



San Francisco Department of Public Health

Dr. Grant Colfax
Director of Health

City and County of San Francisco
London N. Breed
Mayor

Sugary Drinks Distributor Tax Advisory Committee *Subcommittee: Data and Evidence (D/E)*

MINUTES

May 11, 2022 – 10:00AM

Join Via Zoom

<https://us02web.zoom.us/j/84896036077>

Meeting ID: 848 9603 6077

Join Via Phone: + 1(669) 900 6833

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

Order of Business:

1) **Call to Order / Roll Call** – 1 minute – Meeting called to order at: 10:19am

Present: Fahimeh Jamshidi, Saeeda Hafiz, Paige Kruza, Lizzie Velten, Seth Pardo, Irene Hilton, Kym Dorman, Diana Lau

Absent: Marna Armstead, Abby Cabrera

2) **Approval of April Meeting Minutes** – 3 minutes [discussion and action]

Delete subcommittee draft AliahThink tool process results, utilized as a learning process. Revise spelling of AliahThink tool throughout document.

Irene motions to approve minutes with revisions. Diana seconds. Minutes are approved. 3 votes.

3) **Review and Consideration of Agenda** – 2 minutes [discussion and action]

Delete agenda item 7

Saeeda motions to approve agenda with deletion of agenda item 7. Irene seconds. Agenda is approved.

4) **General Public Comment**- 10 minutes [discussion] - No Public Comment

5) **Housekeeping** – 5 minutes [discussion and possible action]

Staff shares that DPH has yet to provide guidance on in person meeting, SDDTAC meetings will continue to meet virtually.

Staff will begin working on document for budget category definitions in alignment with AliahThink Tool.



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DPH/CHEP Brach is in process of collecting community input for RFP process (healthy communities grants out of the SFPHF) for July 2023.

6) **SSB Data Presentation – Fahimeh Jamshidi** - 20 minutes [discussion and possible action]

Seth introduces Fahimeh Jamshidi, graduate student intern for the DPH Center for Data Science. Fahimeh presents the impact of SSB tax in SF from 2015 to 2019. Presentation summarizes the sales data for available vendors (pharmacies, mass merchandise stores, convenience stores and grocery stores between 2013 through the end of 2019). Data sources are from Information Resources, Inc. (IRI) and CA Health Interview Survey (CHIS).

Fahimeh shares SSB data and members provide the following feedback:

- Remove detail slide by drink type (mixed categories slide) for average volume sold and include detail in the presenter's notes instead
- Slides 8 and 9, side by side graphs to illustrate SSB and non SSB data to see the big picture; clarify time period, add to legend detail
- Slide 11: neighborhood data – explain that corner stores are not included as part of data set; use a different color other than grey, change to brighter color to illustrate that the work still needs to be done.
- Slide 13 – boba tea shops are not included in IRI data set; data based on scanner data and do not include smaller independent stores; disclose that data is not perfect and to repeat limitation at the beginning slide and at the end to remind viewers.
- Slide 14 - Limitations, state limitations up front to be clear and framing obesity slide with tax implementation line to stand out more.

Member suggests creating narratives as part of slide presentation such as boba tea, etc not included. Is there a way we can get info from distributors selling to specific stores not the end data but what is being sold to stores, etc. Staff share uncertainty on where to retrieve that data and it can be difficult to collect. Suggestion to have as a school project to find out where the stores are in proximity to schools. A relationship with Tax Collector will need to be built to try and retrieve that data.

Member suggests meeting with city administrator and co-chairs to discuss missing data issue to view the big picture about the health of SF. Need to explore and identify what the barriers are and strategize.

7) **Debrief of AliahThink Tool Subset Pilot SDDTAC Presentation** – 15 minutes [discussion and possible action]

AGENDA ITEM TABLED TO NEXT MEETING

8) **SDDTAC Definitions for Oral Health category and subcategories** - 20 minutes [discussion and possible action]

Updating definitions for categories for better understanding and clarification. Staff will be working with topic



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leads for definitions and will share with members once completed (member suggests having word count).

Members review existing oral health taskforces definition and revise – support existing oral health community task forces that incorporate diverse stakeholders for outreach, education and interventions to address the oral health needs of children in high cavity rate areas/populations. Follow data to direct resources to age/areas most impacted. Member suggests considering adding adult oral health, as taskforces conduct outreach to adults as well when speaking to parents.

Staff to separate definitions for oral health: sealants and school-based education and case management and review 2018 SDDTAC report description of oral health and to reach out to Cavity Free SF. Important to have project drive the definitions.

9) **Data Point Sharing** – 5 minutes [discussion and possible action]

Overall SSB data presentation was wonderful

10) **Proposed Agenda Items for June 8, 2022 Meeting** – 2 minutes [discussion and possible action]

- Kristen Kern – Irene to invite to provide overview of relationship of SSB and oral health
- Brainstorm speakers to invite
- Discuss strategies to work with Tax Collector
- Continue AliahThink Tool pilot or consider subsection for definition discussion

11) **Announcements** – 2 minutes

Saeeda –SFUSD kids being challenged to drink more water and fruit infused water, looking at post surveys

12) **Adjournment**

Irene motions to adjourn meeting. Saeeda seconds. Meeting is adjourned at 12:05pm.

PUBLIC COMMENT

General Public Comment: At this time, members of the public may address the SDDTAC Advisory Committee on items of interest to the public that are within the subject matter jurisdiction of the Committee but do not appear on the agenda.

With respect to agenda items, the public will be given an opportunity to address the Committee when the item is reached in the meeting. Each member of the public may address the Committee for up to three minutes.

The Brown Act forbids a Committee from taking action or discussing any item not appearing on the posted agenda, including those items raised at Public Comment. In response to public comment on an item that is not on the agenda, the Committee is limited to:

- Briefly responding to statements made or questions posed by members of the public, or
- Requesting staff to report back on a matter at a subsequent meeting, or



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- Directing staff to place the item on a future agenda. (Government Code Section 54954.2(a).) 10.

Each action item will hold public comment before a vote is made.

Explanatory documents are available at the 25 Van Ness Ave, Suite 500 during regular business hours. If any materials related to an item on this agenda have been distributed to the SDDTAC after distribution of the agenda packet, those materials are available for public inspection at the address above during normal business hours.

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415-554-7724 (Office); 415-554-7854 (Fax), E-mail: SOTF@sfgov.org

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Family Violence Council meetings are held in room 617 at 400 McAllister Street in San Francisco. This building is accessible to persons using wheelchairs and other assistive mobility devices.

Mayor's Task Force on Anti-Human Trafficking meetings are held in Room 305 at City Hall, 1 Dr. Carlton B. Goodlett



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SDDTAC Recommendations FY 22-23 and FY 23-24

| | FY 22-23 | % | FY 23-24 | % | Department Rx |
|--|--------------------|------------|--------------------|------------|---------------|
| COMMUNITY-BASED GRANTS | | | | | |
| Health education, food security, physical activity | \$3,000,000 | 28% | \$3,000,000 | 28% | DPH |
| Food As Medicine MediCal Waiver Program | \$250,000 | 2% | \$0 | 0% | DPH |
| CBOs working with SFUSD | \$305,000 | 3% | \$300,000 | 3% | DPH |
| TOTAL COMMUNITY BASED GRANTS | \$3,555,000 | 33% | \$3,300,000 | 31% | |
| SFUSD | | | | | |
| School Food, Nutrition Ed | \$1,170,000 | 11% | \$1,000,000 | 9% | DCYF/SFUSD |
| Student Led Action | \$535,000 | 5% | \$500,000 | 5% | DCYF/SFUSD |
| College Scholarships in Health | - | 0% | \$100,000 | 1% | DCYF/SFUSD |
| TOTAL SFUSD | \$1,705,000 | 16% | \$1,600,000 | 15% | |
| FOOD ACCESS | | | | | |
| Healthy Food Purchasing Supplement | \$1,540,000 | 15% | \$1,540,000 | 15% | DPH |
| Healthy Retail | \$190,000 | 2% | \$190,000 | 2% | OEWD |
| TOTAL FOOD ACCESS | \$1,730,000 | 17% | \$1,730,000 | 17% | |
| ORAL HEALTH | | | | | |
| Community task forces | \$455,000 | 4% | \$455,000 | 4% | DPH |
| School-based sealant application | \$350,000 | 3% | \$350,000 | 3% | DPH |
| School-based education and case management | \$200,000 | 2% | \$200,000 | 2% | DCYF/SFUSD |
| TOTAL ORAL HEALTH | \$1,005,000 | 9% | \$1,005,000 | 9% | |



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| INFRASTRUCTURE | | | | | |
|---|---------------------|-------------|---------------------|-------------|------------|
| Marketing/Promotion/Outreach | \$150,000 | 1% | - | - | DPH |
| Staffing/Research Support | \$800,000 | 8% | \$800,000 | 8% | DPH |
| TOTAL INFRASTRUCTURE | \$950,000 | 9% | \$800,000 | 8% | |
| WATER ACCESS | | | | | |
| Water Access - SFUSD | - | - | \$360,000 | 3% | DCYF/SFUSD |
| Water Access - Public Spaces | - | - | - | - | RPD/PUC |
| TOTAL WATER ACCESS | | | | 3% | |
| RECREATION & PARKS PHYSICAL ACTIVITY & WELLNESS | | | | | |
| Peace Parks | \$650,000 | 6% | \$650,000 | 6% | RPD |
| SVIP Funding – Peace Parks Transportation | \$225,000 | 2% | \$225,000 | 2% | RPD |
| REQUITY: Outreach, Scholarships, Equity in Recreation | \$800,000 | 8% | \$800,000 | 8% | |
| TOTAL RECREATION & PARKS | \$1,675,000 | 16% | \$1,675,000 | 16% | |
| BREASTFEEDING | - | 0% | \$150,000 | 1% | DPH |
| Total Proposed | \$10,620,000 | 100% | \$10,620,000 | 100% | |

| | Budget Descriptions: SDDTAC recommends investing in strategies that support mental health and wellbeing and workforce pathways for impacted/priority populations. |
|---|---|
| COMMUNITY-BASED GRANTS | <p>City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies:</p> <ol style="list-style-type: none"> 1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health 2. Physical Activity opportunities, including: a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Changes to the built environment (ie sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and walking and biking for utilitarian trips, sometimes referred to as active transportation 3. Food Security, including: a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; and d) Pursuit of institutional or local policies that facilitate food security. 4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing 5. Community Based Participatory Research |
| Food As Medicine MediCal Waiver Program | One time infrastructure and capacity building grants for community based food organizations to prepare them to contract with health plans, use medical coding and billing, share confidential |



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| | patient information, and other areas needed to access Medi-Cal funding for meals and groceries and nutrition services rendered. |
| CBOs working with SFUSD | Recommend 3% of all CBO funding go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOs should follow the guidelines above. |
| SFUSD | |
| School Food, Nutrition Ed | To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. |
| Student Led Action | Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action. Funding to also support adequate staffing for implementation. |
| Educational Investments | Educational investments across lifespan. Scholarships and other supports in higher education in health field for Priority Populations. |
| FOOD ACCESS | |
| Healthy Food Purchasing Supplement | Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. These funds should be RFPed out to CBOs and FBOs. Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; food that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/incentives, transportation and delivery and prepared foods. |
| Healthy Retail | Supporting small business to increase healthy food access in high risk and impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment. |
| ORAL HEALTH | |
| Community task forces | Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations. |
| School-based sealant application | Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. This should also support SFUSD dedicated oral health staffing. |
| School-based education and case management | |
| INFRASTRUCTURE | |
| Marketing/Promotion/Outreach | Funds to DPH/CBOs/Private media firms to support media and communications that include 1) grassroots, community-driven awareness campaigns about the intent of the SDDT and the |



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| | <p>impact of the allocated funds; 2) city-wide communications campaign highlighting the impact and importance of the SDDT; 3) communications materials for merchants; and 4) and communicate the harmful impact of sugary drinks and healthy alternatives. Examples include community-driven, messaging, print, online, and social media campaigns. This also includes regular communication to SF Board of Supervisors, Mayor’s Office, Board of Education and other elected officials via newsletters and other mechanisms.</p> |
| DPH Infrastructure | <p>A. Personnel</p> <p>1) Backbone staffing to support SDDTAC a. A program manager to provide backbone staffing to the SDDTAC, including: i) Staffing full committee and 3 subcommittees in compliance with Sunshine and Brown Acts; ii) Coordinating among city agencies and funded CBOs to promote collective impact; iii) Help guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline; and iv) Working with evaluation team to establish shared measurement practices b. Manage citywide/soda tax impact media. c. Manage development/production of SDDTAC Annual Report d. Manage SDDTAC biennial nominations process</p> <p>2) Staffing to support DPH SDDT implementation of community based grants a. Manage work of contractors, including: i) develop and implement CBO RFP process; ii) provide technical assistance for CBOs and merchants; iii) promote collective impact in coordination with SDDTAC backbone staff and City Agencies; and iv) work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance.</p> <p>3) Staffing to support research/evaluation of SDDT impact, including data purchases as necessary a. At least 1.0 FTE epidemiologist; b. Support data analysis for annual report; c. Manage data purchases; d. participate in development and implementation of SDDT evaluation</p> <p>B. Professional services including: i) technical assistance for funded CBO and FBO; ii) evaluation to develop framework and evaluate city agencies, CBO and FBO, and process evaluation from applicants, etc., iii) city attorney to provide ongoing technical consultation; iv) project management agency to offset fiscal intermediary costs.</p> <p>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p> |
| WATER ACCESS | |
| Water Access - SFUSD | <p>SFUSD water station installation. Also, invest in signage and art to 3 stations to pilot evidence-based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with art work/education and those without.</p> |
| Water Access - Public Spaces | <p>Public water station installation. Also, invest in signage and art to 3 stations to pilot-evidence based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with artwork/education and those without.</p> |
| RECREATION & PARKS PHYSICAL ACTIVITY & WELLNESS | |
| Peace Parks | <p>To support staffing and supplies, including healthy food, for Peace Parks programs in target populations.</p> |
| SVIP: Peace Parks Transportation | <p>Transportation for Peace Parks participants</p> |
| REQUITY: Outreach, Scholarships, recreation equity | <p>Requity offers free dynamic, engaging, and culturally-relevant recreation programming to youth under 18 living in shelters, foster care, public housing, or in housing developments. Through a combination of onsite and hyper-local program, coupled with extensive outreach, Requity</p> |



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| | increases access to and participation in RPD's existing programs and scholarships by educating and informing families on what RPD can offer them. |
| BREASTFEEDING | To fund a breastfeeding coalition to organize collective efforts across San Francisco to enable increased breastfeeding among Priority Populations. This coalition will mobilize action on policy, systems and environmental (PSE) changes to increase breastfeeding rates and duration, leveraging community strengths, and tackling structural barriers to reduce inequities to breastfeeding support. This would include funding for backbone support to: engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long term goals embedding in principles of equity; help align breastfeeding support services in San Francisco including hospital, outpatient, and community based services to improve access to breastfeeding support; and provide technical assistance to partnering agencies (such as child care centers and businesses with less than 50 employees) to operationalize and implement breastfeeding friendly policies and practices. Funding will also support community based organizations that are already supporting breastfeeding. |

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

ONGOING ADBACKS FROM FY 2017-2018

| PROGRAM | DEPARTMENT | DESCRIPTION | |
|--|------------|---|------------------|
| Food Security – Healthy Food Purchasing Supplement | DPH | 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. | 50,000 |
| Healthy Corner Store Retail | ECN | Promoting corner stores and markets to sell healthy products as opposed to sugary beverages, etc. | 60,000 |
| Food Security – Home Delivered Meals (HDM) | HSA | 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. | 477,000 |
| Food Security – Congregate Lunch Meals | HSA | Address current waitlist: Daily, hot, nutritious meals for seniors/adults with disabilities | 220,000 |
| Senior Fitness | HSA | Senior fitness programming at IT Bookman and George Davis | 200,000 |
| Congregate Meal Program | HSA | Congregate Meal Program A | 75,000 |
| Congregate Meal Program | HSA | Congregate Meal Program B | 75,000 |
| | | TOTAL | 1,157,000 |

*The Board of Supervisor's made a series of adbacks in the FY 17-18 budget. When the Board of Supervisors makes changes to the Mayor's budget, some of these changes are "adbacks" denoting the Board's decision to add funds back for a particular service. Adbacks become part of an agency's baseline budget.