

Reducing Consumption of Sugary Drinks in San Francisco: A Collective Impact Approach



A Collective Impact project between San Francisco Health Improvement Partnership (SFHIP) and the Shape Up San Francisco Coalition

Report prepared and submitted by SFHIP Sugar Sweetened Beverage (SSB) Working Group, October 2016



SFHIP/SUSF Sugar Sweetened Beverage Project Report

Summary

Background

In July of 2015, San Francisco Health Improvement Partnership (SFHIP) and Shape Up San Francisco Coalition (SUSF) entered into an agreement to align efforts to reduce consumption of Sugar-Sweetened Beverages (SSB) and promote consumption of tap water. The two coalitions agreed to do this through education, policy, systems and environmental change. **They also agreed to:**

1. Collaboratively develop a shared evaluation framework
2. Encourage and support member organizations to participate
3. Collect and share data

Additionally, SFHIP agreed to:

1. Take the lead on coordination and implementation
2. Provide SSB data coordination and produce reports

Support was provided by a Metta Fund grant to SFHIP, and in-kind time provided by SFHIP Backbone and SUSF staff. The timeframe for the project and evaluation was **September 2015 to September 2016**. This effort used a Collective Impact approach, with SFHIP and SUSF staff functioning as the Backbone.

Education

The San Francisco Department of Public Health (SFDPH) provides staffing for SUSF. SUSF staff provided training of trainers for Community Health Worker (CHW) staff of local community-based Health Equity Coalitions. Metta grant funds enabled the coalitions to partner with community-based organizations to employ seasoned, skilled health workers to craft and deliver SSB education and water promotion to African American, Chicano/Latino/Indigena and Asian/ Pacific Islander communities. Additionally, these funds enabled the San Francisco Unified School District (SFUSD) to build capacity for implementing its cutting-edge Wellness Policy and SSB education and water promotion, piloting efforts at two target schools in the Bayview community.

Community-based health workers and SFUSD students helped us to translate and develop new health education art and messaging for distribution—paid for with the Metta grant.

Policy and environmental change

SUSF and SFHIP leveraged multiple supports for organizations interested in adopting SSB free policy. Nearly two dozen organizations adopted SSB policy change, including hospitals. More than several hundred thousand clients and employees will be affected by these changes to organizational policy that eliminate sales and service of SSB, among other changes.

San Francisco pioneered new policy approaches to reducing consumption of SSB, including being the first City in the nation to pass a policy to require warning labels on advertisement of SSB, and prohibiting use of City funds to purchase SSB. Another policy was introduced as a ballot measure this fall, taxing distribution of SSB in San Francisco, and proposing to use tax revenue to fund obesity-prevention efforts.

San Francisco also implemented profound environmental change by responding to community demand for better access to trusted water sources, and allocating funds to install 53 new hydration stations Citywide. Additionally, SF has committed to funding a continuation of community-based education efforts to promote consumption of tap water.

All of the work described above was led and supported by SFHIP and Shape Up San Francisco members, and the accomplishments described below can be attributed to these collective efforts, resulting in true Collective Impact.

- SFHIP/ Shape Up SSB Working Group

Highlights

- 3115 SF youth and adults reached by educational efforts
- 100% of those reached by education efforts come from priority populations (youth or communities of color)
- 60 individual workshops or outreach events held
- 750 posters printed and distributed (in progress)
- 5 new posters created by SFUSD youth for reproduction and distribution
- 7310 items distributed with messaging (in progress)
- Educational materials and curriculum translated into Spanish and Chinese, being distributed across our networks
- 9 Community Health Workers (CHW) trained
- 25 educational workshops provided by trained CHWs
- 85 SFUSD School Health staff trained; over 200 students educated about healthy beverage choices
- 4 City policies developed and 3 passed; 1 on ballot and 1 active
- 17 organizations received technical assistance for policy development
- 6 organizational wellness/healthy beverage policies developed and adopted
- 366,360 employees and clients impacted by healthy beverage policies
- 19 Hydration (tap) Stations in Public Realm contracted for installation by Fall 2016, 1 installed late 2015
- 34 tap stations installed in school sites this year, bringing SFUSD to 76% sites with tap stations
- Additional funds secured for water promotion, education in the Chinese community, and support for hospitals

Project Overview

Problem Statement

Consumption of sugar-sweetened beverages (SSB) contributes to a host of health issues, including diabetes, obesity, and tooth decay. The beverage industry continues to target their SSB products to vulnerable communities, including African American and Latino youth and young children.

Goal

The goal of this project was to harness the collective resources of the San Francisco Health Improvement Partnership (SFHIP) and Shape Up SF (SUSF) to reduce consumption of SSB in SF, through education and policy, systems, and environmental changes.

Target Population

The primary target populations for this project, based on health disparities data, were:

- African American, Latino, Asian, and API youth 11 and under
- African American, Latino, Asian, and API youth 12-17 years old
- African American, Latino, Asian, and API adults

Strategies

SFHIP and SUSF used two primary strategies to reduce SSB consumption in SF:

- (1) Identify, support, implement and evaluate awareness, education, and promotion activities to decrease sugary drink consumption and increase tap water consumption.
- (2) Identify, support, implement, and evaluate policy, systems, and environmental changes such as local and state policies, organizational wellness policy, and increasing access to water.

Project Evaluation

Purpose & Methods

The purpose of the evaluation was two-fold:

- (1) to track SFHIP, SUSF, and other partner SSB-related activities and their impacts
- (2) to pilot the use of the Results-Based Accountability (RBA) methodology as a way to actualize the “shared measurement” principle of collective impact

The measurement period was January 2015 through July 12, 2016. The following data collection methods were used:

- **Education and awareness workshops/events survey.** A SurveyMonkey survey was developed to collect date, target population, and other key details for SSB-related workshops, events, and other educational activities. The survey was sent to all SFHIP and SUSF members and posted on the SUSF website.
- **Organizational policy survey.** A SurveyMonkey survey was created to document organizational policy development as well as any accompanying challenges or barriers. The survey was distributed via the same channels as the education survey.

- **Train-the-trainer workshop evaluations.** The Community Health Workers (CHWs) who participated in the train-the-trainer workshop completed evaluations to assess changes in knowledge, attitudes, and behavioral intention.
- **Community workshop evaluations.** The CHWs conducted multiple workshops with their communities, and participants were asked to complete evaluations to assess changes in knowledge, attitudes, and behavioral intention.
- **Key informant reports.** Other data, such as water filling station installation and citywide policy development, was gathered through talking to key experts involved in the work.

Results

Collectively, SFHIP and SUSF efforts policy, systems, and environmental change efforts have the potential to touch all San Franciscans, and targeted education/awareness efforts reached 2915 members of populations disproportionately burdened by SSBs, indicated by the heaviest marketing exposure, purchases, and associated disease burden. The SFUSD helped us reach large numbers of youth; the Health Equity/ Parity Coalitions helped us reach large numbers of African Americans as well as Chinese and Spanish Speaking populations.

This Collective Impact approach yielded a broad array of results, including greater educational outreach to communities previously not engaged deeply, new organizational and municipal policies shown by research to reduce consumption, and greater access to clean, free, drinking water across the City. Hospitals have made great strides toward adopting Healthy Beverage policies or getting technical assistance toward planning such policies. All metrics are provided in Appendix 1, and the story behind each metric is detailed in Appendix 2.

Accomplishments and Challenges

Accomplishments

- **CBO and Community Health Worker Participation in communities of color:** As a result of the Metta grant, we were able to provide much needed funds and technical assistance to CBOs to support their community health workers. These efforts greatly increased engagement and buy-in from CBOs on this issue. CBOs have been willing to partner to do education for years, however lack of funding limits their ability to commit time and resources of their staff. With less than \$7K to each of the # CBOs, we've implemented impressive levels of activity, and have shifted organizational culture and buy-in within those CBOs and communities. Our partnership with Community Health Worker programs connected to and representing the Health Equity/ Parity Coalitions helped expand reach of education efforts with culturally competent and language accessible delivery to African American, as well as Chinese and Spanish-speaking populations.
- **Adapted and Translated Educational Curriculum.** We adapted and translated curriculum and materials for community workshops and outreach efforts in English, Spanish, and Chinese. Having trained community partners and related materials increases our community reach for this educational initiative.

- **Educational Materials/Incentives in English/Spanish/Chinese.** Funds provided from the Metta Fund enabled us to purchase educational materials/incentives that will be distributed to CBOs and to community members including water bottles with messaging, posters, pencils, stickers, and refrigerator magnets.
- **Model for supporting CHWs and Evaluation and Tracking Tools to Measure Collective Impact.** We developed a model for both engaging/training/supporting community health workers across communities in SF. In addition, we developed simple evaluation and tracking tools to measure collective impact that is being replicated by Shape Up SF Coalition to measure collective impact of physical activity promotion efforts.
- **Youth-created Educational Posters.** Our SFUSD partner procured artwork from students to create posters with “Rethink Your Drink” messaging that will accompany education efforts in the fall of 2016 across SFUSD campuses. In addition, staff received training resulting in expanding educational reach to SFUSD faculty, staff, parents and students.
- **Partnering with Shape Up San Francisco Coalition to Report Collective Impact.** Shape Up replicated SSB surveys to capture their work promoting physical activity.

Challenges:

- **Lack of Meaningful Indicators.** The RBA framework relies on stable, reliable population level measures to track collective impact over time. San Francisco lacks the surveillance infrastructure to meaningfully track SSB consumption among youth and adults. Without these measures, we are hampered to assess collective impact of SSB education and PSE efforts in SF. SF is instead piecing together the data we have on student consumption from the Youth Risk Behavior Survey; adult consumption data from CHIS that isn’t reliable for collecting significant data from African American communities; and by tracking the outcomes of education and policy efforts, as we’ve done here.
- **Securing Responses from SFHIP Partners about their SSB Education and PSE efforts.** Resources required to explain the surveys, respond to questions, call to remind folks, and send additional follow-up emails exceeded resources. The response to the policy survey was particularly lacking; we only got six responses to this survey from over two dozen inquiries to both SFHIP and SUSF members. In the end, we got enough responses to report 23 organizational policy adoptions, but SFHIP and/or SUSF will need to strengthen this aspect of collective impact moving forward.
- **Lack of Educational Resources in Chinese on this subject.** We overcame this challenge by involving NICO in the adaptation and translation of the curriculum and creation of a new ad/poster that will be made into a poster, sticker, water bottles, and refrigerator magnets. NICO has another contract with SFDPH to provide culturally and linguistically appropriate translation services, which enabled us to access these services without charging the services to the Metta Fund grant. In addition, the consultant utilized resources she had to provide additional support in Chinese translation. However, there is still a dearth of Chinese language

education material that explains SSB health harms, industry tactics, or benefits of public drinking water.

- **We not only translated, but ‘transcreated’ Spanish language materials**, facilitating focus groups in Spanish with Latina mothers and youth in San Francisco to elicit messaging input. They mostly responded that the campaign needed to be ‘stronger’, and favored the message that sugary drinks “kill” and are “poisonous”. We had mixed opinions about this from UCSF scientists, and SFDPH and one CBO partner expressed concerns. As a result these terms are being removed from the Spanish translation of the Open Truth website and we are in the process of consulting with leadership to determine whether and how the transcreated Spanish language materials will be distributed. SFDPH staff and SFDPH funded contractors will not assist in distributing the transcreated Spanish language materials that have these terms on them. We created new Spanish language materials that are a straight translation of the English materials, and all partners have agreed to distribute these.

Opportunities for Next Steps for SFHIP & SUSF

- Continue to track selected SSB collective impact measures over time, building on existing data collection.
- Invest in enhanced data collection of indicators that measure and track SSB consumption and harms in San Francisco. This would require oversampling of Latino and African American populations via CHIS, which requires additional costs.
- Pursue collaborative funding opportunities to support education efforts by community health workers across priority populations in San Francisco.
- Continue to promote and support organizational wellness policies, especially in medical settings, CBOs serving youth, and CBOs serving African American, Latino/Chicano/Indigenous, and Asian adults. Partner with BANPAC and others to ensure member organizations who are ready to implement wellness/healthy beverage policies have access to technical assistance and other resources.
- Utilize organizational and coalition resources to share educational messages with stakeholders about health harms of sugary drinks and the benefits of drinking SF’s healthy and affordable tap water.
- Support 100% of SFUSD sties with tap stations. 22 SFUSD sites remain unfunded at an estimated cost of 280k. 10 more sites in the public realm at a cost of 150k would help ensure access in every SF neighborhood.

Appendix 1: SFHIP/SUSF SSB Performance Measure Dashboard

	Performance Measures	Results
Awareness, Education, and Health Promotion	HEADLINE PERFORMANCE MEASURE # of people reached by community outreach and workshops	3115
	HEADLINE PERFORMANCE MEASURE % of educational activities reaching one or more priority populations	100%
	# of outreach events to raise awareness about sugary drinks (e.g. workshops, health fairs, presentations, CANZILLA)	60
	# of SSB educational posters distributed	750
	# of items (e.g. water bottles) with SSB educational messages distributed to community members	7310
	% change of Open Truth campaign followers on Social Media	Twitter: 440.5%↑ Facebook: 44.5% ↑ Instagram: 99%↑
	# of Open Truth outreach curriculum train-the-trainers sessions ➤ # trained ➤ % of trainees reporting: <ul style="list-style-type: none"> • ↑ knowledge • ↑ confidence in sharing SSB health impact • ↑ confidence in sharing industry targeting • likely to share SSB information with others • intention to drink fewer sugary drinks • would recommend the training to a colleague or friend 	1 9 89% 89% 89% 100% 100% 100%
	# of educational workshops implemented by trainees ➤ # of participants ➤ % of participants reporting: <ul style="list-style-type: none"> • learning something new about how soda and other sugary drinks are making us sick • learning something new about how the soda industry targets youth and communities of color • planning on sharing what they learned with ≥3 people • intention to drink fewer sugary drinks 	25 391 93% 89% 93% 93%
	HEADLINE PERFORMANCE MEASURE # of SFs impacted by policy, systems, and environmental changes # of employees impacted by wellness/SSB policies	ALL 864,816 366,360
	HEADLINE PERFORMANCE MEASURE % of policy, systems, and environmental changes primarily benefiting one or more of the priority populations	100%
Policy, Systems, and Environmental Change	# of state and local policies implemented	3 City Policies passed, 1 implemented, 1 on ballot
	# of organizational wellness/sugary drink policies implemented	23
	# of health care systems improving SSB assessment/education during patient encounters	1*
	# of hospitals developing SSB reduction plans of action	3
	# of hospitals with adopted SSB-free policy	2
	# of water filling stations in neighborhoods/communities with disproportionate chronic disease prevalence.	10 of 19 new tap stations contracted for 2016

*St Mary's Hospital: In Process of Developing Assessment Q for Intake. Data not collected for other primary care facilities

Appendix 2: Story Behind the Data

Awareness, Education, & Health Promotion

HEADLINE PERFORMANCE MEASURES

3115 people reached by community outreach, presentations, and workshops

100% of educational activities reaching one or more priority populations

60 outreach/education events
to raise awareness about sugary drinks

Key partners:

Rafiki Coalition, CARECEN, NICOS, SF Community Clinic Association, SUSF/DPH, YMCA, Children's Council, Leah's Pantry, SF Ed Fund, The Bigger Picture/UCSF/CVP, UCSF/CTSI

Story Behind the Data

Funds provided to the three SFHIP CBO'S provided resources to train community health workers, and support workshops. Funds were essential for implementation.

Shape Up SF/DPH continued to provided education and outreach about sugary drinks through workshops, training, and outreach.

Organizations from Shape Up SF Coalition also reported outreach and educational activities including staff training (e.g. YMCA), training for day care providers, education to program participants such as newcomers and at-risk youth, and community outreach conducted during health fairs and Sunday Streets.

These data include the workshops conducted by the 3 CBOs contracted by SFHIP to provide education.

750 educational posters printed for distribution

5 new posters created by SFUSD youth

Key Partners:

SUSF/DPH, NICOS, CARECEN, Rafiki Coalition, SFUSD

Story Behind the Data

CBO Posters: Open Truth posters in 3 languages: With input from community health workers, we designed and printed 750 English, Spanish, and Chinese posters.

SFUSD Posters: In the spring of 2016, SFUSD staff solicited artwork from students encouraging that encourage kids to choose healthy drinks. 100 students ages 4-17 from Drew Elementary and Marshall High schools participated. The artwork was incorporated into a Rethink Your Drink campaign in the fall. Five posters were created from the student artwork encouraging water consumption were printed over the summer (see one example below) and distributed to schools in the fall across SFUSD school sites.

We Drink Water Not Sugary Drinks!



**Bebemos agua
¡No bebidas azucaradas!
常喝水 遠離糖份飲料！**

See recipes and ideas at [healthiersf.org/Nutrition/RXD!](http://healthiersf.org/Nutrition/RXD)

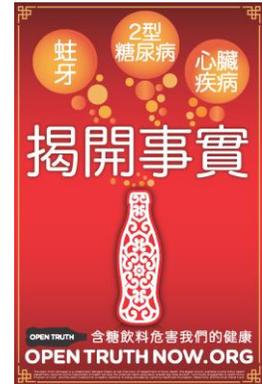


7310 items distributed with messaging

Key Partners: SUSF/DPH, NICOS, CARECEN, Rafiki Coalition

Story Behind the Data

We designed, ordered and are in the process of distributing: 1000 water bottles, 2000 pencils, 3000 stickers, and 500 magnets all with Open Truth messaging on them. These materials can be used as incentives for workshops, prizes for trivia/games during community outreach events, and/or given to clients/stakeholders. We also provided CARECEN with additional posters/brochures from the “Sugar Bites” campaign (approx. 50) and NICOs with posters from the Sugar Packs campaign (approx. 10).



9 community health workers trained



Key partners: SUSF/DPH, UCSF, Rafiki Coalition, CARECEN, NICOS,

Story Behind the Data

SUSF generously offered to provide a 3-hour training to community health workers from Rafiki, NICOs, and CARECEN. The consultant provided additional support and training to each of the participating CBOs. Funds provided to the three SFHIP CBOS were essential to train community health workers, and support workshops.

25 educational workshops held



Key Partners:

- CARECEN, NICOS, Rafiki Coalition

Story Behind the Data

Participation from SFHIP on this measure came from the 3 CBOs who received funding from the Metta grant to reach at least 150 community members. To date, they have provided 25 educational workshops/presentations to 391 community members. 93% of participants reported learning something new about how soda and other sugary drinks are making us sick, 89% reported learning something new about how the soda industry targets youth and communities of color, and 93% said they would share what they learned with 3 or more people and intended to drink fewer sugary drinks. All three CBOs agreed that these workshops would not have happened without the funding and technical assistance provided by SFHIP through the Metta Fund/Hospital Council.

CBO	# of workshops	Total # of participants
CARECEN	13	196
NICOS	7	94
Rafiki	4	101

Policy, Systems, Environmental Changes

HEADLINE PERFORMANCE MEASURES

ALL San Franciscans impacted by policy, systems, and environmental changes

100% of policy, systems, and environmental changes primarily benefiting one or more of the priority populations

3 local policies passed 1 implemented; 1 on ballot

2 statewide policies proposed

Key partners: UCSF, Shape UP SF/DPH, SF Community Clinic Association, American Heart Association, CARECEN, NICOS

Story Behind the Data

San Francisco is seen by many as a leading city in the international movement to reduce consumption of sugary drinks. The 2014 soda tax campaign garnered international attention and resulted in one of the largest opposition campaigns San Francisco has ever seen with the beverage industry investing over \$9million to defeat the measure which did receive 56% of the vote but failed to meet the 2/3 needed to pass as a dedicated tax. Our neighboring City of Berkeley, CA successfully passed a soda tax in 2014 as a general fund measure, and health advocates around the world followed their success closely. To build on the positive momentum from the soda tax campaign, the three co-sponsors of the failed 2014 soda tax legislation gathered scientists, medical professionals, and advocates together to solicit input on other policies they could develop and pass which could help reduce sugary drink consumption in SF. UCSF partnered with the Health Equity/ Parity Coalitions to gather community input. Findings from 9 focus groups in disparately impacted communities helped inform the new policy agenda. The four policies below are a result of that effort.

1. Mar Legislation-City Procurement (July 2015). Prohibiting the use of City funds to purchase/distribute sugary drinks. Includes all city contractors and grantees. Legislation currently being implemented. DPH instituting a new policy.

2. Wiener Legislation - Warning Label on Ad (July 2015). 1st of its kind legislation requiring warning labels on all SSB advertising in San Francisco. Legislation is currently being vigorously defended in court by the SF City Attorney's office. A temporary injunction has been placed on implementation of the law until the 9th circuit court of appeals rules on the injunction request from industry. SF received international news attention for this effort.

3. Cohen Legislation- Ban on SSB ads on City Property (July 2015). After recent court ruling on a similar matter, City of SF decided this legislation would not stand in court and the SF Supervisors rescinded the law.

4. Farrell legislation-Healthy Vending. City ordinance established nutrition requirements for vending/sales of food on City property. Supported by the American Heart Association this bill passed in the spring of 2016 and will set modest nutrition standards for vending on City Property.

Legislation proposed but not passed in 2015-2016: Statewide warning label bill, statewide soda tax, SF soda tax (Nov 2016). UCSF researchers have been called upon as consultants to state policymakers in the development of these state-level policies. SF has received international news attention for placing the Soda Tax measure on the November 2016 ballot.

UCSF and SUSF/DPH provided technical assistance at the request of the SF Supervisors who developed each of these 4 pieces of legislation. In addition, SFHIP partners as well as SUSF Coalition members

provided testimony at hearings for these ordinances. UCSF scientists provided the latest science on the health impacts of sugary drinks, as well as the latest evidence on the efficacy of a range of policy interventions. Scientists also talked about the results of research into the impacts of specific policy approaches, like a Soda Tax. SUSF and SFDPH staff provided testimony about local health impacts and disparities relative to SSB consumption, as well as information about local health education and environmental change efforts to reduce the disparate impacts of SSB consumption.

To support the warning label legislation:

- SUSF/DPH has created educational materials explaining the ordinance (in English, Spanish and Chinese);
- American Heart Association signed on to the Amicus Brief to support the City's defense of the warning label legislation, and led a press conference on World Health Day to highlight the warning label legislation and pending lawsuit;
- Community health workers and staff from NICOS and CARECEN provided testimony of the impacts of sugary drinks on their communities at the press conference on World Health Day, Both events garnered press attention including in the Chinese press; and SF Community Clinic Association also supported the warning label legislation by signing on to the Amicus Brief.
- UCSF scientists have provided consultation and TA to SF City Attorney's office relative to the science of SSB health harms, policy interventions and more.

To support the implementation of City Procurement legislation, DPH/SUSF is:

- developing an internal policy for DPH and its contractors to reinforce the policy
- partnering with SF Department of Children, Youth and Families to strengthen their nutrition policy and educate contractors of procurement policy

To support the 2016 San Francisco Soda Tax measure:

- The current policy is based very much on the 2014 policy that had local health advocate and UCSF scientist input, with two changes. The SF Board of Supervisors have approved a Soda Tax of 1 cent per ounce of SSB (instead of 2 cents) to be put into the general fund (instead of dedicated), with an advisory body making recommendations for how that money be invested to reduce chronic disease disparities.
- American Heart Association led and NICO and CARECEN participated in, the press conference testifying to the damage sugary drinks are doing to their communities which garnered significant media attention; and
- SF Community Clinic Consortium, NICO, and American Heart Association have endorsed the measure.

To support statewide policy measures—warning label legislation and health impact fee:

- American Heart Association and SF CCC have endorsed both of these measures.

17 organizations provided technical assistance; 23 organizational wellness/sugary drink policies adopted, impacting at least 366,360 staff & clients

Key Partners: BANPAC, Leah’s Pantry, YMCA (2), Kaiser, UCSF, and DPH

Story Behind the Data

- SFHIP received pro-bono support from BANPAC to provide technical assistance to organizations wishing to pass wellness policies. 17 SFHIP organizations utilized these services.
- Kaiser required grantees to have a sugary drink policy in place and offered leveraged support via BANPAC to create and adopt a policy, if the grantee did not already have one in place. As a result, 19 Kaiser grantee organizations had SSB-free policies in place within this project year.

These seventeen organizations received technical assistance from BANPAC:

The Good Shepherd Gracenter*	Horizon's SF**
Niroga Institute*	Women's Community Clinic**
Community Grows*	Leah's Pantry**
Compass Family Services*	18 Reasons**
Stepping Stones*	La Casa de las Madres **
Youth Ministries- Cameron House*	St. Vincent de Paul*
Breathe Golden Gate*	Education Outside*
Bayview Senior Services*	Livable City**
St. Mary’s Medical Center**	

- * organizations referred via Kaiser Permanente Community Benefits office
- ** SFHIP referred organizations

Data Collected to Date

Six organizations adopted and reported Healthy Beverage policy change, describing the number of impacted employees and clients. Wellness policies include Healthy Beverage and physical activity policy.

Organization	Process of Policy Implementation	Type of Policy	# of Employees impacted	# of clients
Leah’s Pantry (SUSF)	Fully implemented	Wellness	10	50
YMCA- Adult (SUSF)	Fully implemented	Wellness	1700	90,000
YMCA-Youth (SUSF)	Implementation in process	Wellness	600	35,000
Kaiser (SFHIP/SUSF)	Fully implemented	Wellness	4000	unknown
UCSF	Fully implemented	Healthy Beverage	30,000	unknown
DPH	Under development	Healthy Beverage	5000	200,000
		Totals	41,310	325,050

GRAND Total of those impacted by Organizational Wellness/SSB Policies: **366,360 staff & clients**

Challenges

Key challenges noted by respondents include:

1. Ensuring staff have the awareness and resources to implement the policy.
2. Dealing with vendor contracts, vendor compliance, and definitions of sugary drinks (e.g. drinks sweetened with fruit juice).
3. Ensuring compliance from outside partners, vendors, or participants of programs.
4. Managing large bureaucratic processes.

Would the policy have been developed/implemented without SFHIP/SUSF/Kaiser prioritizing these efforts?

NO: 4 of the 5 organizations that responded to the survey said the policy would not have been developed/implemented without SFHIP/SUSF/Kaiser prioritizing these efforts.

The one organization that disagreed still said that support was important. According to the respondent: "While the policy would likely have been implemented without their presence/support, SFHIP, Shape Up SF, and/or Kaiser have all played an active role in supporting the implementation of our Healthy Eating Physical Activity (HEPA) policy/standards through funding, technical assistance, and broader advocacy/awareness/encouragement."

Advice from respondents for those considering organizational policies on SSB:

- *Collective understanding and agreement on the negative impacts of unhealthy foods and beverages and the benefits of limiting sugary drinks and other unhealthy foods is key to moving policy efforts for organizations.*
- *Developing the policy is the easiest part. Building awareness is critical to the movement and implementation is an ongoing battle. Buy in from leadership to front-line staff is key and access to resources is critical.*
- *Active interest and support from leadership is key, constant communication, and accessible info for alternatives.*
- *Educate as many constituencies as possible across the organization as possible of the health risks associated with consumption. Design an evaluation that measures impacts on consumption, if you can get the resources. UCSF found that the greatest decline in consumption was among heavy consumers, and the service sector. These populations also happened to be where the most low-income employees are, and where the greater numbers of ethnic minorities are employed.*
- *Top down support and champions are essential. Lay the groundwork of education about why the policy is needed and what benefits are; and how it is in alignment with broader citywide policies.*

1 Health System Increasing Effort to Assess & Educate Patients; 2 hospitals adopt an SSB-free policy

Key Partners: Dignity Health/St Mary's Hospital; UCSF; SFDPH

Story Behind the Data:

In the summer of 2015—prior to SFHIP adopting this collective impact project—UCSF adopted an SSB-free policy across its campuses. In the fall of 2015 Zuckerberg San Francisco General Hospital adopted an SSB-free policy. Also in the fall of 2015, leaders from Dignity Health organized a training for community benefit directors system wide via a webinar with UCSF scientists and staff to share UCSF's experiences implementing a healthy beverage policy. Over 100 people attended the webinar, from across 3 states at 24 hospitals.

Leaders from St. Mary's Hospital are eager to implement the following efforts to help reduce sugary drink consumption among patients:

- Educate providers through arranging talk by Dr. Laura Schmidt from UCSF
- Identify educational posters that can be displayed on the hospital campus aimed at staff and patients
- Develop SSB policy with resources offered by BANPAC
- Develop an assessment question that each primary care outpatient clinic would be asked during intake
- Form a joint taskforce with Saint Frances hospital to implement changes

SFHIP members from St Mary's Hospital worked with both the BANPAC consultant and the consultant hired for this project to achieve their goals. All efforts are in progress, and they have joined with Saint Frances hospital to further their efforts.

The assessment question that St Mary's leadership hopes to integrate into their electronic medical record pop up during intake assessment for every primary care outpatient clinic contact is:

On a typical day, do you drink 1 or more sodas, juice drinks, sweetened tea/coffee, sports OR energy drinks a day? (Do not count diet drinks or drinks you add sugar to such as a tsp in your coffee).

If St Mary's is successful in implementing this assessment question at intake, they will be one of the first medical systems to do this. Inquiries to the international SSB listserv resulted in no other known hospital system implementing an assessment at this level. Many healthcare systems include sugary drink assessments in their annual well-baby/child visit questionnaires or annual check up protocol. However, none ask patients consumption at each visit and then indicate it as a priority health education topic for health care providers.

UCSF faculty and staff are currently working with Dignity Hospitals to compare data, measuring impact of policy and other changes in hospital vending and service on purchases of SSBs at both institutions.

53 New Water Filling Stations Installed in SF



Key Partners:

SFPUC; SFDPH; NICOS on behalf of APIHPC; CARECENSF on behalf of CLI HEC; Rafiki Coalition on behalf of AACHEC; City and County of SF; SFUSD; UCSF

Story Behind the Data

In 2014, UCSF led a study of community perceptions on policy and education interventions to reduce consumption of SSBs. Researchers partnered with the three ethnic community-based Health Equity/Parity Coalitions to convene nine focus groups in target geographic and ethnic communities. Findings informed an SSB policy agenda for SF policymakers in 2015, and led us to work to increase access to trusted sources of clean, safe, public water and community-based water promotion.

Supervisor Eric Mar's office helped bring City funding (\$175,000) to support new tap station installation in the public and school realms, as well as education/ promotion of tap water. The funds were sent to the SFPUC.

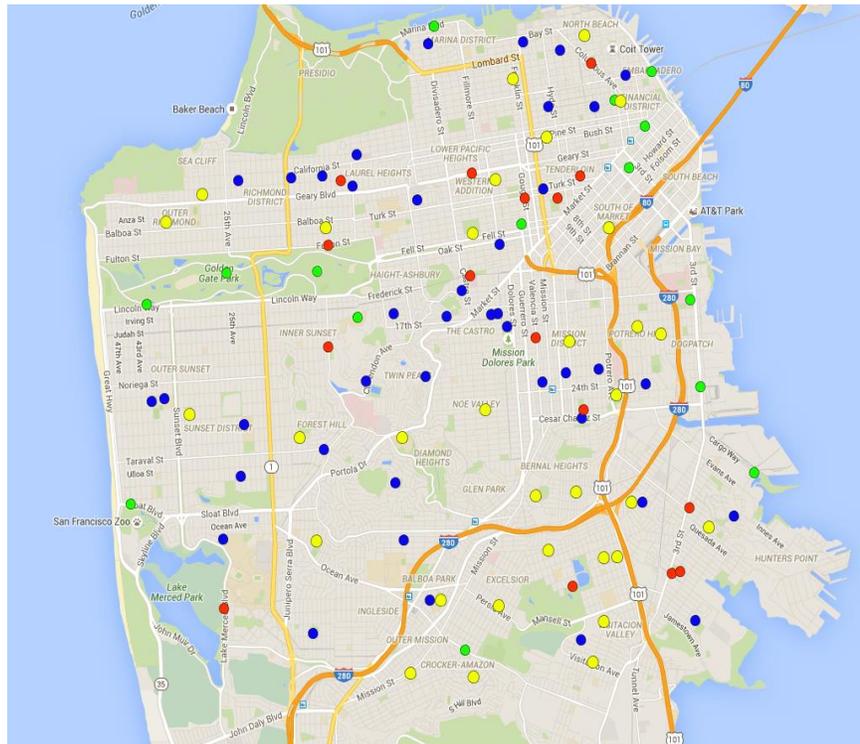
SFPUC has pledged nearly \$30k of this City funding to support community-based public water promotion and outreach support for new tap stations. The CBOs that were trained and employed by SFHIP/ Metta to do SSB education in communities worked with SFPUC, UCSF and SFDPH/ SUSF staff and our Healthy Beverage Consultant Janna Cordeiro to develop community relevant, evidence-based curriculum and messaging for Citywide water promotion.

UCSF CSTI navigator staff collected input from Mission, Bayview and Tenderloin community partners for identifying new tap installation sites. This input was cross-referenced with SFPUC knowledge of existing plumbing and cost expectations, as well as district supervisor priorities. Nineteen new tap installation sites have been identified and contracted for installation Fall 2016. One station was inaugurated at 6th Avenue and Clement.

Thirty four SFUSD sites got new tap stations installed in 2016 as part of this collective effort. Preliminary evaluation conducted by SFDPH staff has found:

UCSF researcher Anisha Patel is actively collecting baseline data to measure the impact of a combination of tap station and municipal SSB policy change on water consumption. Dr. Patel garnered funding from the Kellogg Foundation to implement baseline data collection and is actively pursuing funds to complete data collection after tap station installation as well as to pay for additional water promotion. UCSF faculty and staff are working in partnership with community, hospital and civic agencies on these grant applications.

SF H2O
 Access
 Equity
 53 new
 stations
 this year



- Existing Stations in Public Realm
- Proposed Future Stations in Public Realm
- Existing Stations in Schools
- Future Stations in Schools

Appendix 3: The Memorandum of Understanding (MOU) between SUSF and SFHIP

Aligned Missions

The **Shape Up SF (SUSF) Coalition** is a multidisciplinary body convened to address the epidemic of chronic disease through primary prevention and environmental strategies, with an emphasis on physical activity and nutrition. SUSF is committed to reducing health disparities in chronic diseases. The Coalition's mission is to convene partners for greater collective impact in order to create equitable and sustainable environments, systems and policies that promote healthy eating and active living across the lifespan in San Francisco.

The **San Francisco Health Improvement Partnership (SFHIP)** is a cross-sector initiative designed to improve the health and wellness of all San Franciscans. SFHIP combined into one aligned framework the efforts of three successful community health improvement collaborators: San Francisco's non-profit hospitals and their Community Benefits Partnership (CBP) and Building a Healthier San Francisco (BHSF) projects; the Clinical and Translational Science Institute (CTSI) at the University of California, San Francisco, which supported the first phase of SFHIP; and the San Francisco Department of Public Health and its community health improvement process.

Aligned Effort on Sugar-Sweetened Beverage (SSB) Efforts

SUSF and SFHIP are both engaged in efforts **to decrease consumption of sugary drinks and promote consumption of tap water through education, policy, systems and environmental change efforts**. Both employ a collective impact model and are tracking progress using a Results Based Accountability (RBA) framework. In recognition of the mutual benefit resulting from this agreement, and in an effort to quantify the collective impact to decrease consumption of sugary drinks and promote consumption of tap water in San Francisco, **SUSF and SFHIP agree to the following:**

4. Collaboratively develop a shared evaluation framework and measures for RBA
5. Encourage and support member organizations to participate in the evaluation, including communicating the need for collecting information and reporting progress on shared measures
6. Collect and submit data from participating organizations (see #2 below)

In addition, SFHIP agrees to:

3. Take the lead on coordinating meetings between SFHIP and SUSF to implement this collaboration (Backbone staff)
4. Provide SSB data coordination, using existing resources to: a) serve as the central point of reporting; b) analyze data; c) report back to SFHIP and SUSF on progress on shared measures; d) produce reports summarizing the collective impact of SSB efforts in SF

Support for evaluation is provided by a Metta Fund grant to SFHIP, and in-kind time provided by SFHIP Backbone and SUSF staff. The timeframe for the evaluation is **FY2015 to FY2016**, which aligns with the Metta grant funding period (during which SFHIP will have a strong focus on SSB efforts).

For more information on

San Francisco Health Improvement Partnerships: www.SFHIP.org

Shape Up San Francisco Coalition: www.shapeupsfcoalition.org (and to download an electronic version)

With special thanks for making this project possible:

Bay Area Nutrition and Physical Activity Collaborative (BANPAC)

Metta Fund

Hospital Council of Northern and Central California

The SFHIP Steering Council members and their organizations

Shape Up SF Steering Committee and the coalition member organizations

The SFHIP SSB Working Group: Christina Goette, Dara Geckeler, Marianne Szeto, Patricia Erwin, Roberto Vargas (project manager)

Janna Cordeiro (Healthy Beverage Consultant)