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A Call For Environmental Justice: Water Access and Alcohol Policies

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A Call For Environmental Justice: Water Access and Alcohol Policies

Master of Public Health Fieldwork

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University of San Francisco

August 26, 2015

Abstract

The University of California, San Francisco (UCSF) Community Engagement and Health Policy Department (CEHP) bridges academic research, health policy, and community practice to improve public health. Within CEHP is the San Francisco Health Improvement Partnership (SFHIP). The SFHIP partners work together to promote synergies and create innovation to achieve more substantial gains in community health and health equity. Thorough community assessments and academic research precede the development of public health policy. It is the SFHIP department that conducts the community assessments and collects the academic research in order to promote public health policies to the City of San Francisco. SFHIP works on various prevention activities in San Francisco targeting mainly the neighborhoods and individuals that are most disadvantaged with a goal to promote health equity. The following paper is a summary on a 300-hour fieldwork experience with the UCSF CEHP department working specifically with the SFHIP partners to conduct needed community assessments and collect academic research in order to aid the improvement of MLK Jr. Park in Bayview Hunters Point and the development of the water access and alcohol policies.

A Call For Environmental Justice: Water Access and Alcohol Policies

Master of Public Health Fieldwork

A community health needs assessment identifies key health needs and issues through systemic, comprehensive data collection and analysis. This involves multiple stakeholders that collaborate and divide ownership over different aspects of the community health improvement plan: assessment, planning, investment, implementation, and evaluation. Collection of evidence-based data is essential in order to prove reasoning to continue to conduct needed community assessments. A community health improvement plan is a long-term effort to address public health concerns based on the results of community health assessment activities and the community health improvement process.

This paper will provide an introduction to the development of this community health improvement plan, and a summary of 300 hours of fieldwork completed at the University of California, San Francisco in their Community Engagement and Health Policy Department as a culminating experience of the University of San Francisco's Master of Public Health program.

Background

Agency Information

The Community Engagement and Health Policy (CEHP) division of the University of San Francisco (UCSF) facilitates and conducts data collection, data analysis, program management and evaluation, and policy development for the department. Additionally, CEHP staffs the San Francisco Health Improvement

Partnership (SFHIP), which is a city wide initiative to promote community partners that want to work together to improve health equity in the City of San Francisco. The San Francisco Community Health Improvement Plan (SFCHIP) identifies the following key health priorities for action as of 2012: Ensures Safe and Healthy Living Environments, Increase Healthy Eating and Physical Activity, and Increase Access to Quality Health Care and Services. The vision of SFCHIP is: Healthy People, Healthy Families, Healthy Communities: living, learning, playing, earning in San Francisco. The values of SFCHIP are: to facilitate alignment of San Francisco's priorities, resources, and actions to improve health and well-being; to ensure that health equity is addressed throughout program planning and service delivery; and, to promote community connections that support health and well-being. The SFCHIP partners UCSF with the San Francisco Department of Public Health and other San Francisco community public health partners. For the purpose of this paper and my fieldwork, the two priorities that were focused on were: Ensure Safe and Healthy Living Environments (priority 1) and Increase Healthy Eating and Physical Activity (priority 2). The specific goals of priority 1 that were focused on included: to improve safety and crime prevention, to reduce exposures to environmental hazards, and to foster safe, green, "active" public spaces. The specific goals of priority 2 that were focused on included: increased healthy eating. Priority 1 goals in my project included: the MLK Jr. Park improvement initiative and the alcohol policy project. Priority 2 goals in my project included: aiding the reduction of sugary drinks and plastic bottled water and access to free tap water.

Literature

The collection of evidenced-based research regarding the built environment, benefits of drinking tap water over bottled water, and the relationship between alcohol and nuisance and crime is essential information in the development of the MLK Jr. Park, water access policy and alcohol policy initiatives, respectively. The water evidenced-based research within this paper is currently being used in the water access policy initiative through the development of a power-point presentation, but the research regarding the built environment and relationship between alcohol and nuisance and crime is solely for the purpose of this paper.

Access to safe and clean areas of outdoor activity should be a right to every human. Physical inactivity is a public health issue in the United States. Various studies have been conducted relating the correlation between the physical or built environments with physical inactivity. According to Brownson et al. (2009) “leisure physical activities may be most affected by access to, and characteristics of, public and private recreation facilities” (p.99). There are various factors involved in built environments that influence physical activity. These factors can be broken up into domains: Functional, Safety, Aesthetic, and Destination. Functional aspects include: usability of walking surface, location to streets and traffic; Safety aspects include: the presence of social factors and comforts as well as the absence of physical disorder; Aesthetic aspects include: streetscape and lighting and views or the absence of physical disorder; Lastly, destination aspects include: the type and availability of a facility (Brownson et al., 2009). Parks and colleagues (2003) explain the relationship between low-income neighborhoods and poorly designed built environments instigating physical inactivity. These poorly designed neighborhoods are unsafe; for example, they have streets without lighting or sidewalks

and poorly maintained parks, reducing one's motivation to be active outside (Parks and colleagues, 2003). According to Parks and colleagues (2003) access to parks are essential as well, "among urban, lower income participants access to walking/jogging trails and parks were associated with increased physical activity" (p. 32). Sallis et al. (2012) showed that renovations of parks increase physical activity by increasing residents desire to go to the parks. According to Sallis et al. (2012) renovations of the neighborhood development to encourage active transportation is essential for increasing physical activity such as, creating biking paths and walking paths.

Access to clean free tap drinking water should be a right to every human. As Gibson and colleagues (2012) state, "water is arguably the most vital nutrient of all, as the absence of intake is usually lethal within just a few days (Jequier & Constant 2010). It is essential for all bodily functions, including temperature regulation, nerve conduction and many chemical reactions" (p. 182). Without access to clean free water, many will buy plastic bottled water or drink alternative drinks such as sodas and other sugar-sweetened beverages to maintain hydration. According to Patel (2010), "concerns about the influence of sugar-sweetened beverage consumption on obesity have led experts to recommend that water be freely available in schools" (p. 1). On the other hand, many schools buy a lot of sodas as the soda companies in turn provide funding for extracurricular activities. According to Patel (2010), schools "fear that serving drinking water to students may decrease the sales of competitive beverages (beverages sold separately from the NSLP (National School Lunch Program)) that often fund extracurricular activities" (p. 4). Schools need alternative sources to funding extracurricular activities other than sugar-sweetened beverage corporations.

Many believe that plastic bottled water is cleaner and free of contaminants due to the clear color and sealed top, but bottled water is filled with contaminants and its use only creates unnecessary environmental waste. According to Durancea u and colleagues (2011), “several studies have documented the detection of coliforms and heterotrophic bacteria in bottled water in counts that exceed national and international standards...pathogens such as *Escherichia coli*, *Pseudomonas spp.* and *Salmonella spp.* have been demonstrated to survive in bottled water.” Many different types of plastics are noted in bottled water as well, in a recent study, “experimental analysis was performed on bottles constructed of the two plastics approved for use as containers in the United States: high density polyethylene (HDPE) plastic and polyethylene terephthalate (PETE) plastic (American Chemistry Council (ACC) 2007). HDPE plastic is commonly used for gallon-sized jugs and bottled water that are available in supermarkets (ACC 2007). PETE plastic is used in several different bottling containers ranging in size from less than a cup to 2-1 of water (ACC 2007). All of the bottled water for this study was purchased from the same supermarket” (Durancea u, 2011, p.545). Also Huerta-Seanz and colleagues (2012) note that, “it is estimated that 70% of plastic bottles are not recycled and end up as plastic waste in landfills” (p. 54).

Latino and African American individuals tend to fear public tap water and choose bottled water. Many third world countries have unsafe drinking water, due to the poor management of their plumbing systems. Many of those immigrating to the United States take these fears with them and lack trust in the public utilities system. As Huerta-Seanz and colleagues (2012) state, “many Latino countries do not have a well regulated community water system that assures purity and safety of its consumers and these beliefs

may influence water preferences of Latinos who reside in the U.S.” (p.55). Huerta-Seanz and colleagues (2012) in a cross-sectional survey among 2 groups of adolescent clinics in the United States showed that bottled water was the drinking water of choice across all age groups in this urban, predominantly African American population, as stated, “bottled water [tastes] better and purer, [is] clearer, and [is] safer than tap water” (p.56).

Individuals in San Francisco have access to tap water free of contaminants. Its source comes directly from the Hetch Hetchy Reservoir in Yosemite National Park, and is quality tested over 100,000 times a year (San Francisco Public Utilities Commission, 2015).

Everyone should have a right to live in a neighborhood that is free of nuisance and crime. Many studies have been conducted relating areas of high alcohol outlet density and nuisance. Romley and colleagues (2007) explain that there is an association with lower-income individuals consuming more alcohol due to the higher availability in these neighborhoods. As Romley and colleagues (2007) state, “women and men in the least-deprived neighborhoods are heavier drinkers” (p. 49). It is environmentally unjust to create this alcohol consumption culture for the people living in these low-income neighborhoods. Not only does high alcohol availability in a neighborhood pose individuals at risk to addiction, a neighborhood with high alcohol consumption affects individuals indirectly through crime, vandalism, and assaults. According to Gruenewald et al. (2006), “interpersonal violence appears to occur more often than others [in] and around locations of alcohol outlets” (p. 667). Social alcohol outlets such as bars, specifically attract violence, “bars are often located in community areas with less guardianship (e.g. retail), offer opportunities for social interactions that may lead to

violence (Haines & Graham 2005), and provide an intoxicating substance that appears to disinhibit aggression among males (Pihl, Lau & Assaad 1997; Giancola, Saucier & Gussler-Burkhardt 2003)” (Gruenewald et al., 2006, p. 667).

Implementation

The intention of this fieldwork experience at the University of California, San Francisco in the Community Engagement and Health Policy department was to conduct assessments and collect data to help aid in the development of: MLK Jr. Park in Bayview Hunters Point, tap water installations in San Francisco low-income communities, and the alcohol policy working to lower the amount of alcohol outlets in low-income communities. The two goals were as follows:

1. Increase my knowledge base of community asset mapping, data collection, and analysis.
2. Establish connections and build relationships with project staff and community partners.

With each of these goals, learning objectives were established to support the overarching goal. Additionally, the activities listed in the learning contract initiated specific steps necessary to meet each objective.

My entire fieldwork experience heavily focused on both goals as while increasing my knowledge base, I was continually attending meetings and developing community connections to back-up and redirect the data collection as needed. As the fieldwork began, I was hesitant about how I was going to work on three separate projects simultaneously, but the water access and alcohol policy initiatives took weight, while the MLK Jr. Park initiative only made it to the early stage of completing an observation

assessment. Although the MLK Jr. Park initiative only made it to the initial stage, I believe that the water access and alcohol policies will address the maintenance of parks as well by providing access to free tap drinking water and limiting plastic bottle water waster near or in parks and by reducing the nuisance and empty alcohol bottle waste in low-income neighborhoods hopefully creating clean and safe parks. Due to the unpredicted flow the fieldwork, I continuously had to update the learning contract adding and subtracting activities as my preceptor would invite me to various meetings throughout and change the course of my activities in the project. I am glad this happened, as I was able to experience real life scenarios involved in public health community program development.

Findings

The qualitative data collection for the MLK Jr. Park initiative was completed in this fieldwork through an observation assessment and photo collection of the park. The observation assessment data and photos show the apparent lack of maintenance of the park and explain why the park is being underutilized as evidenced by, garbage in and around the park that creates a unpleasant pungent odor, dog feces on the playground, and empty alcohol bottles dispersed throughout the park. Appendices II and III show the observation assessment data and the photos taken.

The qualitative data collection and analysis for the alcohol policy was completed in this fieldwork through the conduction of focus groups. There will be a total of seven focus groups targeted in Bayview Hunters Point, the Tenderloin, and the Mission neighborhoods. I was involved as the detailed note-taker in two of the focus groups. One of the focus groups was canceled due to not having enough members. In these focus

groups people were asked their perceptions, opinions, beliefs, and attitudes toward this developing alcohol policy. For the purpose of data collection, information was divided into different categories: agreements, disagreements, surprises, parking lot (information to note and discuss later), and themes. The first focus group was held at the National Council on Alcoholism in San Francisco. Members of this focus group included various San Francisco community stakeholders: UCSF, Horizons, Community Youth Center, National Council on Alcoholism, St. Francis Living Room, and Road Map For Peace. The agreement section included: a consensus on wanting to reduce alcohol consumption and ads involving alcohol sales; wanting clean and safe neighborhoods; linking music and advertising influence on alcohol consumption; wanting a map with census tracts for each neighborhood; and, not wanting bars near schools. The disagreement section included: not being able to use statistics to create a discussion as they are continuously changing. The surprises section included: the cultural influence on alcoholism; Starbucks working on getting an alcohol license; no ethnicity tracking of storeowners. The parking lot section included: types of nuisance activity going on in neighborhoods with high alcohol outlet density. The themes section included: safety; large availability of alcohol; reducing alcohol ads; collaboration needed; places people remember--parks; affordable housing needed. The second focus group was held at the Joseph Lee Recreation Center in Bayview Hunters Point. Members of this focus group included community members in Bayview Hunters Point. The agreement section included: wanting to get rid of nuisance; limiting times of alcohol sales in the outlets; requesting to include age and amount of children in household for data; T-line at 3rd and Palou is the most dangerous; want education in the community regarding harms of alcohol, but need to be given by

community gatekeeper; need to include youth in discussion about alcohol impact. The disagreement section included: a consensus that UCSF should not be the ones giving education to the community, rather a community gatekeeper. The surprises section included: Bayview Hunters Point not on UCSF's alcohol outlet density map- felt this was symbolic of being forgotten in SF; mentioned the new popular Lean drink among youth that has promethazine and codeine added to sports drinks—Gatorade; symbols of the neighborhood discussed were balloons and candles as related to common funerals in Bayview Hunters Point; discussion of datasf.org as good place to find data; as African Americans feel less disorganized and motivated to get jobs compared to the Latino community. The parking lot section included: noting who owns the corner stores; develop site to show locations of corners stores and allow community members to add to the site (want to be a part of data collection); BMAGIC youth program to empower youth. Lastly, the themes section included: alcohol impact on youth; generational abuse of alcohol; historical impact of the Bayview as related to the shipyard. Generally, everyone agrees that low-income neighborhoods in San Francisco need less alcohol outlets to reduce alcohol consumption, nuisance and create a clean and safe environment. Appendix V shows photos taken at the first focus group.

The data collection and analysis for the water access tap installation policy was completed in this fieldwork through: one focus group in the Tenderloin neighborhood, a Agua4All California state wide stakeholder convening and the collection of evidence-based literature (quantitative and qualitative data) that was cumulated into a power-point presentation that will be presented in September 2015. This power-point presentation is my individual contribution to this fieldwork project and to the University of San

Francisco Community Engagement and Health Policy Department. The Tenderloin focus group was held at the Healthy Corner Store Coalition to get opinions from community members as to where tap installations should be located in this neighborhood. The general consensus among members of the focus group was to have tap installations in high pedestrian traffic areas, but to minimize tap installations near unsafe streets or food shelter lines as many families would not want to approach these areas to fill up their water bottle or drink from the tap. These top choices included: Civic Center, Boeddeker Park, Sergeant John Macaulay Park; Others included: Corner of Turk and Leavenworth (southeast corner), 201 Turk St., Tenderloin Recreation Center, and Turk and Hyde Mini Park. The areas focus group members were against included: outside Glide Memorial and St. Anthony's Churches as these have continuous food shelter lines full of people. There was an agreement that these lines make the area too congested and make many feel unsafe so tap installations would be utilized in this area. At the Agua4All convening the following stakeholders collaborated to discuss the tap installation project in California: The California Endowment, Blue Planet Network, Community Water Center, Rural Communities Assistance Corporation, Kaiser, School Districts, Elected Officials, California Department of Education, and the University of California, San Francisco. Different topics were discussed to see the barriers and facilitators to the tap installations. Factors that enable access to safe water and good health included: community size, changing culture, insurance, good leaders, infrastructure, money for treatment of water, research and evaluation, and technical competency. The barriers to safe water and good health included: lack of funding, contaminants, lack of policy, aging infrastructure, poverty, technical capacity, and lack of enforcement.

Public Health Significance

Overall this project shows how the built environment can predispose individuals to environmental inequality and threaten health equity. Where we grow up and where we live has a great influence on our health status. If a neighborhood does not have access to parks, walking paths, and biking paths it is unlikely that members of that community will be physically active. If a neighborhood is highly populated with alcohol outlets this creates a norm and acceptance towards alcohol consumption. Lastly, if there are dirty tap water fountains this serves as a deterrent and encourages members in that community to buy bottled water or sugar-sweetened beverages for a source of hydration.

This fieldwork has shown that although these sources of environmental inequality are present, it does not mean that members of that neighborhood choose this way of living. Many will be influenced to make poor health choices due to the built environment made for them, but many may only be influenced indirectly. For example, being a victim to alcohol violence in a neighborhood with ongoing nuisance activity or being an obese child whose parents continue to buy sugar-sweetened beverages. Many individuals have the education and motivation to make good health choices even while living in an environmentally unjust neighborhood, but many solely adapt to their environment and this becomes their norm.

The focus groups and community meetings attended throughout this fieldwork prove that there are many public health advocates in the San Francisco community that want to change the built environment and create health equity. The focus groups in this fieldwork were a good way to create a diverse community partnership around the same public health goals.

Competencies Addressed

The learning objectives achieved in the 300 hours of fieldwork helped to contribute to the completion of the University of San Francisco's Master of Public Health competencies, in addition to core knowledge areas and crosscutting values. Through focus groups, an observation assessment of MLK Jr. Park and the collection of evidenced-based literature, I was able to assess, monitor, and review the health status of low-income communities in San Francisco along with their related determinants of health. From the information collected from these sources, I was then able to analyze this information as appropriate to the water access and alcohol policies. The collection of both quantitative and qualitative public health literature behind built environments, and the water access and alcohol policies enabled the prioritization and scope of the individual public health problems. The entire fieldwork project involved assessing and brainstorming ways to prevent environmental hazards such as exposures to unsafe parks, plastic bottled water and sugar-sweetened beverage consumption, and alcohol and its causative effects. UCSF SFHIP's main goal is to address health equity through social change, health behavior change, and by promoting social justice. These goals are carried out by: developing community partnerships, promoting health education to community members, and by advocating for public health policy to change the build environment and reduce environmental health exposures. UCSF SFHIP serves as an academic institution leader in San Francisco. Many public health community programs rely on UCSF's evidenced-based research to continue reasoning and funding for their programs from the state.

This whole fieldwork experience involved continuous collaboration. The team method was essential to carry out needed goals. Community health improvement plans can never be an individualistic job, therefore, having team members that are willing to work together, appropriately delegate, and respect each other's opinions is essential. My fieldwork with UCSF in the Community Engagement and Health Policy department demonstrated this thorough and cooperative team that continues to make large public health changes in the City of San Francisco.

Conclusion

Overall, the fieldwork experience sufficiently symbolized a culmination of the USF MPH program. The experience showed that in public health, there is an importance of building relationships with key stakeholders to create a community around the same public health goals. Public health issues are system wide and need help from members at each level of a public health program development including community members, community program stakeholders, and academic institutions. There needs to be individuals doing assessments, collecting and analyzing data, and synthesizing this information in reports or academic papers that can be presented in city or state wide meetings in some cases to promote a public health policy. Public health advocates are then needed whether from academic institutions or community health programs that continue to advocate for public health change and policy development. An entire public health program may develop policy enactment, but the policy may be denied or the funding for the program may be cut off. It is important in public health to never give up and to continue to advocate for those least fortunate that are unable to advocate for themselves. My fieldwork with UCSF in their Health Policy and Community

Engagement department showed all of these steps, but most importantly, I was able to meet and learn from these advocates and now know that their motivation and service towards the City of San Francisco is strong and they will continue to strive for health equity for those least fortunate. In summation, the fieldwork experience with the University of California, San Francisco served as a valuable learning experience in public health practice. This experience will forever be embedded into my years of a career as a primary care nurse practitioner aiding in a more in-depth health assessment.

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Appendices

I. Learning Contract:

Student: Alexandra Rosalsky

Agency: University of California San Francisco Health Policy and Community Engagement Department

Preceptor: Roberto Vargas, MPH, Navigator

Dates of Placement: May 6th-July 31st

| Goal 1: Increase my knowledge base of community asset mapping, data collection, and analysis | | | | |
|---|---|-------------------------|------------------------|---|
| Objective 1: Review the San Francisco Community Health Improvement Plan (SFCHIP) and take action to improve alcohol density outlets, water access, and safe parks | | | | |
| Activites: | Timeline: | Anticipated Hours | Person (s) Responsible | Deliverables |
| 1) Attend focus group regarding alcohol density outlets at National Council of Alcoholism | 7/16/15 | 11:00am-12:30pm | Alexandra and Paula | Record focus group/video/list common themes |
| 2) Attend focus group regarding alcohol density outlets in Bayview at Joseph Lee Recreation Center | 7/22/15-Canceled last minute due to not having a diverse group and low turn out | 5:30pm-7:00pm | Alexandra and Paula | List common themes |
| 3) Attend focus group regarding alcohol density outlets in Bayview at Joseph Lee Recreation Center | 7/29/15 | 5:30pm-7:30pm | Alexandra and Paula | List common themes |
| 4) Observe use of MLK park | 5/29/15 | 2h; 30 minute rotations | Alexandra | Observation chart with assessment |
| 5) Take photos at MLK park | 5/29/15 | Last 30 minute rotation | Alexandra | Photos |
| 6) Analyze water access focus groups already done and note themes | 6/18-7/31 | 9-18h/wk | Alexandra | List of themes |

| | | | | |
|--|---|--------------------------|-------------------------------|---|
| 7) Lead focus group regarding filtered tap installations in Tenderloin at the Healthy Corner Store Coalition Meeting | 6/25/15 | 3-4pm | Alexandra | Questions from focus group about location of tap installation to go to UCSF and PUC |
| Objective 2: Collect evidenced based articles related to water access to and summarize key points to educate the community | | | | |
| Activites: | Timeline: | Anticipated Hours | Person (s) Responsible | Deliverables |
| 1) E-mail to Dr. Anisha Patel to recommend evidenced based articles regarding water access | As needed | 4h/week | Alexandra | List of articles |
| 2) Find 10 articles why low income communities drink bottled water and drink soda instead of water | As needed | 18-27h/wk | Alexandra | List of 10 articles and 5-10 key summary points of all articles combined |
| 3) Presentation for Water Access Stakeholders | 7/23/2015- PPT; 9/2015 Presentation | 18-27h/wk | Alexandra | PPT Presentation |
| Goal 2: Establish connections and build relationships with project staff and community partners | | | | |
| Objective 1: Establish weekly in-person meeting with project preceptor at site location | | | | |
| Activites: | Timeline: | Anticipated Hours | Person (s) Responsible | Deliverables |
| 1) Help coordinate creation of Basecamp (online resource community) | Fridays | 8:30am- Noon | Alexandra and Paula | List of useful websites for data |
| 2) Communitate with Roberto progress of each week | As needed | 18-27h/wk | Alexandra and Roberto | |

| Objective 2: Establish as needed meeting with community partners | | | | |
|---|-----------|-----------------------------|-----------------------------|---|
| Activites: | Timeline: | Anticipated Hours | Person (s) Responsible | Deliverables |
| 1) Introduction to Bayview Healzone Staff | 5/22/15 | Noon-1pm | Alexandra and Roberto | Encouraged bridging of Bayview Healzone with the Public Utilities Commission to educate public on safety of tap water; given task to observe MLK park |
| 2) Agua 4 All | 6/17/15 | 8:30am-4pm | Alexandra and Roberto | Notes on themes |
| 3) Strategic Plan Meeting at Mission Hall: Water Access, Alcohol Policy, Safe Parks | 6/26/15 | 8:30am-5:00pm | Alexandra, Roberto, Paula | Notes on meeting |
| 4) Alcohol Policy Data Committee Workshop on Alcohol Outlet Density | 19-Jun | 8am-12pm; 12:30pm to 2:30pm | Alexandra, Paula, and James | Recorded video of meeting and made sure consent forms are signed; Reviewed alcohol outlet density data and focus groups (noting themes) |

II. MLK Park Observation Assessment:

DATE 5/29 PARK NAME MLKJR OBSERVER Init. AR PERIOD: ? 2:00 ? 2:30 ? 3:00 ? 3:30 ? 4:00 ? 4:30 ? 5:00 ? 5:30
 TARGET AREA _____ START TIME 12:30

LUNCH TIME: 12:30-1:30

Target Area # _____ Subtarget Area # of Total Subtarget areas _____
 CONDITIONS OF TARGET AREA
 Accessible (e.g., not locked or rented to others) ? Yes ? No
 Usable (e.g., is not excessively wet or windy) ? Yes ? No
 Equipped (e.g., removable balls available) ? Yes ? No
 Supervised (e.g., not locked or rented to others) ? Yes ? No
 Organized (e.g., team sporting event) ? Yes ? No
 Dark (e.g., insufficiently lit) ? Yes ? No
 Empty (i.e., scan area is empty) ? Yes ? No
 Comments: 3 scans: 1 2 3
Dark: field, playground, border
Trash: field, playground, border; no BBQ BASECANS, rotten food, weeds, grass, grazing and playground
Waste smell

| PEOPLE | ACTIVITY | AGE GROUP | | | | ETHNICITY | | | | ACTIVITY LEVEL | | |
|--|------------------------|-----------|------|-------|--------|-----------|----|---|---|----------------|---|---|
| | | Child | Teen | Adult | Senior | B | W | H | O | S | W | V |
| Participants Primary Activity | | | | | | | | | | | | |
| Female | walking | | | X | | | | X | | | | X |
| Male | sitting sitting picnic | | | X | | X | XX | | | XX | | |
| Participants Secondary Activity | | | | | | | | | | | | |
| Female | | | | | | | | | | | | |
| Male | parenting dog walking | | X | | X | X | X | | | X | | X |
| Spectators Organized Activity | | | | | | | | | | | | |
| Female | N/A | | | | | | | | | | | |
| Male | N/A | | | | | | | | | | | |

- Fitness Related Codes:** aerobics (dance/step aerobics), fitness stations, jogging/running, strengthening exercises (pull ups)
- Sport Related Codes:** baseball, basketball, cheer leading, dance, handball, horseshoes, soccer, tennis/racquet
- Active Game Related Codes:** climbing/sliding, jumping (rope, hop scotch), manipulatives/racquet, tag/chasing games
- Sedentary Related Codes:** chess/checkers/cards, lying down, picnic (food involved), reading

This is a reliability check

III. MLK Park Observation Assessment Photos:



V. Alcohol Policy Focus Group



