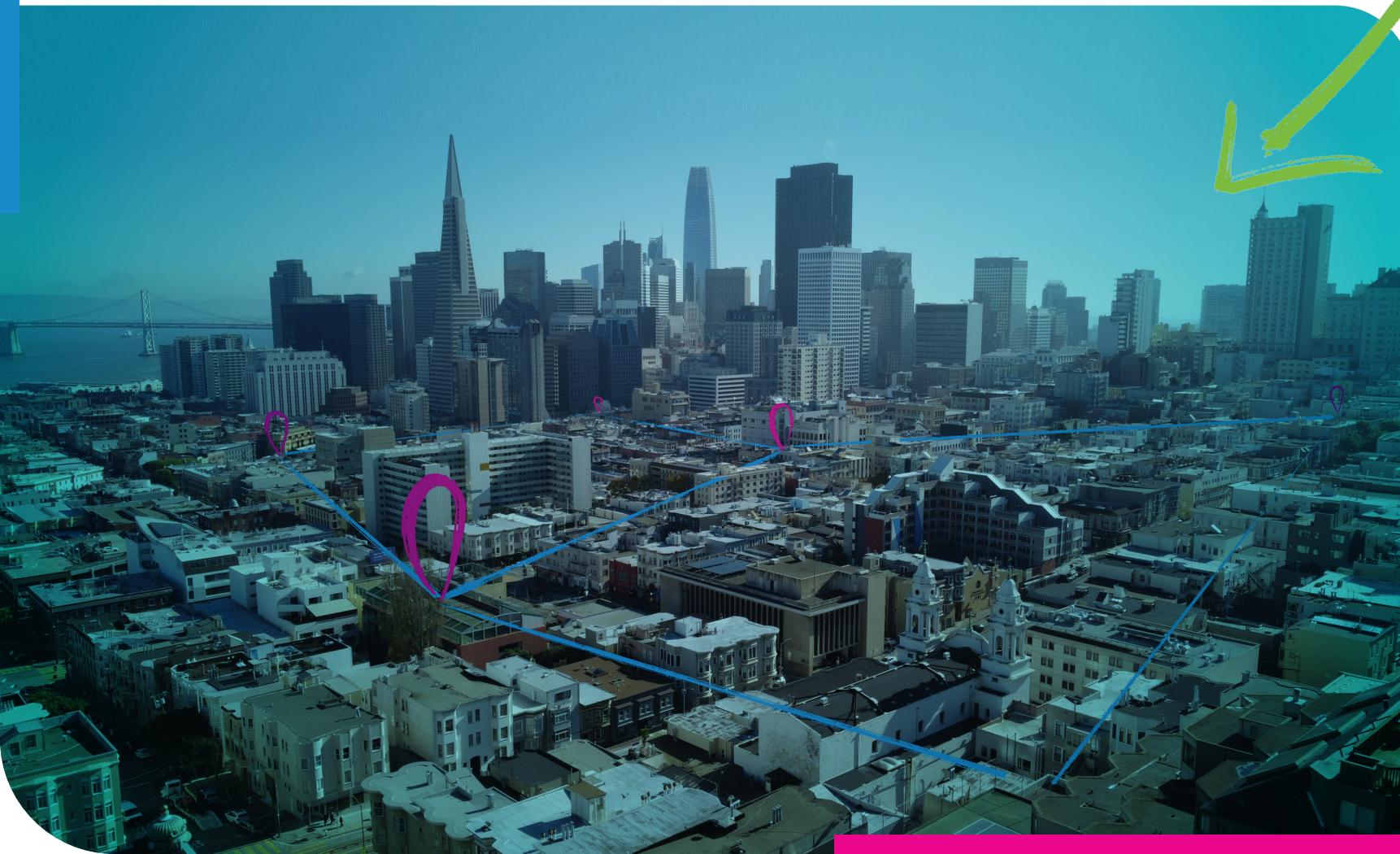


# San Francisco Sugary Drinks Distributor Tax (SDDT) EVALUATION REPORT 2022-2023



# Letter of Introduction

**DEAR MAYOR LONDON BREED, SAN FRANCISCO BOARD OF SUPERVISORS, AND SAN FRANCISCO RESIDENTS,**

We are excited to share the evaluation findings from work supported by the Sugary Drinks Distributor Tax (SDDT) during fiscal year 2022- 2023, and more importantly recognize the 5-year anniversary of the tax in San Francisco, which has provided funding for priority populations and places targeted by the sugary drinks industry. Since 2018, the sugary drinks tax has funded a range of programs, services, and structural interventions dedicated to addressing health inequities. Revenue from the tax has resulted in collaboration between community members, the San Francisco Department of Public Health, academic researchers, and policy leaders embedded in the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC)'s structure with seats dedicated to community leaders, community members, public health experts, subject matter experts, and researchers. The role of the SDDTAC has been critical in informing funding priorities and ensuring that the SDDT funding is accountable and aligned with key values for decreasing sugary drink intake and increasing healthy eating and active living.

This evaluation report highlights the impact of multi-year funding from the last five years and recommendations to sustain and support programs, initiatives, policies, and more. For example, findings include:

1. Over the past five years, SDDT revenues have been invested in priority populations and places most targeted by the beverage industry.
2. Over the past five years, SDDT investments have accelerated structural and systemic changes, especially in access to healthy food.
3. Over the past five years, SDDT investments have improved cultural norms related to drinking more water, drinking fewer sugary drinks, and increasing fruit and vegetable consumption.

4. SDDT investments have increased economic opportunity and strengthened resident leadership within communities most burdened by inequities.

We are especially excited that this report documents some of the positive outcomes of work supported with SDDT funds, as well as of the impact that the tax has had on the purchase and consumption of sugary drinks in San Francisco. With great confidence we can conclude that Collaboration + Effective Tax + the SDDTAC = Community Change. We would like to strongly support continuing the SDDTAC beyond the 2028 timeframe to ensure continued collaboration for addressing health inequities. The SDDTAC is part of a global effort to reduce sugar sweetened beverage consumption and here in San Francisco, our committee remains committed to making community-and results-driven recommendations to ensure the soda tax keeps working for all of us.

Sincerely,



Abby Cabrera  
Co-Chair, Sugary Drinks Distributor Tax Advisory Committee

*SDDTAC Co-Chair Marna Armstead was involved in the review of this report. The absence of her signature signifies that when this letter was finalized, she was on leave and unable to review the co-chair letter.*

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View down Market St. to the bay

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# Executive Summary

## SAN FRANCISCO'S SUGARY DRINKS DISTRIBUTOR TAX (SDDT)

In November 2016, San Francisco voters passed Proposition V, a tax on the distribution of sugar-sweetened beverages. Proposition V established a one-cent per fluid ounce fee on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco; which went into effect on January 1, 2018.

IN FY 2022-23,

**72,981**  
**people** + **23,007**  
**students**

(at minimum)  
participated in SDDT-  
funded grant programs

were enrolled at schools  
supported with SDDT funds  
(46% of all enrolled  
SFUSD students)

At least **8% of BIPOC San Franciscans (and possibly as high as 13%)** participated in SDDT-funded programming in FY 2022-23<sup>1</sup>

**86% of SDDT-funded program participants** believe that drinks with added sugar can harm their health.

Since participating in an SDDT-funded program, **81% of all participants now drink water more often.**

In FY 2022-23, 430 people were paid with SDDT funds as staff or stipended-positions:

**91% of these people are BIPOC** compared to 72% of employees of the City & County of San Francisco.

**80% were residents of San Francisco** compared to 42% of employees of the City & County of San Francisco.

The report aligns with the 2020-2025 SDDTAC Strategic Plan (for more information, please see [www.sf.gov/sddtac](http://www.sf.gov/sddtac)).

1. This calculation was made by dividing SDDT's total number of BIPOC participants in FY 2022-23 by the total number of BIPOC residents in the city. The population-level demographic data is from the U.S. Census Bureau's American Community Survey 5-Year Estimates 2017-2021.

## Overview of Findings

The following evaluation findings were generated for SDDT funding in Fiscal Year 2022–2023 (FY 2022–23), which includes July 1, 2022 through June 30, 2023.

**Finding 1:** Over the past five years, SDDT revenues have been invested in priority populations and places most targeted by the beverage industry.

**Finding 2:** Over the past five years, SDDT investments have accelerated structural and systemic changes, especially in access to healthy food.

**Finding 3:** Over the past five years, SDDT investments have improved cultural norms related to drinking more water, drinking fewer sugary drinks, and increasing fruit and vegetable consumption.

**Finding 4:** SDDT investments have increased economic opportunities and strengthened resident leadership within communities most burdened by inequities.

VideoVoice is a participatory approach to storytelling that combines words and images. Watch the full videos at [www.sodatax-sf.org/data-overview/#videovoice](http://www.sodatax-sf.org/data-overview/#videovoice) or scan the QR code below.



“The most important part of the work that we do is giving a second chance to formerly incarcerated individuals. Getting out, starting over, looking for work, looking for opportunities is hard. For Farming Hope to give us opportunities, it’s big and life-changing.”

## Recommendations

1. Continue to encourage San Franciscans to drink tap water (especially among populations that are reticent about the safety of tap water).
2. Continue to increase awareness about the negative impacts of sugary drinks and to reduce SSB consumption, especially among priority populations and places.
3. Ensure SDDT funding promotes policies and structural changes that encourage active lifestyles and physical activity.
4. Continue to support efforts to reduce health inequities in oral health outcomes.
5. Support residents from priority populations with economic and leadership opportunities.
6. Support SDDT-funded entities to increase their capacity to collect demographic participant data.
7. Continue to support SDDT evaluation efforts.
8. Encourage the use of braided funding to leverage SDDT funds for greater impact.
9. Ensure the SDDT Advisory Committee (SDDTAC) exists beyond the current 2028 end-date.
10. Share best practices, lessons learned, and evaluation findings from the San Francisco SDDT with other cities to highlight how local sugary drinks taxes can support health equity.



# Overview of the Report

In early 2020, the SDDTAC and San Francisco Department of Public Health (SFDPH) contracted with Raimi + Associates to conduct the evaluation of SDDT funding allocations. This report is the fourth evaluation report and presents evaluation findings for the programs and agencies that received SDDT funding for FY 2022–23 as well as data dating back to FY 2018–19. The report aligns with the 2020-2025 SDDTAC Strategic Plan (for more information, please see [www.sf.gov/sddtac](http://www.sf.gov/sddtac)).

## The report is organized into the following main sections:

**Introduction:** Explains the background and purpose of SDDT and the SDDTAC, and describes the people and places more burdened by diet-sensitive chronic diseases.

**Findings #1-4:** Presents the four main evaluation findings and data for FY 2022–23.

**Recommendations:** Outlines recommendations for consideration during future years of SDDT funding allocation.

## Data Sources

This report presents both quantitative and qualitative evaluation data provided from SDDT-funded City agencies, SFUSD, and community-based grantees, as well as collected by Raimi+Associates through a survey of participants of SDDT-funded programs.

## Program Participant Survey

Between March and June 2023, the SDDT evaluation team coordinated with nearly all organizations and programs that received SDDT-funds to administer surveys to program participants. The only programs that did not administer participant surveys for the SDDT evaluation were those that serve entire schools (i.e., Student Nutrition Services, SFUSD hydration stations) and school-based oral health services. Participants could complete the survey either online or via SMS (automated, opt-in text message format), in English, Spanish, traditional Chinese, simplified Chinese, Filipino, Vietnamese, or Arabic. Different programs invited their participants to complete a specific version of the survey aligned with their program’s relevant SDDT outcomes. All versions of the survey included questions about sugar-sweetened beverage (SSB) consumption, perceived health harms of SSB consumption, water consumption, and demographics. Some versions also included questions about fruit and vegetable consumption, physical activity, sense of hope and sense of belonging, and food security.

**A total of 1,037 surveys were completed**

# Where Are We Now?

Since the SDDT was implemented in January 2018, San Franciscans' purchasing and consumption of sugary drinks has greatly decreased. Additionally, individual programs supported with SDDT funding have begun to demonstrate success in most other outcomes. Green check marks (✓) represent substantial change and orange check marks (✓) represent some change.

## IMPROVE BEHAVIORAL OUTCOMES

- ▼ Decrease in sugary drink consumption ✓
  - ▲ Increase in fruit/vegetable consumption ✓
  - ▲ Increase in physical activity ✓
  - ▲ Increase in breastfeeding ✓
  - ▲ Increase in tap water consumption ✓
- ## IMPROVE ECONOMIC CONDITIONS FOR INDIVIDUAL WORKERS/FAMILIES AND LOCAL BUSINESSES
- ▲ Increase in food security ✓
  - ▲ Increase in economic opportunity and stability ✓

**نريد أن نسمع عن تجربتك مع  
the Healthy Corner Store Coalition**

من خلال إجراء هذا الاستطلاع سنساعدنا في التعرف على عدد العائلات التي تشتري فيها سكاك فرانيسكو المشروبات السكرية وما إذا كنت تفرغ العربة الممتلئة من "كمية الموزة" (كمية موز المشروبات السكرية) على سلة المشاركين في البرنامج. إننا نحتاج معرفة رأيك حتى نتمكن من تحسينها.

**احصل على بطاقة هدية!**  
سيحصل أول 50 من المشاركين الذين أكملوا الاستطلاع على بطاقة هدايا بقيمة 25 دولارًا.

**من المفترض إن يستغرق استكمال هذا الاستطلاع من 3 إلى 5 دقائق.**

اسم البرنامج: **استطلاع الاستجابة السريعة (موزة) ها أو**  
surveymonkey.com/SDDT4-arabic

**أو**

استطلاع كامل من خلال الرسائل القصيرة / النصية  
سيستخدم رقم هاتفك هذا لإرسال رسائل نصية الاستطلاع  
SF Soda Tax 4 Health

To take the survey in English, text VEGGIES to  
→ 1-844-965-2932 ←

والس 25 برنامجًا تدعم المشاركين فيها إكمال هذا الاستطلاع. هذا الاستطلاع هو جزء من الاستطلاع المساهمة من المشاركين في البرنامج. إننا نحتاج معرفة رأيك حتى نتمكن من تحسينها.  
www.sodtax.sf.org

**¡Queremos que nos cuente SU experiencia con el Instituto Familiar de la Raza!**

Al responder esta encuesta, usted nos ayudará a saber con qué frecuencia está consumiendo bebidas azucaradas los residentes de San Francisco y el los programas financiados con el dinero del "impuesto sobre los refrescos" de San Francisco (el impuesto sobre los distribuidores de bebidas azucaradas) están afectando y de qué manera la salud de los participantes en los programas. Sus respuestas son anónimas y nadie sabrá lo que usted respondió.

**¡recibe una tarjeta de regalo!**  
Los primeros 140 participantes que respondan a la encuesta recibirán una tarjeta de regalo de \$25.

Participe en la encuesta EN LÍNEA en inglés o español.  
Escanea el código QR aquí o visita: [surveymonkey.com/SDDT4-veggies](http://surveymonkey.com/SDDT4-veggies)

**Esta encuesta tardará entre 3 y 5 minutos en responderla.**

**0**

Responda a la encuesta a través de mensajes SMS/de texto  
Su número de teléfono SOLO se utilizará para enviar mensajes de texto para la encuesta del impuesto sobre los refrescos para la salud en SF.

To take the survey in English, text VEGGIES to  
→ 1-844-965-2932 ←

Para tomar la encuesta en Español, envía VEGGIES a  
→ 1-844-965-2932 ←

El impuesto sobre los refrescos de San Francisco apoya a 25 programas que están invitando a sus participantes a responder esta encuesta. Esta encuesta es una oportunidad para escuchar directamente a los participantes en los programas, así que cuéntenos su experiencia. Más información en [www.sodtax.sf.org](http://www.sodtax.sf.org).

**We want to hear about YOUR experience with the Bayview Clinic!**

By taking this survey, you will help us learn about how often San Franciscans are drinking sugary beverages and if/how programs supported with money from the San Francisco "Soda Tax" (the Sugary Drinks Distributor Tax) are affecting the health of program participants. Your answers are anonymous and no one will know how you answer.

**Receive a gift card!**  
The first 80 participants who complete the survey will receive a \$25 gift card.

Participate in the survey ONLINE in English or Spanish.  
Scan the QR code here, or visit: [surveymonkey.com/SDDT4-smiles](http://surveymonkey.com/SDDT4-smiles)

**This survey should take 3-5 minutes to complete.**

**OR**

Complete survey through SMS/text messages  
Your phone number will ONLY be used to send text messages for the SF Soda Tax 4 Health survey.

To take survey in English, text SMILES to  
→ 1-844-965-2932 ←

Para tomar la encuesta en Español, envía SONRISAS a  
→ 1-844-965-2932 ←

The SF Soda Tax supports 25 programs that are inviting their participants to complete this survey. This survey is an opportunity to hear directly from program participants, so please tell us about your experience. Learn more at [www.sodtax.sf.org](http://www.sodtax.sf.org).

**我們想聽聽您對 Chinatown Task Force on Children's Oral Health (NICOS Chinese Health Coalition) 的體驗!**

透過這項調查的參與，您將協助我們了解舊金山市政府使用含糖飲料的頻率，以及舊金山汽水稅（含糖飲料分銷商稅）資助的計畫是否/如何影響計畫參與者的健康。您會以匿名作答，沒有人會知道您作答內容。

**收到一張禮物卡!**  
前 80 名完成調查的參與者將獲得價值 25 美元的禮物卡。

以英文、西班牙文、簡體或繁體中文參與調查。請掃描此 QR 碼，或訪問：  
[zh.surveymonkey.com/SDDT4-chinese-traditional](http://zh.surveymonkey.com/SDDT4-chinese-traditional) 或掃描此 QR 碼。

**完成此調查需要 3-5 分鐘。**

**或者**

透過簡訊/文字訊息完成調查  
您的手機號碼將僅用於發送「舊金山汽水稅與健康」調查的簡訊。

以繁體中文參與調查，請發送簡訊 (GRINS) 至  
→ 1-844-965-2932 ←

To take the survey in English, text SMILES to  
→ 1-844-965-2932 ←

舊金山汽水稅資助 25 項計畫，這些計畫會邀請計畫參與者完成這項調查。這項調查是獲得直接聽取計畫參與者意見的機會，所以請告訴我們您的經驗。在 [www.sodtax.sf.org](http://www.sodtax.sf.org) 了解更多資訊。

# Background



## Sugary Drinks Distributor Tax (SDDT): How it Works

In November 2016, San Francisco voters passed the Sugary Drinks Distributor Tax (SDDT) - more commonly known as the SF Soda Tax, which established a 1 cent per ounce fee on the initial distribution of drinks with added sugar. This chart shows how the tax revenue flows into the city and to the communities most targeted by the sugary drinks industry marketing and advertising tactics.

Learn more at  
[www.SodaTax-SF.org](http://www.SodaTax-SF.org)



### 1. Sugary Drink Distributors are Taxed

The SF Soda Tax is not a sales tax. Distributors are responsible for paying the tax. Merchants may choose to pass the cost of the tax along to consumers.

### 2. Revenue is Collected

The SF Soda Tax collects about \$15-16 million each year. The revenue goes into the City's General Fund. About 22% is set aside for specific, voter-approved projects. The Tax Advisory Committee makes recommendations to the mayor on how to spend the remaining 78%.

### 3. Tax Committee Recommends Investments

The Committee talks to community members to learn about how the tax revenue could benefit people, especially low-income people and people of color who are most targeted by the beverage industry's advertising. The Committee then submits their funding recommendations to the Mayor.

### 4. City Budget Process Finalizes Investments

The Mayor submits a budget proposal to the Board of Supervisors, including recommendations for the SF Soda Tax funds. The Board of Supervisors votes on the budget and the Mayor signs it.

### 5. SF Soda Tax Funds Programs!

SF Soda Tax funds go to City departments who either implement programs and services directly or issue grants to community-based organizations to fund their important work.



## SDDT Advisory Committee Values



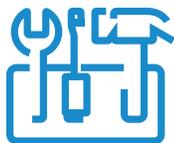
### **Supporting community-led and culturally relevant work.**

Community-led work should be led by communities that are disproportionately impacted by marketing for and consumption of sugary beverages from the beverage industry and diet-sensitive chronic diseases (i.e., SDDTAC's priority populations), and culturally relevant work should be responsive to these communities and populations. This objective can be achieved by investing in priority communities and ensuring funded work is culturally responsive, linguistically relevant, and trauma informed.



### **Building strong collaborations and partnerships to increase capacity and effectiveness.**

Funding should support existing and new community-based partnerships and collaborations that align resources to increase capacity, effectiveness, and the impact of strategies, programs, and services. Eliminating structural inequities and achieving equity.



**Equity (including health equity and racial equity)** means that everyone has a fair and just chance to reach their full potential and be healthy. The root causes of structural inequities and health disparities (e.g., systems of oppression, intentionally and unintentionally/implicitly biased policies, and resource allocation) need to be addressed in order to achieve equity. This goal is done by mitigating health harms and holding the soda industry accountable.



**Prioritizing results and long-term impacts.** Funding should support policy, systems, and environmental changes that include programming and go beyond programming, to change the structures in which we work, live, learn, and play. Adopting a Policy, Systems, and Environmental (PSE) change approach can help create sustainable, comprehensive measures to improve community health, as well as enrich and expand the reach of current health preventive efforts and engage diverse stakeholders with the goal of improving health.



Foodwise Teens participants during a culinary training

## Priority Populations

Using public health data and evidence, the SDDTAC identified communities who are targeted by the soda industry, who consume sugary drinks at high rates, and who experience disproportionate levels of diet-sensitive chronic diseases. Diet-sensitive chronic diseases include tooth decay, cavities, Type 2 diabetes, hypertension (high blood pressure), and cardiovascular disease.

**Specifically, the SDDTAC identified the following populations as those who should be prioritized in SDDT funding recommendations:**

- Low-income San Franciscans
- Children, youth, and young adults 0-24 years old
- Community members who identify as any of the following:
  - » Asian
  - » Black/African American
  - » Latinx
  - » Native American/Indigenous
  - » Pacific Islander

Although these priority populations are distinct, there is also considerable overlap between them, with many community members belonging to more than one of these communities and, thus, experiencing multiple intersecting and cumulative inequities.

SDDT funds have been used to support programs within both community-based organizations and government agencies that focus on the neighborhoods and populations most impacted by diet-sensitive chronic diseases and other health inequities.



**Black/African American residents** have rates of emergency room visits due to diabetes that are 25 times higher than rates among White and Asian residents.<sup>2</sup>



**Black/African American residents** who die from diabetes die 3-9 years younger than residents of other racial/ethnic groups who die from diabetes.<sup>3</sup>

2. Source: California Office of Statewide Health Planning and Development: Age-Adjusted Rates of Hospitalizations as reported in "San Francisco Sugary Drinks Distributor Tax Advisory Committee: September 2023 Data Report."

3. Source: California Department of Public Health, VRBIS Death Statistical Master File 2010-2021 as reported in "San Francisco Sugary Drinks Distributor Tax Advisory Committee: September 2023 Data Report."

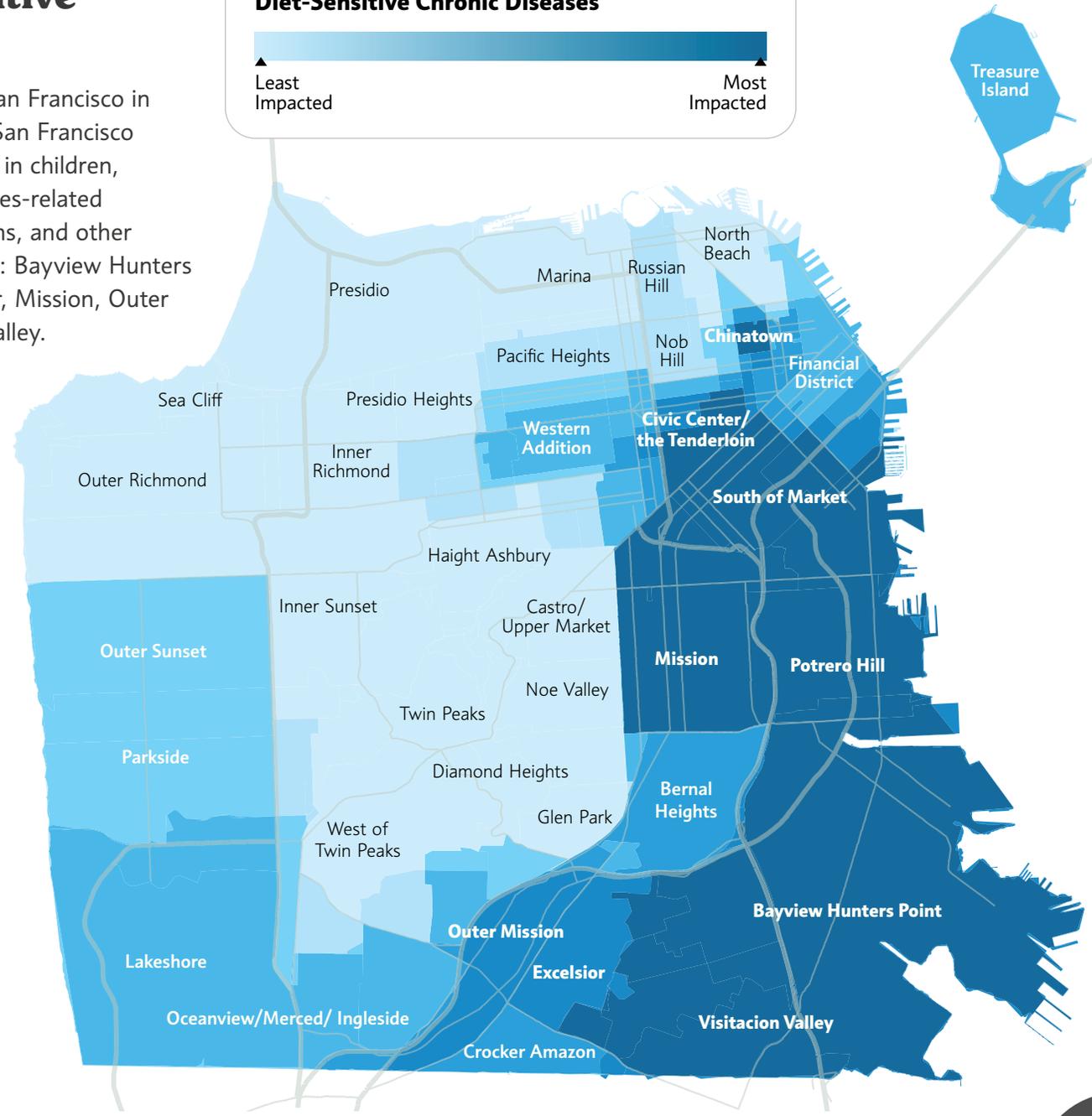
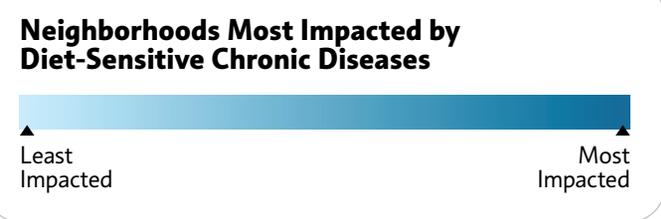
Jiu Jin Shan Chinese Chorus performance at the SDDT 5-Year Celebration



# San Francisco Neighborhoods Most Impacted by Diet-Sensitive Chronic Diseases

Health inequities exist between neighborhoods in San Francisco in addition to existing between demographic groups. San Francisco neighborhoods that have the highest rates of caries in children, diagnosed diabetes, diagnosed hypertension, diabetes-related hospitalizations, hypertension-related hospitalizations, and other indicators of diet-related chronic disease burden are: Bayview Hunters Point, Chinatown, Tenderloin/Civic Center, Excelsior, Mission, Outer Mission, Potrero Hill, South of Market, Visitacion Valley.

The following neighborhoods (or in some cases, a portion of the neighborhood) also have higher rates of some diet-sensitive chronic diseases than other neighborhoods: Bernal Heights, Crocker Amazon, Financial District, Lakeshore, Oceanview/Merced/Ingleside, Outer Sunset, Parkside, Treasure Island, Western Addition.



To explore the data summarized in this map, visit [www.sodatax-sf.org/contextual-maps/](http://www.sodatax-sf.org/contextual-maps/)

# SDDT Evaluation Logic Model

The SDDT evaluation logic model, presented below, aligns with the SDDT Advisory Committee’s strategic plan. In 2023, the SDDT evaluation team made some updates to the strategies and values in the SDDT evaluation logic model to address feedback from funded entities that some of the strategies from SDDTAC strategic plan were overlapping and to ensure the intent of the values was clear.



### Long-Term Outcomes

- Improve health outcomes
  - » Decrease in diet-sensitive chronic diseases (e.g., dental caries, heart disease, hypertension, stroke, Type 2 Diabetes)

**Desired Impact:**  
Eliminate health disparities and achieve equity, especially among priority populations.



Mission Children's Oral Health Taskforce's second biannual event



## Government Agencies that Received Funding in FY 2022-23

### San Francisco Department of Public Health

- Children's Oral Health Community Task Forces
- Healthy Food Purchasing Supplement Grants
- School-Based Sealant Application
- SDDTAC Infrastructure/Backbone Support
- SDDT Healthy Communities Multi-Year Grants for Small Community-Based Organizations
- SDDT Healthy Communities Policy, Systems, & Environment (PSE) Multi-Year Grants

### San Francisco Office of Economic and Workforce Development

- Healthy Retail Initiative

### San Francisco Recreation and Parks Department

- Peace Parks
- Recreation Scholarships/Requity

### San Francisco Unified School District (via San Francisco Department on Children, Youth, and their Families)

- Grants to Community-Based Organizations
- Student Nutrition Services
- Wellness Policy Implementation and Student Action

# Community-Based Organizations that Received SDDT Funding in FY 2022-23

## Healthy Food Purchasing Supplement Grants

- EatSF/Vouchers 4 Veggies (UCSF)
- Heart of the City Farmers Market

## SDDT Healthy Communities Multi-Year Grants for Small Community-Based Organizations - Cohort 1

- 3rd Street Youth Center & Clinic\*
- Bayview Hunters Point Community Advocates
- Bounce Back and Healthy Generations Project/BBG
- Community Grows
- Community Well
- Farming Hope\*\*
- Instituto Familiar de la Raza\*\*
- San Francisco African American Faith-Based Coalition
- SisterWeb San Francisco Community Doula Network\*\*\*
- SOMCAN (South of Market Community Action Network)
- Urban Sprouts

## Children's Oral Health Community Task Forces\*\*\*\*

- Chinatown Task Force on Children's Oral Health (NICOS Chinese Health Coalition)
- Mission Children's Oral Health Task Force (CARECEN)

## SDDT Healthy Communities Policy, Systems, & Environment (PSE) Change Multi-Year Grants - Cohort 1

- 18 Reasons
- Central American Resource Center (CARECEN)
- Marin City Health and Wellness Center—Bayview Clinic
- Southeast Asian Development Center (SEADC)
- Tenderloin Neighborhood Development Corporation (supporting two programs: Healthy Corner Store Coalition and Kain Na)

## SFUSD Grants to Community-Based Organizations

- Snack Squad (Health Initiatives for Youth)

\* In FY 2022-23, the Third Street Youth Center and Clinic took the lead on the ParkRx program that had previously been led by BMAGIC.

\*\* Grantee that also received Food Security Fund grant funds. The San Francisco African American Faith Based Coalition was also awarded this grant but did not submit reimbursable expenses.

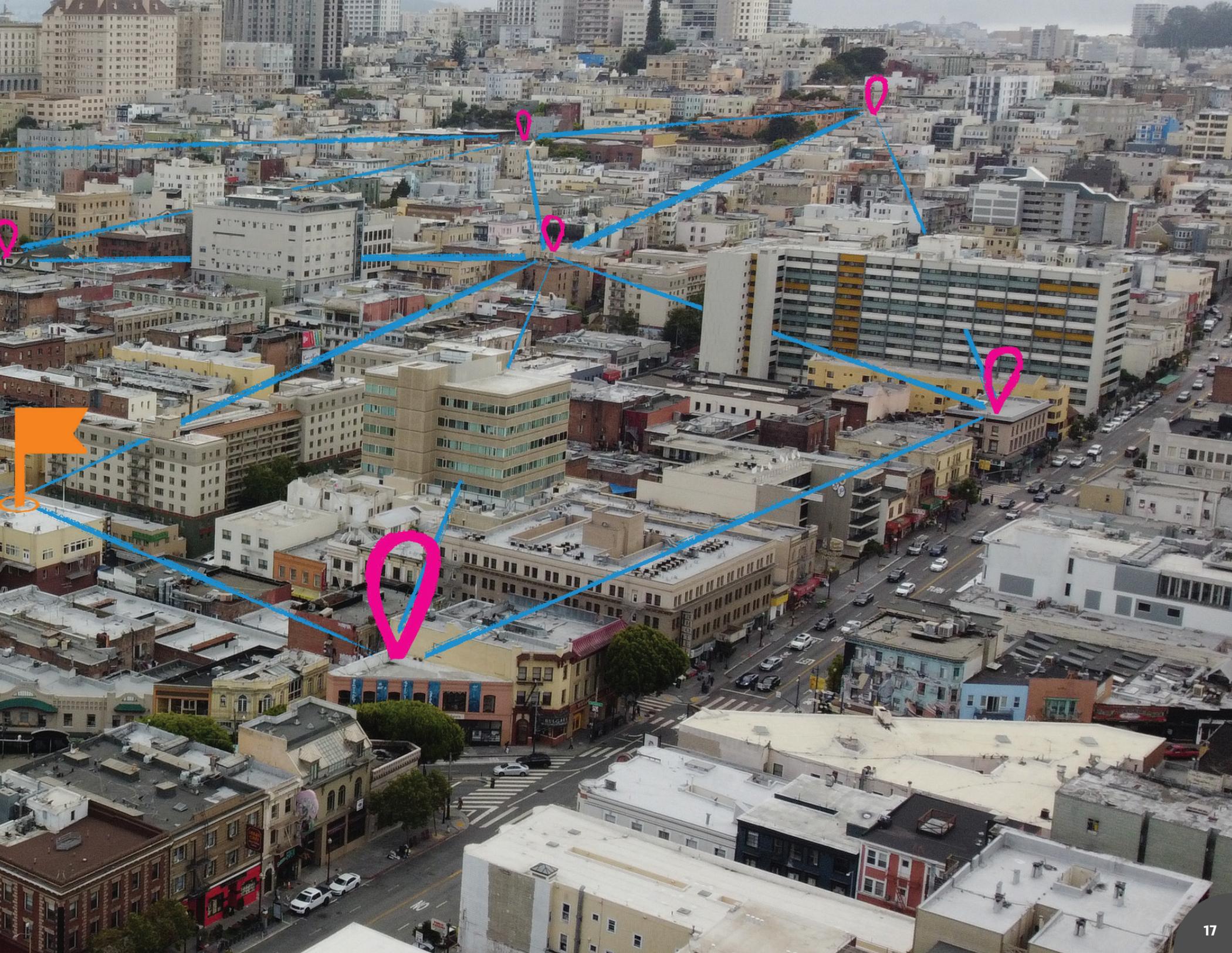
\*\*\* Also received funding to support lactation support and training (from the FY 2021-22 SDDT allocation for a Breastfeeding Coalition Pilot). That allocation also provided some funding UCSF's Preterm Birth Initiative to support a San Francisco lactation landscape scan and initial coordination related to the coalition--that work is continuing in FY 2023-24.

\*\*\*\* The organization that had served as the lead for the District 10 Children's Oral Health Task Force was unable to do so in FY 2022-23 and a contract for a new lead organization was adopted in late June 2023.



Finding 1

**Over the past five years, SDDT revenues have been invested in priority populations and places most targeted by the beverage industry.**



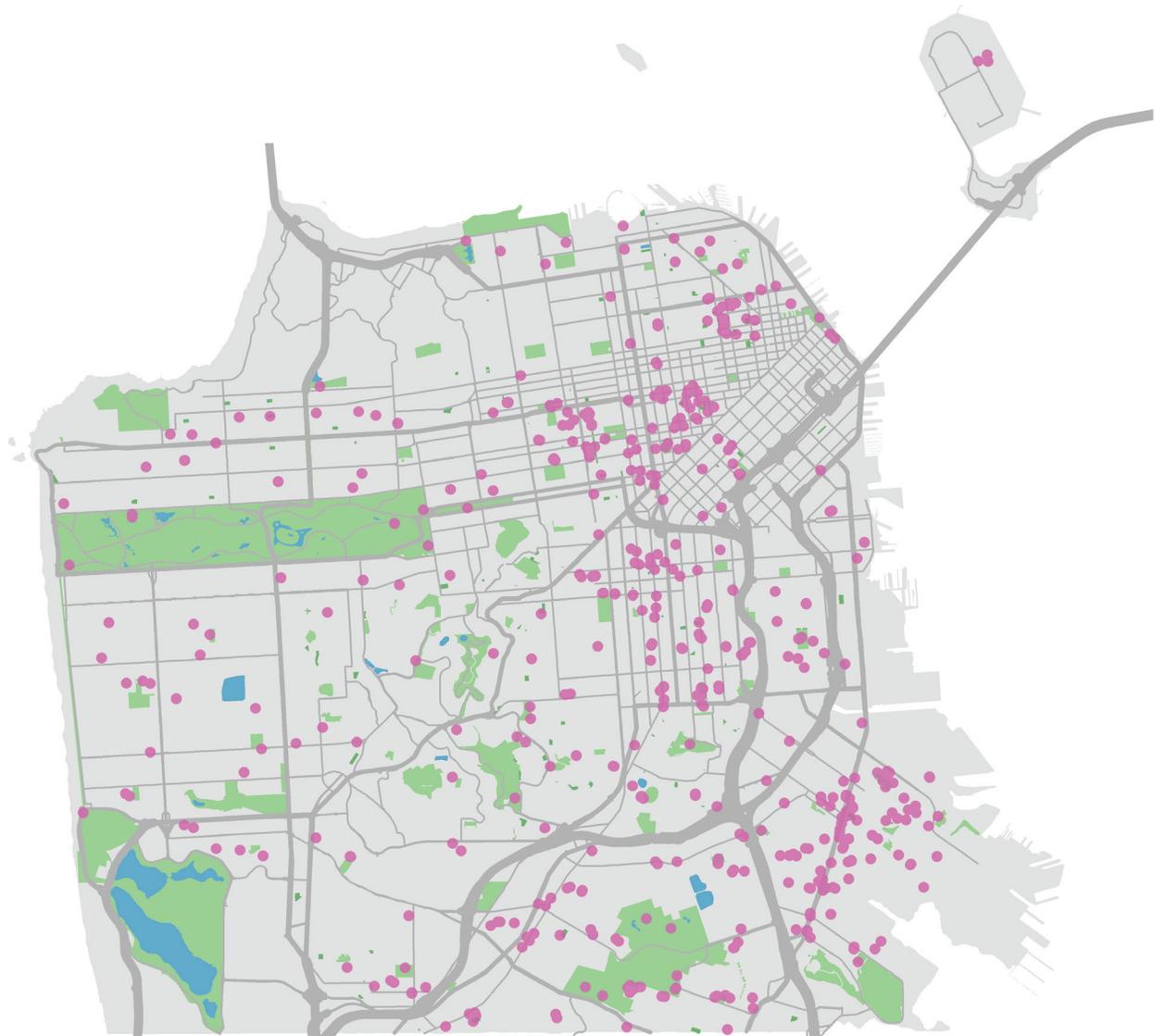
# SDDT FY 2022-23 Funding Reached People and Places Targeted by the Sugar-Sweetened Beverage Industry

Across SDDT-funded entities, SDDT-funded work occurred in every neighborhood and every supervisorial district in San Francisco. At the same time, SDDT funds concentrated services, programs, and education in the neighborhoods most impacted by diet-sensitive chronic diseases and targeted by the sugar-sweetened beverage industry.

## Location of Funded Programming and Services Since FY 2018-19

### The dots represent:

1. Where SDDT-funded entities are located (e.g., main office, clinic) and where SDDT-funded programming and/or community engagement happened (e.g., classes, oral health services, congregations participating in an SDDT-funded coalition),
2. Sites where SDDT-funded benefits were distributed and used to purchase produce, or
3. Location of SDDT-funded facilities improvements (e.g., hydration stations, kitchen upgrades).



IN FY 2022–23,

**72,981**  
**people**

(at minimum) participated in SDDT-funded grant programs

+

**23,007**  
**students**

were enrolled at schools supported with SDDT funds (46% of all enrolled SFUSD students)



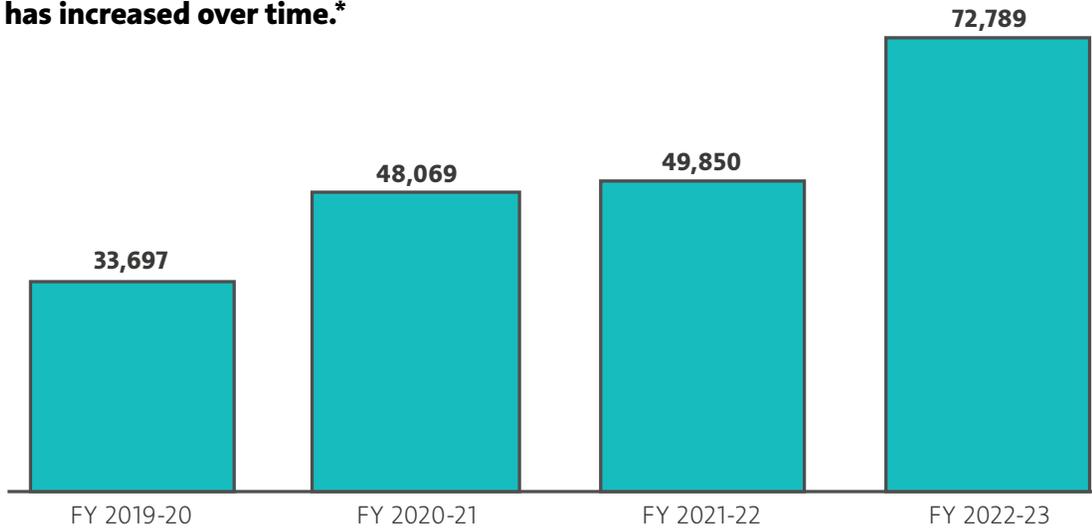
Aerial view of the Mission District

**SAN FRANCISCO NEIGHBORHOODS WITH THE HIGHEST BURDEN OF DIET-SENSITIVE CHRONIC DISEASE**

Neighborhoods	Neighborhoods where SDDT-funded entities offered in-person programming during FY 2022–23	Neighborhoods where participants of FY 2022–23 programming lived	Neighborhoods where people paid with SDDT funds live
Bayview Hunters Point	✓	✓	✓
Chinatown	✓	✓	✓
Civic Center/the Tenderloin	✓	✓	✓
Excelsior	✓	✓	✓
Mission	✓	✓	✓
Outer Mission	✓	✓	✓
Potrero Hill	✓	✓	✓
South of Market	✓	✓	✓
Visitacion Valley	✓	✓	✓

As shown by the table to the left, the following neighborhoods received strategically concentrated amounts of in-person, culturally-responsive services from SDDT-funded entities. Culturally-responsive services are those that are shaped and informed by the languages, cultural practices, traditional knowledge, perspectives, and expressions reflective of the communities being served. Additionally, culturally-responsive services are often provided by staff with relevant lived experience and/or who are residents of the neighborhood they are serving.

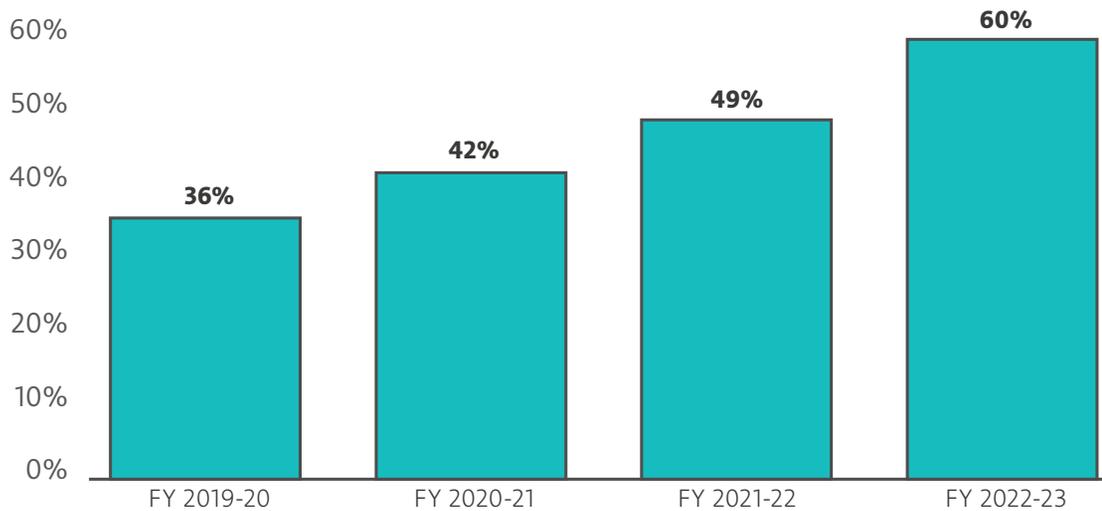
**The number of unduplicated participants in SDDT-funded programs has increased over time.\***



**72,789**  
participants

*\* Please note in fiscal years 2019-20 and 2020-21, most (but not all) funded programs reported data on unduplicated participants. Therefore, the numbers presented to the left are an undercount. Additionally, not all funded programs provided demographic data on their participants in fiscal years 2019-20 and 2020-21.*

**The percentage of participants in SDDT-funded programs who are BIPOC has increased over time.\***



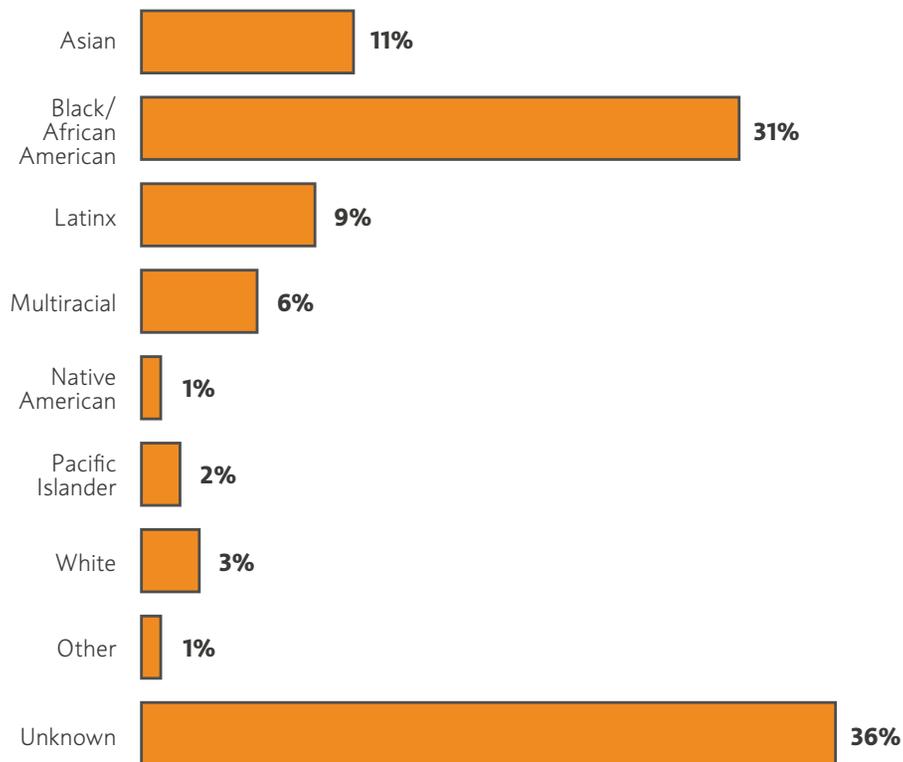
Children participating in a SF Recreation and Parks Department program

## SDDT investments are successfully engaging BIPOC community members.

**8-13%**  
of all BIPOC city residents participated in SDDT-funded programming

At least 8% of BIPOC San Franciscans (and possibly as high as 13%) participated in SDDT-funded programming in FY 2022-23<sup>4</sup>

### Race/ethnicity of FY 2022-23 SDDT-funded program participants (n=72,981)



\* Multiple funded entities did not collect and/or submit race/ethnicity data for all of their participants.



Staff from Instituto Familiar de la Raza (IFR) receive an award at SFDPH's celebration event for Healthy Communities grantees

4. This calculation was made by dividing SDDT's total number of BIPOC participants in FY 2022-23 by the total number of BIPOC residents in the city. The population-level demographic data is from the U.S. Census Bureau's American Community Survey 5-Year Estimates 2017-2021.

# People paid with SDDT funds are more likely to be San Francisco residents than civil servants (employees of the City & County of San Francisco)

## Languages spoken by people paid with SDDT funds

Afaan Oromo • Amharic • Arabic • Cambodian • Cantonese • English • French • Hindi • Hokkien • Ilokano • Japanese • Malay • Mayan-K'iche' • Mayan-Mam • Mayan-Yucateco • Mandarin • Russian • Spanish • Swahili • Tagalog • Toishanese • Vietnamese

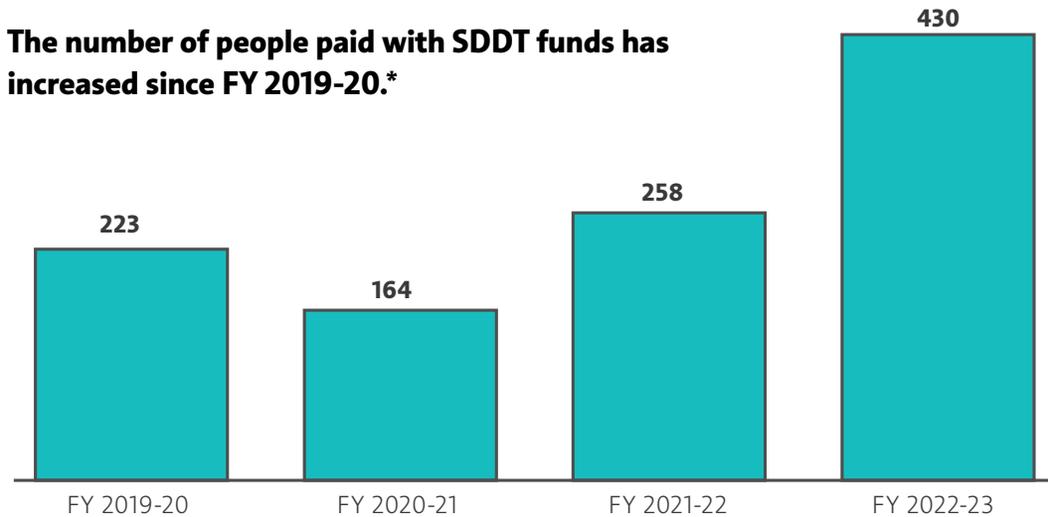
## SDDT-funded entities offered services in these languages

Arabic • Cantonese • English • Mandarin • Russian • Spanish • Tagalog • Vietnamese

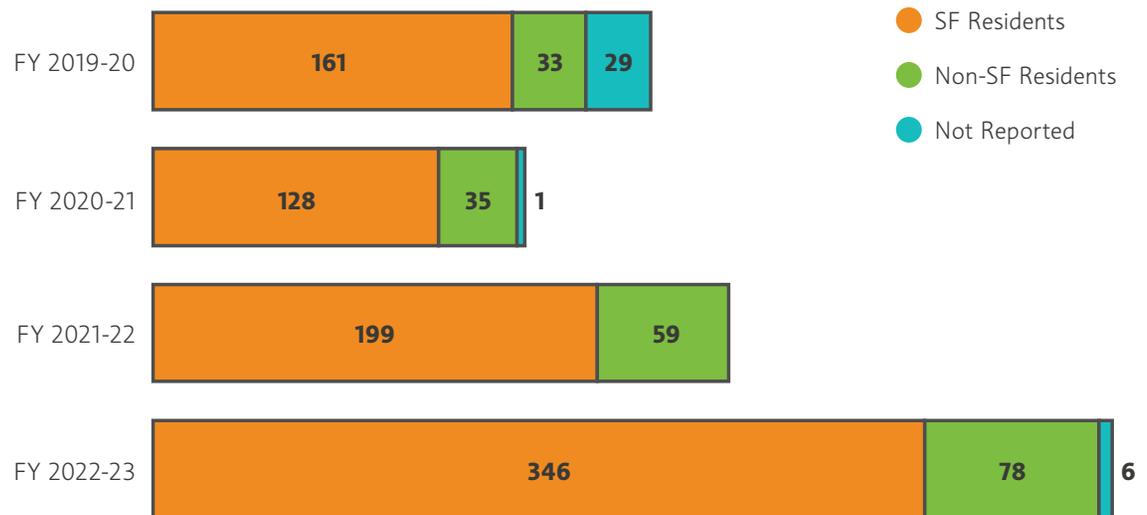
## The vast majority of people paid with SDDT funds live in San Francisco.

A total of 430 people were paid with SDDT funds as staff or stipended-positions in FY 2022–23. Of the 430 people paid with SDDT funds, 346 (80%) were residents of San Francisco. This proportion (80%) is notably higher than the proportion of City and County of San Francisco employees who live in the city (42%)<sup>5</sup>.

The number of people paid with SDDT funds has increased since FY 2019-20.\*



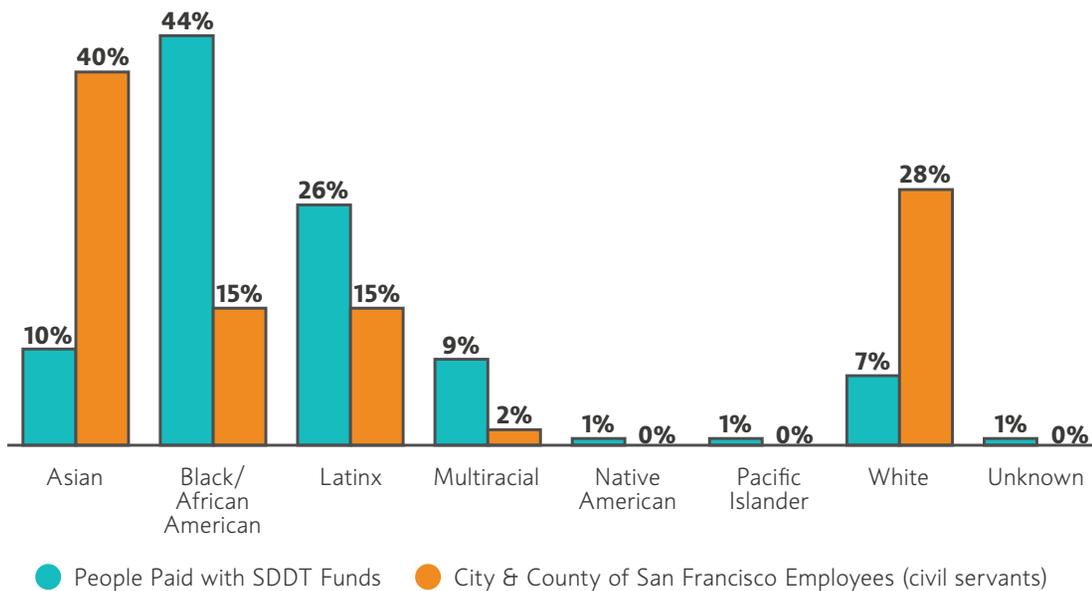
\* Please note in fiscal years 2019-20 and 2020-21, most (but not all) funded programs reported data on people paid with SDDT funds. Therefore, the numbers presented to the left are an undercount.



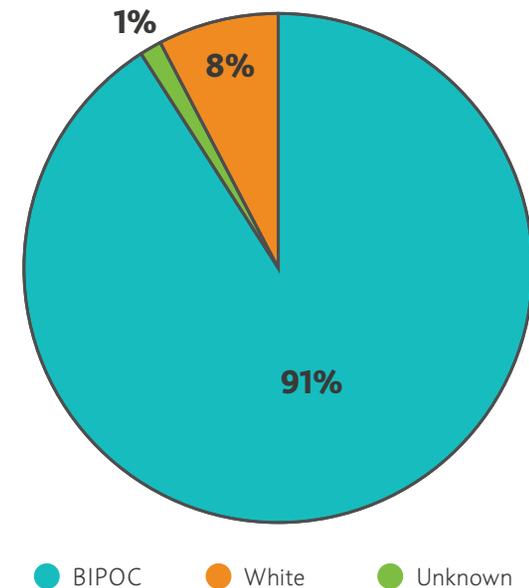
## People paid with SDDT funds are more likely than civil servants to be Black/ African American, Latinx, Multiracial, Native American, and Pacific Islander

A total of 430 people were paid with SDDT funds as staff or stipended-positions in FY 2022–23. Of the 430 people paid with SDDT funds, 346 (80%) were residents of San Francisco. This proportion (80%) is notably higher than the proportion of City and County of San Francisco employees who live in the city (42%)<sup>5</sup>. Of the 430 people paid with SDDT funds in FY 2022–23, 391 (91%) were BIPOC. This 91% is higher than the proportion of City and County of San Francisco employees who are BIPOC (72%).

**Race/Ethnicity of City/County Staff and People Paid with SDDT Funds (FY 2022–23)<sup>6</sup>**



**Race/Ethnicity of People Paid with SDDT Funds (FY 2022–23)**



**70–91%**

of people paid with SDDT funds in each of the last five years are BIPOC

5. City and County of San Francisco. 2023. Citywide Workforce Demographics. Retrieved from: <https://sfdhr.org/residency>.

6. City and County of San Francisco. 2023. Citywide Workforce Demographics. Retrieved from: <https://sfdhr.org/race-ethnicity-and-avg-hourly-rate>.



## Finding 2

**Over the past five years, SDDT investments have accelerated structural and systemic changes, especially in access to healthy food.**



## IN ADDITION TO FUNDING CULTURALLY-RESPONSIVE PROGRAMS, SERVICES, AND EDUCATION, SDDT REVENUES ARE ALSO DEDICATED TO FUNDING STRUCTURAL CHANGES.

SDDT's prior and current investments in structural changes through SFUSD's Student Nutrition Services, hydration stations, the Healthy Food Purchasing Supplement program, and preventive oral health treatments have led to important positive changes in access to healthy food, access to water, improved nutritional behaviors, and improved oral health. Through these interventions, SDDT funding has invested in structural changes that address long-standing health inequities.



Staff of SDDT-funded entities and other stakeholders participate in a workshop as part of SFDPH's Sugar Decolonality series

7. Pastor, M., Ito, J., & Wander, M. (2020). A Primer on Community Power, Place, And Structural Change. Retrieved from: [https://dornsife.usc.edu/assets/sites/1411/docs/Primer\\_on\\_Structural\\_Change\\_web\\_lead\\_local.pdf](https://dornsife.usc.edu/assets/sites/1411/docs/Primer_on_Structural_Change_web_lead_local.pdf).
8. McGinnis, J. M., & Foege, W. H. (1993). Actual causes of death in the United States. *Journal of the American Medical Association*, 270(18), 2207-2212.
9. Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice*, 14(6), S8-S17.
10. Pastor, M., Ito, J., & Wander, M. (2020). A Primer on Community Power, Place, And Structural Change. Retrieved from: [https://dornsife.usc.edu/assets/sites/1411/docs/Primer\\_on\\_Structural\\_Change\\_web\\_lead\\_local.pdf](https://dornsife.usc.edu/assets/sites/1411/docs/Primer_on_Structural_Change_web_lead_local.pdf).
11. Let's Get Healthy California. (2023). Social Determinants of Health. Retrieved from: <https://letsgethealthy.ca.gov/sdoh/>.

## Structural Changes

Structural changes intervene in the policies and systemic practices that shape where we live, learn, work, and play—and therefore have the potential to interrupt inequities and create healthier opportunities.<sup>7</sup> Decades of public health research have demonstrated that structural changes that address the social determinants of health also improve health outcomes for communities, resulting in much larger and more sustainable impacts than individually-focused health promotion or medical interventions.<sup>8,9</sup> Despite their large impact, structural changes that increase equity often require significant effort to implement and also typically require longer periods of time to see measurable health improvements (relative to individually-focused health promotion or medical interventions).<sup>10</sup>

## Social Determinants of Health

The social determinants of health are a broad range of socioeconomic and environmental factors that influence health outcomes at the individual and community levels.<sup>11</sup> Examples of social determinants of health include air and water quality, economic opportunities, access to healthy foods, and protections against institutionalized forms of racism and discrimination. As a result of structural inequities, people from historically disenfranchised populations and neighborhoods encounter barriers to good health, such as a lack of access to healthy foods, that influence their health behaviors and, thus, affect their health outcomes.

# Structural Interventions Result in Healthy Behaviors

## SFUSD STUDENT NUTRITION SERVICES

SFUSD's Student Nutrition Services (SNS) department is tasked with providing over 37,000 meals per day at 136 schools across San Francisco during the school year.<sup>12</sup> As a result of SDDT investments in kitchen facility upgrades and staff development during FY 2019-20 and FY 2020-21, many SFUSD middle and high schools began to transition to the Refresh model in Spring 2020 and are now able to prepare healthy school meals with fresh and mostly local ingredients. During FY 2022-23, SDDT funds were used to provide staff trainings, update menu signage, and build SNS's communications capacity.

### Winter 2019 to Spring 2020:

Leveraging SDDT funding, school kitchen improvements were made at many SFUSD middle and high schools.

### July 2021:

To address food insecurity exacerbated by the COVID-19 pandemic, SFUSD begins to offer *free school meals to all students regardless of income*.

### August 2022:

- SFUSD continues to offer free school meals regardless of income with new State funding for universal school meals.
- Refresh expands to 100% scratch cooking at 19 middle and high schools.

12. SFUSD. 2023. Student Nutrition Services. Retrieved from: <https://www.sfusd.edu/departments/student-nutrition-services>.

## SFUSD SNS has two main models for their school kitchens: 1) Heat and Serve, and 2) Refresh.

**1) Heat & Serve** is the traditional model in which schools are reliant on pre-made meals, because they have limited-to-no kitchen space and have outdated/inadequate equipment. In FY 2022–23, the Heat & Serve model was used at all elementary schools as well as smaller middle and high schools.

**2) Refresh** is the newer model in which schools prepare meals on site from scratch, because they have dedicated kitchen space and upgraded facilities (e.g., new equipment and serving lines) and their dining staff have received professional development trainings. In FY 2022–23, the Refresh model was used at larger middle and high schools.

• **Regional Kitchen.** Additionally, SNS also has a regional kitchen at McAteer that adopted the Refresh model and prepares meals from scratch for SFUSD's early education sites on independent campuses throughout the city.

## Addressing Food Insecurity Among Students

When food-insecure and low-income students choose not to participate in the free school lunch program, it means either 1) they are not eating (which negatively impacts academic performance and achievement)<sup>13,14</sup> and/or 2) their parents/caregivers are spending limited funds on alternative lunch options instead of housing, transportation, medicines, and other essential needs.

SDDT's ongoing investments in structural and environmental changes at SFUSD schools is encouraging students to participate in school meals. **Since Fall 2019, student participation in school lunch has increased from 38% to 49%.**

**This increased school lunch participation has led to positive nutritional benefits through increased fruit/vegetable consumption and reduced food insecurity.**

School lunch participation at schools supported with SDDT investments has increased **11 percentage points** since FY 2019-20.

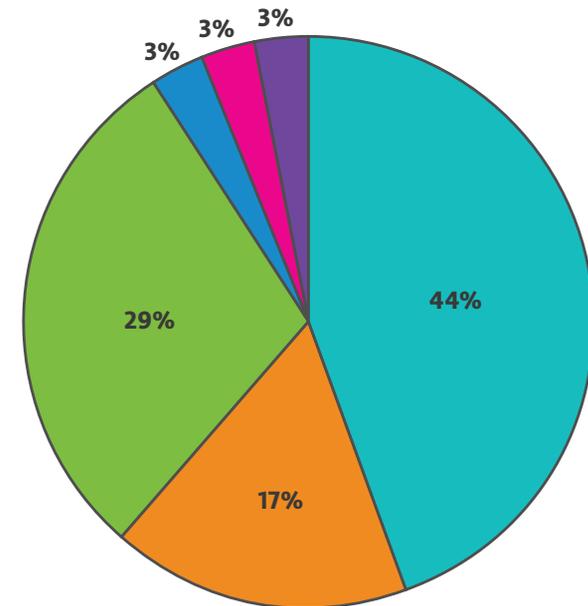
SFUSD's School Nutrition Services (SNS) department has been effective in leveraging SDDT funds to secure external state and federal funding, including the U.S. Department of Agriculture's Supply Chain Assistance Funds and the State of California's Kitchen Infrastructure and Training Funds. **By leveraging SDDT funds to secure other funding sources, SFUSD has increased its ability to provide meals with healthy and local ingredients.**

13. Food Research & Action Center. August 2019. School Meals are Essential for Student Health and Learning. Retrieved from: <https://frac.org/research/resource-library/school-meals-are-essential-for-student-health-and-learning>.

14. The Brookings Institute. May 2017. How the quality of school lunch affects students' academic performance. Retrieved from: <https://www.brookings.edu/blog/brown-center-chalkboard/2017/05/03/how-the-quality-of-school-lunch-affects-students-academic-performance/>.

**80% of SFUSD middle and high school students in FY 2022-23 attended schools serving meals made the same day with healthy and local ingredients.**

Sources of SNS Funding



- National School Lunch Program (NSLP)
- Child Adult Care Food Program (CACFP)
- Universal School Meals Program
- Kitchen Infrastructure and Food Staff Training
- Supply Chain Assistance
- SDDT Funding

## SDDT Increasing Access to Hydration Stations

SDDT funding has also increased the number of SFUSD water hydration stations, where students, school employees, and school visitors can refill water bottles. Since FY 2018-2019, SFUSD has installed new hydration stations at 22 SFUSD schools, and sixteen (73%) of them are located in neighborhoods most or moderately impacted by diet-sensitive chronic diseases (although the other sites also serve residents of SDDT priority neighborhoods).

Through this environmental intervention, SDDT is increasing the availability of filtered and temperature-regulated water and providing students with a free and convenient alternative to sugar-sweetened beverages. Peer-reviewed research has found that installing hydration stations increases water consumption among children and youth and that adequate hydration significantly improves cognitive function among children and youth.<sup>15, 16, 17</sup> By investing in this structural intervention, SDDT is improving access to drinking water among students.

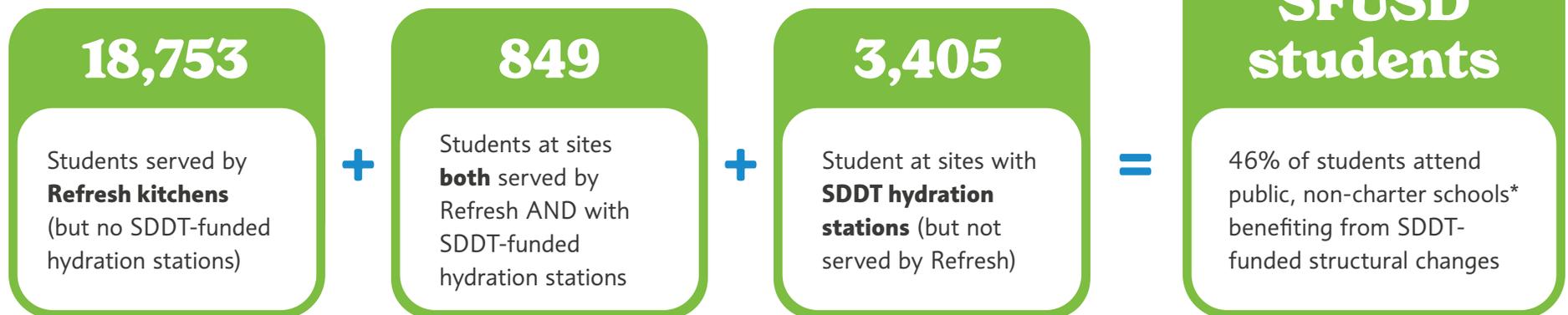
15. Lawman, H. G., Grossman, S., Lofton, X., Tasian, G., & Patel, A. I. (2020). Hydrate Philly: an intervention to increase water access and appeal in recreation centers. *Preventing Chronic Disease*, 17, E15.

16. D'Anci, K. E., Constant, F., & Rosenberg, I. H. (2006). Hydration and cognitive function in children. *Nutrition Reviews*, 64(10), 457-464.

17. Perry III, C. S., Rapinett, G., Glaser, N. S., & Ghetti, S. (2015). Hydration status moderates the effects of drinking water on children's cognitive performance. *Appetite*, 95, 520-527.

SFUSD and SDDT funding has been ahead of the curve. In Fall 2022, the California Legislature passed a series of bills and Governor Newsom signed them into law to 1) require all newly constructed K-12 public schools, as well as any schools undergoing modernization, to provide on-site water bottle filling stations, and 2) to provide funding and technical assistance for schools in disadvantaged communities to install hydration stations.

## SDDT Funding Reaches Large Numbers of SFUSD Students



\* Since there is limited enrollment data for SFUSD's early education (i.e., PreK and TK) schools, and since early education schools on independent campuses are provided meals from scratch by the district's Central Kitchen at McAteer, these figures are an underestimate of SDDT's true impact in reaching SFUSD students with healthy meals and tap water.

# Healthy Food Purchasing Supplement (HFPS) Grants Leverage SDDT Funding to Make Produce Accessible to Low-Income San Franciscans and Increase Food Security

When people do not have the resources to meet basic needs, they are forced to make hard decisions often between food, childcare, transportation, and housing costs. The Healthy Food Purchasing Supplement (HFPS) is a grant program that increases the food budget for participating low-income San Franciscans while simultaneously incentivizing fruit and vegetable consumption. Currently, the two HFPS grantees are Heart of the City Farmers Market, which manages the Market Match program, and EatSF, which manages San Francisco's Vouchers4Veggies program. In fiscal years 2019-20 and 2020-21, HFPS also funded Market Match at Alemany Farmers Market.

## Market Match

Heart of the City Farmers Market (HOCFM) operates Market Match\* to provide up to \$30 per month in incentives to match participants' use of their CalFresh nutrition assistance benefits at HOCFM.

**20,672**  
unduplicated people received Market Match incentives/supplements

## Vouchers4Veggies

Vouchers4Veggies is operated by EatSF and it provides \$20-\$40 per month, based on household size, in fruit and vegetable vouchers for six months. Participants can redeem vouchers at local food retailers including corner stores, grocery stores, and farmers markets.

**3,847**  
unduplicated people received Vouchers4Veggies

Although HOCFM participants live in almost every neighborhood of the city, the neighborhoods most represented are Civic Center/Tenderloin (13%) and SOMA (9%). Additionally, 8% of Market Match participants were unhoused.

**8%**  
of Market Match participants were unhoused

Over 50% of participants who received HFPS supplements at HOCFM were served in a language other than English and/or using non-verbal communication due to a language barrier.

Of the 3,847 people who received Vouchers4Veggies, 2,405 were pregnant people. SDDT funding supported EatSF in reaching a majority of low-income pregnant people in San Francisco with increased fruit and vegetable access. **Of the 2,405 pregnant people who received Vouchers4Veggies, 92% were BIPOC.**

**92%**  
of the 2,405 pregnant people who received Vouchers4Veggies were BIPOC

\* Market Match is a program of the Ecology Center and is funded in part through the California Department of Food and Agriculture and the USDA's National Institute of Food and Agriculture.

Since pregnancy is a critical period of time for supporting food security and maternal nutrition, because of the long-term impacts on the developing fetus, SDDT and EatSF are making important strides in improving health outcomes for pregnant people and their children, especially among BIPOC residents.

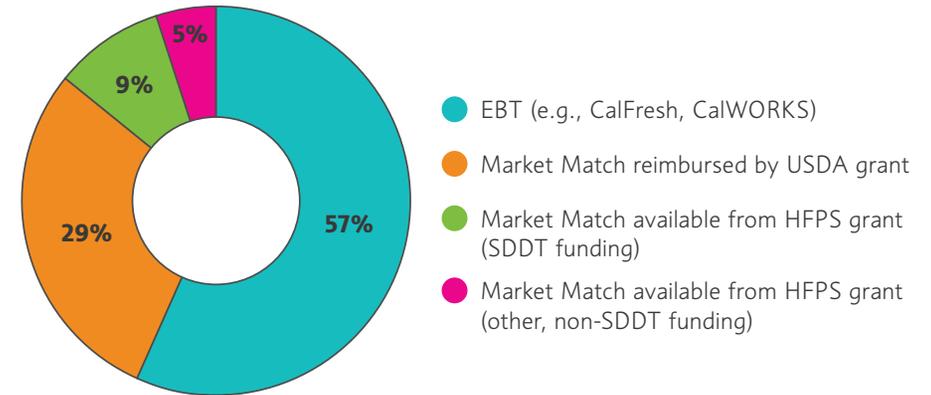
Both HFPS programs are examples of structural interventions that increase access to healthy food options that low-income residents have in San Francisco. By helping low-income residents to regularly integrate fruits and vegetables into their diet, HFPS programs have been shown to change long-term healthy nutritional behaviors and, thus, address health inequities.<sup>18,19</sup> For example, a recent evaluation of the Vouchers4Veggies program found that on average participants consumed one additional serving of fruits and vegetables per day 3-6 months after having stopped receiving Vouchers4Veggies compared to before they started on the program.<sup>19</sup> These evaluation findings led to a change in federal policy which increased WIC fruit and vegetable benefits nationwide.

The HFPS grantees have been effective in leveraging SDDT funds to secure external public and private funds, including the U.S. Department of Agriculture’s Gus Schumacher Nutrition Incentive Program and the State of California’s Women, Infants, and Children (WIC) program. **By leveraging SDDT funds to secure other funding sources, HFPS grantees have increased their capacity and had greater impact in increasing access to fresh fruits and vegetables.**

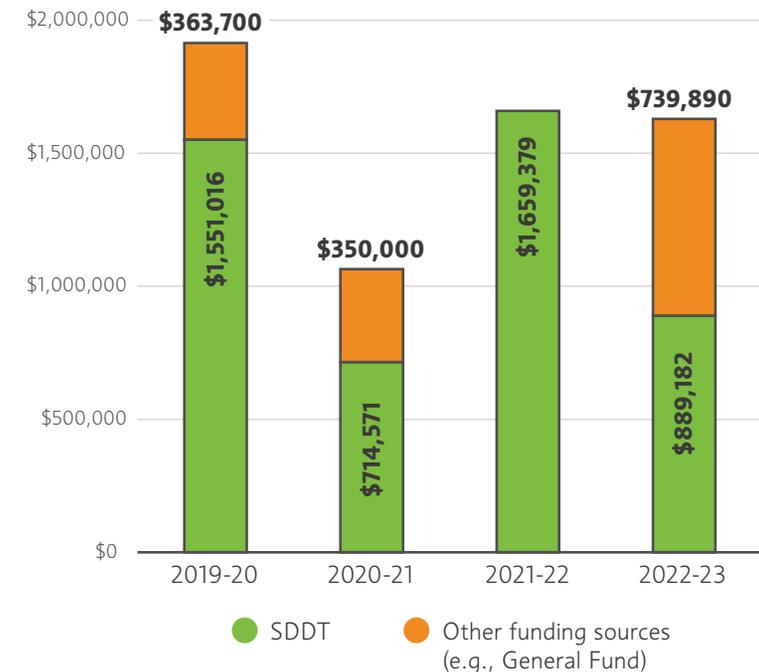
The success of the HFPS grant program has motivated other City and County of San Francisco departments to also invest in healthy food vouchers, including the SF Human Services Agency, which invested \$2.9 million in grocery vouchers during FY 2022-23.

18. Ecology Center. (2023). Market Match: Impact. Retrieved from: <https://marketmatch.org/impact/>.  
 19. EatSF. (2021). Vouchers4Veggies Impact Report. Retrieved from: [https://eatsfvoucher.org/wp-content/uploads/2021/08/impact-report\\_final-1-1.pdf](https://eatsfvoucher.org/wp-content/uploads/2021/08/impact-report_final-1-1.pdf).

### FY2019-2020 to FY 2022-2023: \$12.8 Million in Market Match + Leveraged Funding Sources that Supported Heart of the City Farmers Market Vendors



### Funding Sources Distributed to Healthy Food Purchasing Supplement (HFPS) Grantees



## SDDT-Funded Dental Sealants at SFUSD Schools Prevent Cavities

Peer-reviewed research has found that poor oral health in children is significantly associated with absenteeism and poor academic performance.<sup>20</sup> Racial and income health inequities in oral health outcomes are particularly pronounced.<sup>21</sup> Asian, Black, and Latinx children in San Francisco have cavities at rates three times higher than White children. Similarly, the rate of cavities is nearly three times higher at SFUSD schools with a high percentage of children who are low-income compared to SFUSD schools with a low percentage of children who are low-income.

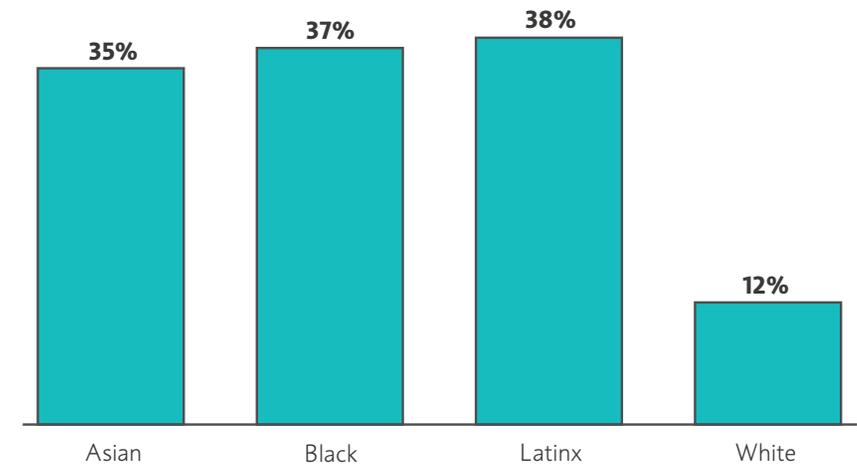
There are also large oral health inequities in access to oral healthcare. About 55% of children in San Francisco aged 0-5 years old on Medi-Cal do not see a dentist at least once a year.<sup>21</sup> Closing the gap in access to preventive oral health, such as dental sealant application (see box to the right), will make a significant difference in reducing racial inequities in cavity rates.

20. Ruff RR, Senti S, Susser SR, Tsutsui A. Oral health, academic performance, and school absenteeism in children and adolescents: A systematic review and meta-analysis. *J Am Dent Assoc.* 2019 Feb;150(2):111-121.e4. doi: 10.1016/j.adaj.2018.09.023. Epub 2018 Nov 23. PMID: 30473200.

21. CavityFree SF Initiative. December 2019. San Francisco Children's Oral Health Strategic Plan 2020-2025.

22. Centers for Disease Control and Prevention. 2023. Dental Sealant FAQs. Retrieved from: [https://www.cdc.gov/oralhealth/dental\\_sealant\\_program/sealants-FAQ.htm](https://www.cdc.gov/oralhealth/dental_sealant_program/sealants-FAQ.htm)

### Cavity Rates Among San Francisco Children by Race/Ethnicity



**Dental sealants prevent cavities for up to 4 years!**

Dental sealants are thin coatings that when painted on the chewing surfaces of the back teeth (molars) can prevent cavities and tooth decay for many years. Sealants protect the chewing surfaces from cavities by covering them with a protective shield that blocks out germs and food. According to the Centers for Disease Control and Prevention, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.<sup>22</sup>

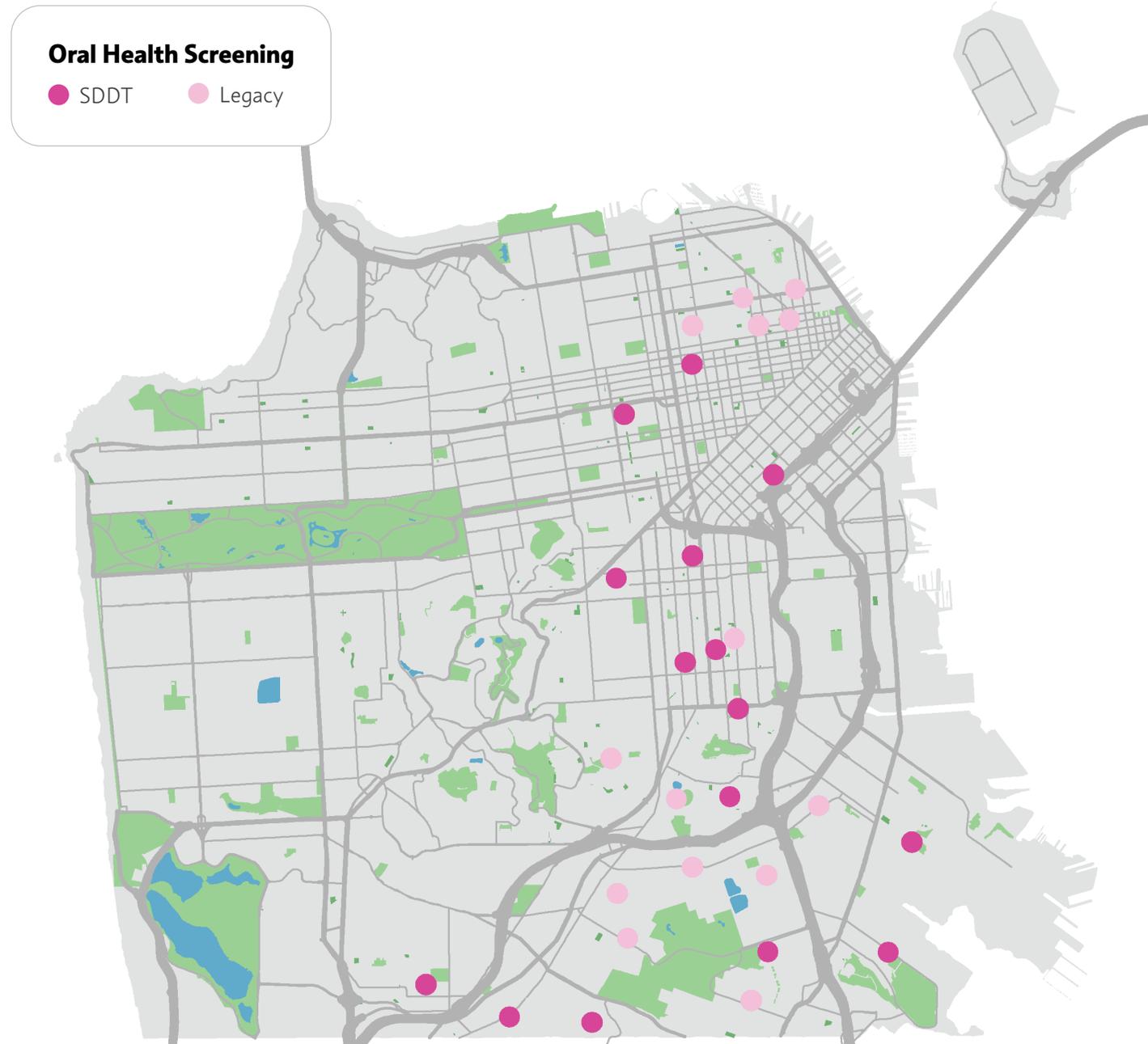
## SDDT EXPANDED ACCESS TO DENTAL SEALANTS IN PRIORITY NEIGHBORHOODS

During FY 2022-23, SDDT funds helped SFDPH to expand their school-based oral health program from 14 SFUSD elementary schools ("legacy schools") to a total of 29 schools. Before 2nd and 5th grade students can receive an oral health screening or sealants, the oral health team needs active parent/guardian consent. In 2022-23, 40% of 2nd and 5th graders at legacy schools had completed parent/guardian consent forms, compared to 26% at SDDT schools.

As shown by the map on the right, the oral health screenings were all focused in SDDT's priority neighborhoods.

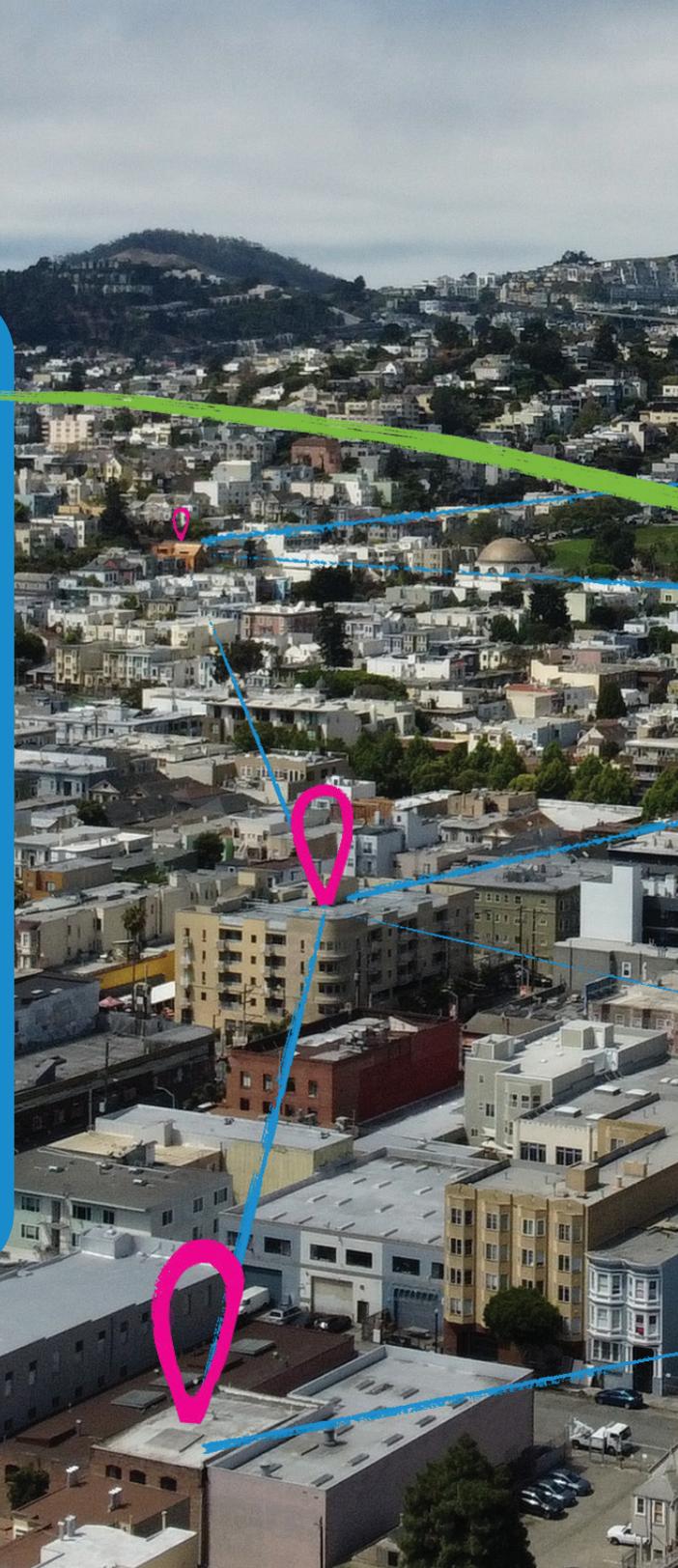
In total, 459 students at participating SFUSD elementary schools obtained parent/guardian consent to receive oral health screenings and sealants at school.

- 316 students received one or more dental sealants—including 14 who were referred for urgent or emergency dental services on other teeth.
- 143 students did not receive dental sealants for a variety of reasons (e.g., student already had sealants, teeth required filling before having a sealant applied, student was absent on the day of the oral health screenings). Data on which reasons were most common were not available.



### Finding 3

**Over the past five years, SDDT investments have improved cultural norms related to drinking more water, drinking fewer sugary drinks, and increasing fruit and vegetable consumption.**





## SDDT program participants show changing attitudes toward sugary drinks

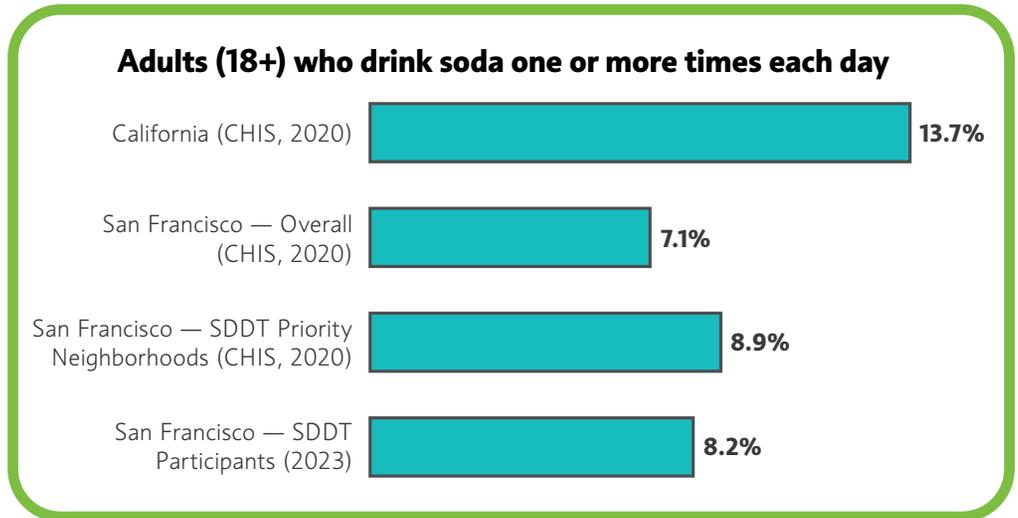
In 2020, the California Health Interview Survey (CHIS) asked a representative sample of California residents about their regular soda consumption. The survey found:

- 13.7% of all California residents drank at least one soda per day
- 7.1% of all San Francisco residents drank at least one soda per day
- 8.9% of residents from neighborhoods targeted by the beverage industry drank at least one soda per day

As part of the 2023 SDDT participant survey (see Overview), there were also questions regarding sugar-sweetened beverage attitudes and consumption. Among all SDDT program participants, **8.2% reported consuming at least one can, bottle, or glass of regular soda that contained sugar (does not include diet soda) per day.**

**SDDT program participants reported a lower average daily soda consumption than a representative sample of residents from SDDT's priority neighborhoods.**

These results suggest that SDDT is making progress in reducing sugar-sweetened beverage consumption in the neighborhoods most targeted by the beverage industry, but there continues to remain a gap between SDDT program participants and the overall city average.

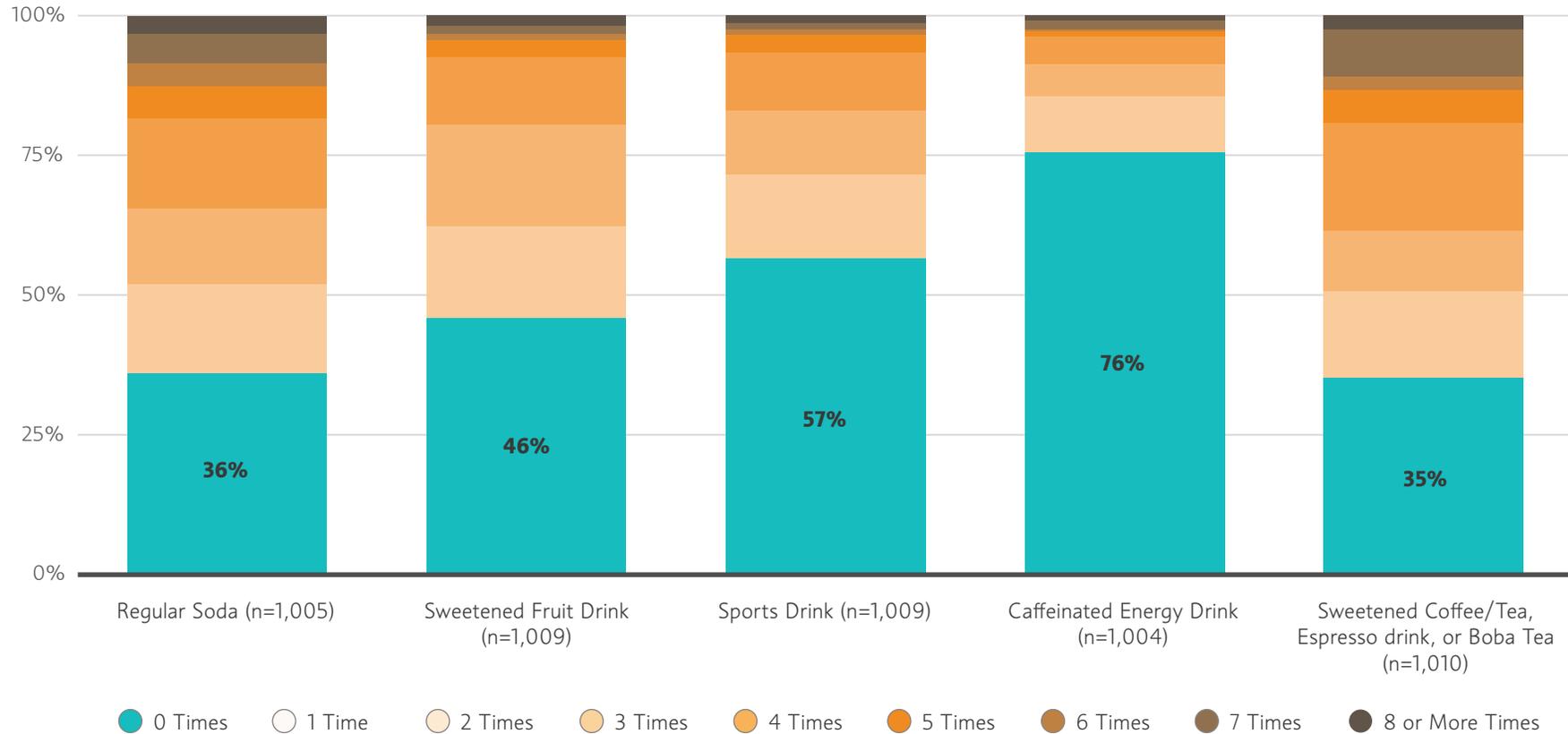


**86%** of SDDT-funded program participants believe that drinks with added sugar can harm their health



SFDPH Sugar Decoloniality series workshop

## SDDT-Funded Program Participants' SSB Weekly Consumption



- The majority of SDDT program participants do not drink caffeinated energy drinks (76%) and sports drinks (57%) in a typical week.
- Sweetened coffee/tea had the highest percentage of participants (11%) drinking on average at least one drink per day (two darkest brown categories).

- Among SSBs, caffeinated energy drinks had the lowest consumption rates (24% of program participants drank at least one per week), while sweetened coffee/tea had the highest consumption rates (65% of program participants drank at least one per week).

## Decrease in SDDT Revenue Suggests Decreasing Demand for Sugary Drinks

Over the past few years, tax revenues from SDDT and San Francisco's general sales tax have followed a similar trend. During the first (FY 2019–20) and second (FY 2020–21) years of the COVID-19 pandemic, there was a large decrease in both SDDT and sales tax revenues, but in FY 2021–22 and FY 2022–23 there was a small increase in both SDDT and sales tax revenues. However, SDDT revenue (a proxy for sugar-sweetened beverage sales and consumption) decreased more than sales tax AND has had a smaller aggregated increase in the past two years compared to the increase in sales tax revenue; suggesting a decreased demand for sugary drinks.

**Between FY 2018–19  
and 2022–23:**

**SALES TAX  
REVENUE  
6%**



**SDDT  
REVENUE  
20%**

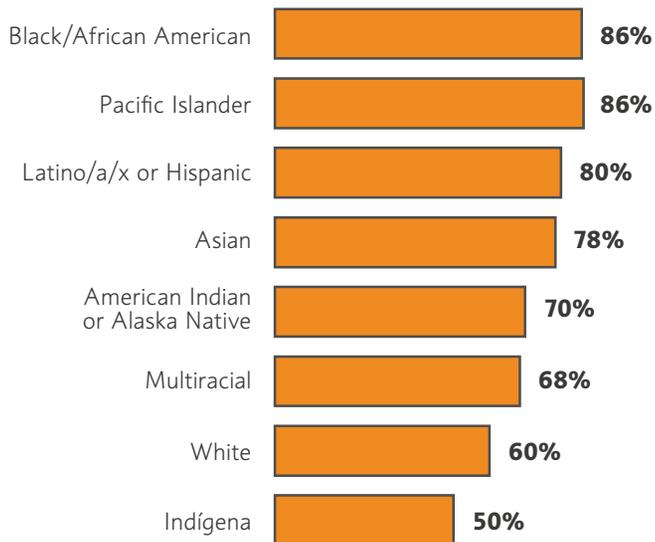


Child participating in SF Recreation & Parks Department activity

## STRUCTURAL CHANGES AFFECTING WATER CONSUMPTION AND SDDT EFFECTIVENESS

As part of the FY 2022–23 SDDT participant survey (see Overview), respondents were asked about their water consumption behaviors. **Since participating in an SDDT-funded program, 81% of all participants now drink water more often. The percentage of SDDT program participants drinking more water is especially high among Black, Latinx, and Pacific Islander community members** (see chart below). These results suggest that SDDT-funded entities have been effective in reaching BIPOC community members and encouraging them to adopt healthy behaviors, including drinking more water.

### Increased Water Consumption Since Participating in SDDT



### Concerns related to tap water consumption

Despite the increase in water consumption among Black, Latinx, and Pacific Islander participants of SDDT programming, there are ongoing concerns about the perceived safety of tap water, especially tap water delivered to public housing. These concerns are a nationwide trend and they partially originate from the well-publicized stories of contaminated water in public water systems as a result of structural racism and inequities in public investments. Peer-reviewed research using data from the Centers for Disease Control and Prevention has found persistent disparities in tap water consumption by race/ethnicity that have grown since the Flint Water Crisis that started in 2014.<sup>23</sup>

23. Rosinger AY, Patel AI, Weaks F. Examining recent trends in the racial disparity gap in tap water consumption: NHANES 2011-2018. *Public Health Nutr.* 2022 Feb;25(2):207-213. doi: 10.1017/S1368980021002603. Epub 2021 Jun 11. PMID: 34114536; PMCID: PMC8664888.

During FY 2022-23, CARECEN conducted focus groups with Spanish-speaking Latinx residents and gathered their perspectives on tap water consumption. One participant shared the following:

“ One of the concerns is that, for example, many buildings or houses... the pipes are very old and that they may contain lead... I work in different parts of the city and there are places where the taste is horrible... or [the water looks] dirty... that’s what worries me. Why would I drink tap water if I see that when I wash the dishes it’s coming out yellow?”

# SFUSD Wellness Policy has Promoted Healthy Behaviors on School Campuses

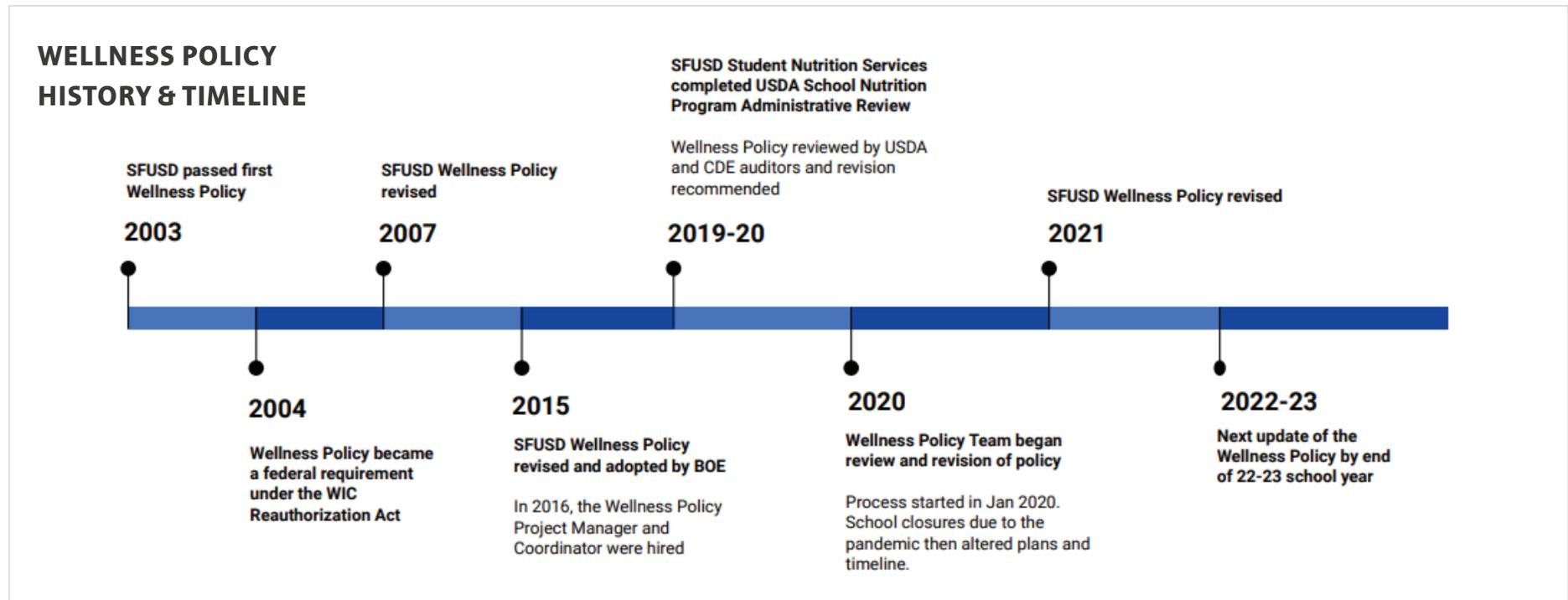
Twenty years ago, SFUSD adopted a district wellness policy to promote an environment that makes the healthy choice the easy and most desirable choice for all students, staff, and families. The policy includes nutritional guidelines for foods in classroom celebrations and fundraisers, goals for nutrition education and physical activity, and guidance to staff on modeling healthy behaviors. In FY 2022-23, SFUSD administered the Health Education Accountability Tool (HEAT) to survey staff on wellness practices, modeling wellness for students, and adherence to policy. SDDT's ongoing funding in SFUSD's implementation of the wellness policy is contributing to a cultural shift among students, staff, and families.

**100%** of SFUSD teachers provided at least 1 unit on nutrition and physical activity

**95%** of teachers provided a lesson on healthy hydration

**96%** of respondents indicated they drink water in front of students to encourage hydration

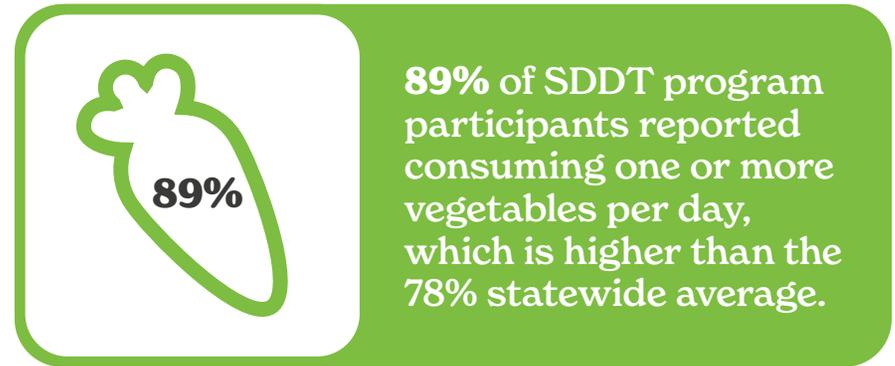
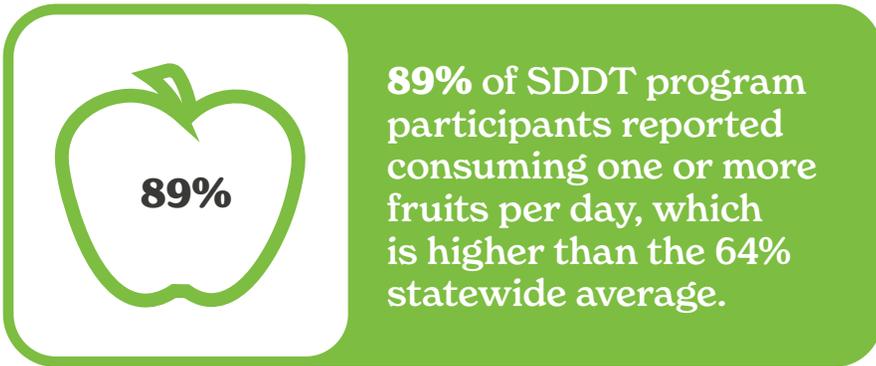
**80%** do not drink soda in front of students



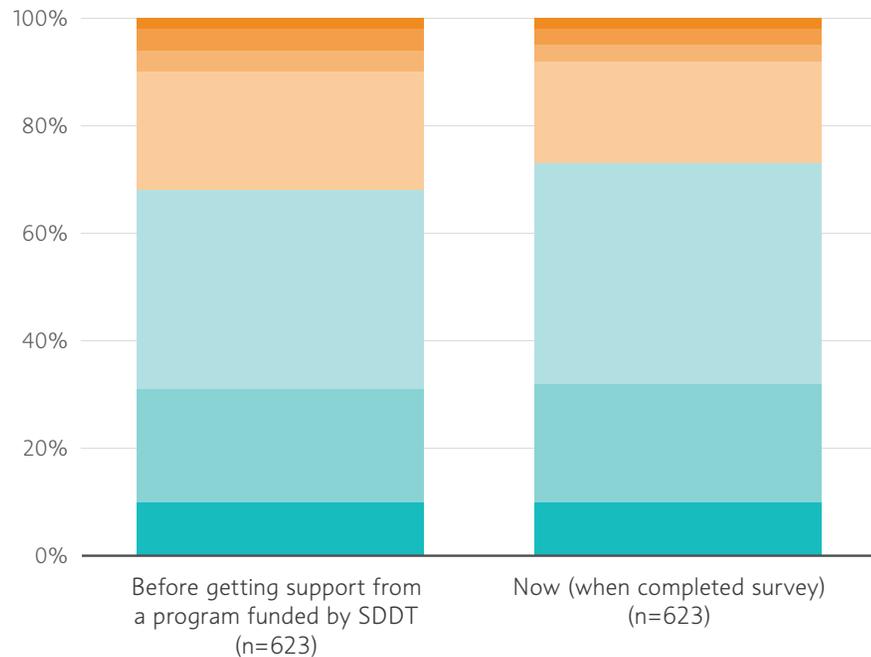
Source: SFUSD

## SDDT IS SEEDING A CULTURE CHANGE AROUND FRUIT AND VEGETABLE CONSUMPTION

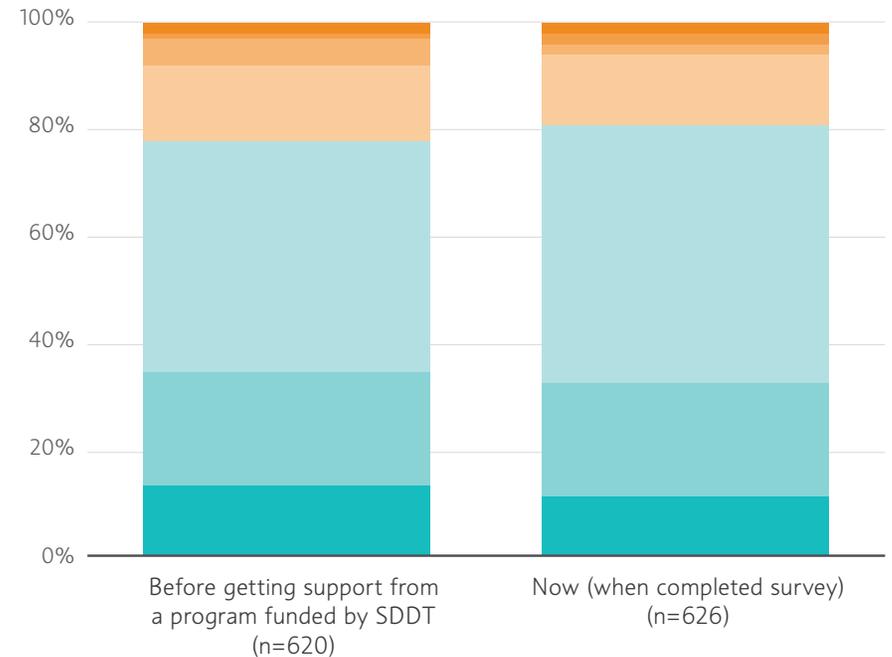
As shown by the charts below, SDDT program participants report a slight increase in fruit and vegetable consumption since participating in SDDT-funded programs. Although the increase is small, SDDT program participants' fruit and vegetable consumption is significantly higher than a representative sample of California residents as of 2021, based on a survey conducted by the Centers for Disease Control and Prevention.



**Times a Day Respondents Reported Eating Fruit (Fresh, Frozen, or Canned, but Excluding Fruit Juice) in a Typical Week**



**Times a Day Respondents Reported Eating Vegetables (Fresh, Frozen, Canned, or Cooked) in a Typical Week**



● Not at all/never  
 ● Once a week  
 ● Once every 2 or 3 days  
 ● Once each day  
 ● 2 times/day  
 ● 3-4 times/day  
 ● 5 or more times/day

## THE SAN FRANCISCO AFRICAN AMERICAN FAITH-BASED COALITION HAS CHANGED CULTURAL NORMS BY ENCOURAGING PEOPLE TO DRINK WATER INSTEAD OF SUGAR-SWEETENED BEVERAGES

The San Francisco African American Faith-Based Coalition (SFAAFBC) works to eliminate health inequities in communities of color by conducting outreach in San Francisco's Black and African American congregations. Through ongoing SDDT funding from 2019 to 2023, SFAAFBC has been successful in catalyzing a culture shift among congregations' distribution of water and limitations on sugar-sweetened beverages. Of the 21 member congregations, 14 participated in a survey to quantify this cultural shift. Since participating in SDDT, **14 congregations no longer serve sugary drinks or serve them less often than they used to at events that they organize.** This change in sugary drink norms and practices is significant, because these congregations have a large reach throughout the community. Since these congregations are mostly located in the Bayview-Hunters Point and Fillmore District neighborhoods, these changes to church norms around consuming sugary drinks less often is impacting the people most targeted by the sugar-sweetened beverage industry.

Every year, the 14 SFAAFBC congregations that now serve sugary drinks less (or not at all) engage:

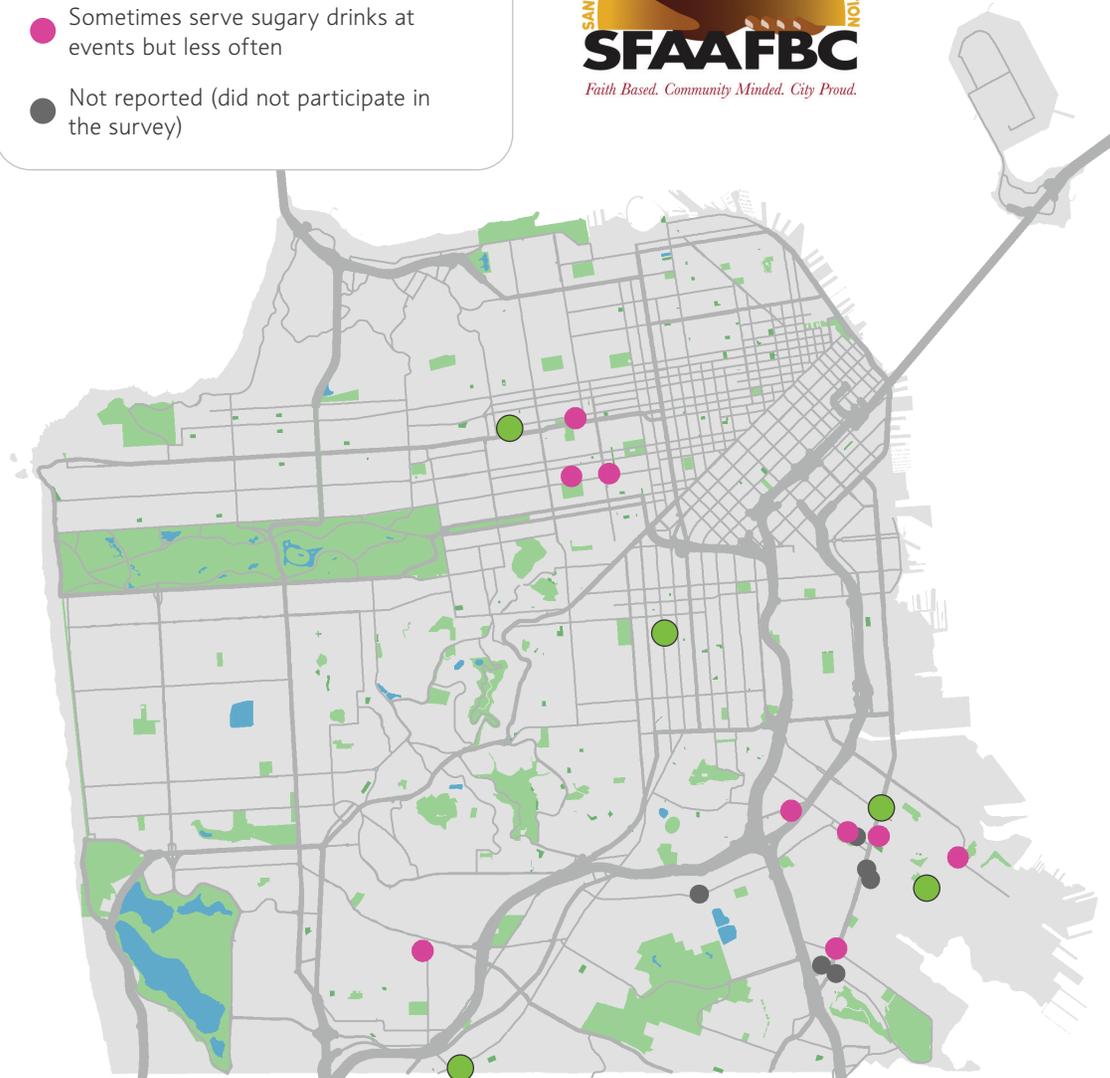
**6,100**  
registered  
members  
of those  
congregations

+

**11,100**  
other community  
members served  
through food drives  
and other services

### SFAAFBC Congregations (n=21)

- No longer serve sugary drinks at events
- Sometimes serve sugary drinks at events but less often
- Not reported (did not participate in the survey)



**9 congregations now serve water at all events**

- Grace Tabernacle Community Church
- New Providence Baptist Church
- Providence Baptist Church of San Francisco
- San Francisco Christian Center
- St. Andrew Missionary Baptist Church of San Francisco
- St. John Missionary Baptist Church
- St. Mark Institutional Missionary Baptist Church
- Baptist Church
- St. Paul Tabernacle Baptist Church
- Withoutwalls International Ministries

**9 congregations sometimes serve sugary drinks at events but now do so less often**

- Calvary Hill Community Church
- Cornerstone Missionary Baptist Church
- Jones Memorial United Methodist Church
- New Providence Baptist Church
- Our Lady of Lourdes and All Hallows Catholic Community
- Providence Baptist Church of San Francisco
- St. Paul Tabernacle Baptist Church
- Third Baptist Church of San Francisco
- Withoutwalls International Ministries

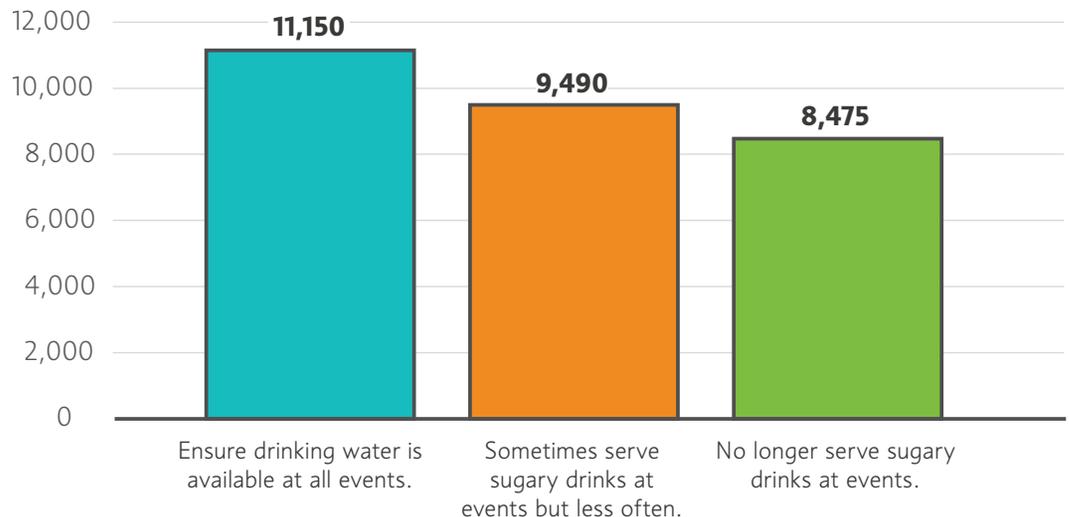
**5 congregations no longer serve sugary drinks at events**

- Grace Tabernacle Community Church
- San Francisco Christian Center
- St. Andrew Missionary Baptist Church of San Francisco
- St. John Missionary Baptist Church
- St. Mark Institutional Missionary Baptist Church

**“The shift has happened.** Pastors have been very intentional about wanting water... making sure there’s enough water for church-related events and for community events... It’s been a very clean, distinct, and unquestionable shift that there’s an awareness now [about promoting water consumption].”

-Dr. Joseph Bryant, Jr.

**People Impacted Each Year by SFAAFC Congregations' Actions**



## SDDT-Funded Sugar & Decoloniality Series is Shifting Cultural Awareness of the Sugar Industry's Historical and Ongoing Exploitation of BIPOC Communities

During one full-day workshop and a series of four shorter sessions, participants learned about sugar production, sugar addiction and its colonial roots, and discussed why decolonizing sugar matters and ways to undo the impacts of coloniality on communities experiencing the greatest health disparities (including through policies and systems level strategies and by re-centering those communities). Learn more at [shapeupscoalition.org/sugar-decoloniality](https://shapeupscoalition.org/sugar-decoloniality) and [shapeupscoalition.org/decoloniality](https://shapeupscoalition.org/decoloniality).



SFDPH Sugar Decoloniality series workshop



SFDPH Sugar Decoloniality series workshop

“ [What I liked best about the series was] the speaker’s ability to weave together the history of sugar, colonization, anti-blackness and fatphobia, to show what a central role sugar plays in our lives, and offer approaches to reassess our relationships with sugar.”

“ As a public health nurse working with pregnant people and babies, I will definitely do my best to integrate the new perspectives and ideas I learned today- with the goal to help my moms create healthy mind and body practices and heal generational traumas.”

## Children's Oral Health Task Forces are Addressing Oral Health Inequities

The Childrens' Oral Health Task Forces are community health collaboratives that increase access to dental and oral healthcare, provide culturally and linguistically responsive oral health education, and partner with other oral health stakeholders through the CavityFree SF initiative.

During FY 2022-23, SDDT supported task forces in the Chinatown and Mission neighborhoods, which have some of the poorest children's oral health outcomes in San Francisco. As the primary funder of the task forces, SDDT plays a critical role in addressing oral health inequities in the city.



University of the Pacific dental students conduct oral health screenings in partnership with the Mission Children's Oral Health Taskforce

- **Mission Childrens' Oral Health Task Force**

- » CARECEN (lead agency)
- » University of the Pacific
- » Mission Neighborhood Center
- » Mission Neighborhood Health Center
- » SFUSD - Moscone Parent Liaison & School Nurse / Dolores Huerta Parent Liaison
- » Native American Health Center
- » San Francisco Public Library (Mission Branch)
- » Medi-Cal Outreach Team
- » Magic ToothBus

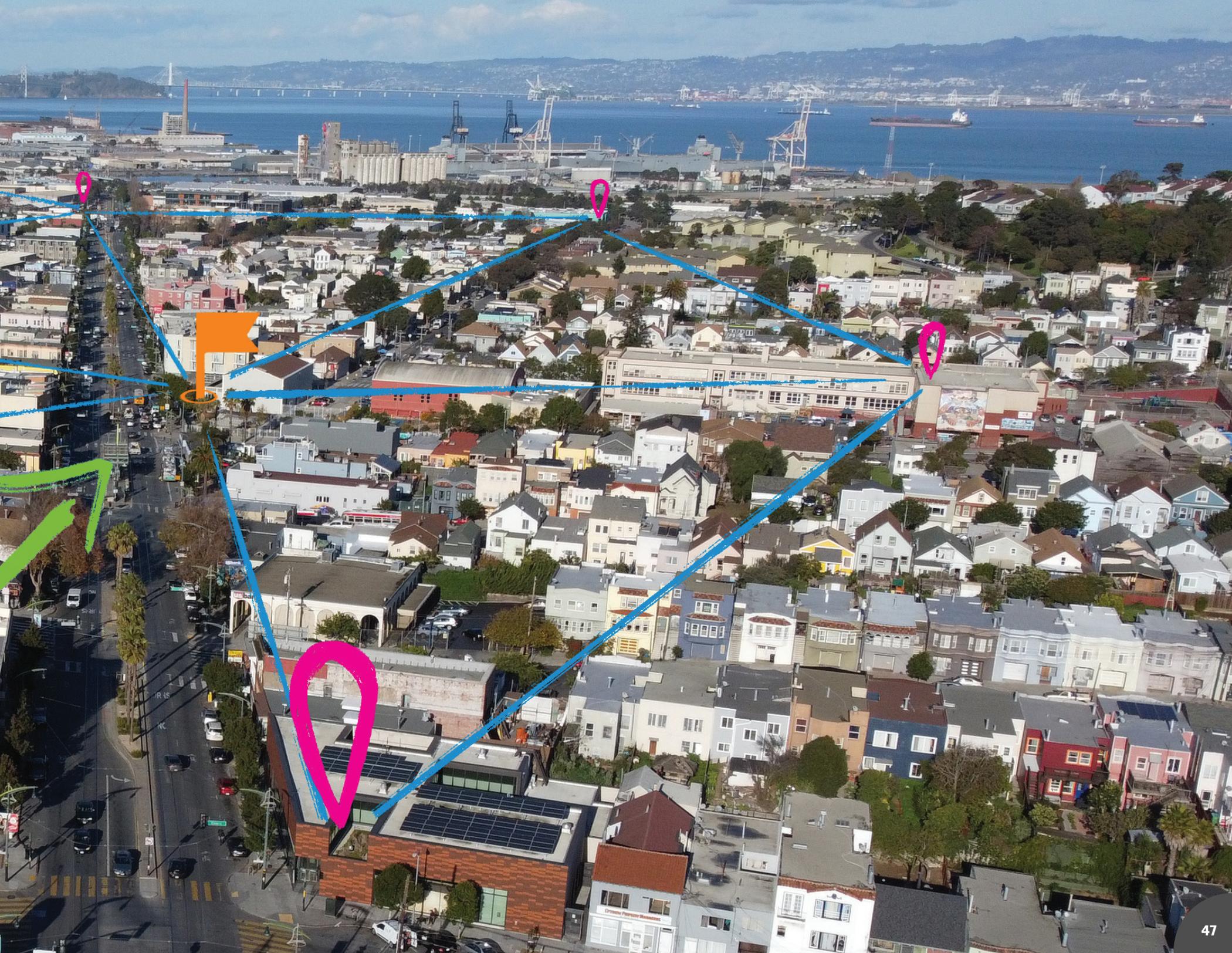
- **Chinatown Task Force on Children's Oral Health**

- » NICOS Chinese Health Coalition (lead agency)
- » APA Family Support Services
- » Asian Health Caucus
- » Asian Women Resource Center
- » Cameron House
- » Chinatown Public Health Center
- » Chinese Student Pharmacist Association
- » Community Youth Center
- » Kai Ming Head Start
- » Kaiser Permanente
- » Magic ToothBus
- » North East Medical Services
- » SFUSD - Gordon J. Lau Elementary School
- » UCSF School of Dentistry
- » University of the Pacific, Arthur A. Dugoni School of Dentistry
- » Wu Yee Children's Services

An aerial photograph of San Francisco, showing the city skyline in the background and residential areas in the foreground. A large blue semi-transparent box is overlaid on the left side of the image, containing white text. Several blue lines with red circular markers at the end are drawn across the cityscape, connecting various points. A thick green curved line is also visible in the lower right quadrant of the image.

## Finding 4

**SDDT investments have increased economic opportunities and strengthened resident leadership within communities most burdened by inequities.**



## SDDT FUNDS ARE SUPPORTING SMALL BUSINESSES AND LOCAL FARMERS, WHO ARE MOSTLY BIPOC

In addition to helping low-income residents access fresh produce and stretch their household budgets (see page 30), the Healthy Food Purchasing Supplement (HFPS) grantees make a significant contribution to the local economy, especially for small and BIPOC-owned businesses. These grants also have an impressive return on investment: a recent economic analysis found every \$1 dollar invested in Vouchers4Veggies programs leads to an additional \$3 in economic activity to the local economy.<sup>24</sup>

Although the amount of funding sources other than SDDT (primarily the General Fund) has varied each fiscal year, SDDT has been a consistent source for funding for the HFPS grants (see page 31). Between fiscal years 2019-20 and 2022-23, SDDT has funded 77% of HFPS grants.

Since FY 2019-20, HFPS grants have enabled low-income San Franciscans to purchase \$5.4 million of fresh fruits and vegetables from San Francisco stores and vendors. An impressive 78% has directly supported local small and primarily BIPOC-owned corner stores and BIPOC farmers: \$4,255,593 in 4 years!

78%

of San Francisco's Healthy Food Purchasing Supplements have been used to buy produce from primarily BIPOC-owned corner stores and BIPOC farmers at farmers' markets

24. Thilmany, D., Bauman, A., Love, E., & Jablonski, B. (2021). "The Economic Contributions of Healthy Food Incentives". Retrieved from: [https://marketmatch.org/wpcontent/uploads/2021/02/Economic\\_Contributions\\_Incentives.pdf](https://marketmatch.org/wpcontent/uploads/2021/02/Economic_Contributions_Incentives.pdf).



Healthy cooking demonstration at the SDDT 5-Year Celebration

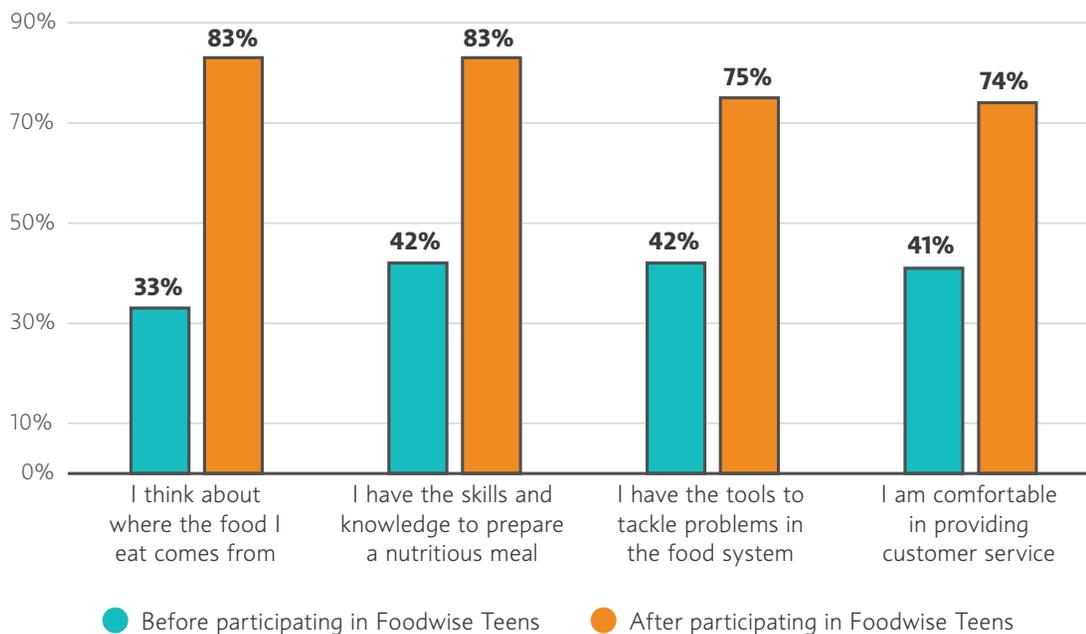


## SDDT INVESTMENTS ARE DEVELOPING YOUTH LEADERS TO POSITIVELY INFLUENCE THE LOCAL FOOD SYSTEMS

Foodwise Teens is a paid youth development program where high school students are trained to be leaders that advocate for a sustainable, equitable, and nourishing food system. For the past few years, SDDT funds to SFUSD have paid for stipends so that students can participate in the Foodwise Teens program.

During FY 2022-23, SDDT funding supported up to 90 high school students from three SFUSD partner schools: John O’Connell High School, Mission High School, and The Academy – San Francisco @ McAteer. Students received a \$550 stipend per semester for completing the program.

The Foodwise Teens program has been highly successful in shifting youth attitudes toward food and food systems. The chart below highlights the results of a survey that was conducted of participants at the beginning and end of the program. These results demonstrate that Foodwise Teens has provided youth, mostly low-income and BIPOC, with the skills and knowledge necessary to understand food systems and advocate for themselves and their communities.



Participants cooking food at a farmers market

**82%** of participants in the Foodwise Teens program identified as BIPOC in FY 2022-23.

“It was helpful to me to learn about where my food comes from and spread awareness on it...I also learned more about resources to help low income families, like myself, to shop at the ferry plaza farmers market. This not only helps me save money, but to have the access to buy healthy produce and food.”

## VideoVoice

**VideoVoice is a participatory approach to storytelling that combines words and images.** San Francisco Department of Public Health Sugary Drinks Distributor Tax (SF SDDT) Evaluation Team invited four organizations that received an SDDT Healthy Communities grant to participate in the project. This report highlights two of these organizations. VideoVoice explores the effects of programs and services funded by SDDT on participants.

## COMMUNITY GROWS, BEETS PROGRAM

The Band of Environmentally Educated and Employable Teens (BEETs) is a paid high school internship for youth of color to gain job skills, learn about environmental justice, and practice land stewardship.

Based at Koshland Community Park and Learning Garden, the program provides highschool students with a variety of educational workshops on topics including herbalism, cooking, and land stewardship as well as leadership topics including community organizing and power mapping.



Sincere Jones, Community Grows BEETS program participant

“BEETS has affected me in such a drastic way to the point that I thought that I would never see myself in the position that I am in right now.”

“I love it here! The community here makes my heart warm so so much. I have never been happier. If schools sucks for the day, I come to the garden and I feel better. If home sucks for the day, I come to the garden and I feel better.”

“I’ve learned a lot of plant names...I didn’t know how to cook. As a low-income African American male, I don’t cook at home; barely at all. Everything is store bought, frozen, or take out. But when I came to BEETS for the first time to cook, it was magical for me. Woah, I just made something and it tastes so good.”

## FARMING HOPE

Farming Hope manages a paid culinary job training/apprenticeship program for community members who are overcoming obstacles such as former incarceration or homelessness. They also provide and connect apprentices with an ecosystem of support services and partners. The Farming Hope kitchen (Refettorio) produces thousands of meals every year for food insecure neighbors and also hosts inclusive community events as well as professional and life skills courses.

Devon Jordan-McFeely, Refettorio Cook and Trainer



“ I was fresh out of prison. I really didn't have any opportunities available to me, so I reached out to Farming Hope and they gave me a shot, which actually changed my life.”

“ The most important part of the work that we do is giving a second chance to formerly incarcerated individuals. Getting out, starting over, looking for work, looking for opportunities is hard. For Farming Hope to give us opportunities, it's big and life-changing.”

“ Getting out myself. It's hard not to be hard on yourself and think that your past is always going to follow you and define the person you are. Getting out and getting this second chance; your past doesn't have to define you.”

Watch the full videos at [www.sodatax-sf.org/data-overview/#videovoice](http://www.sodatax-sf.org/data-overview/#videovoice) or scan the code below.



# Recommendations



Community member using EatSF Vouchers4Veggies to buy produce at a farmers market

“ Keeping toxic drinks cheap isn’t doing poor people any favors.”

-Roberto Ariel Vargas, MPH  
Associate Director, Center for Community  
Engagement, UCSF

- 1. Continue to encourage San Franciscans to drink tap water (especially among populations that are reticent about the safety of tap water).** As evidenced by the SDDT participant survey and the congregation survey of the San Francisco African American Faith-Based Coalition, SDDT-funded entities have made progress in encouraging community members to increase their consumption of water though there are still reported concerns with the safety of drinking tap water. To ensure that all San Franciscans feel safe making the healthy choice, environmental and systems changes (e.g., hydration stations, and institutional policies and practices around serving drinking water) should be supported with culturally responsive health promotion about water and SSB consumption.
- 2. Continue to increase awareness about the negative impacts of sugary drinks and to reduce SSB consumption, especially among priority populations.** Based on the results of the SDDT participant survey, regular soda and sweetened coffee/tea have the highest levels of daily consumption among SSB types and, therefore, SDDT should invest in greater levels of education on the health harms of excessive consumption of these types of SSBs and the beverage industry’s continued financial exploitation of BIPOC communities. All SDDT-funded programs and interventions should include information about the health harms of SSBs in interactions with community members.
- 3. Ensure SDDT funding promotes policies and structural changes that encourage active lifestyles and physical activity.** Since physical activity is a protective factor against diet-sensitive chronic disease and is one of the SDDTAC’s outcomes, investment in physical activity and active lifestyles should continue to be promoted in SDDT-funded programs and services.
- 4. Continue to support efforts to reduce health inequities in oral health outcomes.** Neighborhoods targeted by the beverage industry are also the neighborhoods with the highest rates of cavities in the city. Expanding programs that provide culturally and linguistically responsive oral health education and expand access to oral healthcare will help to reduce those inequities.

5. **Support residents from priority populations with economic and leadership opportunities.** Increasing job training and economic opportunities is critical to developing resident leaders and strengthening overall community capacity given the many structural inequities they experience in securing jobs and accessing decision-makers and government systems.
6. **Support SDDT-funded entities to increase their capacity to collect demographic participant data.** While SDDT-funded entities have improved their ability to collect demographic data of program participants, there is still room for continued improvement. Demographic data is critical to understand who is participating in SDDT-funded programming and services, which allows the evaluation to assess SDDT's reach in advancing health equity.
7. **Continue to support SDDT evaluation efforts.** The multi-year investment in evaluation has helped the SDDTAC demonstrate SDDT's impact in addressing health inequities and make data-driven recommendations. To ensure SDDT funding is informed by data and evidence, it is important to continue evaluating SDDT-funded programs and structural interventions
8. **Encourage the use of braided funding to leverage SDDT funds for greater impact.** There is a need to proactively seek and strengthen partnerships with other federal, state, and philanthropic organizations to support evidence-based interventions, structural and systems changes, and innovative programs aligned with the outcomes of SDDT funding. These funding partnerships will help to ensure fiscal sustainability of SDDT-funded programs (e.g., Healthy Retail, RPD, COHTF) and to ensure the consistent implementation of health and wellness efforts across and within SFUSD.
9. **Ensure the SDDT Advisory Committee (SDDTAC) exists beyond the current 2028 end-date.** The SDDTAC is made up of key leaders and community members that represent priority populations and who ensure that SDDT funding is equity-focused and responsive to emerging community needs.
10. **Share best practices, lessons learned, and evaluation findings from the San Francisco SDDT with other cities to highlight how local sugary drinks taxes can support health equity.** To support health equity and counter the negative health impacts of consuming sugary beverages, SFDPH and SDDTAC partners should share best practices, lessons learned, and evaluation findings related to the San Francisco SDDT (for example, by participating in regional and statewide coalitions, by presenting at public health conferences).

Danza Azteca Xitlalli de San Francisco at SDDT 5-Year Celebration



# San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2022-2023



PREPARED BY:  
 raimi+ associates

[SodaTax-SF.org](http://SodaTax-SF.org) | [sf.gov/sddtac](http://sf.gov/sddtac)