is going here
 - Korean Market opening up
7. Have a local pharmacy/ clinic for children
 - Quick response
 - Too far/ and people can quickly act on this
8. Community gardens
 - Ensure that there is someone who can keep the garden active
 - Proper facility to protect veggies
 - Have work days and workshops
 - Dedicated staff parks/rec
9. More participation in rec council

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

10. Water stations
 - More water stations
 - For pets as well
11. Available environmentally friendly materials
 - Pitchers vs. bottled h2o

Station #3: What would make you feel like SDDT has made an impact on your community?

1. More education about “diet” drinks as they are unhealthy too
 - Juice also high in sugar
2. More healthy brands and options
 - Seeing less soda in stores
 - Less demand, more water
3. Not seeing community members drinking so much soda
 - Educated consumers
 - Presence of h2o stations
 - SEE results



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- Trainer at their community centers
 - Revitalized community gardens
- Walking groups

Town Hall at SF Main Library September 19, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Dental Care
 - For Low-income seniors
 - Free dental cleaning for youth
 - Dental for all!
 - Regular preventative care
2. Healthy food vouchers
 - Farmer's market
 - Eat SF
 - Increase \$ so they are offered more than limited time
 - Available by need not time
3. Curry Senior Center
 - Fit bits
 - After-school Education – on-site schools
 - Cooking class – cool chef
4. Transportation
5. Increase staffing for after-school garden support
6. Education for cooking too
7. Community gardens
 - inaccessible to folks/youth
8. Diversity
9. Central Resource Center
 - Creating website for resources
 - Places to go for delivered healthy food
 - Low-income gyms
 - Bargains
10. Have school gardens
 - Teaches importance of healthy food/living
 - Integrate science /biology learning
 - At some school but want expansion
 - Life skills



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- Provide fresh produce
- Snacks at schools
- Decrease vending machine
- 11. Increase food storage
 - Utilize kitchens more
 - Open kitchen → community activity
- 12. Enhance food banks
 - Increase space
 - Infrastructure
 - Language → how do we communicate about food banks to different people
 - Tech needs
 - Languages
- 13. Marketing around existing programs
 - Income threshold is barrier
 - Social media
 - Celebrity spokesperson
 - Promotores → education communication
 - Concert/giveaways
 - Attend different events
- 14. Studies to understand who is not using services
 - Continuing focus groups
 - Community research
 - Hiring people in training community
- 15. CBO-run grocery
 - Eradicate food deserts
 - Healthy food practices
 - Job/vocational training to staff
 - Cop-model → food
- 16. Increase resident-led healthy corner stores
- 17. Dietician/nutritionist led programs for those chronic illnesses
 - Providing oversight
 - Review/design materials specific to pop. needs
 - Culturally responsive
 - Responsive to specific health needs
- 18. Youth-led
 - Funding for youth empowerment
 - Cohort of youth leading others
- 19. Healthy replacements
 - At corner stores → increase options!
 - Taste tests
 - Giving samples



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- Resident-led
- Store tours
- 20. Advertising → bright, attractive
 - New healthier food options
- 21. Incentives → Bernal bucks
 - Promotional giveaway discount
- 22. Culturally relevant PA
 - Tai Chi
 - Hip hop class
 - Specific gyms/locations

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Parks
 - Cleaning parks (bigger trash cans, compost bins)
 - Has seen positive results from installing larger trash cans
 - More funding for Rec and Park to keep up public parks
2. Educate clinicians
 - More screening
 - More referrals for healthy eating and PA recommendations
 - Referring them to programs: Calfresh, meal programs, food pantries, school meals
3. Referrals for PA
 - Personalized
 - Take into account their access
 - Free Zumba classes
 - Free yoga classes (offering alternatives)
 - Wrap-around services
 - Barriers: transportation
4. Health case managers in school
 - similar to how schools already have academic case managers
 - Dieticians
5. Eye care
6. Acupuncture
7. Oral health
 - Increase access to for the above 3, and highlight as priority areas
 - Dental services for seniors (affordability)
8. Mental health
9. Nutrition



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- Making meals nutritious
 - Healthier ingredients
 - Organic
 - At TNDC (Tenderloin Neighborhood Development Corporation)
10. Curry Senior Center
- Surveyed staff and seniors
 - More financial assistance for in-home support services (help preparing meals is one component)
 - Health and wellness weekend services
 - Resources for outings beyond neighborhood
 - Food vouchers through EatSF – Access to these vouchers has stopped
 - Farmers market access
11. After-school programs
- Bayview and Hunter's Point
 - More PA
 - Better PE programs
 - More accessible
12. Seniors
- Can't afford to hire someone for PA programs
13. Affordable housing
- Seniors (don't have jobs on SSI, rising rent prices)
 - Housing for unemployed, transition housing
14. Resources for job-hunters
15. Navigation Center Systems
- Incorporating more healthy food options
16. Culturally appropriate food programs (Curry Senior Center)
- Culturally appropriate but healthier
 - Ex. African-American pop. culturally competent foods combatting hypertension
17. High priority topic → Diabetes
- Many people affected – Add on action component
18. Fitness vouchers
- Create a challenge for people to sign up and gain vouchers, incorporate what they're learning
19. State of the streets
- Demoralizing
 - Tenderloin – trash, food, cleanliness
 - Affects people's health, perception of health
 - Wants cleaner streets
 - Streets safety and clean drinking water
 - Cleaner bathroom facilities
 - Cleaner water combats sugary drink consumption



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20. Street cleaning
 - Rules for keeping streets clean
 - More laws in place to keep streets clean
21. Treatment and recovery programs
 - Address the core route – outpatient and inpatient clinics
 - Detox services
 - Addiction services
22. Access to cooked food
 - May be homeless
 - May live in SRO units with access to cooking appliances
 - Important equity issue
 - Healthy food for people who can't cook at home
23. Berkeley Sugary Drinks Tax
 - Healthy food and nutrition programs
 - School districts and (42.5% cooking class, gardening, nutrition)
 - Local community to promote healthy food and how to use it
24. Safe injection sites and healthy food combined
 - HALT
 - Triggers for using substances can be hunger
 - Not enough funds to address safe injection issues
25. Tap water
 - Concerns
 - afraid of dirty pipes, keeps people from drinking the tap water
 - services to check the pipes
 - awareness on cleanliness of pipes
26. Accessibility to community gardens
 - Patio gardens, rooftop gardens
 - Tenderloin People's Garden
 - Provides access to healthy food
27. Funds for research into urban farming
28. Funds to buy empty lots to grow food
29. Education to teach people about growing healthy food
30. look at systemic issues in accessing health care
 - technology to help people get enrolled in health services
 - technology to offer health services
 - Technology and resources for health access
 - Technology to allow people to access health history
 - Funding a system-wide analysis of the barriers to access to healthy food, healthy living
31. Funding for someone to connect all the services together into an easier way to access
32. Funding dept. to connect organizations already doing this work
 - Research into issues



- 33. Calfresh
 - Underutilized (get more people to use these services)
 - Leverage to bring in more federal support/funding
 - Hard to get enrolled
 - Not enough community support
 - Barriers to access, immigration
 - Make it easier for people to enroll
- 34. Public parks
 - Parks should be accessible → safety
 - Within 10 minute walk
 - Park beautification
 - Create better perception
 - Make it easier to be healthy

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Visually I want to see more community gardens and classes to learn how to grow food
2. More information/education about sugar. It should be mandatory for places to share what they are selling/giving away
 - Sugar content
3. Cards that share sugar content
4. Tracking # of programs connected, staffing increase in CBOs
5. Decrease “food swamps”
 - Stuff available is not the freshest
6. Health education implemented in schools
 - Ex. Water dispensers
 - Health/food education that is family-focused and culturally relevant
 - Supplement food
7. Get family/parents on board to reinforce what youth are learning
8. ABUNDANCE
9. Seniors enjoy backyards
 - facilities squeeze out seniors
 - Social interactions
 - Dancing. Singing
 - Beautiful place
10. Decrease consumption of unhealthy food/drinks
 - Organizational capacity building
 - Hire health workers
 - Infrastructure building
 - Reduction in consumption of sugary drinks that are not soda-like



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- Ex. Boba tea
- 11. Increase consumption of healthy food, ex. Healthy Corner Store Coalition
 - Checked on using a grading rubric, if # increases they get compensated
 - “Tenderloin is a food desert”
 - Healthy options at the corner stores that is affordable
 - Choices that are healthy
 - Buy-in from youth to want to consume healthy food/drinks
- 12. Culturally relevant foods
 - Part of their regular diet, food that people eat at home
 - Cooking and nutrition programs that are peer-based
- 13. TNDC
 - Food justice
 - People live in SROs, healthy kitchens are not accessible then have healthy food at stores
- 14. Community events
 - prioritize healthy home-made food and fresh veggies and water – that they are excited about
- 15. Healthy and delicious food at school, doesn’t even have to be homemade
 - Hired additional chefs
- 16. Hear more success stories
 - Branding
- 17. Water options that feel refreshing, exciting
 - Ex. Tea
 - “When I’m on the muni, I want to see young people drinking something other than soda”
 - They are starting their lives, in 40 years it will add up
- 18. Signage of education/nutrition facts about the drinks (boba)
- 19. Reduction in energy drink consumption
 - Are they including the sugar tax
- 20. Regardless of income/housing status people will have healthy food
 - Make it easy for most impacted to access healthy food

Town Hall at Hamilton Recreation Center September 20, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. Nutrition Education
 - What’s healthy and not
 - How to read nutrition labels
 - Workshops for TAY leaving home
 - Schools, rec centers, senior centers
 - Convenient and enticing



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- Offering childcare
 - Grocery giveaways
2. Health food in school
 - Tastes good
 - Homemade → not packaged, not pre-made
3. Healthy snacks
 - Have students inform the menu
 - Taste tests
4. Affordable healthy options
5. Work with communities over time, identifying why it is hard to change habits
 - Supportive dialogue
6. Tax corporations → fast food
7. Continue organized sports in and after school
 - Build confidence
 - “Hour (outside or exercise) a day” campaign
 - Like library, provide incentives
8. Faith-based
 - How to prepare healthy foods
 - Healthy food offering
 - Train to eat
 - Health professionals
 - Incentives
 - Gift cards
 - Kitchen tools
 - Chefs teach classes
 - Exposure to new food and seasonings
 - Support expansion
9. More affordable education/opportunities for young children
 - Talk to/educate to ECCD (pre-school) providers → providing healthy foods
10. Mobile grocery = healthy, out of ordinary foods
11. Cooking demos → new exciting techniques , tools (making pasta)
 - Cooking classes for middle school
 - Like at YMCA
 - Include the parents
 - Build into ‘back-to-school’
 - Community is part of a building
12. Education at work/jobsites about diabetes/chronic illness
13. Increase education opportunities for homeless, low-income
14. After-school care, linking to services that people need
 - Adult daycare
 - Transportation



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- Childcare
- Attending to surrounding needs
- 15. Access to healthy food
 - Utilize empty indoor space for farmer's markets
- 16. Expanding farmer's markets to neighborhood
- 17. Expand enrollment in Calfresh, WIC, etc
- 18. SHA (School Health Advisory SFUSD)
 - PSA Competition
 - Incentives = \$
- 19. SFUSD Youth
 - Advisory Board working with DPH
 - Ambassadors to peers/schools
- 20. Get out in the community
 - Schools
 - After-school
 - Projects
 - Hands on "soda research" on soda studies
 - Parks

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Urban Farming
 - Gardening education for youth
 - Incorporating into school curriculum
2. Increase refillable water stations with community
 - Lincoln School → 2 refillable water stations
 - Current perceptions of drinking water not being clean
 - Increase access to refillable water stations
 - Increase refillable water bottles
 - Refillable water station of Clement and 3rd
 - Installing in parks
3. Funding for food access issues
4. Funding to combat poverty
5. Programs for previously incarcerated
 - culinary courses
 - urban farming
6. Funding for evidence-based research
 - Targeting the decrease sugar consumption



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- Learn from counties that have decreased sugar consumption
- Build in funding for organizations to have evaluation of evidence or support initiatives that work
- 7. Youth programs
 - educational programs
 - tutoring – during or after school
- 8. Funding for community engagement
 - Outreach → town halls
- 9. Reaching folks that aren't aware/invested
 - Have schedule conflicts
 - Language barriers
 - Low income
- 10. Cooking classes for youth
 - School curriculum
 - After-school programs
- 11. Capturing data from groups that aren't disaggregated
 - Disaggregate data from particular communities
 - Subgroups may be more affected than others
- 12. Funding going towards most vulnerable groups
- 13. Advocacy group
 - Taxing corporations producing unhealthy food/drinks
- 14. Subsidizing healthy food lowers cost on healthy options
- 15. School food
 - Low quality increases funding for healthier foods, healthier options
 - How to prioritize healthy foods, organic options, dietary restrictions, how to prioritize making it more accessible to eat healthy
 - Serve school breakfast
 - Offer healthy options
 - Providing enough for meals
 - Providing space for studies, homework
- 16. Decrease in sugar in drinks being produced by the companies
- 17. JCYC youth groups
 - Has limited funding
 - Increase funding for healthy snacks and meals for after school programs and for other CBOs
- 18. Community kitchen
 - People can come cook their culturally relevant foods
- 19. Increase media awareness campaigns
 - Reach youth through social media
 - Teachers can give youth education on benefits of drinking water
 - Negative effects of sugar



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- Awareness that youth are drinking more soda than water
- 20. Eliminate sugary drinks in vending machines
- 21. Converting unused space to promote healthy options
 - Water fountains
 - Rooftop gardens
 - Community gardens
- 22. Awareness of disease risk of sugary drink consumption
 - Diabetes
- 23. Demonstrations on healthier carbonated beverages
 - Healthier carbonated alternatives
 - Showing people how to infuse water with flavor
- 24. Funding to present water in a more visually enticing way
- 25. Stop selling candy and soda in schools
 - Met with complaints
 - Forced people to choose healthier options
- 26. Working to do outreach to companies
 - To impact the food offered to employees

Station #3: What would make you feel like SDDT has made an impact on your community?

1. Decrease in diabetes rates
2. Less soda in store
 - Decrease in soda consumption
3. Better food and affordable fresh food and veggies
 - Healthier foods in stores, more vegetables
4. Education on the negative effects of sugary drinks
 - Teach children that soda is bad for you
 - Educate people that sugar is in more than just soda
5. Healthier beverage options at events and in vending machines
6. Increase the overall awareness of healthy alternatives- get them excited through:
 - Speakers and role models
 - Ex: Warriors Player, Public Figure
 - Have a commercial with a celebrity
 - Show them how they eat healthy
 - Use influencers to talk to peers about healthy eating and drinking
7. Advertisements that show the joy and fun in making healthy choices
 - The images lean on healthy choices
8. Youth leadership around health
9. Incentives to encourage people to make healthy choices
 - Reusable water bottles



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10. Health insurance and health services to support people who have the diseases
11. Schools should offer fresh food
12. Better access to dental care
 - More people going to dentists, less sick days
13. In years to come, we see decrease in revenue from the taxes if children are more educated by their parents to eat and drink healthy
14. Decrease in sugary beverage sales and increase in healthy options
15. Decrease in diabetes and high blood pressure. Increase in healthiness:
 - Physical activities
 - Better health outcomes
16. Education and marketing, better and deeper way to educate on the implications
17. Health class- healthy eating
 - CBOs and FBO offer healthy eating
 - Collaboration facilitated by DPH
18. More PA and healthy eating
 - See people run more and eat healthy
 - Playing outside more
 - Learning more about the community
19. Word of mouth, soda costs too much
20. People actively seeking out healthy options
 - Ex: going out of your way to healthy food
21. Salad drive-thrus
22. Big stores don't sell soda, but they have alternatives that are healthy
23. Restaurant that makes food from scratch
 - Ex: food court
24. See people more healthy
 - Faster and stronger
 - Have more energy

Question:

1. Does DPH currently have plans to grant out funding plans to give the most in taxes, what is the mechanism?
2. How does DPH make sure funding going towards most vulnerable grant? The amount of tax revenue generated from that district

Town Hall at Betty Ann Ong. Rec. Center October 1, 2018

Station 1: What types of programs do you think DPH should fund and why?

1. More health classes and promotion (more in Chinatown)
 - How to read nutrition labels





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- How to eat healthy
 - What type of food is most healthy
 - Best types of exercising
 - In church facilities
 - Cooking classes
 - Favorite food and health
 - Encouragement
 - Free give away
 - Have song about not drinking sugary drinks
 - Connect with summer sport program
 - Increase 1,000
 - Healthy snacks
 - Information about healthy food
2. Chinatown public health partners with church- life enrichment class
 3. CT YMCA = program for family SRO
 - Exercise activities
 - Cooking classes led by nutritionist
 - Over 500 families- only 60 families lack of funding
 4. NEOP C.P. increase funding
 - All funding ending (state funded)
 - Young mothers/ caretaking
 - Access point for whole family
 - Easier to change children when they
 5. Youth
 - Activity, physical
 - Bribe with activities
 - Go to park after class
 - Weekend field trips
 6. Incentive
 - Groceries to recreate recipe
 - Childcare at activities, but everyone comes back to eat at community
 7. Adult programs
 - By contract, orgs. Staff have to participate in training/seminars/science background nutrition
 - Zumba
 - Meal component
 - More training/ placement
 - Include health/wellness
 8. Create pipeline for learning/career options within health
 - Afterschool program/ CBO's
 - Internship within field and SEDC
 9. Healthy retail
 - Increased access to healthy foods
 10. ACCESS
 - DPH go to communities
 - Targeted outreach – programs that reach adults where they are
 - Places of employment



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- Casino
 - Culturally responsible cooking demos
 - Bring dish and have the nutritionist give healthy option
11. Address/ change what stores are selling
 12. Community ownership
 - Training of trainees
 - Peer- based workshops
 - Visible, project based learning about sugar consumption
 - Volunteers/retirees teach P.A. classes dancing
 - Tea dialogues
 - Cooking classes
 - Garden tea party
 13. Build activity into school learning- youth led link back to T.O.T idea
 14. Ed/ outreach at churches

Station 2: Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, health education, physical activity, media awareness campaigns, oral health, healthy and affordable food access, are there other missing priorities?

1. Access to water (safe drinking)
2. Daycare to help parents
3. Tutoring
4. Healthy retail spaces
5. Policy to change the ways organizations handle food and beverages
6. Have community organizations hire people from the community
7. Culturally/ethnically specific health education
8. Infrastructure-
 - is our city built for health (walking, eating well)- we have to drive, take a bus, the environment is not set up
9. Venue/space to be able to do physical activity
10. Living conditions are crowded
11. How to engage/outreach to people who are isolated?
 - “Asian meals on wheels”
12. Health education in the garden
13. Education when children are young
 - School district should have health education curriculum
14. Culturally appropriate colorful materials that are age appropriate
15. School and family and restaurants need to be educated
16. Get restaurants to use good oil
17. Leverage community organizations to partner and have all age groups + orgs that have good oversight
18. Also target restaurants
19. Community and state fairs
20. Promote “healthy restaurants in Chinatown”



Station #3: What would make you feel like SDDT has made an impact on your community?

1. Seeing less sugary drinks/ greasy food on students
2. Seeing more education on health offered to the community
 - Visuals of sugar amounts in products
 - Marketing health for younger people
 - More understanding WHY young people are drinking/eating sugar
 - Create culturally concurrent awareness
 - Measure impact with pre and post- community health changes
 - More comprehensive health information
 - Giving community a platform for their ideas and having it get to the people who will apply it
 - Funding/support to orgs. That are providing health education
 - Funding also for culturally localized outreach
 - This will increase awareness and attendance
 - Outreach through media (Chinese media)
 - More people will engage in taking surveys
3. Funding towards evaluations
 - Evaluate:
 - Eating habits
 - Disease/medical history
 - There are currently not much evaluations on these metrics
4. Family focused health intervention
5. Having kids involved in more health centered programs
 - Lower crime rates
6. Lower diabetes and heart disease rates
7. Taking sugary products off shelves
 - More healthy alternatives
 - Healthier markets
8. Change in what people buy at the store
9. Stronger anti-sugar ads
 - Different sources of media
 - Stronger ads (positive) for healthy options
 - More physical activity
 - Increased fitness
 - Lower BMI
10. See soda corps. Go out of business
11. Make soda fountains harder to access
12. Health options in vending machines
13. Community check-ins of the progress of SDDTC
14. More free access to healthy food
 - Free access to workout classes
15. Indicating what orgs./programs are receiving SDDTC funds



Cantonese Group

Station 1: What types of programs do you think DPH should fund and why?

1. More health and nutrition classes
 - o in Chinatown and churches.
2. Nutrition tips and classes
 - o label reading
3. Nutrition materials need to be attractive and colorful
 - o Exercise
4. Healthy cooking topics are very helpful
5. Chinatown public health center, life enrichment classes
 - o Have helped her tremendously in changing her shopping and dining habits.
 - o YMCA
6. Ruiz Yi Li SRO mentioned there are 500 SRO, weekly dinner, healthy foods, children program are important .
7. More media promotion to advocate for healthy eating changes
 - o Focus target populations
 - o General
 - o young parents and grandparents
 - o caretakers
8. Evaluation studies for Chinese eating habits and diet changes 'impact on their health'

Station 2. What would make you feel like SDDT has made an impact on your community?

1. Provide a platform for community to pass on ideas to city government
 - o So community can prosper
2. Environment in Chinatown is difficult for people to live in
 - o Funding to chinatown eg. For healthy nutrition classes, SRO programs for them to learn to cook nutritious foods
3. More health classes
 - o Colorful, attractive culturally appropriate nutrition resources.
 - o Small step changes,
4. Funding for evaluation of results
5. Increase in client engagement
 - o Currently there are limited resources
6. Family focused health education
 - o to include Restaurant channel
 - o clients lifestyle changes

Station 3. For the funding recommendations for community based grants, what is missing?

1. Age appropriate



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2. Culturally appropriate
3. Colorful materials development
4. Ethnic-specific nutrition interventions
5. Ethnic-specific physical activity interventions
6. Family education
7. Healthy restaurants
 - Introduce programs
 - Restaurant to restrict the use of carcinogenic oil
8. YMCA:
 - Leverage community funding to support to all age groups and different community groups, strategies to include healthy eating.
9. Important to participate in Community cultural fairs
10. Funding for evaluation of Chinese eating habits and health disparities
 - Prevalence of pre-diabetes and diabetes over 50 % in Chinese community.



Recommendations submitted from SF Marin Food Bank to SF DPH by email, received October 1, 2018:

FOOD BANK RECOMMENDATIONS

Food Access

1. Invest in facilities (food storage, manufacturing, distribution and office space), equipment and systems/technology for community-based organizations in a key position to expand distribution of nutritious food to SSDTAC target populations. To use the Food Bank as an example:
 - a. The San Francisco-Marin Food Bank believes they are serving less than half of the need in the county and with rising inequality, increased stigmatization and reduced access to federal food assistance programs, people are more food insecure than ever
 - b. The Food Bank is currently providing a broad range of foods through more than 210 volunteer staffed weekly food pantries to over 30,000 diverse, SSDTAG targeted households, many of whom don't access traditional social services.
 - c. 60% of the 42M lbs of food the San Francisco-Marin Food Bank distributes annually in San Francisco is free, fresh, seasonal produce.
 - d. The Food Bank is currently over its storage and distribution capacity and needs community support to expand its facility, refrigeration, fleet and technology in order to distribute more healthy donated food. The Food Bank is looking for support to grow its capacity and ultimately increase annual food distribution from 50 to 75M lbs annually.
2. Increase utilization of and collaboration between public and private food assistance programs, which will increase availability of healthy food to SSDTAC target populations
 - a. Develop marketing/advertising campaigns and outreach efforts to overcome demagoguery as well as pride, stigma, and outdated perceptions about CalFresh, WIC, school meals, food pantries and free meal programs that are barriers to accessing public and private food assistance programs. Recent challenges include the timing out of CalFresh eligibility waivers for able bodied adults without dependents and the recent Trump Administration proposed rule making CalFresh participation eligible as a public charge consideration. An upcoming opportunity is the recent historic state legislation making 42,500 low-income San Francisco residents receiving SSI/SSP eligible for the CalFresh program starting in the summer of 2019. In other states, typically 60-70% of SSI recipients receive SNAP benefits, which would mean 25-30,000 SSI recipients in San Francisco could receive over \$33M worth of CalFresh benefits annually. These benefits would leverage economic activity in the community, generating income for San Francisco government and retail employees and profits for businesses impacted by the Soda Tax.
 - b. Invest in sourcing and distributing an even greater variety of donated fresh seasonal produce and other healthy foods through private community-based organizations serving SSDTAC targeted populations
 - c. Facilitate and invest in further in-reach between targeted public assistance programs (CalFresh, School meals, Medi-Cal...) to increase enrollment in food assistance programs
 - d. Conduct research to measure food security and public and private food assistance program utilization in order to identify service gaps in target populations



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- e. Study key food assistance providers to identify systemic barriers to growth in public and private food assistance programs
- f. Invest in technology to improve outreach, referral and enrollment ease and collaboration between public and private food assistance programs
- g. Expand/develop welcoming and accessible neighborhood-based hubs/dedicated spaces as “one-stop-shops” for supplemental groceries, social and health services, education, information and referrals and application assistance for multiple benefits
- h. Expand social and public health services offered at a variety of pre-existing food assistance programs to tap into the diversity of low-income populations utilizing food assistance programs, but underutilizing traditional social and public health services
3. Increase collaboration between public and private healthcare providers, nutrition and health educators, and food assistance programs to improve food security and health outcomes, such as:
 - a. Invest in outreach/marketing to healthcare institutions and clinicians to screen patients for food security and to refer and enroll them in food assistance programs as needed
 - i. Ensure healthcare institutions have the tools and training they need to perform efficient on-line food assistance program screening, referral, and enrollment
 - b. Screen food assistance program participants for chronic diseases and refer to healthcare and education opportunities
 - c. Support specialized chronic-disease appropriate ongoing food pantry menus and medically tailored grocery and meal programs
 - d. Expand Food Pharmacy availability and programming to target more populations with additional preventable conditions like diabetes, hypertension, etc. for short-term food and education interventions
 - i. Offer more in-depth healthy lifestyle education curricula
 - ii. Expand menu to include additional healthy products
4. Support advocacy at the state level to improve the efficiency and effectiveness of California’s CalFresh program to increase utilization in San Francisco

Nutrition Ed

1. Expand support for current/add new nutrition education initiatives targeted to SSDTAC populations
2. Integrate nutrition education with food access, health interventions and CHOW’s
3. Expand other collaborative efforts that combine nutrition/health education with other complementary services, such as mental health, vocational training, food pharmacies and school-based education programs.



APPENDIX I

Letters



December 7, 2018

Sugary Drinks Distributor Tax Advisory Committee
Ms. Christina Goette
Community Health Equity and Promotion
25 Van Ness Ave., Ste. 500
San Francisco, CA 94102

Dear Sugary Drinks Distributor Tax Advisory Committee:

I am writing to urge you to allocate Sugary Drink Distributors Tax funds in support of the distribution of healthy food at Family Resource Centers in San Francisco.

First 5 San Francisco is the public entity responsible for administering our county's tobacco tax and invests these public funds in community services to impact social and health outcomes for families with children ages birth through five. Because 90 percent of brain development occurs before the age of five, we advocate for early childhood policies that will help children and families thrive.

First 5 funded services are solely dependent on tobacco taxes and by 2020, we project that state tobacco tax collections will be less than half their peak in 2000. We view this as a win for public health policy. However, this declining tax revenue comes at a time when there is great unmet need, and our work is far from over: in San Francisco, alarmingly, fewer than two-thirds of our incoming kindergarteners demonstrate necessary academic and social skills that lead to reading and math proficiency by 3rd grade.

First 5 San Francisco has published several kindergarten readiness reports over the past decade highlighting areas of concern that disproportionately and consistently demonstrate racialized outcomes: 1) childhood obesity remains a serious public health threat; and 2) increases in food insecurity are significantly impacting children's ability to be kindergarten-ready.

To reverse these outcomes, we must work collaboratively with our county departments, school district, and community-based organizations to provide opportunities and resources to our vulnerable populations. This is why we are excited to learn that the Department of Public Health, as one of its goals for the SDDT, aims to support access to healthy and nutritious food.

First 5 San Francisco, the Department of Children, Youth and their Families, and Human Services Agency jointly invest in 26 neighborhood-based Family Resource Centers (FRCs). The FRCs provide comprehensive family support programming that aims to improve and strengthen families' ability to support their children's lifelong success.

One key activity at FRCs is a food bag distribution system, an important component to a food safety net that remains severely under-funded. Each week, FRCs distribute more than 1,000 bags (about 48,500 bags a year) of healthy food to needy families. This food distribution system includes fruits and vegetables and provides families opportunities to engage with cooking classes promoting nutrition. We recognize in order to impact childhood obesity and food insecurity, we must address a combination of structural inequities and environmental conditions that impede healthy living.

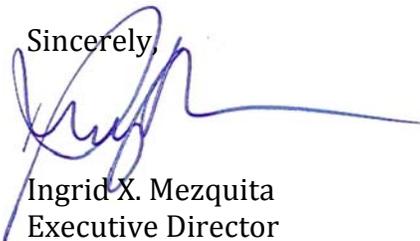
The FRCs are eager to provide families with much needed information and resources about healthy food options. However, many FRCs report that food bag distribution is resource-intensive and requires a cadre of staff and volunteers to coordinate. These efforts are currently undertaken without direct financial support for this purpose. Consequently, only a third of the FRCs sites participate in food distribution.

Food distribution at Family Resource Centers also increases the ability for families to access an array of other needed resources and supports, such as parenting activities, case management, and child development/school success activities. This relationship is formed with families via the food distribution, which helps bridge services and impacts longer term outcomes. Several FRCs provide services to individuals while they wait in line for a food bag.

We believe prioritization of SDDT short term unexpended funds and an ongoing baseline allocation makes sense for San Francisco children and families and urge your support.

We are your county partners in this effort and can present our findings to your group and provide additional information. Feel free to reach out should you have any questions about this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ingrid X. Mezquita', with a long horizontal flourish extending to the right.

Ingrid X. Mezquita
Executive Director



January 22, 2019

Sugary Drinks Distributor Tax Advisory Committee
Ms. Christina Goette
Community Health Equity and Promotion
25 Van Ness Ave., Ste. 500
San Francisco, CA 94102

Dear Sugary Drinks Distributor Tax Advisory Committee:

At your January 16, 2019 meeting, you heard public comment on how important weekly food pantries at Family Resource Centers (FRCs) are in assisting families in San Francisco. Food pantries associated with the First 5 San Francisco's FRC Initiative distribute 1,400 bags of food each week – 64,000 food bags each year. These efforts do not have dedicated funding support – creating a gap in our food safety net system. **The FRCs need \$500,000 annually to support a basic need in our City and urge you to allocate these funds from the Sugary Drinks Distributor Tax.**

Throughout the testimony, staff and families detailed how food pantries at FRCs facilitate social and service connections for families – breaking social isolation and providing access to other resources, parenting, child development and other social service supports.

Family resource centers with food pantries are City-approved grantees selected through competitive bidding with multi-year awards in 2017. San Francisco residents consistently request city resources and services to be coordinated amongst departments to alleviate navigation complexities. This process would allow our departments to use a prior procurement as a sufficient basis for awarding the requested funds, with First 5 San Francisco acting as a conduit to grantees. First 5 has current inter-agency agreements with the Department of Children, Youth and Their Families and the Human Services Agency to co-fund the FRCs, and our online grant management system generates data to meet accountability and/or reporting requirements associated with the use of Sugary Drinks Distributor Tax.

I am happy to answer any questions you may have about the interagency agreement, grant contracting or monitoring practices of First 5 San Francisco. If needed, we can also meet with the Mayor's Budget Office to implement this approach. Feel free to reach me at (415) 437-4649 to further discuss these issues.

Sincerely,

Ingrid X. Mezquita
Executive Director



APPENDIX J

Data and Evidence Documents

The Data and Evidence Subcommittee conducted a review of the most recent Sugar-Sweetened Beverage (SSB)-related peer-reviewed articles by searching several databases (e.g. PubMed, Web of Science, PsycINFO, JSTOR). We included 17 peer-reviewed papers that focus on topics that are based on the SDDTAC priority categories (i.e. decreasing consumption of sugary drinks, increasing water consumption, oral health, health eating/food security, physical activity, community based participatory research) and priority populations (i.e. low-income, populations shown to be consuming sugary drinks at a high rate, populations disproportionately affected by diet sensitive chronic diseases). The peer-reviewed manuscripts ranged from SSB intake among children and racial/ethnic groups in the U.S.; the impact of SSB tax on other countries SSB tax; and, SSB and chronic disease risk. We concluded that the most recent literature supports the SDDTAC recommendations focusing on public education and awareness and increasing access to health alternatives.

For transparency, the Data and Evidence Subcommittee reviewed the following articles. Following this list are citations and abstracts.

1. Persistent disparities over time in the distribution of sugar-sweetened beverage intake among children in the United States.
2. Sugar sweetened beverages on emerging outdoor advertising in New York City.
3. Effect of Commercially Available Sugar-Sweetened Beverages on Subjective Appetite and Short-Term Food Intake in Boys.
4. The impact of the tax on sweetened beverages: a systematic review.
5. Social Networks and Sugar-Sweetened Beverage Consumption in a Pediatric Urban Academic Practice.
6. Assessing the impact of the Barbados sugar-sweetened beverage tax on beverage sales: an observational study.
7. The right to health of children and adolescents at stake.
8. Acculturation and sugar-sweetened beverage consumption among Hispanic adolescents: The moderating effect of impulsivity.
9. State Preemption to Prevent Local Taxation of Sugar-Sweetened Beverages.
10. Patterns of Beverages Consumed and Risk of Incident Kidney Disease.
11. Daily Intake of Sugar-Sweetened Beverages Among US Adults in 9 States, by State and Sociodemographic and Behavioral Characteristics.
12. Characteristics Associated with Household Purchases of Sugar-Sweetened Beverages in US Restaurants.
13. The Millennial Physician and the Obesity Epidemic A Tale of Sugar-Sweetened Beverages.
14. Added Sugar and Dental Caries in Children A Scientific Update and Future Steps.
15. A systematic review of strategies to reduce sugar-sweetened beverage consumption among 0-year to 5-year olds.
16. Child and Adolescent Sugar-Sweetened Beverage Intakes Are Longitudinally Associated with Higher Body Mass Index z Scores in a Birth Cohort Followed 17 Years.
17. Advertising Susceptibility and Youth Preference for and Consumption of Sugar-Sweetened Beverages: Findings from a National Survey.

- 1. Michelle A Mendez, Donna R Miles, Jennifer M Poti, Daniela Sotres-Alvarez, Barry M Popkin. Persistent disparities over time in the distribution of sugar-sweetened beverage intake among children in the United States. The American Journal of Clinical Nutrition, Volume 109, Issue 1, 1 January 2019, Pages 79 -89, <https://doi.org/10.1093/ajcn/nqy123>**

Abstract: Recent research suggests that sugar-sweetened beverage (SSB) consumption has been declining among US children aged 2–18 y. However, most studies focused on changes in mean intake, ignore high SSB consumers and do not examine intake among vulnerable groups and, including adolescents, low-income households, and several racial/ethnic minorities.

Objective: The aim was to estimate usual SSB intake from NHANES surveys from 2003–2004 to 2013–2014 to examine shifts at both the median and 90th percentile among US children, evaluating the extent to which intake disparities in total SSBs and subtypes have persisted.

Design: Children 2–18 y from NHANES 2003, 2005, 2007, 2009, 2011 and 2013. SSBs were all non-diet beverages sweetened with sugars including revising all beverages to as consumed status and excluding soy and dairy based beverages. The NCI usual intake method was used to estimate usual intake from two 24-hour recalls. A 2-part correlated model accounted for nonconsumers. Quantile regression was then used to examine differences in SSB usual intakes at the 50th and 90th percentiles by race-ethnicity, and examine interactions indicating whether racial-ethnic disparities in intake were modified by income.

Results: Despite considerable declines, children's SSB intake remains high, particularly among heavy consumers. Among adolescents, median SSB intake in 2013–2014 was on the order of 150–200 kcal/d, and heavy intake at the 90th percentile was on the order of 250–300 kcal/d. There were important disparities in intake that persisted over time. Although high household income was associated with lower SSB intake in non-Hispanic white (NHW) children, intakes of non-Hispanic black (NHB) and Mexican-American (MA) children from these households were similar to or higher than those from poor households. There were also large racial/ethnic differences in the types of SSBs consumed. The consumption of regular sodas by NHB children was somewhat lower than among MA and NHW children, whereas fruit drink intake was markedly higher.

Conclusions: Overall, these findings suggest that, despite recent declines, strategies are needed to further reduce SSB consumption, and particularly heavy intake, especially among NHB children where fruit drinks also are key source of SSBs.

- 2. Basch CH, LeBlanc M, Ethan D, Basch CE. Public Health. Sugar sweetened beverages on emerging outdoor advertising in New York City. 2019 Feb;167:38-40. doi: 10.1016/j.puhe.2018.10.014.**

OBJECTIVES: As a replacement for traditional phone booths, LinkNYC kiosks provide the ability to make free calls, connect to WiFi, and to charge electronic devices. These structures, which are supported by advertising revenue, are found in growing numbers on the streets of New York City (NYC). The purpose of this study was to determine the prevalence of sugar-sweetened beverage advertisements on LinkNYC kiosks.

STUDY DESIGN: Cross-sectional, observational.

METHODS: A total of 100 kiosks from a sample of 507 kiosks were randomly selected and observed in Manhattan, NYC.

RESULTS: A total of 2025 advertisements, including duplicates, were observed that included 347 (17.1%) viewed at 64 kiosks for non-alcoholic beverages. Over half (n = 206, 59.4%) featured beverages with added sugar. For the 206 beverages with sugar, the mean kilocalories and grams of sugar per serving were 149.90 (SD = 64.95, range = 90-300) and 35.04 (SD = 19.54, range = 17-81), respectively. Differences in the frequency of these 206 advertisements were examined by the median annual income quartile of the census tract where the kiosk was located, and no significant differences were observed, χ^2 (3, N = 206) = 3.09, P = 0.38.

CONCLUSIONS: As the NYC Department of Health and Mental Hygiene invests in efforts to reduce consumption of sugar-sweetened beverages, promoting these very products through new media controlled by the City does not seem well aligned with the goal of improving dietary intake of citizens.

3. Poirier KL, Totosy de Zepetnek JO, Bennett LJ, Brett NR, Boateng T, Schwartz A, Luhovyy BL, Bellissimo N. Nutrients. Effect of Commercially Available Sugar-Sweetened Beverages on Subjective Appetite and Short-Term Food Intake in Boys. 2019 Jan 26;11(2). pii: E270. doi: 10.3390/nu11020270.

It is unclear whether sugar sweetened beverages bypass regulatory controls of food intake (FI) in boys. The objective of the present study was to determine the effects of isovolumetric preloads (350 mL) of a fruit-flavoured drink (154 kcal), cola (158 kcal), 1% M.F. chocolate milk (224 kcal), and water (0 kcal) on subjective appetite and FI in boys aged 9-14 years. On four separate mornings, boys consumed one of the preloads in a random order; subjective appetite was measured at 15 min intervals, and FI was measured via an ad libitum pizza lunch at 60 min post-beverage consumption. In the 32 boys (age: 11.8 ± 0.3 years), FI was reduced (p < 0.001) after cola (940 ± 46 kcal) and chocolate milk (878 ± 41 kcal) compared with the water control (1048 ± 35 kcal) and after chocolate milk compared to the fruit drink (1005 ± 44 kcal). Cumulative FI after the fruit drink was greater than the water control (1159 ± 44 vs. 1048 ± 35 kcal; p = 0.03). Average appetite was not affected by the treatment, but the cola treatment resulted in greater fullness (p = 0.04) and lower prospective food consumption (p = 0.004) compared with the fruit drink. In conclusion, chocolate milk and cola suppressed next-meal FI at 60 min, while fruit drink increased cumulative FI (beverage + next meal) over 60 min in boys. Results from this study suggest that beverage composition is an important determinant of FI suppression in boys.

4. Maite Redondo, Ildefonso Hernández-Aguado, and Blanca Lumbreras. The impact of the tax on sweetened beverages: a systematic review. Am J Clin Nutr 2018;108:548–563.

Background: Obesity has a serious impact on public health. Sugar-sweetened beverages (SSBs) are implicated in the obesity epidemic.

Regulation has been suggested as one approach to limit consumption. Objective: The aim of this study was to synthesize existing evidence related to the impact of taxes on the consumption, purchase, or sales of SSBs.

Design: A systematic review was conducted by using MEDLINE through PubMed (<https://pubmed.ncbi.nlm.nih.gov/>), the Cochrane Library (www.cochranelibrary.com), the Web of Science (<https://login.webofknowledge.com>), and Scopus (www.scopus.com/search/form.uri?display=basic) in the period 2011–2017 for studies that analyzed the impact of fiscal regulatory measures on the consumption, purchase, or sales of SSBs. The quality of evidence was assessed according to the CONSORT (Consolidated Standards of Reporting Trials) and the

TREND (Transparent Reporting of Evaluations with Nonrandomized Designs) statements. Results: Of the 17 studies, 5 (29.4%) evaluated the impact of a tax on SSBs in naturalistic experiments by county or city in the United States and in Mexico. Findings indicated that purchases or sales of SSBs decreased significantly with taxation amounts of 8% (Berkeley, CA) and 10% (Mexico). One study found no effect on sales of SSBs in 2 states that enacted a 5.5% tax on sodas. Twelve (70.6%) studies were based on virtual or experimental conditions evaluating either purchasing behavior or sales (6 studies; 50.0%) or behavioral intent (6 studies; 50.0%), resulting in a decrease in either purchasing behavior or sales or intent behavior with heterogeneity according to the tax rate.

Conclusions: Taxation significantly influences planned purchases and increases the probability of the purchase of healthy beverages. SSB taxes have the potential to reduce calorie and sugar intake, but further research is needed to evaluate effects on diet quality. *Am J Clin Nutr* 2018;108:548–563.

5. Carol Duh-Leong & Sandra Braganza (2018). Social Networks and Sugar-Sweetened Beverage Consumption in a Pediatric Urban Academic Practice. *Behavioral Medicine*, DOI: 10.1080/08964289.2018.1534077.

Increased sugar-sweetened beverage (SSB) consumption is linked to childhood obesity. The risk of increased SSB consumption is multifactorial. Limited studies have examined children's SSB consumption and social networks. In order to examine the association between SSB consumption and SSB preferences of a child's social network, a cross-sectional survey was administered to patients aged 8–17 years from June to September 2016. In a questionnaire, subjects completed a beverage consumption recall, identified people important to them along with each person's favorite beverage, and answered questions about habits, environment, and attitudes. Subjects with higher SSB consumption (>16 fl oz) were compared to subjects with lower SSB consumption (16 fl oz). 202 surveyed: 55% female, 53% Hispanic, 45% Black, 28% overweight or obese. Children drank an average of 3 cups/day of SSBs, range of 0–15 cups/day. Social networks included caregiver, relative, and friend. Subjects with higher SSB consumption (n 1/4 96) were compared to those with lower SSB consumption (n 1/4 106). We found children with higher SSB consumption had higher odds of reporting a higher number of people in their immediate social networks who prefer SSB, adjusted for habits, environment, and attitudes (aOR 1.41; 95% CI: 1.02–1.99; p < 0.05). Children are more likely to have higher SSB consumption if they list people in their immediate social network who prefer SSB as their favorite drink. Further research is required to explore the influence of social networks on health behaviors of children.

6. Alvarado et al. Assessing the impact of the Barbados sugar-sweetened beverage tax on beverage sales: an observational study. *International Journal of Behavioral Nutrition and Physical Activity* (2019) 16:13. <https://doi.org/10.1186/s12966-019-0776-7>.

Background: The World Health Organization has advocated for sugar-sweetened beverage (SSB) taxes as part of a broader non-communicable disease prevention strategy, and these taxes have been recently introduced in a wide range of settings. However, much is still unknown about how SSB taxes operate in various contexts and as a result of different tax designs. In 2015, the Government of Barbados implemented a 10% ad valorem (value-based) tax on SSBs. It has been hypothesized that this tax structure may inadvertently encourage consumers to switch to cheaper sugary drinks. We aimed to assess whether and to what extent there has been a change in sales of SSBs following implementation of the SSB tax.

Methods: We used electronic point of sale data from a major grocery store chain and applied an interrupted time series (ITS) design to assess grocery store SSB and non-SSB sales from January 2013 to October 2016. We controlled for the underlying time trend, seasonality, inflation, tourism and holidays. We conducted sensitivity analyses using a cross-country control (Trinidad and Tobago) and a within-country control (vinegar). We included a post-hoc stratification by price tertile to assess the extent to which consumers may switch to cheaper sugary drinks.

Results: We found that average weekly sales of SSBs decreased by 4.3% (95%CI 3.6 to 4.9%) compared to expected sales without a tax, primarily driven by a decrease in carbonated SSBs sales of 3.6% (95%CI 2.9 to 4.4%). Sales of non-SSBs increased by 5.2% (95%CI 4.5 to 5.9%), with bottled water sales increasing by an average of 7.5% (95%CI 6.5 to 8.3%). The sensitivity analyses were consistent with the uncontrolled results. After stratifying by price, we found evidence of substitution to cheaper SSBs.

Conclusions: This study suggests that the Barbados SSB tax was associated with decreased sales of SSBs in a major grocery store chain after controlling for underlying trends. This finding was robust to sensitivity analyses. We found evidence to suggest that consumers may have changed their behaviour in response to the tax by purchasing cheaper sugary drinks, in addition to substituting to untaxed products. This has important implications for the design of future SSB taxes.

7. Laura R. Piaggio. Sugar-sweetened beverages and sports sponsorship. The right to health of children and adolescents at stake. Arch Argent Pediatr 2019;117(1):e8-e13.

Advertising of unhealthy foods and beverages to which children and adolescents are exposed has been identified as a factor of great relevance in the genesis, expansion and persistence of obesity. This article deals with sports sponsorship by companies producing sugar-sweetened drinks and their influence on the preferences of hydration, purchasing, intention and consumption habits. It highlights the negative health consequences from the consumption of sugary drinks (soft drinks and sports beverages) and their association with obesity and risk of metabolic and cardiovascular diseases. There is a need to apply the legal principle of “best interests of the child” to demand the protection of the right to health, in line with the recommendations of international health organizations for the restriction of advertising of unhealthy foods and beverages targeted at children and adolescents.

8. Christopher M. Johansen, Kim D. Reynolds, Bin Xie, Jennifer B. Unger, Susan L. Ames. Acculturation and sugar-sweetened beverage consumption among Hispanic adolescents: The moderating effect of impulsivity. [Appetite Volume 134](#), 1 March 2019, Pages 142-147.

Consumption of sugar-sweetened [beverages](#) is a risk factor for [obesity](#). [Acculturation](#) to the United States (US) might increase sugar-sweetened beverage consumption among Hispanic adolescents, but few moderators of this relationship have been examined. This study examined the moderating influence of [impulsivity](#) on the association between acculturation and sugar-sweetened beverages. Hispanic adolescents (n = 154), 14–17 years, were identified and screened for eligibility through low-SES high schools and parents provided consent. Adolescents completed measures of acculturation using Unger's 8-item acculturation scale, impulsivity, and diet. [Multiple linear regression](#) was used to examine the main effect of acculturation and the interaction of acculturation with impulsivity on the diet outcomes: sugar-sweetened beverage consumption and percent of calories from sugar. Acculturation was positively associated with sugar-sweetened beverages ($\beta = 0.43$; $p < .05$). The interaction of acculturation x impulsivity was significant ($\beta = 0.42$, $p < .05$). Among youth who were more acculturated, those who were more impulsive consumed more sugar-sweetened beverages. Youth who were more

acculturated, but less impulsive consumed less sugar-sweetened beverages. Neurocognitive variables such as impulsivity may be important moderators of the influence of acculturation on dietary behavior. Targeted messaging strategies based on levels of acculturation and impulsivity might enhance the effectiveness of interventions designed to reduce the intake of sugar-sweetened beverages among Hispanic adolescents.

- 9. Erik Crosbie, Dean Schillinger, Laura Schmidt. State Preemption to Prevent Local Taxation of Sugar-Sweetened Beverages. Published Online: January 22, 2019. doi:10.1001/jamainternmed.2018.7770.**

Viewpoint - no abstract available.

- 10. Casey M. Rebholz, Bessie A. Young, Ronit Katz, Katherine L. Tucker, Teresa C. Carithers, Arnita F. Norwood and Adolfo Correa. Patterns of Beverages Consumed and Risk of Incident Kidney Disease. Clin J Am Soc Nephrol 14: 49–56, 2019. <https://doi.org/10.2215/CJN.06380518>.**

Background and objectives - Selected beverages, such as sugar-sweetened beverages, have been reported to influence kidney disease risk, although previous studies have been inconsistent. Further research is necessary to comprehensively evaluate all types of beverages in association with CKD risk to better inform dietary guidelines.

Design, setting, participants, & measurements - We conducted a prospective analysis in the Jackson Heart Study, a cohort of black men and women in Jackson, Mississippi. Beverage intake was assessed using a food frequency questionnaire administered at baseline (2000–2004). Incident CKD was defined as onset of eGFR,60 ml/min per 1.73 m² and ≥30% eGFR decline at follow-up (2009–13) relative to baseline among those with baseline eGFR ≥60ml/min per 1.73m². Logistic regression was used to estimate the association between the consumption of each individual beverage, beverage patterns, and incident CKD. Beverage patterns were empirically derived using principal components analysis, in which components were created on the basis of the linear combinations of beverages consumed.

Results - Among 3003 participants, 185 (6%) developed incident CKD over a median follow-up of 8 years. At baseline, mean age was 54 (SD 12) years, 64% were women, and mean eGFR was 98 (SD 18) ml/min per 1.73 m². After adjusting for total energy intake, age, sex, education, body mass index, smoking, physical activity, hypertension, diabetes, HDL cholesterol, LDL cholesterol, history of cardiovascular disease, and baseline eGFR, a principal components analysis–derived beverage pattern consisting of higher consumption of soda, sweetened fruit drinks, and water was associated with significantly greater odds of incident CKD (odds ratio tertile 3 versus 1 =1.61; 95% confidence interval, 1.07 to 2.41).

Conclusions - Higher consumption of sugar-sweetened beverages was associated with an elevated risk of subsequent CKD in this community-based cohort of black Americans.

- 11. Lundeen EA, Park S, Pan L, Blanck HM. Daily Intake of Sugar-Sweetened Beverages Among US Adults in 9 States, by State and Sociodemographic and Behavioral Characteristics, 2016. Prev Chronic Dis 2018;15:180335. DOI: <http://dx.doi.org/10.5888/pcd15.180335>**

We examined associations between sugar-sweetened beverage (SSB) intake — a chronic disease risk factor — and characteristics of 75,029 adults (≥18 y) in 9 states by using 2016 Behavioral Risk Factor Surveillance System (BRFSS) data. We used multinomial logistic regression to estimate adjusted odds

ratios for SSB intake categorized as none (reference), fewer than 1 time per day, and 1 or more times per day, by sociodemographic and behavioral characteristics. Overall, 32.1% of respondents drank SSBs 1 or more times per day. We found higher odds for 1 or more times per day among younger respondents, men, Hispanic and non-Hispanic black respondents, current smokers, respondents residing in nonmetropolitan counties, employed respondents, and those with less than high school education, obesity, and no physical activity. Our findings can inform the targeting of efforts to reduce SSB consumption.

12. Alyssa J. Moran, S.V. Subramanian, Eric B. Rimm, and Sara N. Bleich. Characteristics Associated with Household Purchases of Sugar-Sweetened Beverages in US Restaurants. *Obesity* (2019) 27, 339-348. doi:10.1002/oby.22380.

Objective: This study aimed to describe beverages purchased in restaurants among a nationally representative sample of US households.

Methods: Data were obtained from the US Department of Agriculture National Household Food Acquisition and Purchase Survey, 2012 to 2013. Survey-weighted multiple regressions assessed correlates of purchasing a sugar-sweetened beverage (SSB), purchasing a low-calorie beverage, and per capita beverage calories and grams of sugar among purchases from US restaurants (n = 14,669).

Results: Dining at a top fast-food chain (odds ratio = 1.9 [95% CI = 1.6, 2.3] vs. small chain or independent restaurants) and ordering a combination meal (2.8 [1.3, 3.3]) or from the kids' menu (2.1 [1.2, 3.4]) were positively associated with purchasing an SSB. Age (young adult and adolescent vs. older adult; 0.7 [0.5, 0.9] and 0.4 [0.3, 0.7], respectively), race (Black vs. White; 0.4 [0.3, 0.6]), ethnicity (Hispanic vs. non-Hispanic; 0.8 [0.6, 0.9]), and household food security (very low vs. high; 0.7 [0.5, 0.8]) were associated with purchasing a low-calorie beverage. Caloric beverage purchases contained the most calories and grams of sugar per capita when purchased by Hispanic and non-Hispanic Black adolescents.

Conclusions: US households purchase a considerable amount of SSBs from the nation's largest chain restaurants, particularly when combination meals or kids' menu items are ordered, and there are disparities by age, race/ethnicity, and household food security.

13. Holly Kramer and David Shoham. The Millennial Physician and the Obesity Epidemic A Tale of Sugar-Sweetened Beverages. *Clin J Am Soc Nephrol* 14: 4–6, 2019. <https://doi.org/10.2215/CJN.13851118>.

Editorial – no abstract.

14. Donald L. Chi, JoAnna M. Scott. Added Sugar and Dental Caries in Children A Scientific Update and Future Steps. *Dent Clin N Am* 63 (2019) 17–33. <https://doi.org/10.1016/j.cden.2018.08.003>.

Dental caries is the most common disease globally and among US children. The causal relationship between fermentable carbohydrates and caries was first documented in the scientific literature in the 1950s. The Vipeholm study underscored the importance of both frequency of sugar intake and the consistency of sugar consumed. Until this landmark set of publications, there was no scientific consensus on the link between sugar and caries.⁴ It is now widely accepted that excess intake of added sugars, defined as sugars found in foods other than grains, vegetables, whole fruit, and milk, leads to

dental caries and other systemic health problems, including obesity, diabetes, and cardiovascular diseases.

Despite decades of research on sugar as one of the main causes of dental caries, there are currently few evidence-based clinical strategies known to reduce excess added sugar intake in children.¹¹ The goal of this article is to present national data on the relationship between added sugar and dental caries in US children; identify the sociodemographic, behavioral, and social determinants of added sugar intake in children; review evidence-based strategies that reduce added sugar intake; provide clinicians with chairside strategies to address excess added sugar intake in patients; and outline unresolved challenges, opportunities, and next steps. The intent of this review is to advance the field through promotion of high-quality, evidence-based strategies and policies that address added sugar intake in children, which in turn are expected to prevent oral and systemic diseases, reduce health inequalities, improve quality of life, and address other consequences related to excess added sugar intake.

15. K. A. Vercammen, J. M. Frelief, C. M. Lowery, M. E. McGlone, C. B. Ebeling, S. N. Bleich. A systematic review of strategies to reduce sugar-sweetened beverage consumption among 0-year to 5-year olds. *Obesity Reviews* / Volume 19, Issue 11. <https://doi-org.ucsf.idm.oclc.org/10.1111/obr.12741>.

Objective - The objective of this study is to summarize evidence for strategies designed to reduce sugar-sweetened beverage (SSB) consumption among children aged 0 to 5 years.

Data sources - PubMed, Web of Science, EMBASE, CINAHL, ERIC, Cab Abstracts and the Cochrane Central Register of Controlled Trials are the electronic databases searched in this systematic review.

Study selection - Each included study evaluated an intervention to reduce SSB consumption in children aged 0 to 5 years, was conducted in a high-income country and was published between 1 January 2000 and 15 December 2017.

Data synthesis - Twenty-seven studies met the inclusion criteria. The primary intervention settings were healthcare (n = 11), preschool/daycare (n = 4), home (n = 3), community venues (n = 3) and other settings (n = 6). Overarching strategies which successfully reduced SSB consumption included (i) in-person individual education, (ii) in-person group education, (iii) passive education (e.g. pamphlets), (iv) use of technology, (v) training for childcare/healthcare providers and (vi) changes to the physical access of beverages. Studies were of moderate methodological quality (average score of 20.7/29.0 for randomized studies; 3.1/9.0 for non-randomized studies).

Conclusions - Evidence suggests that interventions successful at reducing SSB consumption among 0-year to 5-year olds often focused on vulnerable populations, were conducted in preschool/daycare settings, specifically targeted only SSBs or only oral hygiene, included multiple intervention strategies and had higher intervention intensity/contact time.

16. Teresa A. Marshall, Alexandra M. Curtis, Joseph E. Cavanaugh; John J. Warren, Steven M. Levy. Child and Adolescent Sugar-Sweetened Beverage Intakes Are Longitudinally Associated with Higher Body Mass Index z Scores in a Birth Cohort Followed 17 Years. *J Acad Nutr Diet*. 2019. <https://doi.org/10.1016/j.jand.2018.11.003>.

Background Sugar-sweetened beverages (SSB) are considered a risk factor for obesity.

Objective - The objective of the current study was to investigate associations between the predictors of beverage and energy intakes and mean adequacy ratios (MARs), and the outcome of body mass index (BMI) z scores, in a birth cohort using longitudinal models.

Design - This was a longitudinal analysis of secondary data.

Participants/setting -Participants in the Iowa Fluoride and Iowa Bone Development Studies with two beverage intake questionnaires completed between ages 2 and 4.7 years or 5 and 8.5 years or one questionnaire between ages 9 and 10.5, 11 and 12.5, 13 and 14.5, or 15 and 17 years (n1/4720); two food and beverage diaries completed between ages 2 and 4.7 years or 5 and 8.5 years or completion of the Block's Kids' Food Frequency Questionnaires at age 11, 13, 15, or 17 years (n1/4623); and anthropometric measures at the corresponding age 5-, 9-, 11-, 13-, 15-, or 17-year examination(s).

Predictors - Mean daily 100% juice, milk, SSB, water/sugar-free beverage, and energy intakes and MARs averaged over ages 2 to 4.7, 5 to 8.5, 9 to 10.5, 11 to 12.5, 13 to 14.5, or 15 to 17 years were predictors.

Outcome - BMI z score was the outcome.

Statistical analyses - Linear mixed models were fit for each beverage, energy, and MAR variable, with the beverage, energy, or MAR variable as the predictor and BMI z score as the outcome. Beverage models were adjusted for energy and MAR and baseline socio-economic status.

Results - SSB intake adjusted for energy intake, MAR, and baseline socioeconomic status was associated with BMI z score; each additional 8 oz SSB consumed/day throughout childhood and adolescence increased the BMI z score an average 0.050 units (95% CI 0.022 to 0.079; P1/40.001). Adjusted water/sugar-free beverage intake (0.026 units; 95% CI 0.006 to 0.046; P1/40.013) was modestly associated with BMI z score, while 100% juice (e0.001 units; 95% CI e0.059 to 0.057; P1/40.97) and milk (0.022 units; 95% CI e0.007 to 0.052; P1/40.13) intakes were not associated with BMI z scores.

Conclusions - Higher SSB intakes were associated with increased BMI z scores throughout childhood and adolescence in Iowa Fluoride Study participants. Public health initiatives targeting SSB consumption during childhood and adolescence remain relevant.

17. Nicole Gesualdo, Itzhak Yanovitzky. Advertising Susceptibility and Youth Preference for and Consumption of Sugar-Sweetened Beverages: Findings from a National Survey. Journal of Nutrition Education and Behavior Volume 51, Number 1, 2019. <https://doi.org/10.1016/j.jneb.2018.10.007>.

Objective - This study investigated variables that may mediate the relationship between advertising susceptibility and adolescent preference for and consumption of sugar-sweetened beverages (SSBs), with the goal of informing inoculation-based mitigation approaches grounded in media literacy and messaging resistance.

Design - The study utilized data from a nationally representative sample of US adolescents (ages 12–17 years, n = 1,657) from the National Cancer Institute's Family Life, Activity, Sun, Health, and Eating survey.