



REQUEST FOR PROPOSALS (RFP) #06-2022

Sugary Drinks Distributor Tax 2023 SFUSD Healthy Schools Grants

Date: October 21, 2022

To: Organizations Serving SFUSD low-income schools (students, families, and/or staff)

From: San Francisco Public Health Foundation in partnership with the Wellness Policy Project at San Francisco Unified School District

Schedule of Events and Submission Deadlines

For questions about the solicitation procedures or documents, please contact:
 Executive Director, San Francisco Public Health Foundation
 EMAIL at sddt@sfphf.org | CALL at 415-504-6738
Information about this RFP can be found at <https://sfphf.org/sddtgrants> website

ACTIVITY	TIMES	DATES
RFP Issued		October 21, 2022
Questions due for Informational Session	By 12:00 noon	November 9, 2022
Info Session https://us02web.zoom.us/j/88658881224	2:00 pm	November 10, 2022
Voluntary Letter of Intent to Apply		December 1, 2023
Last day to ask questions	By 12:00 noon	December 9, 2022
Proposals Due	By 12:00 noon	December 20, 2022
Estimated Review and Notification Dates		
PHF/SFUSD Technical Review of applicants for eligibility		By December 31, 2022
Community RFP Panel Review		By February 15, 2023
Oral Interviews		By March 15, 2023
Award Notification sent out		By March 30, 2023
Project negotiations, MOUs developed and signed		By June 30, 2023
Initial Term for Funded Projects		July 1, 2023- June 30, 2026
* A summary of the Informational session will be posted on the website: https://sfphf.org/sddtgrants and e-mailed to those who submit e-questions and/or provide an email if they attend the informational session.		

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Sugary Drinks Distributor Tax 2023 Healthy Schools Grants Program – At a Glance

The SDDT 2023 SFUSD Healthy Schools Grants will fund **up to three (3) applicants** for **up to a total of \$270,000/year for at least three (3) years**; pending availability of funding. Grantees may be eligible for an additional two years (for a total of a 5-year grant), contingent on funding availability and meeting grant deliverables. Awards will fund a project implementation period from July 1, 2023 through June 30, 2026.

The [Wellness Policy Project's vision](#) is to make the *healthy choice the easy, most desirable choice*. Its mission is to *implement a framework to actively promote an environment that encourages and supports students, staff, families and communities to make healthy choices in alignment with [SFUSD's Vision 2025](#)*.

These funds are intended to impact health equity and to inspire innovative, school community-driven, school community-led, and student-centered with emphasis on possibly introducing student-led work in school year 2023 - 2024. Healthy Schools Grants will strengthen skills/build capacity in priority schools while delivering chronic disease interventions and making long term, sustainable changes that are health promoting, community building and equity focused. One goal of this RFP is to ensure funding to the school communities most impacted by sugary drinks and related health outcomes. The selection process will prioritize funding at least one application that meets the initial review criteria of 75 points and is a priority school in the Southeast Sector of SF. High Priority schools are based on percent of children using Free and Reduced school meals.

High Priority SFUSD Schools for SDDT Grants - As of: 10/02/2022

Site	Total Enrollment	Free/Reduced Meals
0453 BRET HARTE ES	281	89%
0714 MARSHALL ES	234	82%
0830 MALCOLM X ACADEMY	115	82%
0867 VISITACION VALLEY ES	254	81%
0614 HILLCREST ES	338	79%
0625 CARVER (GEORGE WASHINGTON) ES	101	79%
0760 REVERE (PAUL)	481	74%
0859 TENDERLOIN COMMUNITY	274	74%
0521 EL DORADO ES	145	73%
0507 DREW (DR. CHARLES R.) ES	208	70%
0616 HILLTOP SPECIAL SERVICES CENTER	94	70%
0651 O'CONNELL (JOHN) HS	513	70%
0742 DOWNTOWN HS	104	70%
0868 VISITACION VALLEY MS	326	70%
0757 JUNE JORDAN HS	201	60%
0853 MARSHALL (THURGOOD) HS	459	60%

Successful applicants will be required to implement chronic disease prevention initiatives that support healthy communities by delivering education/services/programs and/or implementing policy/systems (PS) level changes for priority populations identified herein. Organizations may serve multiple Priority Schools.

Program Service Categories

Applicants may apply for: (A) **Education, Programs or Services** AND/OR (B) **Policy/Systems changes**.

Applicants may respond and submit a proposal that includes both delivering programs *and* making long-term changes.

Eligible agencies:

- Applicants must have a demonstrated track record of reaching out to low-income populations who attend the priority schools located in the Southeast Sector of San Francisco who are currently on the free and reduced school meals list.
- Funding is restricted to non-profit community-, faith- or neighborhood-based organizations (CBO/FBO/NBO)
- If you are an agency that does not yet have a non-profit status, you may apply with a 501(c)3 nonprofit agency that will serve as a fiscal sponsor for your project.
- All CBOs/FBOs/NBOs and/or their fiscal sponsors applying for SDDT funds must have the administrative capacity to enter into a business subcontract/consultant agreement with PHF.

I. Introduction

The San Francisco Public Health Foundation (PHF) is soliciting proposals to support the San Francisco Unified School District (SFUSD) [Wellness Policy](#) Project San Francisco Sugary Drinks Distributor Tax Healthy Schools Grants Program. In 2016 San Francisco voted to place a one-penny per ounce tax on distributors of sugary drinks – called the Sugary Drinks Distributor Tax (SDDT) or “soda tax”. Some of the SDDT revenue is being directed to community organizations through this Request for Proposals. The SDDT holds potential to change the health status of our SFUSD student body most burdened by chronic diseases and the environments in which their health is shaped. The overall grant program is intended to:

- a. support long term sustainable changes that are health promoting, community building and equity focused
- b. support delivery of chronic disease prevention programs in public schools and the school’s surrounding community.
- c. help build strong community organizations with financial and technical support so that priority communities can successfully implement innovative, community driven and community led initiatives

SFPHF is releasing Soda Tax funds in 2 different Request for Proposal processes in October 2022:

- 1) This RFP: **2023 Healthy SCHOOLS RFP, issued by the SF Public Health Foundation**, is for agencies that are demonstrably connected to SDDT Priority Populations attending Priority Schools. Successful applicants will contract with the SF Public Health Foundation.
- 2) A second RFP being issued simultaneously, **2023 Healthy Communities Grants RFP, issued by the SF Public Health Foundation**, is for agencies with budgets less than \$1.5M that are demonstrably connected to SDDT Priority Populations. Successful applicants will contract with the SF Public Health Foundation.

FUTURE RFPs

1. **Food & Nutrition Security RFPs:** There will be additional RFPs that support food and nutrition security related funding in winter/spring 2022/23.
2. **Policy/Systems Change RFP:** *An SFDPH-issued Healthy Communities RFP* for non-profit agencies that are demonstrably connected to SDDT priority populations with the experience, infrastructure and support to contract directly with SFDPH in Fall 2023.

Each proposal must meet the necessary qualifications and service requirements set forth in this solicitation. This is a Request for Proposal (RFP) process. Whether a proposal meets these qualifications and service requirements will be determined through the Review and Selection Process described in Section III. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the Work as a result of being selected. The program information is further detailed in the Program Services Specifications in Section II.

II. Background Information and Priority Populations

SFUSD is working in collaboration with SF Department of Public Health and SF Public Health Foundation for this Request for Proposals. SDDT Healthy Schools grants are expected to change behavioral and health outcomes among Priority Schools located in the Southeast Sector of San Francisco who are currently on the free and reduced school meals list (table below) as described in the logic model that follows. The logic model describes in broad terms the types of activities this RFP is seeking; activities should be designed to address healthy eating and/or active living (HEAL). Applicants may also choose to address social determinants of health (SDoH) and can link how those SDoH impact HEAL. The Appendices offer additional information and intervention examples, but those interventions are listed as examples and are not a comprehensive list. We recognize that Applicants may have other strategies not included in this RFP – we expect that Applicants have strong understanding of what strategies will best benefit their communities. Applicants will be expected to work with at one or more of the priority schools located in the Southeast Sector of San Francisco who are currently on the free and reduced school meals list in **at least one of two Goal areas:**

1. Develop and Work Toward Policy/Systems Changes
and/or
2. Deliver Education, Programs and Services

The third Goal area, “Build Capacity and Develop Leadership, especially amongst students” is not required, but identifies some strategies that this RFP seeks to support. Capacity Building will be addressed in the implementation of the other two goal areas: building capacity and leadership is critical to creating long term, sustainable change.

SFDPH LOGIC MODEL

GOALS	ACTIVITIES	IMPACT
1. Change Policy & Systems (PS)	A. Communities develop, implement, monitor Healthy Eating/Active Living (HEAL) policies/system changes B. Address Social Determinants of Health (SDOH) e.g. transportation, safety, poverty, employment that support Healthy Eating/Active Living (HEAL) are incorporated into grant activities.	Eliminate Health Disparities ↓ sugary drink sales ↑ H ₂ O access ↑ Food security Improved Equity Outcomes ↑ Local hiring ↑ Workforce development Behavioral Outcomes ↓ sugary drink consumption ↑ H ₂ O consumption ↑ Fruit/veggie consumption ↑ Breastfeeding ↑ Physical Activity ↑ Mental Health Health Outcomes ↓ Chronic diseases - Dental caries - Heart disease - Hypertension - Stroke - Type 2 Diabetes
2. Deliver Education, Programs & Services	A. Provide programs/services that change knowledge, attitudes and behaviors B. Provide programs/services that increase access C. Provide programs/services to support priority populations with disproportionate chronic disease burden	
3. Build Capacity & Develop Leadership	A. Provide incentives/technical assistance to support HEAL PS changes B. Provide Training of Trainers (ToT) to train community leaders on HEAL related topics so they can educate their community members in culturally relevant approaches C. Prepare Diverse Community Health Workers /Promotoras. Support topic-specific, cross-training and system navigation; job placement (certificate program for nutrition assistants, physical activity instructors, lactation, CHW certification program, sign up eligible WIC/SNAP residents)	

Determining Priority Schools

Did you know that where you live (by zip-code) can predict your health status? The environments we are born in, grow up in, and live in have proven to either support or hinder our health. Students spend anywhere from 6 to 12 hours a day in a school environment, which is why SFUSD engages the Wellness Policy to implement the Whole School, Whole Community, Whole Child ([WSSC](#)) model. Using evidence-based data, we aim to foster health and well-being within the educational environment for all students. Here at San Francisco Unified, we have committed to creating more school environments where the healthy choice is the easy, most-desired choice, particularly focusing on our most vulnerable youth: African-American students with academic achievement and health disparity gaps and in schools where there is a high percentage of families in need of free and reduced school meals.

The [Centers for Disease Control and Prevention](#) (CDC) links the following health conditions to frequent sugary drink intake: obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities. In 2018, the SDDTAC and SFDPH identified priority populations based on sugary drink consumption and health disparities data. Because COVID-19 disproportionately impacted the same Priority Populations that were identified in the 2019 RFP, SFDPH/SFPHF are continuing to prioritize the same racial/ethnic populations in the other RFP concurrent to this one because the epidemic exacerbated existing health disparities.

With 3 year terms (with the possibility for up to 5 year terms), applicants may choose to work across the [Spectrum of Prevention](#) to deliver *both* education/services/programs *and* address policy/systems level (PS) changes that make the healthy choice the affordable, accessible, easy, delicious, safest, default, etc. choice. Whereas proposals that span the Spectrum of Prevention are preferred, interventions that are *either* education/services/programs *or* policy/system level (PS) changes also meets the requirements of this RFP.

Applicants are encouraged to submit student (or student-led) project based learning interventions in their proposed chronic disease and healthy eating/active living interventions in their work plan and project focus. ***Applicants are NOT expected to offer services in every Goal or Activities area outlined in the logic model above.***

This RFP is designed to ensure funding to the communities most impacted by sugary drinks and related health outcomes. The selection process will prioritize funding at least one application that meets the initial review criteria of 75 points for a high priority school in southeast section of the San Francisco.

ADDRESSING HEALTH EQUITY AND DISPARITIES

Eliminating chronic disease health disparities and improving equity outcomes are the ultimate, long-term impacts that SFUSD, SFDPH, PHF and the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) are working toward. We expect that the interventions Applicants propose will move us toward those long-term goals.

In its recommendations, SDDTAC provides guiding principles for community-based grants; those principles align with the public health approach and are embodied in the values and pillars described below. This RFP will ask how your intervention/s aligns with these values and strategic pillars.

Values (why we do this work)

Health Equity: Achieving optimal health for populations suffering from health disparities by addressing some of the social determinants of health - including racism, poverty, employment - is critical to achieving health equity.

Eliminating Disparities: Eliminating chronic disease health disparities, especially those found among our Black/African American, Latinx, Pacific Islander, Native American/Indian and Asian populations, are our priority focus because these populations are targeted by the sugary drink industry and suffer from chronic diseases disproportionately.

Helping Communities Contend with Chronic Disease: Redress existing chronic disease harms inflicted as a result of oppression, systemic gaps and bias by supporting those with chronic diseases and prioritizing communities that have been harmed to help heal and prevent others from falling ill.

Strategic Pillars (how we do this work)

Make Community-Informed, Community-Developed Investments in Affected Communities: SFDPH values the expertise of community members and organizations: organizations rooted in the community know best how to reach their populations. For example, leveraging Healthy Eating/Active Living or HEAL-focused SDDT funds to address social determinants of health through workforce development and community building responds to the calls by community to 1) build individual and community capacity and 2) return/keep the investment within affected communities.

Use Evidence Throughout the Grant Process: Practice-, research- and evaluation-informed programs will address inequities in access, opportunities and health outcomes. SFDPH commits to supporting community groups to expand collective understanding of effective interventions through community and practice-based programs and evaluation of those programs. SFDPH uses a Results Based Accountability® framework and will partner with funded community and city agencies to create community-informed, transparent evaluations to 1) support effective interventions; 2) ensure ongoing learning through quality improvement processes; and 3) incorporate community wisdom and evidence into the knowledge base. *Applicants will not be scored on the evaluation element of their proposal as the contracted evaluation provider will provide evaluation support to SFDPH and funded organizations.*

Build Learning Communities and Collaborative Partnerships: SFDPH commits to creating a learning community of funders, community organizations and city agencies, program participants and evaluators to learn from one another, to build high quality interventions and strong community organizations in the interest of collective impact and promoting positive outcomes.

Primary and Secondary Prevention and Systems Changes: Primary and secondary prevention programs – like those that provide Healthy Eating/Active Living, chronic disease prevention, and wellness services – coupled with policy, systems and environmental level approaches to address chronic disease disparities create a comprehensive set of solutions across the [Spectrum of Prevention](#). Funds are not designed for health care services but can support priority populations already suffering from chronic diseases, or support programs that partner with health clinics.

PREVENTING CHRONIC DISEASES AND REDUCING IMPACTS OF SUGARY DRINKS

San Francisco has epidemic levels of chronic diseases like diabetes and heart disease among Black/African Americans, Latinx, Pacific Islanders, Native Americans and Asians; these diseases burden the Black/African

American and Latinx populations the most. In addition to *preventing* chronic diseases, these funds are intended to support priority populations suffering from diet-sensitive chronic diseases and to redress the systemic and structural inequities that contributed to the diseases in the first place.

With SDDT revenues, PHF is seeking applications that will create environments to make healthy choices accessible and support SF residents to eat healthy and be physically active. The focus of SDDT revenues is on decreasing sugary drink consumption, preventing and mitigating chronic diseases as well as promoting and supporting healthy eating/active living. The science indicates that sugary drinks lead to:

- **weight gain for children, youth and adults** leading to **obesity, heart disease, etc.**
- increased risk and complications for chronic diseases like **diabetes, heart disease**
 - o spikes blood sugar level which increases complications for those living with diabetes,
- **cavities and oral health problems**

Eating fresh fruits and vegetables, drinking water (**healthy eating**), and regular physical activity (**active living**) can protect against the negative impacts of sugary drinks.

Behavior change, however, is not the end goal, because social, political, and economic environments are important drivers in our individual and collective health and well-being.

Changing the environments in which people live, work, learn, worship and play is vital to creating long term solutions. Chronic diseases, poverty, structural and individual racism, violence, Adverse Childhood Experiences (ACES) can also contribute to trauma and stress levels, which also influence health outcomes and health behaviors, like drinking sugary drinks, and make it more difficult for people to succeed in healthy behaviors. Grantees will be asked to consider how Social Determinants of Health (poverty, education, employment, racism) can be impacted through funded programs.

Policy/systems (PS) work to create environments that support healthy eating/active living for the long term. SFDPH has a history of supporting Community Action Model (CAM) grants that work to make PS changes (see [this site](#) for more info). PHF will fund CAM grants through this RFP.

As briefly documented above, preventing and mitigating chronic diseases is complex. This RFP attempts to acknowledge this complexity and turns to community groups to help define, develop and implement solutions both at the individual and community (or PS) levels.

Leveraging Impact

Because preventing/mitigating chronic diseases and decreasing sugary drinks consumption touches on complex, interrelated issues; a single effort or program cannot solve the issues that influence them on their own. Applicants are encouraged to work with other SDDT-funded programs (a listing of SDDT-funded programs can be found in the [SDDTAC 2019 Annual Report](#), starting on page 108) and/or build on the work of other coalitions, task forces, race/ethnic affinity groups, neighborhood groups, transportation initiatives, etc.

III. Sugary Drinks Distributor Tax Healthy Schools Grants Overview

These grants are designed for agencies with demonstrated capacity to reach SFUSD’s priority schools, especially located in the Southeast Sector of San Francisco who are currently on the free and reduced school meals list.

AGENCY ELIGIBILITY

- **Experience working in schools**
- Applicants must have a demonstrated track record of reaching priority populations, either in the schools or in the communities, and those most impacted by sugary drink consumption. Applicants will be asked to describe how their past work was successful in serving Priority Population/s. Applicants need not be experts in chronic disease prevention or healthy eating/active living (HEAL) programs but must demonstrate expertise and experience reaching Priority Populations.
- Funding is restricted to non-profit community-, faith- or neighborhood- based organizations (CBO/FBO/NBO).
- If you are a community, neighborhood, faith-based group that does not have non-profit status, you may apply with a 501(c)3 nonprofit agency as a fiscal sponsor.
- All CBOs/FBOs/NBOs and/or their fiscal sponsors applying for SDDT funds must have the administrative capacity to enter into a business subcontract/consultant agreement with PHF.

Ineligibility:

Agencies that accept funding from or have an affiliation or contractual relationship with a national/international sugary drinks beverage corporation, any of its subsidiaries or parent company during the term of the contract cannot be funded through this solicitation. City and County of San Francisco agencies or departments, government agencies, or educational institutions are not eligible to apply for funding under this RFP but may be listed as a partner in a grant.

CONTRACT TERM & FUNDING AMOUNTS

The 2023 SDDT Healthy Schools Grants will fund up to 3 applicants. The total annual amount available in this RFP is \$270,000 each year over the course of three years. The minimum available per year is 90,000 per agency, and the maximum annual budget is \$270,000 per year (if only one organization is selected).

Funding for each year is contingent on renegotiation, availability of funds, and successful completion of annual deliverables. Grantees may be eligible for an additional two years (for a total of a 5-year grant), contingent on funding availability and meeting grant deliverables. Awards will fund a project implementation period that will run from approximately July 1, 2023 - June 30, 2026. Contracts resulting from this solicitation are anticipated to begin July 1, 2023.

Program Service Categories – your application may include activities one category or in both categories

- A. Chronic Disease Prevention Education, Programs or Services
and/or
- B. Chronic Disease Prevention Policy/Systems changes

Applicants may incorporate multiple topics (like physical activity, nutrition, water access and/or staff wellness) or focus on one element of chronic disease prevention or healthy eating/active living.

SFUSD’s priority schools are schools who are currently on the free and reduced school meals’ list, especially located in the Southeast Sector of San Francisco.

Highest Priority SFUSD School List for SDDT Grants		As of: 10/02/2022
Site	Total	Free and Reduced
	Enrollment	%
0453 BRET HARTE ES	281	89%
0714 MARSHALL ES	234	82%
0830 MALCOLM X ACADEMY	115	82%
0867 VISITACION VALLEY ES	254	81%
0614 HILLCREST ES	338	79%
0625 CARVER (GEORGE WASHINGTON) ES	101	79%
0760 REVERE (PAUL)	481	74%
0859 TENDERLOIN COMMUNITY	274	74%
0521 EL DORADO ES	145	73%
0507 DREW (DR. CHARLES R.) ES	208	70%
0616 HILLTOP SPECIAL SERVICES CENTER	94	70%
0651 O'CONNELL (JOHN) HS	513	70%
0742 DOWNTOWN HS	104	70%
0868 VISITACION VALLEY MS	326	70%
0757 JUNE JORDAN HS	201	60%
0853 MARSHALL (THURGOOD) HS	459	60%

All applicants must provide services to at least one of the priority schools listed above, otherwise, at a school that is on the priority school list of being at least 60% free and reduced population receiving school meals.

Because data are very limited on who is drinking sugary drinks and where sugary drink sales happen, SFDPH used health outcome data as a proxy, using the [Centers for Disease Control and Prevention](#) analysis of diseases most impacted by sugary drinks DPH is prioritizing overweight/obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities and gout.

Based on the [SDDTAC 2019 Data Report](#) and the understanding that COVID-19 further exacerbated existing health disparities, the racial/ethnic and low-income categories remain the same as in the previous RFP. In Spring 2022, SFDPH conducted community input focus groups during which many other populations were identified as being important to reach. To honor that input and in recognition of the

fact that consumption data have always been difficult to obtain (and are even more so now); applicants may propose a more narrow population and describe why this more specific group is being served; the rationale can be as simple as “over half the teens come to xyz program with 23oz cans of ice tea, sodas or boba, etc.” or it can include references to literature that indicate “xyz population is heavily marketed to by the industry.” Within the Priority Populations, applicants may focus on specific age groups; sexual orientation; immigration status; unhoused, etc. and are asked to provide rationale for those more specific populations.

Applicants need not be expert in the topics they propose to work on but must be open to technical assistance and capacity building provided by PHF and SFDPH to ensure activities are data- and science-based. SFDPH, PHF and the SDDTAC are keenly interested in supporting projects that will have impact and leave priority populations better off because of this funding.

See the table in Programmatic Appendices for intervention ideas. The table **does not** provide a comprehensive list of education/programs/services or policy/systems approaches. It simply gives some ideas. We expect applicants will have specific ideas based on their knowledge of the population/s to be served.

The www.SodaTax-SF.org website has descriptions of previously SDDT funded organizations in the “Programs” section.

IV. HEALTHY SCHOOLS GRANT APPLICATION (REQUIRED)

1. [Qualifications Statement](#)
2. [Proposal Narrative](#)
 - 2a. [Project Description](#)
 - 2b. [Organizational Capacity](#)
 - 2c. [Fiscal Agency Organizational Capacity](#)
3. [Workplan](#)
4. [Budget](#)

1. QUALIFICATIONS STATEMENT

- The Qualifications Statement form must be used as a cover page and can be found on the RFP website. The Qualifications Statement **must be signed by a person authorized to bind the Proposer** to the representations, commitments, and statement contained in the Qualifications Statement.
- Applications packages without a completed and signed Qualifications Statement will be disqualified.

2. PROPOSAL NARRATIVE – HEALTHY SCHOOLS GRANT – MAX 10 PAGES

Complete all areas of the narrative. Answer all questions in the order listed.

- The narrative includes:
 - 2A. Project Description
 - 2B. Organizational Capacity
 - 2C. Fiscal Agency Organizational Capacity (**ONLY for projects using a fiscal agent**)
- The Narrative **may not** exceed **10 pages** and must follow these parameters:
 - Times New Roman, 12-point font
 - One-inch margins
 - 1.5 spacing between lines

Review Panelists will not be provided materials past page 10

2A. PROJECT DESCRIPTION

Project Approach Answer all the following questions to describe the components of the proposed program.

1. **Provide a brief description about what kind of chronic disease prevention and interventions activities you will deliver.** You may work across both program service categories or select one:
 - A. Chronic Disease Prevention **Education, Programs or Services**
and/or
 - B. Chronic Disease Prevention **Policy/Systems changes**

Example: “Agency XYZ is seeking funding to implement a project that works across the Spectrum of Prevention delivering XYZ program; through XYZ program we will raise awareness among the program participants and engage them to make ABC changes to LMNOP system.”

2. **What is the goal of your proposed funded work?** This is a single sentence about what you expect will happen/change by the end of the grant period. Your goal statement should show up on your workplan too.
3. **What are you proposing to do in the first year?** The purpose of this question is a *brief* overview of your proposed work. What is your “elevator pitch;” that is, how would you describe your proposed work for the first year in a few minutes to a stranger?

EX: Using the YUMMY nutrition education curriculum, PROGRAM XYZ will run three 8-week nutrition education classes focusing on food justice, nutrition and cultural roots of food in the ABC population. As part of the classes, participants will learn how to cook healthfully for less time and money through hands on classes, field trips and speakers. Some participants will also be selected for further paid training so that they can deliver one-day workshops in their respective communities. We will also identify needed changes to the systems that make it hard for people to eat healthy and develop and implement a plan to work toward those systems or policy changes.

 - a) Please provide same information for years 2 and 3: What is your “elevator pitch;” that is, how would you describe what will happen in the second and third years in a few minutes to a stranger?
 - b) What will your project achieve over the three-year period? If all goes according to plan, what would you, your team and the community be able to brag about having accomplished?
4. **Who will your program serve, i.e. school grade levels?**
 - a) Describe the population and demographics that you plan to reach through this grant and how it matches the RFP’s priority population/s.
 - b) What is your agency’s history working with this/these priority population/s?
 - c) Describe your agency’s success with this/these population/s.
 - d) What challenges have you had working with/reaching your priority populations, and how have you addressed it/them?
 - e) How many people will you reach? If you are focusing on Policy/Systems change estimate how many people your proposed change would reach.
 - f) How often will they be reached? If you are focusing on Policy/Systems change estimate how often people your proposed change would reach.v
5. **Where will program activities take place?**
 - a) Briefly describe the school community and neighborhood, and how the environment (social, physical/built, fiscal, etc.) contributes to the issues related to healthy eating/active living or chronic disease prevention you plan to address. In addition to the neighborhood being served, describe where your work will take place.
6. **How will program participants benefit as a result of your programs/services?** The people that are participating in your programs or Policy/Systems Change work – how do they benefit?
7. **How will the community as a whole benefit? What will change?**
 - a) How will this work build community capacity beyond the scope of the specific programs or services, especially with students and schools?

- b) What benefits beyond addressing chronic disease or healthy eating/active living might this program achieve? (multi-generational, community driven, decrease isolation, improve mental health, decrease stress/trauma)
8. **Will you be able to partner with other organizations or build on/leverage other efforts/initiatives that are already in place?** If yes, please describe.
 9. **How will you evaluate the work?** Do you have systems in place? If not, describe what you would need to conduct the evaluation. **THIS QUESTION IS NOT SCORED.**
 10. **Describe the data or other information your organization relied on to choose the project.** That is, what evidence do you have that your proposed work is what the community wants and/or needs? How do you know your program will be effective? You can reference information in the appendices, information your group has collected, etc.

2B. ORGANIZATIONAL CAPACITY/ STAFF QUALIFICATIONS

Provide information on your organization's capacity and qualifications:

1. **A brief description and history of the organization.** Descriptions should include your organizational capacity (describe staffing, budget, ability to implement a grant like this) and resources, including facilities and equipment relevant to the application, to handle various funding levels and/or number of program projects. Describe how the SDDT funding supports the mission, vision, and goals of your agency, and how organizational values align with the values and pillars outlined in this RFP. *Some agencies may not yet have experience in chronic disease prevention work; for those agencies technical assistance will be provided in the topic areas they are developing.*
2. **Describe background, experience and qualifications of the current program staff that will be assigned to the proposed projects.** If they are not yet hired, please indicate so and describe the desired experience and skills for the position as well as your expected hiring process (when will it begin, how is outreach done, etc). If available, please provide resumes of staff expected to work on the grant activities.
3. Describe how your organizational leadership reflects the populations the CBO/FBO/NBO intends to serve; this includes Executive Director, President and/or Board membership.
4. **Provide a description of a past project that is similar to the aim of this RFP. How was the project, similar in size and scope and describe the priority population/s served.** Project descriptions should include:
 - o Overview of programs/projects;
 - o Populations and neighborhoods served;
 - o Programmatic achievements and outcomes;

If your group or organization doesn't have experience implementing projects yet, it's ok to say so. But be sure that you clearly describe in Section 2A how you plan to do your work. You can add more detail here.

2C. FISCAL AGENCY ORGANIZATIONAL CAPACITY/ STAFF QUALIFICATIONS

This section is only required for projects using a fiscal sponsor

1. **A brief description and history of the organization with respect to fiscal and contract management.** Descriptions should include the fiscal sponsor's organizational history and capacity to provide fiscal sponsorship and contract management.

2. Describe the fiscal sponsor’s professional background, experience and qualifications of the current staff that will provide fiscal management services.

3. WORKPLAN

Applicants must submit a workplan outlining key project goal, project objectives, and mapping out key activities. Download a workplan template here on the RFP website. Describe key objectives for your proposed 3-year project and the specific activities that must be taken to achieve your objectives. As a starting point, review the sample included to help you write SMARTIE objectives (Specific, Measurable, Achievable, Realistic, Time-oriented, Inclusive and Equitable) and specific activities. *By xx date, Agency XZY will implement a program that will ensure xxx, by doing xxx with xxx population. Participants will come xxx times a xxx. Participants/Community will provide input into the program on an xx basis. By the end of the program participants will be/have xxx. We will document these efforts by xxx.*

4. BUDGET

Please submit a 3-year proposed budget for 7/1/2023-6/30/2026 not to exceed \$250,000 a year. Please use the attached Budget Template, in Proposal Budget (use the Budget Forms located in on the RFP website) including Budget Justification to detail costs associated with this RFP. Please make sure Budget and Budget Justification is in alignment with Project Description. Applicants are required to submit a budget with their proposal that supports the three-year grant period.

- Applicants are asked to draft budgets and include any start-up costs (i.e. materials and supplies or equipment purchase, staff training).
- Any staff directly funded with SDDT funds must have a role in delivering proposed services and activities.

Budget template located on the [RFP Website](#) must be used

V. Proposal Scoring Criteria and Rating Scale

Proposals will be scored by a multidisciplinary panel comprised of community residents and city agency or community organization staff based on Proposal Scoring Criteria outlined in the Proposal Scoring table.

PROPOSAL SCORING Each question below, is scored based on the following point allocations, unless otherwise noted: 0=not at all 1=minimally 2=somewhat 3= very	MAX Pts
1. Project Description	15
a) How likely will the proposed project change policy/systems/environment or knowledge/attitudes/behavior (Depending on project selection)?	
b) How realistic/viable are the activities proposed?	
c) How likely is the proposed project to move participants toward desired Health or Behavior Impacts outlined in the logic model? OR if it's a policy/systems change how likely is the outlined process going to achieve a change.	
d) How likely is the proposed project to build community capacity and develop leadership within schools and students?	
e) How well does the proposal align with values and pillars outlined in the RFP? (health equity, disparities, redress past harm, school community-led and -informed, student-led and -informed evidence, primary/secondary prevention, etc.)	
2. Information/evidence underlying proposal	6
a) How well does the proposal include information documenting school community and district wants/needs these services?	
b) How well does the proposal demonstrate that it has potential to impact the desired outcomes of the Healthy Schools Grants?	
3. Populations served	15
a) How well do the proposed activities reach the RFP's priority population/s?	
b) How much experience does the agency have working with priority population/s?	
c) To what degree has the agency previously demonstrated success with priority population/s?	
d) To what degree is the number of people being reached reasonable in context of proposed budget and project activities?	
e) To what degree does the applicant demonstrate need among the populations it seeks to serve (especially if applicant seeks to serve a more focused community within the Priority Populations (like Latinx LGBTQ youth)	
4. Expected participant benefit	9
a) To what degree can changes to Knowledge, Attitudes or Behaviors be expected as a result of program participation? (consider how often participants will be reached, what skills or knowledge they will gain)	
b) To what degree is capacity built among community members participating in proposed activities? (cooking skills, physical activity participation, community based research, lactation, etc.)	
c) To what degree can program participation lead to any of the Health or Behavior "Impacts" described in the logic model?	

5. Expected benefit to community	15
a) How likely is it that the school community as a whole will see a benefit as a result of by this grant? For proposals working on policy/systems/environmental (PSE) level changes, how likely is it that those changes might be in effect as a result of the three-year grant?	
b) To what degree is capacity built in the school and neighborhood community and the district as a result of proposed activities? (Training/hiring local/neighborhood residents, community based research, working with policymakers, etc)	
c) How likely is it that there will be benefits beyond addressing chronic disease or healthy eating/active living (multi-generational, increased community capacity, decrease isolation, improve mental health, decrease stress/trauma)	
d) To what degree does the proposal leverage other existing initiatives?	
e) To what degree might the proposed activities address Social Determinants of Health? (CHW/Promotoras – peer-to-peer - workforce development; safety; activating outdoor space; etc.)	
6. ORGANIZATION QUALIFICATIONS	9
a) Programmatic capacity of organization to implement proposed program	
b) How well does the organization leadership reflect population it intends to serve	
c) Administrative capacity of organization/fiscal sponsor (contract management, fiscal management, etc)	
7. WORKPLAN 0=not at all; 1=not much; 2=a little; 3=somewhat 4=pretty well; 5= very well	15
a) How well does the workplan match the activities described in the narrative?	
b) How likely is that the goals, objectives and activities will lead to progress by the end of the year?	
c) How feasible is the proposed workplan?	
8. BUDGET. Rates are reasonable and budget is cost effective, justification is included and clearly explains expenses. Budget/Justification are in alignment with proposed program description. Budget should meet any capped rates as related to service, including, fringe benefits rate at 40% and indirect rate at 15% of direct expenses 0=not at all; 1=not much; 2=a little; 3=somewhat 4=pretty well; 5= very well	15
a) How well does the budget match the activities described in the narrative?	
b) How well does the budget justification explain expenses?	
c) To what extent is the budget reasonable and cost effective?	
9. OVERALL PROPOSAL (yes=1/no=0)	1
a) Does proposal meet RFP guidelines (attachments, formatting guidelines, length, etc.)	
TOTAL POINTS	100

VI. Submission Requirements

All forms are available for download at the PHF website at <https://sfphf.org/sddtgrants/>

A. DEADLINES AND DELIVERY LOCATION

PHF must receive complete Proposal Packages via email, as a single file, by the following deadline and at the email address listed below:

By: 12:00 Noon On: December 20, 2022

To: sddt@sfphf.org

Subject line: RFP #05-2022; Attn: San Francisco Public Health Foundation Executive Director

Applicants must submit proposals by email. Applicants will receive an email confirmation upon receipt of application package.

Proposals received after the deadline but within 24 hours may be accepted for extenuating circumstances at the sole discretion of the Executive Director of the San Francisco Public Health Foundation. Applicants that submit proposals within this grace period must provide a letter to the Executive Director explaining the extenuating circumstances by **12 noon on 12/20/2022**.

Decisions of the Executive Director to accept or reject the proposal during the grace period will not be appealable. If the proposal is accepted, the letter of explanation will be provided to the Technical Review Panel. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal. Email letter to sddt@sfphf.org, include "Late Submission Request" in the subject area.

A. APPEALS PROCEDURES

An appeal of the Notification Letter indicating their score from the Technical Review may be filed if the Proposer has reason to believe that there was a substantial failure by the PHF in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days after its receipt. All decisions are final. If you wish to appeal, prepare a written statement describing the procedural breach that is the reason for your appeal via email to Executive Director at sddt@sfphf.org with 'Appeal: RFP 05-2022' in the subject line. Protests made by mail, orally (face to face or by telephone), or by Fax will not be considered.

B. SOLICITATION PACKAGE DOCUMENTATION

The process requires submission of a proposal package consisting of the following documentation:

1. **Qualifications Statement and Cover Page** (Required Form; use as cover page)
To respond to this solicitation, an applicant must follow the submittal steps outlined in this Submissions Requirements Section, to include a Qualifications Statement along with a complete and assembled proposal package by the deadline cited below. The Qualifications Statement can be found in Appendix A-1 at <https://sfphf.org/sddtgrants/>. *This is the only form that can be used for the Qualifications Statement. Applicants that do not use this form will be rejected.*
2. **Proposal Narrative** (10 pages maximum)
3. **Workplan**

4. **Budget and Budget Justification** for the corresponding periods, by line-item, for projected expenses by agency or organization section (Required Form)

PHF must receive the required components (Qualifications Statement & Cover Sheet, Proposal Narrative, Workplan and Budget/Budget Justification) in a single file.

Additional pages beyond any limits specified will be eliminated before the proposal is reviewed. Only submit items that are listed above. For example, **do not submit** curricula or policies and procedures manuals. Anything submitted that is not on the list above will be discarded.

VII. Informational Session and E-Questions

The Public Health Foundation in collaboration with SFDPH will host an Informational Session to answer questions related to this RFP. You may submit your E-Questions by email prior to the Informational Session.

Dates/Period when E-Questions will be accepted:

Begin: October 21, 2022
End: December 9, 2022 by 12:00 PM / noon

All E-Questions are to be directed to the following e-mail address: sddt@sfphf.org. Please write “E-Questions RFP 06-2022” in the Subject line. PHF will compile and answer the questions in collaboration with SFDPH staff. The compilation of questions and answers will be returned by email to the questioners, distributed at the Informational Session, and will be available online at <https://sfphf.org/sddtgrants/>. All interested applicants are strongly encouraged to participate in the Informational Session, either via Zoom or in person.

PHF will host the Informational Session on the following date, time and location:

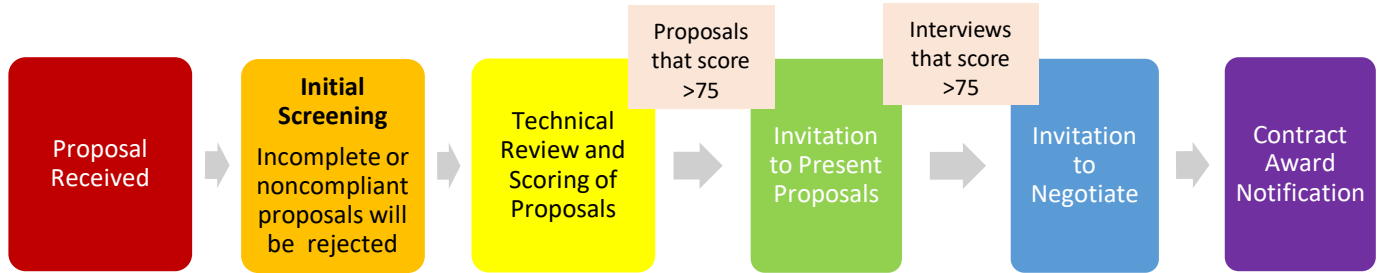
DATE: November 8, 2022
TIME: 2:00 pm
LOCATION: <https://us02web.zoom.us/j/88658881224>

Summary of the Informational Session will be sent by email to those who submit E-Questions by the deadline, attendees of the Informational Session who provide email addresses, and also be available online at <https://sfphf.org/sddtgrants/>

VIII. Proposal Review & Selection Process Summary

SELECTION PROCESS FOR ELIGIBLE APPLICANTS:

Proposals must meet a minimum score of 75 points or higher to be eligible to list as an “Eligible Applicant.” Status as an Eligible Applicant on this list does not guarantee immediate or future contract awards. PHF will invite Eligible Applicants to an oral interview to present their proposal for further evaluation and possible selection. PHF and DPH will interview invited Eligible Applicants. Submitted references may be contacted to verify experience. Final selections will be determined by proposals that best match the priorities of this RFP.



In the event that only one Proposal is submitted for this solicitation or for a specific category within this solicitation, PHF will determine the viability of entering into negotiations with that applicant.

If more than one Proposal is received, then the proposals will progress through the Review and Selection process:

- **Initial Screening:** Incomplete or non-compliant proposals that do not meet the submission requirements as outlined in Section IV will be rejected during Initial Screening.
- **Technical Review Panel:** Proposals that meet the submission requirements will be evaluated and scored by a technical review panel using the Scoring criteria in Section V, PHF will email Proposing Agencies a Notification Letter indicating their score from the Technical Review process.
- **Invitation to Present Proposals:** Proposals must meet a minimum score of 75 points or higher to be placed on an “Eligible Applicant” list. PHF in collaboration with SFDPH will invite Eligible Applicants to an oral interview to present their proposal for further evaluation and possible selection. Final selections will be determined by proposals that best match the priorities of this RFP, especially as it relates to Priority Populations and proposed interventions. In the Oral Presentation Review, the applicant will have an opportunity to present their proposed scope of services. In addition to scoring presentations, each panelist will make a recommendation to: Fund; Not Fund; Possibly Funding with Reservation. This recommendation will factor into final decisions.

PHF reserves the right to select the applicant who has demonstrated the ability to perform the services requested, and who will reach the Priority Populations and service needs. Receiving an invitation to the Oral Presentation does not obligate either the Department or the applicant to enter into a contract.

Oral Presentation SCORING Most questions are scored based on the following point allocations: 0=not at all; 1=minimally; 2=somewhat; 3=possible; 4= very likely; 5= most likely/definitely	MAX Pts
1. Project Overview	15
a) How likely will the proposed project change policy/systems/environment and/or knowledge/attitudes/behavior (Depending on project selection)?	
b) How likely is the proposed project to move participants toward desired Health or Behavior Impacts outlined in the logic model? OR if it's a policy/systems change how likely is the outlined project process going to achieve a change.	
c) How likely is the proposed project to build school community capacity and develop school community and student leadership?	
2. Populations served. Up to 10 points per question	20
a) How much experience does the agency have working with priority population/s?	
b) To what degree has the agency demonstrated success with priority population/s?	
3. Expected community member benefit	15
a) To what degree can changes to Knowledge, Attitudes or Behaviors be expected because of program participation? (consider how often participants will be reached, what skills or knowledge they will gain – whether it's a service or a policy/system change)	
b) To what degree is capacity built among school community members participating in proposed activities? (cooking skills, physical activity participation, community based research, lactation, etc.)	
c) To what degree will the program participants be better off as a result of these grant activities	
4. Expected benefit to community Up to 10 points per question	10
a) How likely is it that the school community will see a benefit as a result of by this grant?	
5. ORGANIZATION QUALIFICATIONS	15
a) Ability of organization to reach population	
b) Organization leadership reflects population it intends to serve	
c) Administrative capacity of organization/fiscal sponsor (contract management, fiscal management, etc)	
6. WORKPLAN	10
a) How likely will the goals, objectives and activities lead to progress by the end of the year?	
b) How feasible is the proposed workplan?	
7. BUDGET. Rates are reasonable and budget is cost effective, justification is included and clearly explains expenses. Budget/Justification are in alignment with proposed program description. Budget should meet any capped rates as related to service, including, fringe benefits rate at 40% and indirect rate at 15% of direct expenses	10
a) To what extent is the budget reasonable and cost effective?	
b) To what degree will does this budget directly support school community members in the priority population? (commitment to hiring; stipends for community involvement)	
8. Panelist Funding Recommendation:	5
“No”= 0 points; “With Reservation” = 1-3 points; “Yes” = 4-5 points	
TOTAL POINTS	100

Invitation to Negotiate: PHF will send an Invitation to Negotiate to applicants based on outcomes from Proposal Presentations, priority population distribution and RFP intervention priorities.

- **Contract Award Notification:** If the negotiation process is completed to the satisfaction of PHF, SFDPH and the Applicant, the Applicant will receive a notification letter indicating the negotiated services and funding amount.

One goal of this RFP is to ensure funding to the communities most impacted by sugary drinks and related health outcomes. The selection process will prioritize funding for at least one application that meets the initial review criteria of 75 points for each of the Race/Ethnic categories: Black/African American, Latinx, Pacific Islander/Native Hawaiian, Native Indian/Native American; Asian. If there is no application that is submitted and/or no application meets the 75 point minimum criteria for one of the Priority Populations, SFDPH and PHF reserve the right to withhold the funding.

IX. Standard Terms & Conditions for Receipt of Proposals

A. ERRORS AND OMISSIONS IN SOLICITATION

Proposers are responsible for reviewing all portions of this solicitation. Proposers are to promptly notify the PHF, in writing, if the Proposer discovers any ambiguity, discrepancy, omission, or other error in the solicitation. Any such notification should be directed to the PHF promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals.

B. INQUIRIES REGARDING THIS RFP

Technical or procedural inquiries regarding this solicitation, other than programmatic questions addressed at either an Informational Session or through the E-Questions procedure described in Section V, above, must be directed to PHF Executive Director at sddt@sfphf.org

C. OBJECTIONS TO RFP TERMS

Should a Proposer object on any ground to any provision or legal requirement set forth in this RFP, the Proposer must, not more 72 hours before the Proposal Deadline, provide written notice to PHF setting forth with specificity the grounds for the objection. The failure of a Proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. CHANGE NOTICES

PHF may modify the solicitation, prior to the proposal due date, by issuing Change Notices, which will be posted on the website at <https://sfphf.org/sddtgrants/>. The Proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the PHF prior to the proposal due date regardless of when the proposal is submitted. Therefore, the PHF recommends that the Proposer consult the website frequently, including shortly before the proposal due date, to determine if the Proposer has downloaded all Change Notices.

E. TERM OF PROPOSAL

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. REVISION OF PROPOSAL

A Proposer may revise a proposal on the Proposer's own initiative at any time before the deadline for submission of proposals. The Proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any Proposer.

At any time during the proposal evaluation process, PHF may require a Proposer to provide oral or written clarification of its proposal. PHF reserves the right to make an award without further clarifications of proposals received.

G. ERRORS AND OMISSIONS IN PROPOSAL

Failure by the PHF to object to an error, omission, or deviation in the proposal will in no way modify the solicitation or excuse the applicant from full compliance with the specifications of the solicitation or any contract awarded pursuant to the solicitation.

IX. Standard Terms & Conditions for Receipt of Proposals

H. FINANCIAL RESPONSIBILITY

The PHF accepts no financial responsibility for any costs incurred by a firm in responding to this solicitation. Submissions of the solicitation will become the property of the PHF and may be used by the PHF in any way deemed appropriate.

I. RESERVATIONS OF RIGHTS BY THE SAN FRANCISCO PUBLIC HEALTH FOUNDATION

The issuance of this solicitation does not constitute an agreement by the PHF that any contract will actually be entered into by the PHF. The PHF expressly reserves the right at any time to:

- Waive or correct any defect or informality in any response, proposal, or proposal procedure;
- Reject any or all proposals;
- Reissue a Request for Proposals;
- Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this solicitation, or the requirements for contents or format of the proposals;
- Procure any materials, equipment or services specified in this solicitation by any other means; or
- Determine that no project will be pursued

X. CONTRACT APPENDICES: Review and Selection Process

A. Initial Screening

Any proposal submitted without the required Qualifications Statement and a complete proposal package will be rejected without further review.

During the review process, any proposal that does not demonstrate that the Proposer meets [Eligibility Requirements](#) and Minimum Qualifications specified in the [Program Service Specifications, Section II](#), of this solicitation will be considered non-responsive and will not be eligible for further review or consideration.

B. Technical Review and Scoring of Proposals

The proposals will be reviewed and rated by (a) Technical Review Panel with expertise in the services required. This Technical Review Panel will be recruited with strict attention to ensuring that no conflict of interest exists related to any member of the panel and the anticipated proposals. The Technical Review Panel will review and score each proposal according to criteria outlined in the [“Program Service Specifications, Section II, E. Scoring Criteria”](#) of this solicitation. PHF will email Proposing Agencies a Notification Letter indicating their score from the Technical Review process on each proposal submitted.

C. Invitation to Present Proposals

Proposals must meet a minimum score of 75 points or higher in order to be placed on the “Eligible Applicant” list. Status as an Eligible Applicant on this list does not guarantee immediate or future contract awards. PHF will invite Eligible Applicants to an oral interview to present their proposal for further evaluation and possible selection. PHF and DPH will interview invited Eligible Applicants. Submitted references may be contacted to verify experience. Final selections will be determined by proposals that best match the priorities of this RFP, such as priority categories and priority populations.

D. Invitation to Negotiate

An Invitation to Negotiate with the PHF will be sent to applicants based on outcomes from Proposal Presentations and RFP priorities. PHF may recommend proposals from one or more Proposer to move forward for negotiation. During negotiations, any aspect of the proposal will be considered negotiable, including the budget, the services to be provided, and the priority population(s). Receiving an Invitation to Negotiate and entering into negotiations does not obligate either PHF or the applicant to enter into a contract; either party may decide to end the negotiations at any time for any reason. If the negotiations fail to result in a contract award in a reasonable period of time, the PHF reserves the right to invite another Proposer to negotiate or to issue another solicitation for the services. If upon execution of a subsequent contract, based on performance or other issues, the PHF needs to select another provider, another Proposer from the Eligible Applicant list that best matches **RFP priorities** will be invited to negotiate to provide the solicited services. If that Proposer refuses the offer, the PHF will continue to contact Proposers until the offer to provide the solicited services is accepted or the list is exhausted.

X. CONTRACT APPENDICES: Review and Selection Process

E. Contract Award Notification

If the negotiation process is completed to the satisfaction of both the applicant and the PHF in collaboration with SFDPH, the applicant will receive a notification letter indicating the negotiated services and funding amount.

The anticipated start date for contracts resulting from this solicitation is September 1, 2019.

Failure to negotiate the contract in a timely manner, or to furnish any and all certificates, bonds, or other materials required in the contract, shall be deemed an abandonment of the contract offer.

The PHF reserves the right to award a single contract or multiple contracts from the RFP; however, each agency will only be funded for up to one contract.

F. Stipulations

The issuance of this solicitation does not constitute an agreement by the PHF that any contract actually will be entered into by the PHF. The PHF reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue this solicitation;
4. Procure any materials, equipment, or services specified in this solicitation by any other means;
5. Ensure that all target populations are served and service requirements are met; and
6. Determine that no project will be funded.

In addition to the ability to provide the specified services, the applicant must comply with PHF contractual requirements, general SFDPH and City and County of San Francisco contractual requirements, including insurance requirements (Appendix A-3, Insurance Requirements), Standard Terms and Conditions for Receipt of Proposals (Section VI of this RFP), the Standard Contractual Requirements (Section VII of this RFP), and the SFDPH, Population Health Division, Community Health Equity and Prevention Branch's SDDT Program reporting requirements.

CONTRACT APPENDICES: SDDT GRANTEE REQUIREMENTS

SDDT GRANTEE REQUIREMENTS

The SDDT Healthy Schools Grants will fund applicants up to a total of \$270,000 over the course of three years, with a maximum of \$90,000 in any one year, pending availability of funding. Grantees may be eligible for an additional two years (for a total of a 5-year grant), contingent on funding availability and meeting grant deliverables. Funding for each year is contingent on renegotiation, availability of funds, and successful completion of annual deliverables.

Contracts resulting from this solicitation are anticipated to begin July 1, 2023.

ADMINISTRATIVE

1. Submit and maintain all required/specified documentation in accordance with contractual guidelines.
2. Complete and submit deliverables as required
3. Compile and submit semi-annual narrative reports every 6 months that include:
 - a. progress of the program with respect to its implementation;
 - b. achievement in meeting program objectives;
 - c. reasons for any difficulties in staying within timelines;
 - d. any barriers encountered and plans to address noted barriers.
4. Meet regularly with the PHF Program Liaison to discuss program progress.
5. Participate in program development activities coordinated by PHF; and

PROGRAMMATIC

1. Develop agency Wellness Policy or provide evidence of existing wellness policy and implementation thereof;
2. Build individual and/or organizational community capacity;
3. Participate in SDDT evaluation;
4. Participate in SDDT media campaigns as relevant;
5. Attend mandatory SDDT meetings, trainings, etc; and
6. Participate in quarterly Shape Up SF Coalition meeting or Food Security Task Force meetings or at least one other SF-based healthy eating/acting living or Social Determinants Of Health-related coalition

CONTRACT TERM & FUNDING AMOUNTS

The San Francisco Public Health Foundation (PHF) reserves the option to award initial contract(s) for original term(s) of three (3) years, with potential to extend to five (5) years. A contract or contract funding notice is not a guarantee of funding for a program or the continuation of services. Annual funding for contracts may vary or change according to the availability of funds and completion of deliverables. PHF reserves the right to re-open the solicitation to request additional proposals. Organizations may submit one proposal in the Community Based Grants Category. Awards will fund a 3-year project implementation period that will run from approximately July 1 2023 through June 30, 2026.

Awardees will negotiate a final Memorandum of Understanding (MOU), work plan and budget with San Francisco Public Health Foundation (PHF) and SFDPH staff. The MOU will further specify deliverables and ensure that the project meets all the requirements of the Program Administration agency, San Francisco Public Health Foundation, which serves as the contract holder. PHF will manage and distribute funds.

CONTRACT APPENDICES: SDDT GRANTEE REQUIREMENTS

It is anticipated that organizations will be funded for 3 years, with a possible extension to 5 years, contingent on successfully progressing in annual deliverables and the availability of funds. All organizations awarded a grant are required to renegotiate a contract for each subsequent year and will be invited to plan and implement an annual workplan.

Continuing funding is dependent on the availability of funds and/or successful completion of prior year deliverables. Grant funding is based on the conditions of the grant award. There are no guarantees of continued or annual funding.

Should additional funds become available after the release of this RFP or after awards from this RFP have been made, PHF reserves the right to allocate these additional funds as it deems appropriate according to program planning and service needs, including but not limited to adjusting the number and/or size of awards, supplementing awards from this RFP with additional funds during service periods, supporting PHF-delivered services, or issuing a new solicitation.

PLEASE NOTE:

Compliance with the SDDT Program Minimum Requirements and Agency Eligibility criteria will be assessed through the contents of the proposal. Any application that does not clearly document compliance with meeting minimum qualifications may be disqualified by PHF or SFDPH.

CONTRACT APPENDICES: Standard Contract Requirements

Standard Contract Requirements

A. STANDARD CONTRACT PROVISIONS (LEGAL AGREEMENT)

Upon award of a contract, the Proposer will be required to enter into and sign a legal agreement (“Agreement”) containing standard terms and conditions. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The PHF, in its sole discretion, may select another Proposer.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, the Minimum Compensation Ordinance; the Health Care Accountability Ordinance; the First Source Hiring Program; and applicable conflict of interest laws, as set forth in paragraphs B, C, D, E and F below.

B. NONDISCRIMINATION IN CONTRACTS AND BENEFITS

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the PHF from entering into contracts utilizing City funding with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the HRC’s website at www.sfgov.org/sfhumanrights.

C. MINIMUM COMPENSATION ORDINANCE (MCO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements.

For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

D. HEALTH CARE ACCOUNTABILITY ORDINANCE (HCAO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. FIRST SOURCE HIRING PROGRAM (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Administrative Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First

CONTRACT APPENDICES: Standard Contract Requirements

Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at www.onestopsf.org, under the “Employers” menu, and from the First Source Hiring Administrator, (415) 401-4960.

F. CONFLICTS OF INTEREST

The successful Proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful Proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful Proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful Proposer that the City has selected the Proposer.

G. HEALTHCARE INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A “Covered Entity” meaning an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.
- A Business Associate subject to the terms set forth in Appendix A-3 - Business Associate Addendum
- Not Applicable - Contractor will not have access to Protected Health Information.

H. Proposer's Obligations under the Campaign Reform Ordinance

Because contracts resulting from this funding announcement will be funded with City/County of San Francisco dollars, Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

“No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the

CONTRACT APPENDICES: Standard Contract Requirements

date the contract is approved by the City elective officer or the board on which that City elective officer serves.”

If a Proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the Proposer is prohibited from making contributions to:

- The officer’s re-election campaign
- A candidate for that officer’s office
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties: Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.

Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.

Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, Proposers should contact the San Francisco Ethics Commission at (415) 581-2300.

I. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors’ bids, responses to solicitations and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person’s or organization’s net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

J. Public Access to Meetings and Records

If a Proposer is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the Proposer must comply with Chapter 12L. The Proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to Proposer’s meetings and records, and (2) a summary of all complaints concerning the Proposer’s compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also

CONTRACT APPENDICES: Standard Contract Requirements

describe the disposition of each complaint. If no such complaints were filed, the Proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in Proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

K. Insurance Requirements

Upon award of contract, Contractor shall furnish to the SFPHF a Certificate or Certificates of Insurance, with applicable Additional Insured Endorsements, stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. Requirements are listed in Appendix A-5.

Appeals Procedures

An appeal of the Notification Letter indicating their score from the Technical Review may be filed if the Proposer has reason to believe that there was a substantial failure by the PHF in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days after its receipt. All decisions are final. If you wish to appeal, prepare a written statement describing the procedural breach that is the reason for your appeal via email to Executive Director at sddt@sfphf.org with 'Appeal: RFP 06-2022' in the subject line. Protests made by mail, orally (face to face or by telephone), or by Fax will not be considered.

XI. PROGRAMMATIC APPENDICES- Sugary Drinks & Chronic Diseases

Sugary Drinks and Chronic Diseases

A large body of evidence exists indicating that sugary drink consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension and heart disease. Although sugary beverages can contain hundreds of calories in a serving, they do not signal “fullness” to the brain and thus facilitate overconsumption. Sugary beverages are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.

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 sugar sweetened beverages (SSBs) to improve health. 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 are associated with the development of diabetes, cardiovascular disease, and other serious health problems. Of note, every additional sugary beverage consumed daily can increase a child’s risk for obesity by 60% and the risk of developing Type II diabetes by 26%.

Diseases connected to sugary beverages are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary beverages. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times higher than San Francisco’s overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinos and 73% of African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latino and African American children also have a higher prevalence than the average for cavities.

Detailed data guiding this work can be found in the SDDTAC [annual reports](#) which in turn relied on data from SF’s [Community Health Needs Assessment](#).

PROGRAMMATIC APPENDICES-Identifying Policy/System Change Strategies

The table below provides some ideas, it **does not** provide a comprehensive list of programs/services or policy/systems/environmental approaches – we expect applicants will have specific ideas based on their knowledge of the population/s to be served.

Category	Sample Education/Program/Service Strategies	Sample Policy/Systems/Environmental Strategies
Sugary Drinks/Water	<ul style="list-style-type: none"> <input type="checkbox"/> Programs and campaigns to reduce sugary drinks consumption/increase water consumption. <ul style="list-style-type: none"> <input type="checkbox"/> Campaigns engaging impacted communities <input type="checkbox"/> Develop an app/program to promote water and other healthy substitutes <input type="checkbox"/> Train staff/community to do community engagement at community events (ex: DPH’s Canzilla (20 ft. inflatable can of soda with “Type 2 diabetes” and a sugary drink consumption warning label) 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify/develop policies that decrease sugary drink marketing to children or policies that impact how beverages are sold and offered by retailers. <input type="checkbox"/> Monitor/enforce implementation of existing sugary drink policies: SFUSD wellness policy; prohibition on spending CCSF general funds on sugary drinks; etc. <input type="checkbox"/> Increase publicly accessible water stations and water breaks /access institutionalized in congregate settings (schools, meal sites, childcare, etc.) <input type="checkbox"/>
Healthy Eating and Food Security and Healthy Food Access	<ul style="list-style-type: none"> <input type="checkbox"/> Build capacity of community members to test water safety <input type="checkbox"/> Increase urban agriculture opportunities <input type="checkbox"/> Create linkages to oral health, free food, food vouchers, and other existing systems that can benefit community health. <input type="checkbox"/> Integrate a Community Health Worker career track for community leaders <input type="checkbox"/> Develop the ability of community members to lead supermarket tours, and/or conduct healthy cooking demonstrations <input type="checkbox"/> READY TO EAT healthy MEALS <input type="checkbox"/> Other innovative ideas of connecting healthy food and people 	<ul style="list-style-type: none"> <input type="checkbox"/> Support expansion of food programs that have existing wait lists. <input type="checkbox"/> Expand access to healthy food through after school meals, summer meals, meals in child care, congregate meals for seniors and people with disabilities, food pantries, free dining rooms, home delivered meals, food vouchers and other incentives to expand purchasing power, expansion of kitchens and food options for people living in SROs, <input type="checkbox"/> Ensure that food insecure San Franciscans and especially older adults, persons with disabilities, and pregnant and post-partum people have transportation and delivery options to improve their access to healthy food.
Active Living	<ul style="list-style-type: none"> <input type="checkbox"/> Develop the ability of community members to lead physical activity groups such as dance and movement, sports, yoga, walking groups, biking, etc. (Integrate a Community Healer career track for community leaders) <input type="checkbox"/> Build parent support for physical education in elementary schools or physical activity in early childhood education centers. For example, a project for parents to support classroom teachers in leading PE first thing in the morning. <input type="checkbox"/> Increase active transportation opportunities, such as walking or biking to school and/or work. 	<ul style="list-style-type: none"> <input type="checkbox"/> Create linkages to bike sharing systems and other active transit options <input type="checkbox"/> Develop and implement policy to prioritize low-income family registration for summer camp and other PA programming. <input type="checkbox"/> Influence changes to the built environment (ie sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and walking and biking for utilitarian trips <input type="checkbox"/> Pursuit of institutional or local policies that facilitate physical activity and active transportation (such as adequate PE time and instructors, commuter benefits for active transportation, etc) <input type="checkbox"/>

PROGRAMMATIC APPENDICES-Identifying Policy/System Change Strategies

<p>Awareness and Education</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Launch an educational campaign about diabetes management, sugar sweetened beverages reduction, oral health, and/or other chronic disease prevention efforts. Ex. Train staff/community on how to use DPH’s Canzilla (20 ft. inflatable can of soda with “Type 2 diabetes” and a sugary drink consumption warning label) at community events. <input type="checkbox"/> Create linkages to oral health, free food, food vouchers, and other existing systems that can benefit community health. <input type="checkbox"/> Other innovative ideas to increase awareness and education about HEAL related topics. 	<ul style="list-style-type: none"> <input type="checkbox"/>
<p>Lactation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Providing support for quality lactation in-person, phone/texting, or virtually by trained peer facilitators from communities with lower BF rates <input type="checkbox"/> Provide education and support to dads and other family support persons such as grandmothers of breastfed infants <input type="checkbox"/> Develop lactation resource Website to include where to get lactation support, lactation supplies, who to call with questions, map lactation spaces in the city etc. 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop SF Lactation Strategic Plan <input type="checkbox"/> Support implementation of SF Lactation Law <input type="checkbox"/> Provide workshops/trainings and technical assistance to small business specifically those that employ women of child bearing ages to implement a lactation accommodation program <input type="checkbox"/> Provide training to child care providers on caring for breastfed babies
<p>Community Assessment/ Community Based Participatory Research</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Learn about knowledge, attitudes and behaviors about sugary drink and water consumption in the priority communities <input type="checkbox"/> Explore Healthy Eating/Active Living strengths and opportunities in a priority population <input type="checkbox"/> Conduct a photo voice project on how healthy eating/ active living impact their community <input type="checkbox"/> Other innovative ideas of exploring community health and wellness <input type="checkbox"/> Research knowledge, attitudes and behaviors about sugary drink and water consumption in the priority communities 	<ul style="list-style-type: none"> <input type="checkbox"/>
<p>ORAL HEALTH</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Educate community that cavities (dental caries) are a chronic disease and how to prevent them. 	<ul style="list-style-type: none"> <input type="checkbox"/> Build capacity of community members to test and communicate about tap water safety. <input type="checkbox"/> Create linkages to oral health systems between priority populations.

Identifying PSE Changes/Interventions

Our evaluation partners, Raimi+Associates (R+A) developed the following guide for organizations interested in pursuing Policy and Systems changes as it relates to healthy eating and physical activity.

The following resources present different kinds of policy, systems, and environment changes to support health.

- https://www.changelabsolutions.org/sites/default/files/Sugary_Drink_Playbook_FINAL_20180906.pdf
- <https://www.changelabsolutions.org/product/marketing-matters>
- https://www.changelabsolutions.org/sites/default/files/Healthy_Retail_PLAYBOOK_FINAL_20160622.pdf
- http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf
- <https://action4psechange.org/about-pse-change/pse-examples/>
- <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

When deciding on a PSE change to pursue, it is critical to understand what policies already exist so your work can either strengthen what exists or focus on an entirely new type of change.

Connecting PSE Changes to Desired Health Outcomes

R+A linked 8 example PSE changes to 6 likely outcomes (which will vary somewhat depending on what specific PSE change/intervention is sought or achieved and what advocacy and implementation looks like for this change/intervention). The outcomes are outlined in the table below and the alignment between PSE changes/interventions and these outcomes are identified in the table after that.

Knowledge / Attitudes	Potential Outcomes Related to	
	Practices / Behavior	Built + Resource Environment
1. Increased community awareness of exploitative beverage industry marketing tactics targeting Latinx community	3. Reduced consumption of sugary drinks by Latinx residents of SF (all ages or a specific age group)	5. Reduced access to sugary drinks Increased availability of fresh fruits, vegetables, and/or water
2. Increased community awareness of negative impacts that sugary drink consumption has on Latinx health	4. Reduced purchasing/serving (and/or consumption) of sugary drinks by Latinx (likely focused on a specific group such as K-12 students or parents/caregivers)	6. Increased resources for culturally responsive community-based organizations

PROGRAMMATIC APPENDICES-Identifying Policy/System Change Strategies

The entities that might approve or implement each possible PSE change identified below are noted with letters that align with the lettering below).

- A. San Francisco Board of Supervisors
- B. Individual organizations or institutions (e.g., a church, community center)
- C. Individual businesses or store owners
- D. San Francisco government agency, department, or office (e.g., Office of Small Business, Environmental Health, Mayor’s Office of Economic & Workforce Development)

Types of PSE Change/ Intervention	Potential Outcomes Related to		
	Knowledge/ Attitudes	Practices/ Behavior	Built + Resource Environment
Requirements for labeling of sugary drink packaging and/or posting health information at sales locations ^{A, B, C, D}	2	3, 4	
Requirements related to advertising and signage on store premises (e.g., by cash register, on outside wall of store, in parking lot) for stores that sell sugary drinks ^{A, C}	2	3, 4	
Making sugary drinks less of an “easy” choice / reducing “impulse purchasing” opportunities (for example, restricting sugary drinks from being placed next to cash register, restricting restaurant discounts or coupons to add-on or increase size of fountain drink) ^{A, C}		3, 4	5
Reducing where sugary beverages are served or sold ^{B, D}		3, 4	5
Restricting the sale of sugary beverages by location ^{A, B, C}		3, 4	5
Restricting the sale of sugary beverages by age of person buying ^{A, B, C}	2	3, 4	
Information/education campaign ^{A, B, C}	1, 2, 3	3, 4	
Availability of or location of fresh produce within stores ^{A, C, D}		3, 4	6

Connecting Possible PSE Changes to Community Research Questions

Community research questions can include ones that:

- Can inform your strategy (i.e., how you work for the PSE change you decided to focus on)
- Can inform which PSE change you decide to focus on
- Can collect data point that quantifies existing inequities and/or that are likely to make an impact on decision-makers

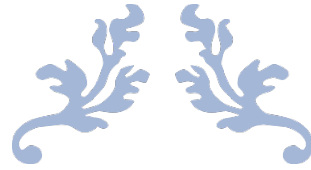
Question Focus	Community Survey
Biggest threats to health + health priorities for Latinx community	<ul style="list-style-type: none"> ➔ Help in deciding what PSE change best aligns with community interests, priorities ➔ Help in identifying messaging or strategy for advocacy that will resonate broadly

PROGRAMMATIC APPENDICES-Identifying Policy/System Change Strategies

Question Focus	Community Survey
Healthiness of SSBs	<ul style="list-style-type: none"> ➔ Shape strategy to advance PSE change related to increasing community awareness of harmful health impacts of SSBs, possible labeling or signage related PSE change ➔ Quantitative data point for possible use in advocacy
Electoral districts	<ul style="list-style-type: none"> ➔ Help in deciding scale, strategy for PSE change (e.g., focused on Board of Supervisors vs local churches and other organizations where community members hold birthday parties and other celebrations)
Water Access + Beliefs	<ul style="list-style-type: none"> ➔ Gather info that may be useful in education campaigns to support consumption of water instead of SSBs
Understanding of a sugary beverage	<ul style="list-style-type: none"> ➔ Shape strategy to advance PSE change related to increasing community awareness of harmful health impacts of SSBs, possible labeling or signage related PSE change
Awareness of SDDT	<ul style="list-style-type: none"> ➔ Shape strategy to advance PSE change related to increasing community awareness of harmful health impacts of SSBs, possible labeling or signage related PSE change
Beliefs related to beverage industry ads	<ul style="list-style-type: none"> ➔ Help in deciding strategy to advocate for PSE change and messaging to both mobilize and educate
Locations + Timing for SSB Consumption	<ul style="list-style-type: none"> ➔ Help in deciding what PSE change makes most sense given trends, shape strategy to advance PSE change related to reducing access to SSBs and/or increasing awareness of negative health impacts of SSBs
SSB Consumption and Purchasing	<ul style="list-style-type: none"> ➔ Help in deciding what PSE change makes most sense given trends, shape strategy to advance PSE change related to reducing access to SSBs and/or increasing awareness of negative health impacts of SSBs
Food resources access/ utilization	<ul style="list-style-type: none"> ➔ Shape strategy to advance PSE change related to increasing food access ➔ Quantitative data point for possible use in advocacy
Potential SSB-focused policy changes	<ul style="list-style-type: none"> ➔ Help in deciding what PSE change best aligns with community interests, priorities ➔ Opportunity to collect quotes supportive of specific PSE change(s) to use in advocacy
Survey respondent demographics	<ul style="list-style-type: none"> ➔ Help in deciding what PSE change and strategy (e.g., whether focused on reducing access for youth purchasing SSBs vs reducing parents purchasing or serving SSBs)

Sugary Drinks Distributor Tax: SFDPH Logic Model SDDT funded efforts will focus on building healthy equity and will inspire innovative, community-driven and community-led initiatives that will build capacity in affected communities while simultaneously delivering services and making long term sustainable changes that are health promoting, community building and equity focused. Grantees will also be asked to try to impact social determinants of health through the SDDT Healthy Communities Grants funded programs. Qualitative and quantitative data will be used for quality improvement and documenting SDDT impact.

Goal Areas	Activities see RFP for examples	Immediate Outcomes: 1 – 2 years	Intermediate Outcomes: 3 years +	Impact
Policy/System (PS) Changes focused on priority populations B/AA, PI, NA, Latinx, Asian	A. Communities develop, implement, monitor HEAL policies/system (PS) changes <ul style="list-style-type: none"> o ↑ access to affordable healthy foods via delivery, congregate meals, retail venues, vouchers, breastfeeding etc. o ↑ access to physical activity via better infrastructure, decreased cost, equitable programming, physical education, etc. o ↑ access to free, safe tap water B. Social Determinants of Health (SDOH) e.g. transpo, safety, poverty, employment that support Healthy Eating/Active Living (HEAL) are addressed in grant activities.	A. HEAL PSs researched, developed, introduced <ul style="list-style-type: none"> o ↑ opportunities and infrastructure for healthy food access and consumption. o ↑ opportunities and infrastructure for physical activity and safe active transpo o ↑ publicly accessible water stations and water breaks /access institutionalized in congregate settings (schools, meal sites, childcare, etc.) B. SDOH linked into HEAL grants incorporating transpo, jobs, safety, etc.	A. HEAL PSs passed: Water ↑ accessible, ↓ presence of SSBs, ↑ access to affordable, fresh produce and prepared meals; ↑ SF residents meet CDC physical activity and fruit and vegetable consumption guidelines B. SDOH: ↓ transportation barriers/ ↑ transportation support; ↑ HEAL job opportunities ↑ HEAL policies implemented/monitored	Eliminate Health Disparities ↓ Sugary Drink Sales ↑ H ₂ O access ↑ Food security Improved Equity Outcomes ↑ Local hiring ↑ Workforce development
Education, Programs, and Services focused on priority populations B/AA, PI, NA, Latinx, Asian	A. Programs/services that change knowledge, attitudes and behaviors (KAB) with respect to Healthy Eating/Active Living (HEAL), including sugary drinks, among priority communities. B. Programs/services that increase access to healthy food, physical activity, and help address SDOH like transportation, employment, safety, etc. C. Programs/services to support priority populations with disproportionate chronic disease burden as a result of racism and other structural oppression to repair historical injustices.	A. KAB: ↑ SF residents, esp. priority populations: ↑ access culturally relevant /cross generational HEAL programs and services, ↑ knowledge about HEAL, ↑ demonstrate changed HEAL attitudes, ↑ HEAL behaviors B. Access: ↑ SF residents, especially priority populations have better access to HEAL activities and address SDOH C. CD mitigation: ↑ KAB and ↑ Access to HEAL programs for priority populations already suffering chronic diseases	A. KAB: ↑ SF residents, esp. priority populations, show: ↓ BMI, ↓ SSB consumption, ↑ tap water consumption, ↑ breastfeeding, ↑ residents meet CDC physical activity and fruit/veggie consumption guidelines o Changed sugary drinks norms B. Access: ↑ SF residents, esp. priority populations have ↑ access to transportation, jobs, safe environment C. CD mitigation: same results as for A&B, and ↓ CD-related symptoms & suffering	Behavioral Outcomes ↓ sugary drink consumption ↑ H ₂ O consumption ↑ Fruit/veggie consumption ↑ Breastfeeding ↑ Physical Activity
Capacity Building and Leadership Development for agencies serving priority populations and for members of priority populations: B/AA, PI, NA, Latinx, Asian	A. Provide incentives/technical assistance: to support healthy eating/active living (HEAL) PSE changes, e.g.: policy on daily water breaks; help retailers to accept WIC and SNAP benefits; breastfeeding/infant feeding, etc. B. Provide Training of Trainers (ToT) to train community leaders (retailers, teachers, faith groups, childcare providers, youth, MD/RD students, etc.) on HEAL related topics so they can educate their community members in culturally relevant approaches C. Prepare Diverse Community Health Workers (CHW)/Promotoras. Support topic-specific, cross-training and system navigation; job placement (e.g., certificate program for nutrition assistants, physical activity instructors, lactation, CHW certification program, sign up eligible WIC/SNAP/etc. residents)	A. Incentives/technical assistance available/provided to retailers, childcare providers, employers, faith groups, etc. B. ToT Youth Champions and Community Health Workers trained in Community Action Model, policy change and HEAL topics. C. CHWs/Promotoras Build skills and capacities for job requirements and simultaneously hire /train more employees consonant with communities served.	A. Incentives/Technical Assistance: ↑ Retailers accept WIC/SNAP/EATSF; ↑ Employers accommodate nursing employees; ↑ Childcare providers support breastfeeding B. ToT Pipeline of youth/community experts ↑ participation in WIC/SNAP/EATSF; ↑ breastfeeding; C. CHWs/Promotoras ↑ job opportunities, ↑ pathway to civil service jobs for priority populations, ↑ member knowledge of navigating city/county employment process, ↑ partnerships	Health Outcomes ↓ Chronic diseases - Dental caries - Heart disease - Hypertension - Stroke - Type 2 Diabetes ↑ Mental Health



COMMUNITY INPUT FOCUS GROUP DISCUSSIONS

SDDTAC FUNDING PRIORITIES



JUNE 30, 2022

TONYA WILLIAMS, MPA, CONSULTANT GROUP

STACEY L COPELAND AND TONI HINES-COMMUNITY INPUT ASSISTANTS

PROGRAMMATIC APPENDICES - Definitions

OVERVIEW

In November 2016, San Francisco voters passed Proposition V. Proposition V established a one penny per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The Sugary Drinks Distributor Tax (SDDT) 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. The funds collected from this tax are to be deposited in the General Fund.

The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows: A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains caloric sweetener and contains 25 or more calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to "soda," "pop," "cola," soft drinks" "sports drinks," "energy drinks" "sweetened iced teas" or any other similar names.

The passage of Proposition V established two pieces of law: [the Sugary Drinks Distributor Tax](#) in Business and Tax Regulations Code and the [Sugary Drinks Distributor Tax Advisory Committee](#) (referred to in this report as “Committee”) in the City’s Administrative Code. The ordinance stated that the Committee shall consist of 16 voting members, who are appointed by either the Board of Supervisors or certain City departments. The powers and duties of the Committee are to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax and to submit a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee is to also provide recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

Tonya Williams Consulting Group was contracted to conduct ten focus groups with community groups/coalitions/commissions to ascertain each group’s respective needs in determining future funding. This report is submitted to summarize findings from the ten focus groups and to offer recommendations to help to determine funding priorities for the next upcoming Request for Proposal guidelines.

METHODOLOGIES

We conducted a cross-sectional, observational study during the spring of 2022 (March to June 2022). Over 143 individuals participated in multi approach focus group discussion. The team conducted nine of ten focus group discussion via Zoom, and one was held in person. The focus groups were completed in a non-traditional method in that staff from the San Francisco Department of Public Health, Community Health Equity & Promotion (CHEP)/Healthy Eating Active Living (HEAL) attended and completed a power point presentation to educate the audience prior to asking originally five questions and by the second focus group question number four was removed due to repetitiveness in responses from the participants in addressing COVID.

- In addition to asking the questions via Zoom/in person, an online survey was created utilizing Survey Monkey for participants who were not available to attend, quieter members and/or members who desired more time in completing the questionnaire. The same questions were asked in both settings with additional questions probing to convey the population and neighborhoods served. In total 35 respondents completed the survey anonymously, and their gender and race were not asked.
- This multi approach consisted of 35 individuals who completed an anonymous Survey Monkey questionnaire, which may or may not be inclusive of those who attended via Zoom and nine individuals who participated in an in-person focus group. The participants ranged in age from 16 years old to adulthood.
- Focus group discussions that were held via Zoom and in person consisted of five questions. When asked *question one: of the three strategies, which would you prioritize for addressing health inequities: policy/systems change; programs & services / education & awareness; and capacity building* overall 9 of the 10 focus group discussions resulted in the participants asking the reason for having to make a choice because they felt all strategies were essential in addressing the health inequalities of populations most affected by the consumption of sugary drinks.

PROGRAMMATIC APPENDICES - Definitions

The same question was asked of those who completed Survey Monkey questionnaire and in person, *Table 1* reflects that 95% ranked Program/Services & Education/Awareness as the highest priority; and tied at 82% are Capacity Building and Policy & Systems Change.

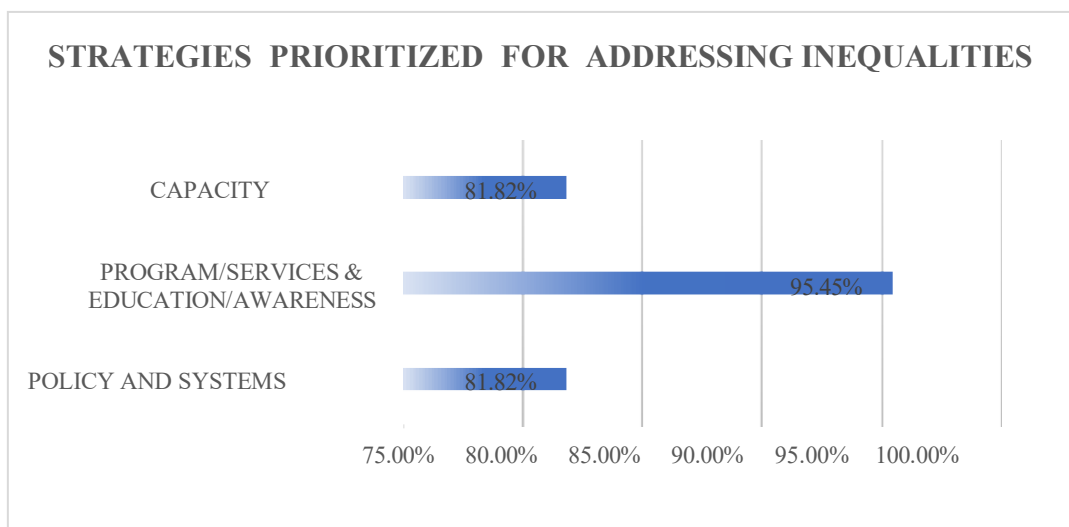
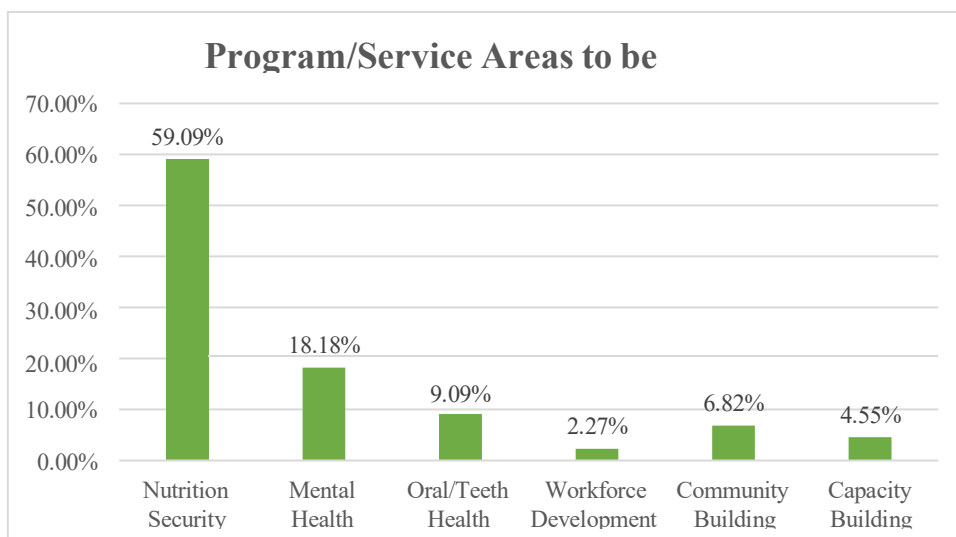


Table 1. Strategy Prioritizations: Capacity Building vs. PSE vs. Programs/Services; results incl focus group and Survey Monkey.

Question two asked, “based on what you heard today, please rank the importance of the program/service areas to funded from 1-7: Nutrition Security; Physical Activity; Community Building; Workforce Development; Oral Health; Mental Health; and Capacity Building.” This question resulted in seven of the ten groups unanimously agreeing that nutrition security, community building, mental health and oral health were of the greatest importance with the caveat that all program/services areas needed to be funded because of the interconnectivity across programs/ services to combat the issue of sugary drink consumption. More information of each group’s responses around this question will be detailed in the procedure section.

Again, the same question was asked in the Survey Monkey questionnaire and in person focus group discussion with a total of N= 44. Table 2 reveals the ranked results of Nutrition Security, 59%; Mental Health-18.18%; Oral/Teeth- 9.9%; Community Building-6.82%; Capacity Building- 4.55% and Workforce Development-2.27%.

Table 2. Program and Service Areas to be funded. These results include focus group and Survey Monkey responses.



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Based on a summary of those who attended one of the ten Focus Group Discussions the team counted gender by observation of name and/or pronoun listed in the Zoom chat and/or screen name. In total there were 91 (70%) women and 41 (30%) males (Table 3). Because gender was not part of the questionnaire then Transgender and/or Non-Binary were not captured.

Table 3. Actual individuals who attended the Focus Group. These results include focus group participants.

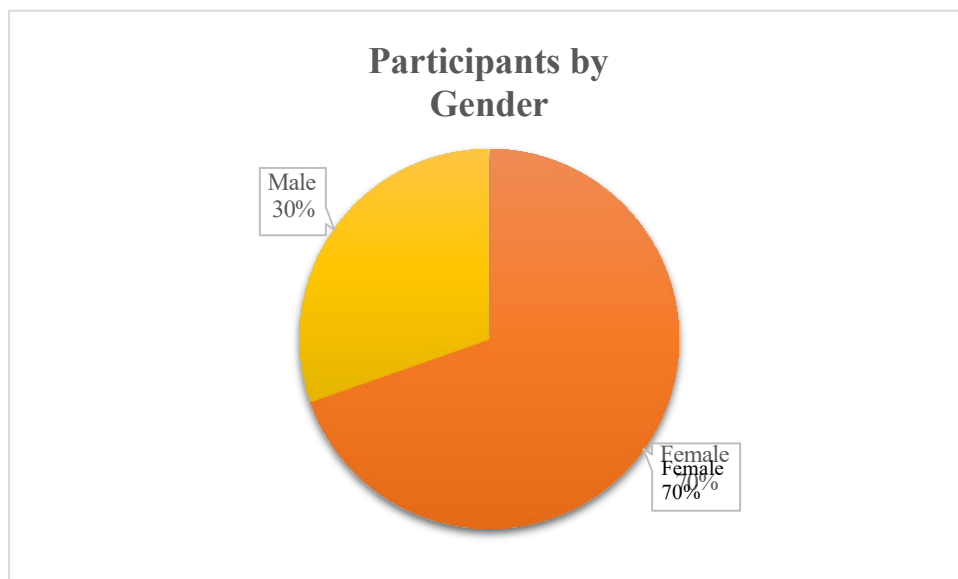


Table 4. Participants by Organization/Committee/Council Affiliation. These results include focus group and Survey Monkey responses.

Table 4 represents the number of participants who attended by an organization/committee/council affiliation. Based on the chart above we compiled them in groups of Black Indigenous People of Color which represented 76%; Asian/Pacific Islander by 16%; Latinx and Whites both were 4%.

PROCEDURE

Vibrant, intensive unfiltered, yet authentic responses were collected from over 143 individuals who represented the following communities most impacted by the consumption of sugary drinks. The responses are structured on the focus group questionnaire. Please review the detailed responses of each group via the [link](#).

Focus Group Discussion Questionnaire:

1. *Whereas SDDT funding has been centered in health equity, we would like to hear from you what strategies are critical to address health inequities. Of the three strategies, which would you prioritize*

PROGRAMMATIC APPENDICES - Definitions

for addressing health inequities in your community: policy/systems change; programs & services/education & awareness; capacity building?

2. *Based on what you heard today, please rank the importance of the program/service areas to be funded from 1-7: Nutrition Security; Physical Activity; Community Building; Workforce Development; Oral Health; Mental Health; Capacity Building.*
3. *Based on what you heard, do you have specific comments about priority populations to be funded? See the list below: Black/African American; Latinx; Pacific Islander & Asian; Native American/Native Indian; Pregnant People; Children/Youth/Young Adults between 0-24 years old; Adolescent and TAY males (10-24); Low Income Populations*
4. *How can SDDT support CBOs integrate COVID work into their programs/services?*
5. *What else would you like the Department of Public Health to know as they develop the next funding opportunity?*

RESPONSES

MoMAGIC -The MAGIC (Mobilization for Adolescent Growth In Our Communities) initiative was founded in 2004 by the Office of the Public Defender, in response to a community-identified need to address the impact of trauma, poverty, and violence on children and youth in targeted San Francisco districts.

MoMAGIC was the only in-person focus group discussion effort to collect community input. This group was representative of Transitional Aged Youth (16 – 24 years old) and kicked off the process on 14 April 2022. The themes collected from this group are:

- *“We [African Americans youth] give them [sugar industry] the most money [from consumption]”*
- *Education on the consumption of sugary drinks*
- *More cooking classes to teach alternatives to healthy living*
- *There need to be labels placed on sugary drinks that indicate “danger”, warning of health and more importantly death that can result from drinks and high concentrations of sugar in foods.*

Asian and Pacific Islander Health Parity Coalition (APIHPC) was established in 2006 and represents a diverse cross-section of the Asian and Pacific Islander communities in San Francisco. APIHPC evolved from a Mental Health Services Act position paper submitted to and ultimately endorsed by the San Francisco Department of Public Health. The focus group was held on 18 April 2022 and the themes collected from this group are:

- *“if there’s any programs, services or like an effort to kind of streamline getting messages out to vulnerable communities, that would be something that could benefit all of us just because if we even if we have great services and supports and programs it’s just it’s so difficult to get to the right people.”*
- *“During COVID, a lot of our families barely even left their houses in fear of just being out in public and exposure. And so, you know, yeah, all the nonprofits scrambled together, and there were these resources. And yet there were people that we know it was engaging too, because they were afraid to leave to go outside to pick up the food. So just thinking about more culturally relevant ways to kind of hit some of those folks that usually aren’t out there.”*
- *Meet the communities where they are with mental health anxiety especially emerging from COVID*
- *Human-centered programs/social emotional learning.*

African American Collaborative borne from the COVID pandemic, numerous Community Based Organizations meet monthly to ensure the voices and health needs of African American/Black are addressed. The focus group was conducted on 21 April 2022 the themes collected from this group are:

- *“Why do we have to choose? In terms of our priority, we know, as folks who’ve been doing this work for many, many years that all three of these priority areas are essential to positively impacting the health outcomes of black African American folks in San Francisco. So, I guess I would want to know that question, why do we need to choose one when we actually [know] Mental health and workforce development. Specifically, because I’m thinking about just again, how you activate and empower*

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community to also do this work for those who are interested?"

- Need all to make an impact
- "Now we have to end those fiscal years with the number of RFPs coming out at the exact same time. So many great works of I know I could have qualified for unless I'm willing to give my firstborn and work 24 hours a day for the next couple of months and we've already worked two years straight I'm having to let some of these things go by the way, and that's the only way that you can get funding."
- Infrastructure, water access - provide refillable water stations in school/public settings (COVID has made fountains inaccessible)
- "Should be an investment by the city of San Fran and not taken from funding to help communities."

BMAGIC is a collaboration of Bayview Hunters Point Community Based Organizations to create collaborative community building efforts that improve the quality of life of children, youth and their families residing in the Bayview. This focus group was conducted on 21 April 2022 and the themes collected are as follows are:

- Workforce is key to obtaining jobs with livable wages and health care.
- Capacity building is key. We are expanding Candlestick Point and have installed a cooking area to teach healthy eating next to our community gardens.
- Mental Health, especially providers who look like the community they serve. Oral health is key to physical health!
- "Our kids need to live healthier lives and again, they need to know how to live a healthier life through taking care of their bodies, and that's through physical activity. But that also links back to the capacity building piece. You can throw a ball out on a basketball court and let kids play around, but it's a proven fact that when kids play more organized sports, they tend to stick with it longer and thus increasing their physical health and organizations need the training they need the tools, they need the facilities"
- "I think we need to do an extra effort to go to the places to find out the status of their [elderly] health, their access to food, their emotional status. Isolation among elders is very high right now. And I said we need I will say that we need to include them as a priority."

Chicano/Latino/Indígena Coalition The mission of the Chicano/Latino/Indígena Health Equity Coalition (CLI) is to be a representative advocacy body that works to ensure the health needs of our community are addressed. Through our leadership, advocacy, and policy promotion efforts, the CLI expects to reduce health disparities impacting our community, identify and alleviate barriers to healthcare, promote the collection of relevant health, demographic, and environmental data impacting the diverse Chicano/Latino/Indígena community, and ensure appropriate policies and resources are in place to effectively meet these goals. The team collected community input from this group on 16 May 2022 and reflected the following themes:

- Policy/systems change is the one because it will overall help more people. It happens at every Level
- the diversity of our community – reach the spectrum
- LGBT
- Undocumented immigrants, recently arrived
- Indigenous people
- Are there populations that are disproportionately burdened more than others?
a better representation of youth instead of just one seat
- API did not have representation from their community on the soda tax committee
- Limited data that community must initiate interventions to address our own health disparities
- Heavily impacted Latinx (ages 16-24, 1st gen) make sure people know about the policies and how they work. Awareness so people can take advantage of them
- The CA Health Interview Survey also has some data, but their data are inconsistent and usually can't

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stratify by race/ethnicity

- Need greater representation
- Give education when we give food.

Mega Black SF celebrates and recognizes the contributions of Black people in the San Francisco Bay Area. Black people are not monolithic, but megalithic, in our quest for social justice. Focus group discussion took place on 28 April 2022 and the themes are as follows:

- Why do we have to prioritize? – it was mentioned by many that all three are needed
- *“It’s always about capacity building, until you scale our ability to get healthy food alternatives and reduced use of sugar, sugary products and increased healthy habits. At scale, you got nothing. So, you can spend a lot of money on programs and services, which is kind of what we already do and it ends up not being to scale and not having the larger impact on the entire Black population in San Francisco.”*
- Most baby-boomers were greatly impacted by sugary-drinks, what attention is being provided to the older generations?
- *“Black people are the population who buy the majority of sugary drinks. We should be given most of the funding and dental access should be a priority, based on the fact what sugar does to our teeth.”*
- *“This feels like being taken advantage of. The city, the policy makers, all those folks use the disparities of black folks to advocate and make this sugary tax happen, but that it didn’t necessarily and doesn’t necessarily work to change what we’re fighting. And yet here is another opportunity to maybe check the box and say, “Oh, we talked to black folks and we talked to folks of color, we talked to community, and this is how they want to see it used” which may or may not get to the to the impact level or to the ground level that folks are looking for. And I think that that’s the system’s change piece, which is kind of like you took me to prom just to say you took me to prom and you got lots of pictures and lots of attention. And then when prom was over, you went and hung out with your real friends. I didn’t get to eat. I didn’t get to go out and party afterwards. Nobody like was interested in me but you had a good time and you got some benefit off it and then you went and did what you wanted to do anyway. I think folks are feeling like you played me right you brought me to prom just to have a picture and then afterwards you were like find your own way home and you know, get you something to eat on the way.”*

Oral Health Taskforce was established to enable communities at highest risk for dental decay to promote oral health in the most effective ways for their community. The taskforce is comprised of three community organizations: NICO’s Chinese Health Coalition, CARECEN SF’s Mission Oral Health Coalition and APA Family Support Services’ D10 Oral Health Collation. The team collected responses from the Oral Taskforce on 9 May 2022 the themes collected are as follows:

- *“I would prefer a prioritized program for services and education and awareness. Because let’s take a grand view, what do we want to happen? We want to have no cavities in the city of San Francisco. That’s the grant thing correct. And to have that is to instill a habit, a proper oral care day and night flossing, mouthwash, tooth brushing, how long we are trying to instill a habit such as a seatbelt.”*
- *‘We cannot have programs where we’re telling a population that’s already not engaged to come to us, we have to meet them at where they’re at, and bring them to where we want them to go.’*
- *“So, we must incorporate the dental education and the dental services at the same time where people don’t have insurance. That’s why we also incorporate in a dental insurance or insurance assistance and doing this progress education it will be kind of be a pathway or a roadmap to change or to help the policy or the system to be changed.”*
- *“Oral health is important and affects mental health. The two are intertwined. Fewer and fewer resources and doesn’t get a lot of attention and is often seen as a luxury.”*
- *“And I think that if we’re thinking about the inequalities in our healthcare system, and the ways in which it touches the soda, and sugary, sweetened beverages. I think oral health is at the top of that list because there are just fewer and fewer resources.”*

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Pacific Islander Network is housed under the Samoan Community Development Center (SCDC) was founded in 1991 in San Francisco, CA as a 501c 3. SCDC was originally developed to fill the needs for the Samoan community and Pacific Islanders alike, who migrated to the United States. In time, the needs in our Pacific Islander became greater, calling for more services. SCDC is the only funded organization in San Francisco that serves Samoans and other Pacific Islanders. The team conducted a focus group discussion on 17 May 2022 and the themes are as follows:

- I strongly urge the city to make sure that if specifically, Native Hawaiiin/Pacific Islander community is one of the targets, it should not go to an organization that may or may not serve Pacific Islanders because the org is not embedded within the community
- *Lactation education(4)*
- *Program Pastor Sweetie is running is specific to Pacific Islanders (financial literacy)*
- *Education around how diabetes, heart disease works (visually/linguistically culturally relevant)*
- *Since PI are put together with Asians, how equal are they both being funded?*
- "I think education around just how like how diabetes works, how heart disease works, how, like what is the actual physiologic process to kind of make it more common understanding so that we can understand our community can understand how to manage without being dependent on the hospital."
- *"Asians have one of the lowest rates of diabetes and Pacific Islanders have of the highest. Is the funding commensurate with these statistics?"*
- "We want to be the narrative of our own service and how we serve community I strongly encourage the city to *make sure* that NHPI specific organizations get the funding - some of the larger orgs like SCDC are the fiscal sponsor and [safe] harbor was smaller organizations can thrive."
- Message to DPH: you passed us over the first time. Don't pass us over again.

Mental Health Client Council is under RAMS, Inc. is a non-profit mental health organization that is committed to advocating for and providing community-based, culturally competent, and consumer- guided comprehensive services. Founded in San Francisco's Richmond District in 1974, RAMS offers comprehensive services that aim to meet the behavioral health, social, vocational, and educational needs of the diverse community of the San Francisco Area with expertise in serving the Asian & Pacific Islander American and Russian-speaking populations. We conducted the focus group discussion on 18 May 2022.

- Have a holistic citywide approach including all the program and services building bridges and community building between nutritional, medical, mental health, and educational communities.
- Structured group outdoor activities support mental health.
- Creating school programs where the students are gardening, so they will learn about niche health and nutrition, and the benefits that that can bring, and that also involves exercise and fresh air that also supports you know, behavioral changes responsibilities. So, this is how it kind of spills over into mental health. It's not so it's more like accidental or circumstantial, rather than an intentionality
- Learn how to be a part of the gardening community. Make your salad. And grow your salad.

Safe and Sound and the Center for Youth Wellness joined together as one organization to serve families and children in San Francisco. *Building a future with safe kids, strong families & sound communities is the mission.*

- *Program services/education – top priority*
- Capacity building – seen a few too many programs get started and then nothing really comes with them and they get started again with a whole new set of funds (COHESIVENESS – build a strong net of support – Power Rangers)
- Building bridges
- All 3 go together but start with programs and services first and build our way up

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- “Money should be allocated to small non-profits under the \$1 million revenue mark doing impactful work, have to jump through rings of fire just to get \$5k, \$10k, \$25k. Nobody wants to give them an opportunity. Stop giving to larger orgs”
- Pregnant moms because of the neuroscience/prefrontal cortex (crucial not to consume during pregnancy)
- Single dads
- Mental health - eating habits stem from mental health aspect (emotional eating); opens to the doors to alcoholism, empty calories
- Oral health – monies toward it even if just teaching to floss teeth (don’t ever see)
- *“How are they [DPH] capturing data (no accountability, money mismanagement); hiring the wrong people to do the job?”*
- *“Why is it always the same groups of people/demographics?”*
- More funding for African Americans and stop clumping with the rest of the POC [People of Color]; not acknowledging the horrendous health outcomes (we are the forgotten ones)

SURVEY MONKEY COMMENTS

- Although Policy and systems changes are the most important area to make lasting changes (but the fund should come from elsewhere), the most important using the soda tax fund is to build programs/services and education/awareness of health, oral health, and physical health
- Again, although all areas are important to the success of SF, yet soda tax should be prioritized on nutrition, oral health, and physical health in equitable ways
- We received direct food-security funding with our policy/systems program support due to COVID work, and we found many opportunities to synchronize those programs and build capacity for both. If that can continue, all the better.
- The Asian category should be disaggregated since there are at least 23 Asian subgroups and at least 21 Pacific Islander groups. The needs of each subgroup can be very different and should not be lumped together under “Asian”.
- Food insecurity continues to be an issue due to inflation. Families have endured the loss of family members that affect stability. Basic needs are challenged and mental health along with safety in the community is a challenge.
- More funding to afterschool programs for nutrition classes and physical activity programs.
- Build capacity to bring education awareness to community
- If DPH can come to the communities and see how safety net clinics are impacting oral health, it would really paint a picture on how each of our populations could benefit.
- Nutrition is up most important, but the number of our lower socioeconomic families with poor dental care, which also affects what they eat. As a pediatrician, I am seeing more and more patients with weight gain and dental caries in the office because of poor nutrition during pandemic. "Real" food is and is becoming more expensive for many families so easy, cheap junk food is more affordable and fresh fruits and vegetables. Please fund oral health group to help reach out to those families who have poor access to dental care.
- Nutrition security is incredibly important. However, this often takes the form of temporary programs that serve small numbers of people. When the funding for these programs runs out, families are once again left with fewer resources to resolve their food security issues. What is truly needed is advocacy at the state level to provide sustained support to families for food security. One example would be DHCS covering healthy food as a covered MediCal benefit.

LIMITATIONS

The Zoom environment limited the quality of each voice heard in that quieter opinions may not have been verbalized due to the large group size. The team worked with the staff from SFDPH HEAL and CHEP to create a Survey Monkey questionnaire to address this issue and cannot state with certainty that it was effective.

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Another limitation was that one of the questions was removed after conducting three of ten of the focus group discussions, yet the question remained part of the Survey Monkey questionnaire as well two additional questions that were asked of 35 Survey Monkey participants. Additionally, the Zoom participants could not rank the choices due to time limitations. Lastly, focus groups are designed to solicit raw reactions and opinions and do not have an educational component included, however it was beneficial that staff from DPH attended to provide context. As a result a data dashboard is under development and will be placed on the soda tax website in the near future illustrating where the Soda Tax money is spent bringing greater transparency prior to this report being submitted.

FINDINGS AND RECOMMENDATIONS

The findings listed below summarize the common responses collectively. All groups identified the following for services prioritization: Oral Health, Mental Health, culturally appropriate Nutrition education, workforce development, community gardens, cooking classes [motivation to eat healthy] and seniors' needs.

FINDING 1

Since the Soda Tax dollars have been dispersed five of ten focus group discussion populations purported that they did not witness or were aware that monies from the Soda Tax were being spent in their respective neighborhoods/communities, i.e., African American/Black Indigenous People of Color and Native Hawaiian Pacific Islanders.

RECOMMENDATION 1

- a. DPH complete the development of the data dashboard by the next round of funding decisions to display where and the amount Soda Tax monies are being spent throughout the San Francisco.
- b. DPH require that each of the funded agencies have recognized signage of "SF Soda Tax Funded" displayed.

FINDING 2

Prioritize funding based on health disparities, as reflected through comments such as *"Black people are the population who buy the majority of sugary drinks. We should be given most of the funding and dental access should be a priority, based on the fact what sugar does to our teeth,"* and *"Asians have one of the lowest rates of diabetes and Pacific Islanders have one of the highest. Is the funding commensurate with these statistics?"*

RECOMMENDATION 2

- a. SF DPH establish accountability tools to ensure that soda tax dollars are spent on the populations that are most affected by the consumption of sugary drinks, specifically in the African American/Black And Native Hawaiian Pacific Islander population.
- b. SDDTAC should ensure that funding priorities are commensurate with health inequity statistics.

FINDING 3

All the communities requested for DPH to stop clustering race/ethnicities together because some groups are not being fully recognized and/or represented.

RECOMMENDATION 3

DPH needs to make a concerted effort in ensuring that representation is actualized by the populations whose health disparities are most affected by the high consumption of sugary drinks and not be classified by ethnicities clusters.

FINDING 4

COVID 19 has made public fountains inaccessible.

PROGRAMMATIC APPENDICES - Definitions

RECOMMENDATION 4

As verbalized by one of participants, “[monies from the Soda Tax] should be an investment by the city of San Francisco and not taken from [allocated] funding to help communities.”

FINDING 5

In response to the question “Whereas SDDT funding has been centered in health equity, we would like to hear from you what strategies are critical to address health inequities,” one of the focus group participants quoted the following:

“Now we must end those fiscal years with the number of RFPs coming out at the exact same time. So many great works of I know I could have qualified for unless I’m willing to give my firstborn and work 24 hours a day for the next couple of months and we’ve already worked two years straight I’m having to let some of these things go by the way, and that’s the only way that you can get funding.”

RECOMMENDATION 5

DPH coordinate among the various departments to not overlap RFP announcements and submission deadlines recognizing that many communities are in great needs of multitude of services and organizations are few.

CONCLUSION

It was an honor and privilege to conduct this research illuminating exclamations from the community. This report covered the expanse of San Francisco’s cultural diversity. It further illustrates the essence of community-based research and the importance of obtaining the buy in of members on future funding opportunities that will benefit their respective community directly. As reflected from the responses in this report, each group vibrantly spoke in their authentic voices as a combined force seeking health equality for their respective race/ethnicity/program services, all culturally respectful. These communities demonstrated a full awareness of the complexities of tackling the cross intersectionality of race/ethnicity/gender/age/neighborhoods and social economic classes as greater than a siloed issue. This report highlights that all groups are suffering and literally are crying out for help. Since these funds are a generated tax dollar, they are demanding that the Department of Public Health and the Sugary Drinks Distributor Tax Advisory Committee (in their recommendations) allocate these tax dollars in a manner that is commensurate with the races/ethnicities/communities that are statistically most harmed due to the Soda industry’s targeted practices.

APPENDICES

SDDT Community Input Meeting Presentation <https://1drv.ms/p/s!AiLftEpN6HSdsy1KPD6Lice7wi>

SDDT Community Analysis Sheets of each FGD

<https://drive.google.com/drive/folders/14c48IIUVNfiV71CCUeJaEgq15OiORcRH?usp=sharing>

Survey Monkey results:

https://www.surveymonkey.com/results/SM-qHpQ0P_2BO3eNVjiEi93pDtg_3D_3D/

Survey Monkey responses:

<https://1drv.ms/w/s!AiLftEpN6HSdtEl2gsXDuDmjeEp3>

Definitions

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Adverse Childhood Experiences (ACEs): Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes. The presence of ACEs does not mean that a child will experience poor outcomes. However, children's positive experiences or protective factors - such as safe, stable, protective and equitable environments - can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred.

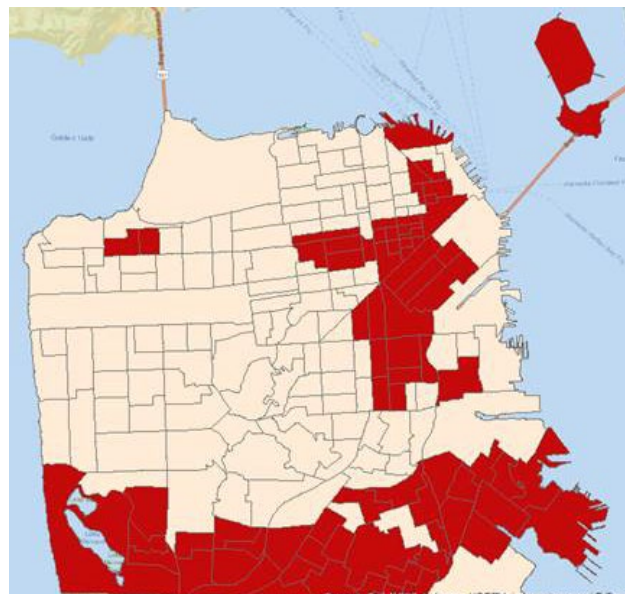
It is important to address the conditions that put children and families at risk of ACEs so that we can prevent ACEs before they happen. CDC promotes lifelong health and well-being through [Essentials for Childhood](#). *Essentials for Childhood* offers strategies to assure safe, stable, nurturing relationships and environments for all children.

Areas of Vulnerability: Areas of Vulnerability (AOV) were created by SFPDPH as a way to examine geographic data in relation to populations of concentrated socioeconomic disadvantage.

The criteria to be designated as an AOV were:

- 1) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for persons of color OR
- 2) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for youth or seniors (65+) OR
- 3) Top 1/3rd of tracts for < 200% poverty or < 400% poverty & top 1/3rd for 2 other categories (unemployment, completing high school or less, limited English proficiency persons, linguistically isolated households, or disability)

These maps present one way to visualize neighborhoods that bear disproportionate burdens of disease. The map simply provides a reference point for where services and changing environments may be most critical. Applicants may choose to work in a different neighborhood/area than those defined in this map, based on their knowledge of where to find members of this RFP's priority populations.



Community: people who live, learn, worship, work, and/or play in San Francisco.

Health Disparities: Differences in health outcomes among groups of people. [Learn more about what affects health disparities.](#)

Health Equity: Attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives. [Review the SF State University's Health Equity Framework](#) (SFSU)

PROGRAMMATIC APPENDICES - Definitions

Health Inequities: Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions. [Learn more about what affects health inequities.](#)

Healthy Eating/Active Living (HEAL): efforts to promote health and wellness through physical activity and nutrition that can prevent chronic diseases like diabetes, heart disease and cavities.

Primary Prevention: preventing the onset of disease; aims to reduce the incidence of disease and support wellness. It involves interventions that are applied *before* there is any evidence of disease or injury.

Priority Populations - populations identified as being most impacted by chronic diseases and/or sugary drink consumption.

Spectrum of Prevention The [Spectrum of Prevention](#) is a systematic tool that promotes a range of activities for effective prevention. It has been used nationally in prevention initiatives for traffic safety, violence prevention, injury prevention, nutrition, and fitness. The Spectrum identifies six levels of intervention and helps people move beyond the perception that prevention is merely education. At each level, the most important activities related to prevention objectives are identified. As these activities are identified, they lead to interrelated actions at other levels of the Spectrum. All six levels are complementary and synergistic: when used together, they have a greater effect than would be possible from a single activity or initiative.

Spectrum of Prevention



Social Determinants of Health (SDOH) Individuals can, and do, influence their health, but **social determinants of health** hold strong influence over our physical and mental health. These determinants include interpersonal or structural racism, employment and educational opportunities, housing, poverty, food deserts/swamps, poor transportation, or unsafe streets and parks, etc. These issues can also contribute to **trauma & stress**, which influence both health outcomes and health behaviors, like drinking sugary drinks. The Sugary Drinks Distributor Tax funds in and of themselves aren't sufficient to build housing, end poverty. However, by hiring residents most impacted by sugary drinks, supplementing groceries with subsidized/free produce, or creating safer places for kids to play/activating parks, or teaching families how to reduce stress that these conditions create, the benefits can ripple beyond the immediate health behavior/issue being addressed through the programming.