

San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2021–2022



PREPARED BY:



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 2021-2022. As the COVID-19 pandemic has evolved over the past year, SDDT-funded organizations and agencies have returned to providing in-person, culturally-responsive services, programs, and education across San Francisco, and especially in the neighborhoods most impacted by diet-sensitive chronic diseases.

We are proud of the reach and impact that SDDT is having on our city. Some examples include:

- At least 49,850 people participated in SDDT-funded grant programs between July 2021 and June 2022.
- 24,132 SFUSD students (or 46% of all enrolled SFUSD students) attended schools that received SDDT funding for infrastructure to support fruit, vegetable, and tap water consumption.

Although SDDT funded-entities, as a group, supported work in every neighborhood across the city, data from this past fiscal year demonstrate that services, programs, and engagement efforts were focused in the neighborhoods most impacted by diet-sensitive chronic diseases. Moreover, SDDT funding has continued to support low-income San Franciscans; children, youth, and young adults; and community members who identify as Asian, Black/African American, Latinx, Native American/Indigenous, and/or Pacific Islander.

This evaluation report also highlights funding from the last three years and the impact of multi-year funding. For example, SDDT's commitment to multiyear funding has supported organizational stability, increased the effectiveness of Black, Indigenous, People of Color (BIPOC)-led and BIPOC-serving programming, and increased community capacity among

BIPOC community members. Furthermore, SDDT's funding of structural interventions is an approach to both prioritize with limited resources and to achieve important and positive health benefits at a population level. For example, the impact of SDDT funding to improve kitchen facilities and infrastructure at SFUSD schools within the last three years has resulted in lasting and significant impacts on students' nutritional behavior.

Finally, we continue to track key outcomes identified in the San Francisco SDDTAC Strategic Plan. 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. The SDDTAC remains committed to making community- and results- driven recommendations to ensure the soda tax keeps working for all of us.

Sincerely,

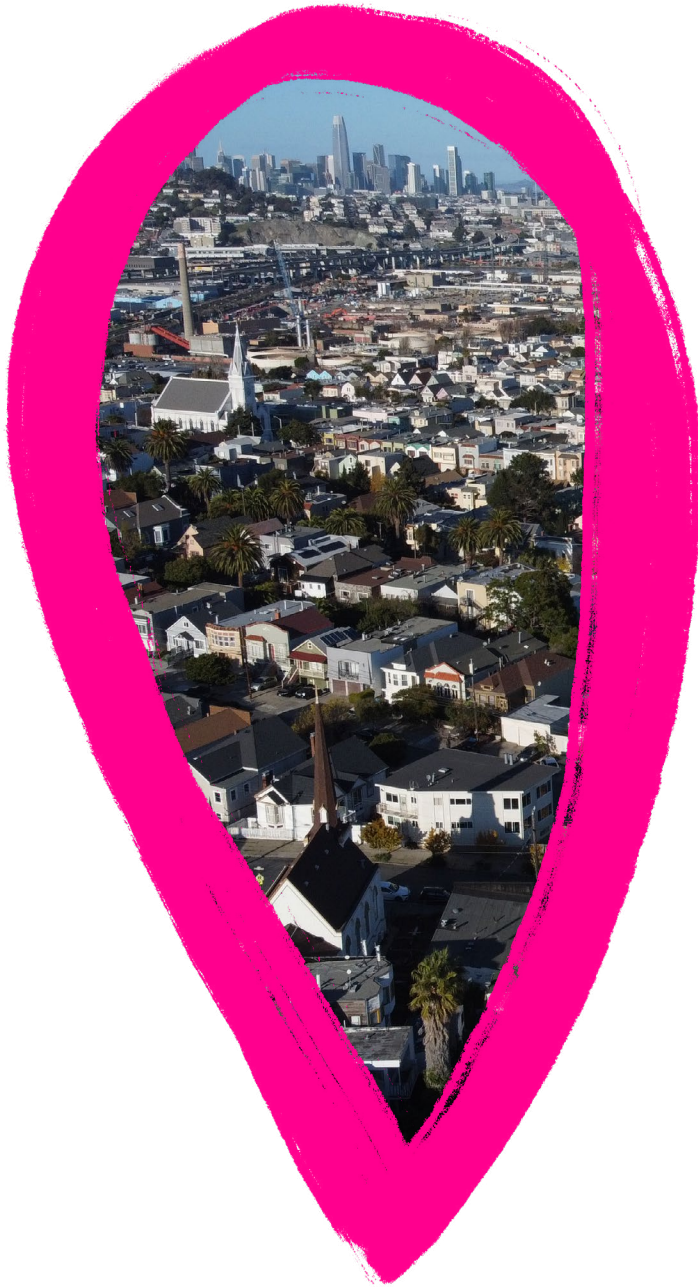


Marna Armstead
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Sugary Drinks Distributor Tax
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View of San Francisco Skyline from
Bayview Hunters Point

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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. Rather than taxing consumers, the Sugary Drinks Distributor Tax (SDDT) is a tax on distributors for the privilege of conducting business within San Francisco. In addition to the SDDT, the legislation also established the Sugary Drinks Distributor Tax Advisory

Committee (SDDTAC) made up of 16 voting members that represent the diversity of San Francisco and are appointed by the City's Board of Supervisors, the Directors of four City departments/offices, and the San Francisco Unified School District (SFUSD). The SDDTAC is charged with 1) making recommendations to the Mayor and Board of Supervisors on how to distribute the funds generated by SDDT; and 2) evaluating the effectiveness of those programs and agencies that received SDDT funding.

SDDT is Decreasing Sales and Consumption of Sugar-Sweetened Beverages

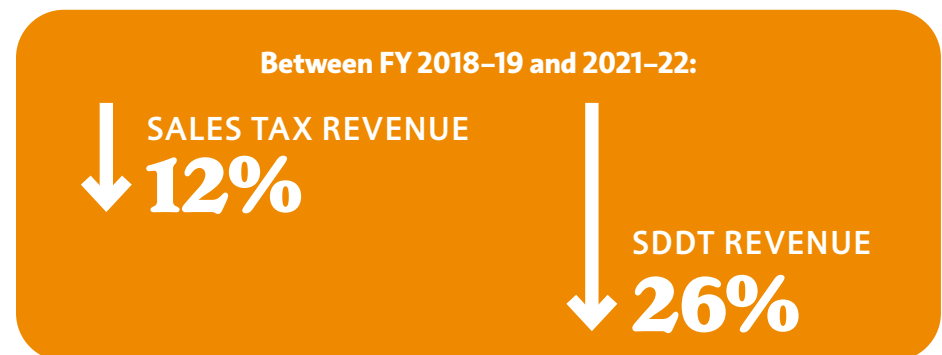
Annual SDDT revenues had already decreased prior to the COVID-19 pandemic, and the pandemic caused a dramatic drop in sales tax revenue—raising the question if further decreases in SDDT revenue were due to reduced economic activity or due to the decrease of consumption of sugary drinks. Since the tax was implemented, SDDT revenue has decreased at more than twice the rate of sales tax revenue. Furthermore, sales tax revenue between Fiscal Years 2020-21 and 2021-22 has increased significantly as San Francisco has reopened and continues to recover, while SDDT revenue has only increased a small amount since the height of the COVID-19 pandemic. This decrease corresponds directly to a decrease in sugary drink sales and consumption.

In addition to decreased SDDT revenues (reflecting decreased sales of sugar-sweetened beverages, or "SSBs"), there are now data on how resident consumption in priority neighborhoods has changed. A newly published peer-reviewed study¹ looked at SSBs consumption for residents of specific ZIP codes in San Francisco and San José (which does not have a tax on sugary drinks) in the year prior to SDDT implementation (2017) and during the first two years that the sugary drinks tax was in effect. This study found BOTH that average daily SSB consumption

decreased more in San Francisco compared to San José AND that the percentage of residents drinking at least 6 ounces of SSBs/day ("high SSB consumers") decreased.

After two years of SDDT's implementation, there was a **34% decline in average daily SSB consumption** (about 3.7oz less per day) among the San Francisco cohort.

Additionally, the percentage of residents of priority ZIP codes who were "high SSB consumers" decreased from **37% pre-tax to 23% after 2 years of the sugary drinks tax.**



Overview of Findings

The following evaluation findings correspond to SDDT funding in Fiscal Year 2021–2022 (FY 2021–22), which includes July 1, 2021 through June 30, 2022.

FINDING 1

SDDT funding in San Francisco continues to be directed to the people + places most burdened by diet-sensitive chronic diseases and targeted by the sugar-sweetened beverage industry.

49,850 people

(at minimum) participated in SDDT-funded grant programs



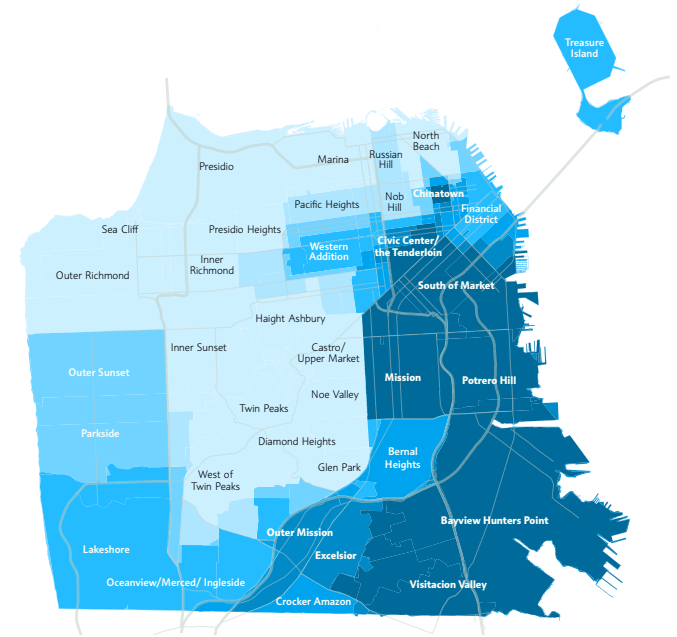
24,132 students

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

Neighborhoods Most Impacted by Diet-Sensitive Chronic Diseases



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.



FINDING 2

SDDT funding in San Francisco continues to support prioritized strategies that contribute to achieving key outcomes.

Approximate SDDT Funding (in millions) Allocated in FY 2021–22 to Implement SDDT Strategies



- **\$1.4M**
Strategy 1: Build community capacity and develop leadership.
- **\$1.0M**
Strategy 2: Provide health promoting education, programs, and services.
- **\$1.0M**
Strategy 3: Provide job readiness, skills training, and career pathways.
- **\$4.1M**
Strategy 4: Expand access to healthy food, water, and oral health.
- **\$0.2M**
Strategy 5: Decrease access and availability to sugary beverages.
- **\$1.7M**
Strategy 6: Increase opportunities for physical activity.
- **\$1.1M**
Strategy 7: Increase economic opportunities in priority neighborhoods.
- **\$0.1M**
Strategy 8: Increase healthy messaging related to nutrition.

FINDING 3

Through a multiyear funding approach, SDDT funds have supported organizational stability, increased the effectiveness of Black, Indigenous, People of Color (BIPOC)-led and BIPOC-serving programming, and increased community capacity among BIPOC community members.

222 People paid with SDDT funds identified as BIPOC (88% of 251 people paid)

Languages spoken by people paid with SDDT funds

Afaan Oromo • Amharic • Arabic • Cantonese • English • Malay • Mayan-K'iche' • Mayan-Mam • Mandarin • Russian • Spanish • Tagalog • Toishanese • Vietnamese

“That was a big deal. We could professionalize right away, get serious about our plans, and get employee number three. It’s not a tremendously large amount of our budget now, because we’re now a two-and-a-half million dollar a year operation. But there’s no way we would have grown this fast without this kind of commitment early on.”

FINDING 4

Within the last three years, SDDT has funded structural interventions that have resulted in an increase in healthy behaviors.

“When you start a habit, if you keep up with it, then it’s easier to stick to that diet...so that’s what I’m trying to do. [The vouchers] help me stick to these healthy eating habits.”

-Vouchers4Veggies program participant



Recommendations

- 1. Continue to direct funding to the neighborhoods most targeted by sugary drinks marketing and prioritized populations who are at highest risk of diet-sensitive chronic diseases.**
 - a. Additional data about SDDT revenue sources is critical to being able to make more precise recommendations about where funding should be directed.
 - b. Analyze SF Health Network EMR records to explore effects of soda tax on health outcomes.
 - c. Continue to work with City Controller to identify data (e.g., tax data) that could be used to focus funding.

- 2. Continue to direct funding to key strategies that work to achieve prioritized outcomes, especially those strategies that have long-lasting benefits (i.e., benefits that go beyond the funding period).**
 - a. Increase funding for economic development efforts (e.g., workforce development) – by increasing SDDT funding and/or by identifying other funding opportunities throughout the City and County of SF.
 - b. Fund the conversion of designated Heat and Serve sites to 100% Refresh sites in SFUSD.
 - c. Fund kitchen and warehouse facilities to allow SFUSD to become more self-reliant and decrease its dependence on outside vended meals to continue supporting increased student participation in healthy school lunches.
 - d. Increase access to healthy foods through expanding the number of community food hubs and increasing funding for the Healthy Food Purchasing Supplement incentive programs (i.e. Vouchers4Veggies and Market Match).
 - e. Increase funding for hydration stations.
 - f. Increase funding for dental sealants specifically for low-income children, as they have proven to have long-lasting benefits in preventing cavities.

- 3. Continue to support SDDT-funded entities to**
 - a. implement multiple strategies, in order to maximize synergistic positive outcomes;
 - b. strengthen and actively promote their organizational wellness policies; and
 - c. ensure that all SDDT-funded entities promote drinking water and reduce sugary beverage consumption.

- 4. Continue to use multi-year grants to support emerging BIPOC-led organizations and mitigate structural barriers.**

- 5. Work with other City entities to leverage additional funding opportunities that align with SDDT priorities.**

- 6. Leverage funded entities' trusted relationships with impacted community members to increase participation in existing services and benefits, especially in assisting with CalFresh enrollment because of its significant role in addressing structural economic inequities.**

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 third evaluation report and presents evaluation findings for the programs and agencies that received SDDT funding for FY 2021–22. The report aligns with the 2020-2025 SDDTAC Strategic Plan (for more information, please see www.sfdph.org/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 associated data and evidence, for the FY 2021–22.

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

Data Sources

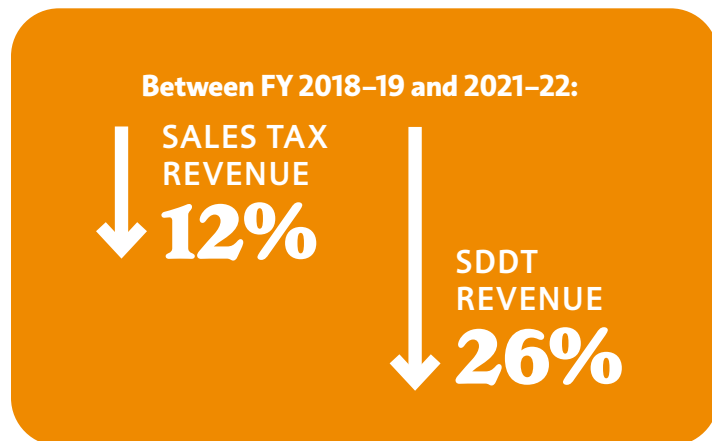
This report presents both quantitative and qualitative evaluation data provided from SDDT-funded City agencies, SFUSD, and community-based grantees, as well as primary data collected through interviews with funded entities.



Youth participating in BMAGIC activity

Where Are We Now?

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 decrease in both SDDT and sales tax revenues, and, then during the most recent FY 2021–22, there was an 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 much smaller increase in the past year compared to the increase in sales tax revenue.



Since the SDDT was implemented in January 2018, San Franciscans' purchasing and consumption of sugary drinks has decreased significantly (✓). Additionally, individual programs supported with SDDT funding have begun to demonstrate success in most other outcomes (✓).

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 INDIVIDUALS WORKERS/ FAMILIES AND LOCAL BUSINESSES

▶ Increase in food security



▶ Increase in economic opportunity and stability



New Evidence that SDDT is Decreasing Sugar-Sweetened Beverage Consumption in Priority Neighborhoods

In January 2023, a peer-reviewed article¹ was published that presents the findings from a 2017-2020 study on the impact of the San Francisco Sugary Drinks Distributor Tax (SDDT) on sugar-sweetened beverage (SSB) consumption in priority neighborhoods.

This article was published in PLOS Global Public Health, an open access forum for public health research. Peer-reviewed articles present experiments, statistics, and other analyses that have been performed to a high technical standard with detailed descriptions and identify conclusions that are supported by the data – both of which are assessed by peer expert scholars and revised as necessary prior to publication. The article review process also ensures that published research meets all applicable standards for the ethics of experimentation and research integrity.

1. Silver, L. D., Padon, A. A., Li, L., Simard, B. J., & Greenfield, T. K. (2023). "Changes in sugar-sweetened beverage consumption in the first two years (2018–2020) of San Francisco's tax: A prospective longitudinal study." PLOS Global Public Health, 3(1), e0001219.

STUDY DESIGN

The study used surveys collected pre-tax (baseline) and in the 2 years after SDDT implementation from 721 San Francisco residents and 722 San José residents. San José was included as a control because they are demographically similar to San Francisco, but do not have a sugar-sweetened beverage tax in place. Surveys included a range of dietary questions, including participants daily intake of 15 specified beverage types (e.g., milks, alcohol, sweetened energy drinks, regular soda, diet beverages) and up to 5 additional beverages (e.g., horchata, kombucha, smoothies). Average SSB consumption was calculated based on the reported daily intake of regular soda, sweet tea, sweetened energy drinks, sweetened juice drinks, and qualifying "other" beverages.

To assess impacts of the sugary drinks tax on populations more burdened by health inequities, participation was limited to adult residents of those ZIP codes with a high proportion of Black and Latino residents (which overlap with the neighborhoods that are identified as priority neighborhoods for SDDT). Approximately 65% of San Francisco's Black residents and 63% of Latino San Franciscans live in the nine San Francisco ZIP codes included in the study.

PLOS GLOBAL PUBLIC HEALTH

RESEARCH ARTICLE

Changes in sugar-sweetened beverage consumption in the first two years (2018–2020) of San Francisco's tax: A prospective longitudinal study

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Abstract

OPEN ACCESS

Citation: Silver LD, Padon AA, Li L, Simard BJ, Greenfield TK (2023) Changes in sugar-sweetened beverage consumption in the first two years (2018–2020) of San Francisco's tax: A prospective longitudinal study. PLOS Glob Public Health 3(1): e0001219. <https://doi.org/10.1371/journal.pgph.0001219>

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Data Availability Statement: Silver LD, Padon AA, Li L, Simard B, Greenfield TK. Changes in sugar-sweetened beverage consumption in the first two years (2018–2020) of San Francisco's tax: A prospective longitudinal study 2022. Dryad Digital Repository. doi:10.5061/dryad.1hmggkqkA-6aJd.

Funding: This study was funded by the National Cancer Institute/National Institutes of Health 1R01CA214470-01 to LDS. Complementary

Background

Sugar-sweetened beverage (SSB) taxes are a promising strategy to decrease SSB consumption, and their inequitable health impacts, while raising revenue to meet social objectives. In 2016, San Francisco passed a one cent per ounce tax on SSBs. This study compared SSB consumption in San Francisco to that in San José, before and after tax implementation in 2018.

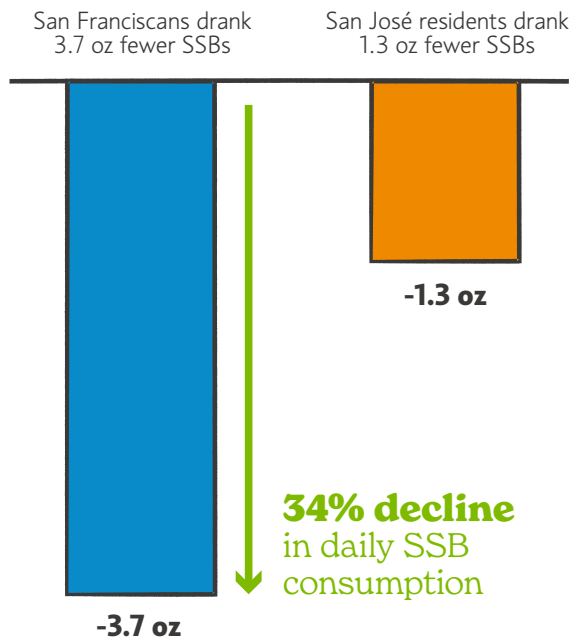
Methods & findings

A longitudinal panel of adults (n = 1,443) was surveyed from zip codes in San Francisco and San José, CA with higher densities of Black and Latino residents, racial/ethnic groups with higher SSB consumption in California. SSB consumption was measured at baseline (1/17–1/18), one- (1/18–1/19), and two-years (1/19–1/20) after the SSB tax was implemented in January 2018. Average daily SSB consumption (in ounces) was ascertained using the BevQ-15 instrument and modeled as both continuous and binary (High consumption: >6 oz (178 ml) versus low consumption: <6 oz) daily beverage intake measures. Weighted generalized linear models (GLMs) estimated difference-in-differences of SSB consumption between cities by including variables for year, city, and their interaction, adjusting for demographics and sampling source. In San Francisco, average SSB consumption in the sample declined by 34.1% (-3.68 oz, p = 0.004) from baseline to 2 years post-tax, versus San José which declined 16.5% by 2 years post-tax (-1.29 oz, p = 0.157), a non-significant difference-in-differences (-17.6%, adjusted AMR = 0.79, p = 0.224). The probability of high SSB intake in San Francisco declined significantly more than in San José from baseline to 2 years post-tax (AOR[interaction] = 0.49, p = 0.031). The difference-in-differences of odds of high consumption, examining the interaction between cities, time and poverty, was far greater (AOR [city*year²*federal poverty level] = 0.12, p = 0.010) among those living below 200% of the federal poverty level 2-years post-tax.

STUDY FINDINGS

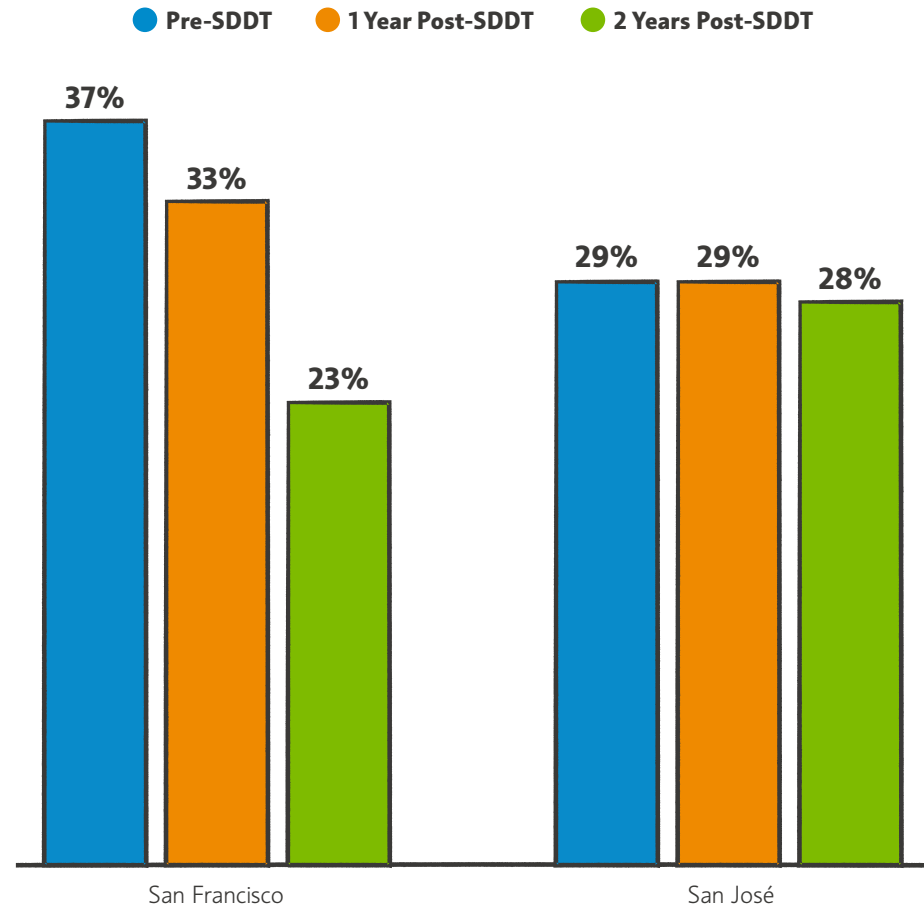
This study shows that San Francisco sugary drinks distributor tax successfully reduced high SSB consumption, with a larger reduction after two years. It found BOTH that average daily sugary drink consumption decreased more in San Francisco compared to San José AND that the percentage of residents drinking at least

Change in Average Daily SSB Consumption (in ounces)



After two years of SDDT's implementation, **there was a 34% decline in average daily SSB consumption** (about 3.7oz less per day) among the San Francisco cohort.

Percentage of Residents in Priority Zip Codes Drinking 6 or more ounces of sugar sweetened beverages per day



Additionally, the percentage of residents of priority ZIP codes who were "high SSB consumers" decreased by 14 percentage points: from 37% pre-tax to 23% after 2 years of the San Francisco sugary drinks distributor tax, while the proportion of San José residents consuming more than 6oz of SSBs saw virtually no change. This data provides strong evidence that the sugary drinks distributor tax has been effective in reducing daily SSB consumption, and especially among residents who previously consumed a high daily quantity of SSB

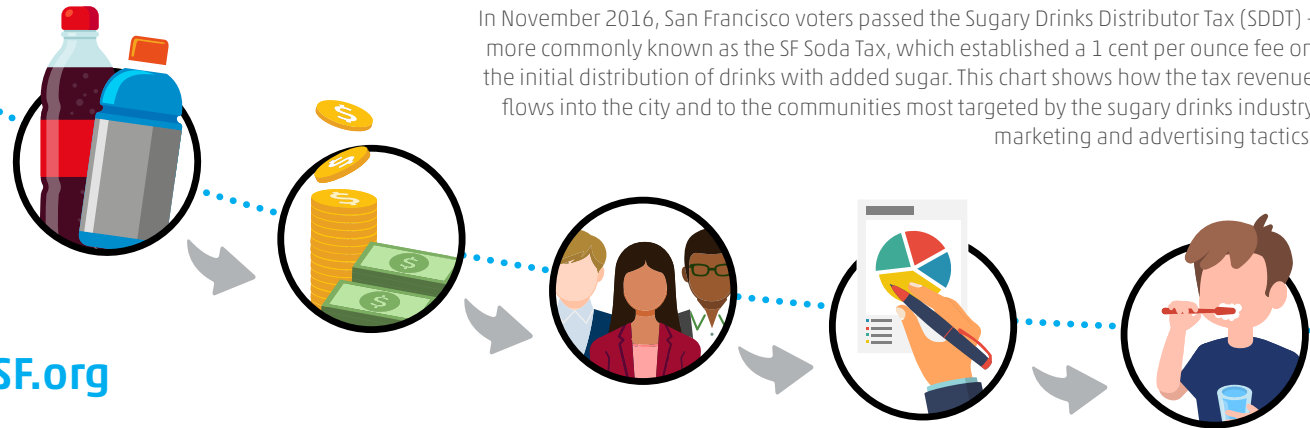
Introduction



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



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



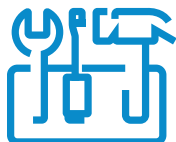
Supporting community-led and culturally relevant work.

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.

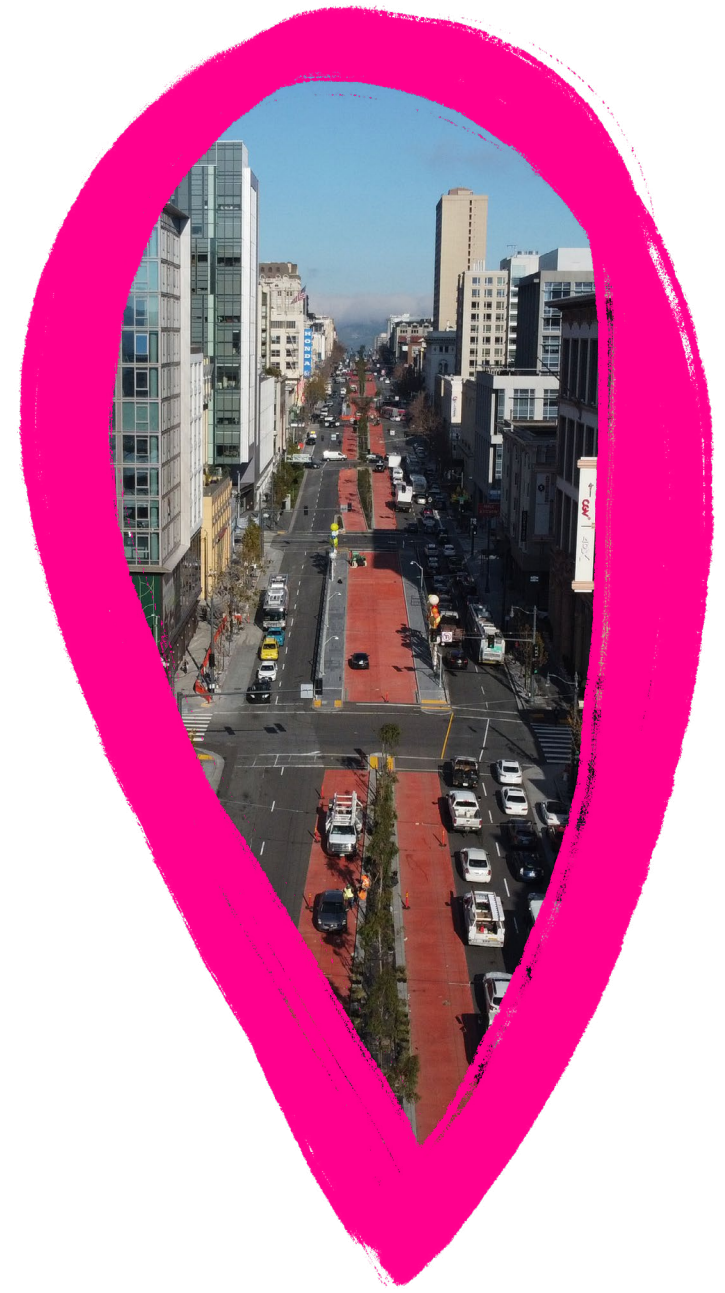
Funding should support existing and new community-based partnerships and collaborations that align resources to increase capacity, effectiveness, and the impact of strategies, programs, and services. Eliminating structural inequities and achieving equity.



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 & 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.



Aerial view of Market Street in San Francisco

Priority Populations

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

Specifically, the SDDTAC identified the following populations as those which 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 in their 30s and 40s are as likely to be hospitalized for diet-sensitive diseases as residents of other racial/ethnic groups who are older than 60.²



Black/African American residents who die from diabetes die 3-6 years younger than residents of other racial/ethnic groups who die from diabetes.³

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: August 2019 Data Report."
3. Source: California Department of Public Health, VRBIS Death Statistical Master File Plus 2006-2018 as reported in "San Francisco Sugary Drinks Distributor Tax Advisory Committee: August 2019 Data Report."

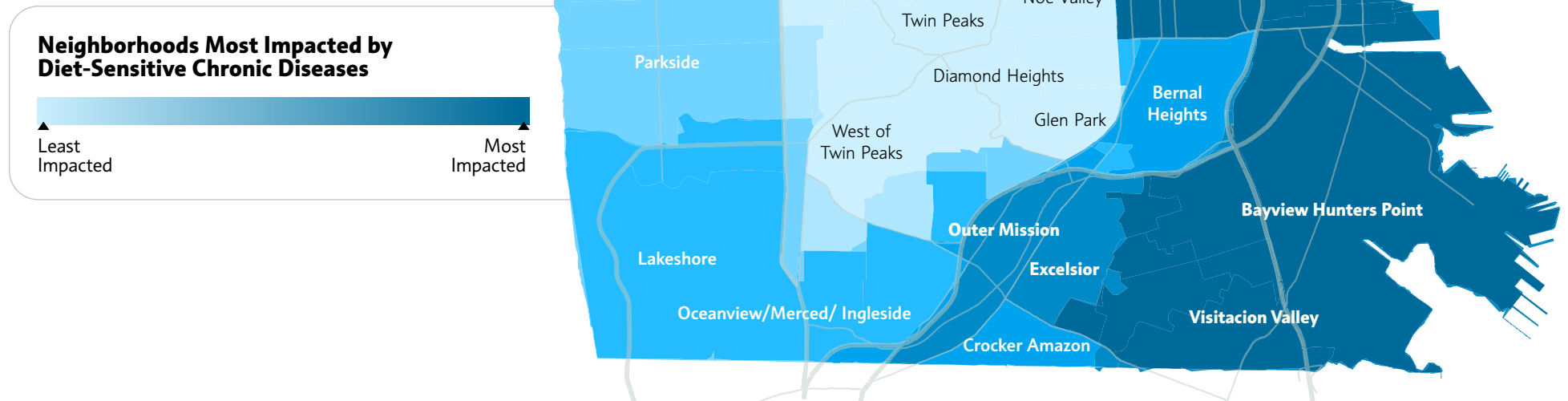


BMAGIC kayaking activity

San Francisco Neighborhoods Most Impacted by Diet-Sensitive Chronic Diseases

Health inequities exist between neighborhoods 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.



SDDT Evaluation Logic Model

The SDDT evaluation logic model is presented below. The logic model aligns with the SDDT Advisory Committee's strategic plan and includes the ultimate desired impact of eliminating health disparities and achieving equity, especially among priority populations.



Desired Impact:

Eliminate health disparities and achieve equity, especially among priority populations.



Family photo at IFR book launch event



List of Government Agencies that Received Funding in FY 2021-22

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 Community Three-Year Grants
- SDDT Healthy Community Policy, Systems, & Environment (PSE) Three-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

- Grants to Community-Based Organizations

List of Community Based Organizations in FY 2021-22

Healthy Food Purchasing Supplement Grants

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

SDDT Healthy Communities Three-Year Grants

- Bayview Hunters Point Community Advocates
- BMAGIC
- Bounce Back and Healthy Generations Project
- Community Grows
- Community Well
- Farming Hope
- Instituto Familiar de la Raza
- San Francisco African American Faith Based Coalition
- SisterWeb San Francisco Community Doula Network
- SoMa Community Action Network (SOMCAN)
- Urban Sprouts

Children's Oral Health Community Task Force Grants

- Chinatown Children's Oral Health Task Force (NICOS Chinese Health Coalition)
- Mission Children's Oral Health Task Force (CARECEN)
- District 10 Children's Oral Health Task Force (APA Family Support Services)

SDDT Healthy Communities Policy, Systems, & Environment (PSE) Change Three-Year Grants

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

SFUSD Grants to Community-Based Organizations

- Snack Squad / Health Initiatives for Youth



Meals prepared by Farming Hope



Finding 1

SDDT funding in San Francisco continues to be directed to the people + places most burdened by diet-sensitive chronic diseases and targeted by the sugar-sweetened beverage industry.



IN ORDER TO ADDRESS STRUCTURAL INEQUITIES AND IMPROVE HEALTH OUTCOMES, SDDT FUNDING MUST BE ALLOCATED TO FOCUS ON KEY POPULATIONS THAT ARE MOST BURDENED BY DIET-SENSITIVE CHRONIC DISEASES AND TARGETED BY THE SUGAR-SWEETENED BEVERAGE INDUSTRY.



Youth participating in IFR event

As part of the SDDTAC Strategic Plan, the SDDTAC identified key neighborhoods and population groups that should be prioritized in SDDT funding recommendations.

Although SDDT-funded entities, as a group, supported work in every neighborhood across the city, data from this past FY 2021–22 demonstrate that services, programs, and education were focused in the neighborhoods most impacted by diet-sensitive chronic diseases. As shown in the map on the next page, SDDT-funded work occurred in every neighborhood and every supervisorial district in San Francisco. At the same time, SDDT-funded work was concentrated in the most impacted neighborhoods of the city (Bayview Hunters Point, Chinatown, Excelsior, Mission, Outer Mission, Potrero Hill, South of Market, Tenderloin/Civic Center, and Visitacion Valley).

Moreover, SDDT funding has continued to support low-income San Franciscans; children, youth, and young adults; and community members who identify as Asian, Black/African American, Latinx, Native American/Indigenous, and/or Pacific Islander.

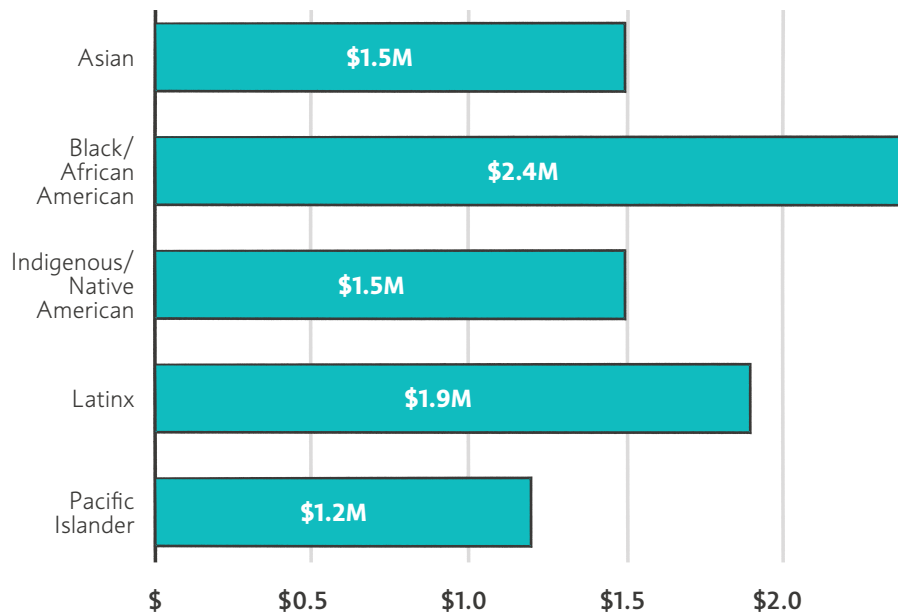
Aerial view of Potrero Hill



ESTIMATED FUNDING ALLOCATIONS TO ORGANIZATIONS AND PROGRAMS FOCUSED ON PRIORITY POPULATIONS

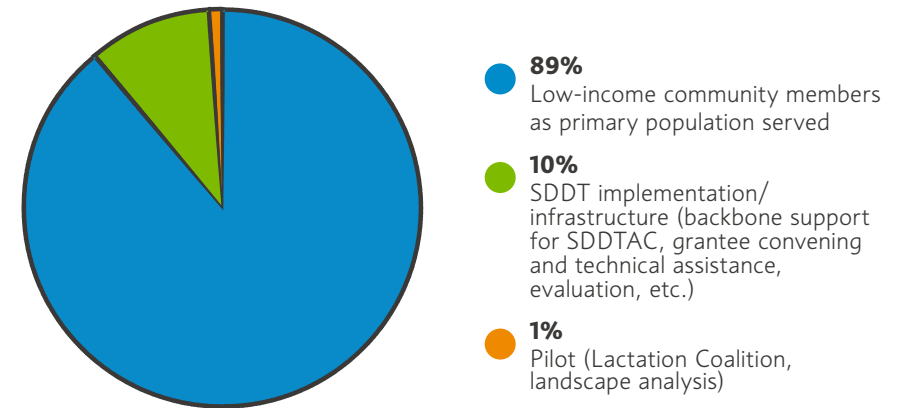
The bar chart below presents the actual amount of SDDT funding allocated in FY 2021-22 to funded entities that have identified specific racial/ethnic communities as one of their primary populations. Some SDDT-funded entities have multiple racial groups as their primary populations, which many serve residents of all racial/ethnic groups and do not have a focus on any specific racial group. The pie chart presents the FY 2021-22 SDDT funding allocated to those programs and organizations that have identified low-income residents/communities as their primary population.

Estimated SDDT Funds Directly Allocated to Programs that Identified Specific Racial Groups as a Primary Population



Funding in this bar chart is not mutually exclusive because some funded entities identified multiple racial groups as their primary population.

SDDT FY 2021-22 Funding Allocated to Organizations Primarily or Exclusively Serving Low-Income Residents



89% of SDDT funding supported programs focused on low-income residents

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

SDDT FY 2021-22 Funding Reached Priority People and Places

Across SDDT-funded entities, residents from every neighborhood in the city were served by SDDT. 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. As shown by the below table, 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.

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

Neighborhoods	Neighborhoods where SDDT-funded entities offered in-person programming during FY 2021-22	Neighborhoods where participants of FY 2021-22 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	✓	✓	✓

49,850 people

(at minimum) participated in SDDT-funded grant programs

+

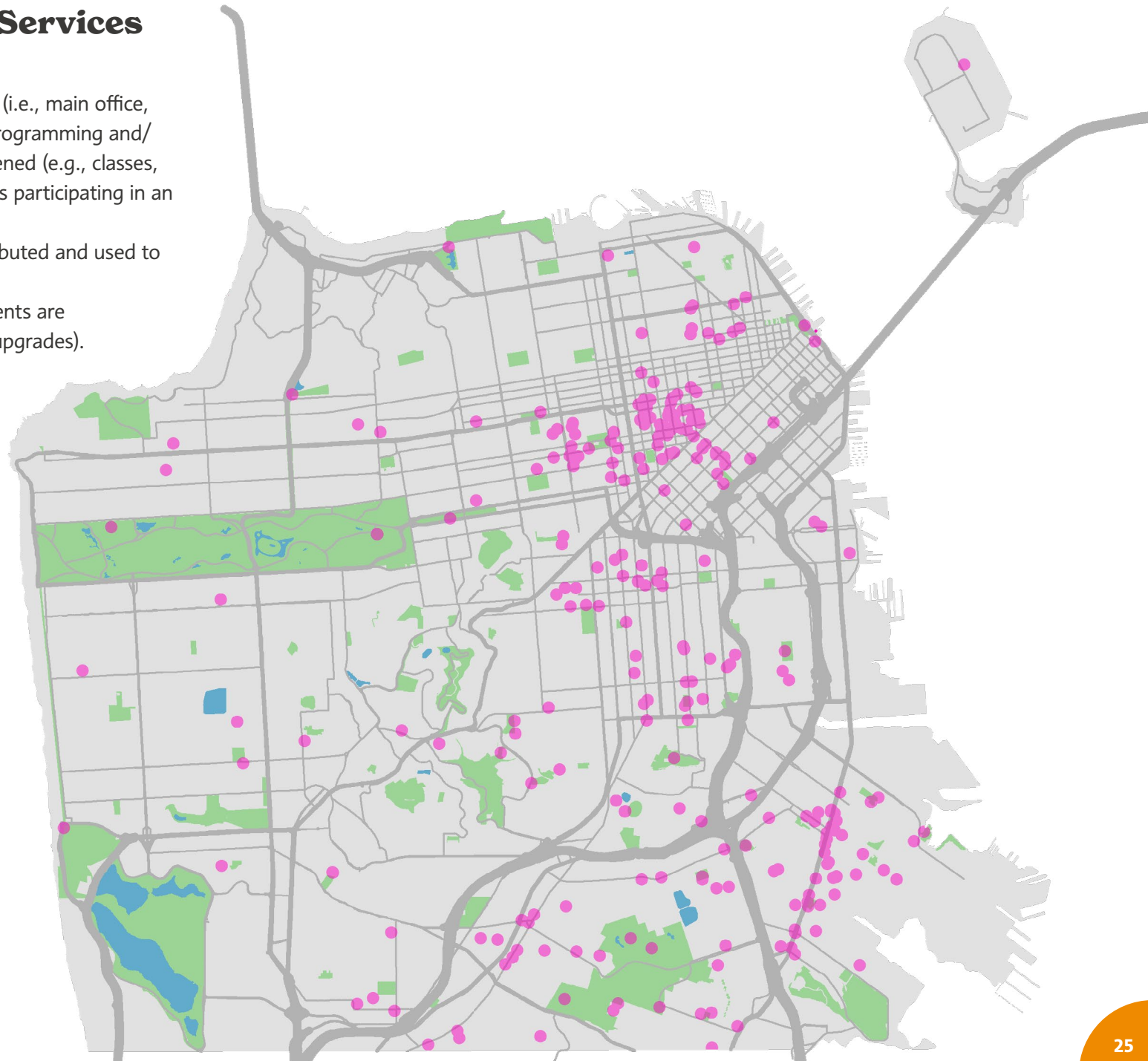
24,132 students

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

Location of Funded Programming and Services

The dots represent places where:

1. SDDT-funded entities are located (i.e., 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. SDDT-funded benefits were distributed and used to purchase produce, or
3. SDDT-funded facilities improvements are (e.g., hydration stations, kitchen upgrades).



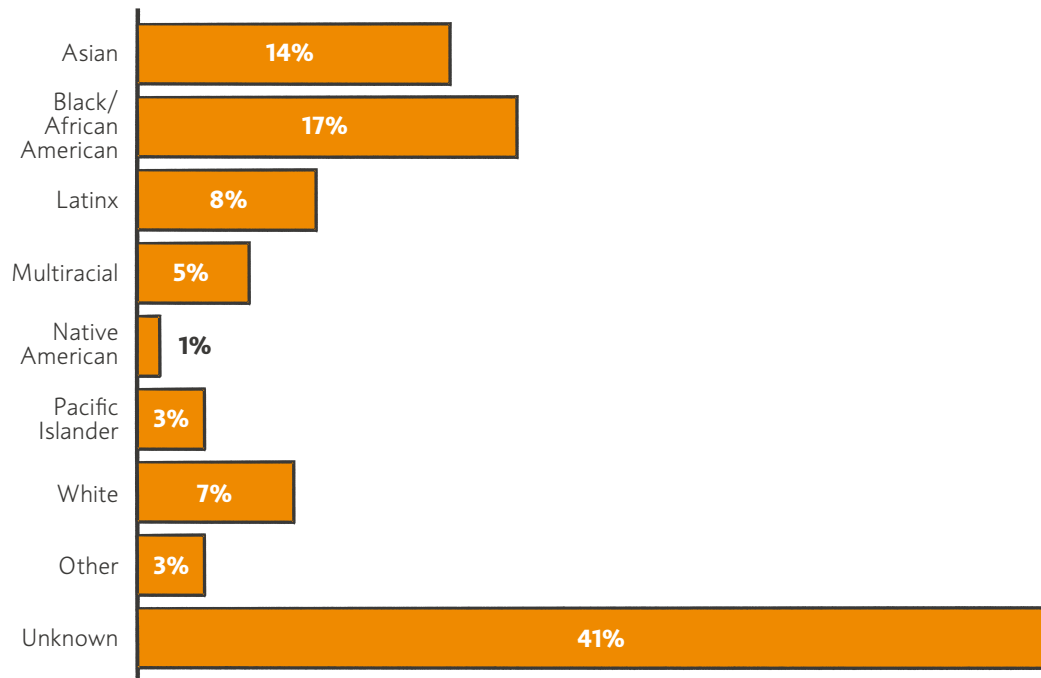
Demographics of Participants

Additionally, because the services are culturally-responsive, people in priority populations from other neighborhoods in San Francisco are participating in programming offered by SDDT-funded entities. Therefore, these programs, services, and education are reaching residents throughout San Francisco.

This past year, SDDT-funded entities were successful in providing services, programs, and education to children, youth, and young adults. In FY 2021–22, 22% of participants were ages 0-24 years old, which is higher than the citywide percent of residents ages 0-24 (which is 20%)⁴.

4. U.S. Census Bureau. American Community Survey 5-Year Estimates 2017-2021: Table B01001.

Race/ethnicity of participants (n=49,850) in SDDT-funded



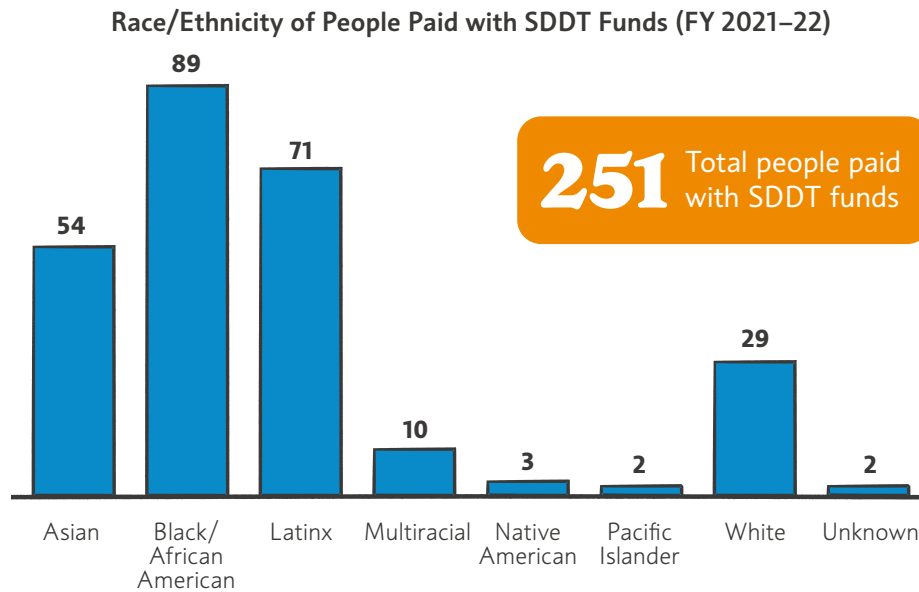
* Multiple funded entities did not collect and/or submit race/ethnicity data for all of their participants.



BEET's program graduates from Community Grows programming

Demographics of People Paid with SDDT funds

A total of 251 people were paid with SDDT funds as staff or stipended-positions in FY 2021–22. Of the 251 people paid with SDDT funds, 192 (76%) were residents of San Francisco. This proportion (76%) is notably higher than the proportion of City and County of San Francisco employees who live in the city (42%)⁵. Additionally, of the 251 people paid with SDDT funds in FY 2021–22, the two largest racial/ethnic groups include Black/African American (34%) and Latinx (27%). These proportions (34% and 27%, respectively) are also notably higher than the percentages of City and County of San Francisco employees who identify as Black/African American (15%) and Latinx/Hispanic⁶.



Since SDDT reporting began in FY2019-2020, there has been an increased number of people paid with SDDT funds who identify as Asian, Black/African American, and Latinx. Additionally, there has been a decreased number of people paid with SDDT funds who did not report their race/ethnicity. This change reflects the impact of improved data collection and reporting by SDDT-funded entities over time.

Languages spoken by people paid with SDDT funds

Afaan Oromo (Ethiopia Kenya) • Amharic (Ethiopia) • Arabic • Cantonese • English • Malay • Mayan-K'iche' • Mayan-Mam • Mandarin • Russian • Spanish • Tagalog • Toishanese (China) • Vietnamese

Languages in which SDDT-funded entities offered services

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

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/residency>.

The image shows a panoramic view of the San Francisco skyline. In the foreground, there are several modern apartment buildings. One prominent white building has a sign that reads "50JONES.com NOW LEASING". A pink location pin is placed on a building in the middle ground, and several blue arrows originate from it, pointing towards different parts of the city skyline, including the Transamerica Pyramid and other high-rise buildings. The sky is clear and blue.

Finding 2

SDDT funding in San Francisco continues to support prioritized strategies that contribute to achieving key outcomes.



THE SDDTAC STRATEGIC PLAN 2020-2025 INCLUDES EIGHT STRATEGIES (LISTED ADJACENT). WITHIN STRATEGIES 2 AND 4, THERE ARE ALSO ADDITIONAL ACTIVITIES THAT SPECIFY THE TYPE OF PRIORITY SERVICES AND PROGRAMS, AND COMMUNITY EDUCATION WITHIN EACH STRATEGY.



1. **Build community capacity and develop leadership.**
2. **Provide health promoting education, programs, and services.**
 - > 2.1 Related to healthy eating (including beverages)/making nutritious choices.
 - > 2.2 Related to breastfeeding.
 - > 2.3 Related to physical activity.
 - > 2.4 Related to oral health.
 - > 2.5 Related to trauma/adverse childhood experiences (ACEs).
3. **Provide job readiness, skills training, and career pathways.**
4. **Expand access to healthy food, water, and oral health.**
 - > 4.1 Access to healthy food.
 - > 4.2 Access to water.
 - > 4.3 Access to oral health services.
5. **Decrease access and availability to sugary beverages.**
6. **Increase opportunities for physical activity.**
7. **Increase economic opportunities in priority neighborhoods.**
8. **Increase healthy messaging related to nutrition.**

Over the past three years, SDDT funding has supported many of these strategies through services, programs, and community education that focus on health education about nutrition, food security, and the negative effects of sugary drinks; opportunities for physical activity; preventive oral health services; and efforts that address the root causes of diet-sensitive chronic diseases.

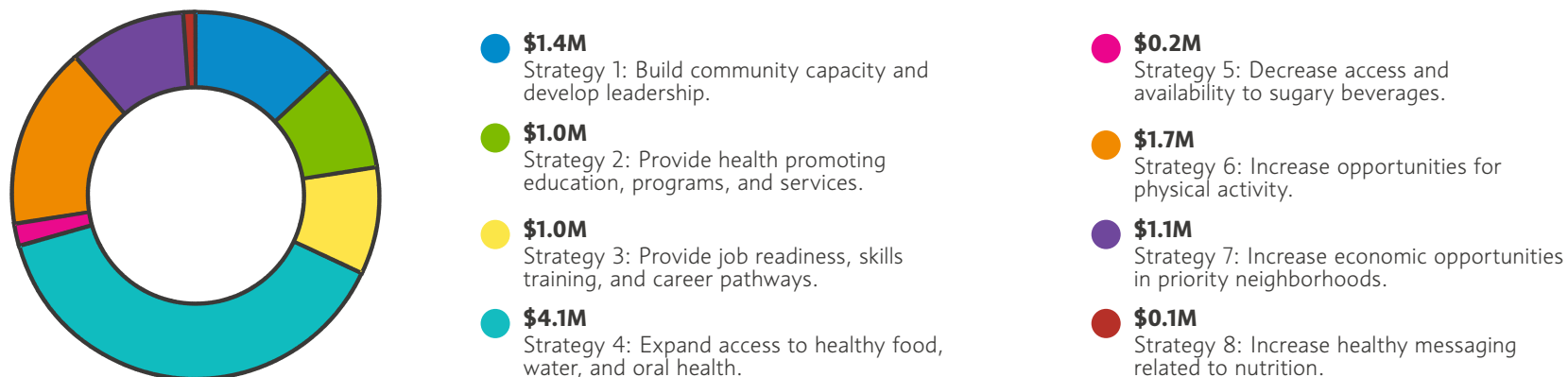
Moreover, in FY 2021–22, all eight of the SDDT strategies were implemented by a majority of SDDT-funded entities (i.e., 13 or more agencies or organizations). All 25 SDDT-funded entities reported implementing Strategy 2: providing health promoting education, and specifically Activity 2.1: Providing health promoting education, programs, and services related to healthy eating (including beverages)/making nutritious choices. Despite the challenges of implementing structural changes, a majority of funded entities implemented Strategy 7 (for example, see impact on pages 23 and 31). Additionally, the evaluation team found that the majority of SDDT-funded entities (72%) implemented six or more strategies through the services, programs, and education that they offered in FY 2021–22.

Number of SDDT-Funded Entities Implementing SDDT Strategies in FY 2021–22



Every year, SDDT funding is allocated to multiple areas of funding (e.g., grants to community-based organizations, Peace Parks, school-based sealants)—most which support the implementation of multiple SDDT strategies. The donut chart below presents the approximate (estimated) amount of SDDT funding directed in FY 2021-22 to implement each of the eight SDDT strategies, proportioning funding to each strategy based on the estimated "level of effort" each SDDT-funded entity puts towards implementing specific strategies.

Approximate SDDT Funding (in millions) Allocated in FY 2021–22 to Implement SDDT Strategies



The evaluation team conducted an additional analysis to identify if the eight key SDDT-prioritized strategies and eight activities were being implemented in the neighborhoods most impacted by diet-sensitive chronic diseases. In FY 2020-2021, SDDT-funded entities implemented all eight of the SDDT strategies and all eight of the activities through their services, programs, and education in the neighborhoods most impacted by diet-sensitive chronic diseases.

Strategy/Activity		Bayview Hunters Point	Chinatown	Excelsior	Mission	Outer Mission	Potrero Hill	South of Market	Tenderloin / Civic Center	Visitation Valley
1: Build community capacity and develop leadership		✓	✓	✓	✓	✓	✓	✓	✓	✓
2: Provide health promoting education, programs, and service	2.1 Related to healthy eating (including beverages)/ making nutritious choices	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2.2 Related to breastfeeding	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2.3 Related to physical activity	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2.4 Related to oral health	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2.5 Related to trauma/ adverse childhood experiences (ACEs)	✓	✓	✓	✓	✓	✓	✓	✓	✓
3: Provide job readiness, skills training and career pathways		✓	✓	✓	✓	✓	✓	✓	✓	✓

Strategy/Activity		Bayview Hunters Point	Chinatown	Excelsior	Mission	Outer Mission	Potrero Hill	South of Market	Tenderloin / Civic Center	Visitation Valley
4: Expand access to healthy food, water, and oral health	4.1 Access to healthy food	✓	✓	✓	✓	✓	✓	✓	✓	✓
	4.2 Access to water	✓	✓	✓	✓	✓	✓	✓	✓	✓
	4.3 Access to oral health services	✓	✓	✓	✓	✓	✓	✓	✓	✓
5: Decrease access and availability to sugary beverages		✓	✓	✓	✓	✓	✓	✓	✓	✓
6: Increase opportunities for physical activity		✓	✓	✓	✓	✓	✓	✓	✓	✓
7: Increase economic opportunities in priority neighborhoods		✓	✓	✓	✓	✓	✓	✓	✓	✓
8: Increase healthy messaging related to nutrition		✓	✓	✓	✓	✓	✓	✓	✓	✓

Oral Health Task Force youth workshop



Implementing Multiple Strategies has Synergistic Benefits

Rather than focus on a single strategy, the services, programs, and community education provided by SDDT-funded entities often implement multiple strategies at one time. For example, as explained in the quote below, the Snack Squad/HiFY program at SFUSD high schools not only increases access to healthy food, but also provides health promoting education and healthy messaging related to nutrition as well as building the leadership capacity of San Francisco youth.

“Whenever I receive a food box, I get really excited to open it and see what’s inside! All the cooking that comes with it has been pretty and easy to learn. My opinion on food has changed because I didn’t realize it had such an impact on our mental health. We associate food with happiness and sadness and the foods we eat release chemicals in the brain that make us feel these things. There’s a lot more to food than just cooking and eating it. Food affects our environment, health, culture, and I think we should learn about how it affects us.”

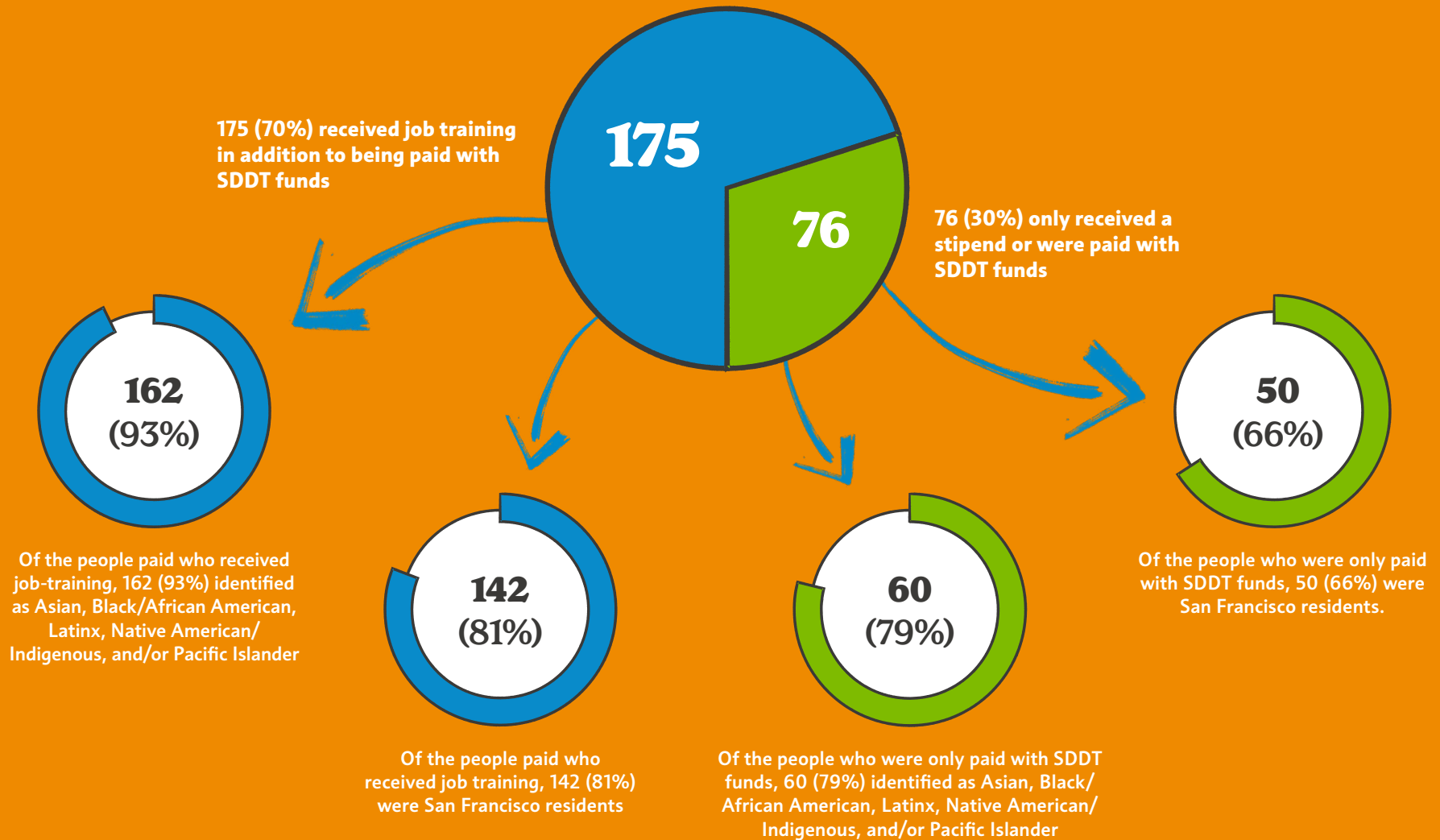
-Student, Balboa High School, Snack Squad/HiFY

In addition to the health promotion programming, SDDT-funded entities also provide a variety of job readiness and skill training to both program participants and people paid using SDDT funds. A review of SDDT-funded entity data reveals that SDDT funds are being distributed to program participants and people who predominantly identify as Asian, Black, and/or Latinx and live in San Francisco. Many of the program participants are also residents of neighborhoods most impacted by diet-sensitive chronic diseases. For these reasons, SDDT funding is effectively supporting job training and professional development as well as increasing the economic opportunities for priority populations.



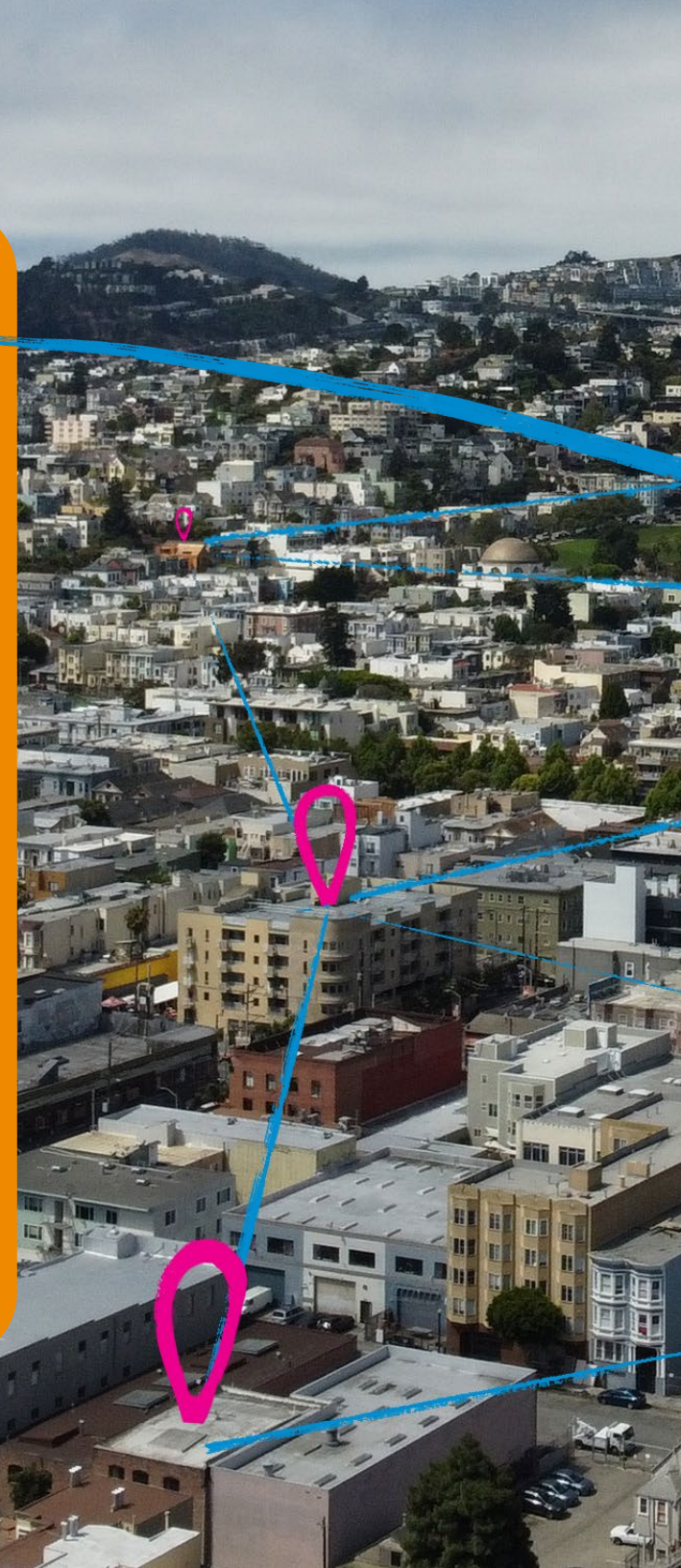
Job training at Farming Hope

Of the 251 people paid with SDDT funds in FY 2021-22,



Finding 3

Through a multiyear funding approach, SDDT funds have supported organizational stability, increased the effectiveness of BIPOC-led and BIPOC-serving programming, and increased community capacity among BIPOC community members.





TO EXPLORE THE IMPACTS OF MULTIYEAR GRANTS ON ORGANIZATIONAL STABILITY, ORGANIZATIONAL EFFECTIVENESS, AND COMMUNITY CAPACITY BUILDING, THE SDDT EVALUATION TEAM CONDUCTED INTERVIEWS WITH FUNDED ENTITIES WHO HAVE RECEIVED MULTIYEAR GRANTS.

Interview findings revealed that for many funded entities, their SDDT grant was the first multiyear grant the organization received in its history. Interviewees also described that the multiyear grant created the stability to establish needed organizational infrastructure and new programming to sustain their work (e.g., hiring, fundraising, outreach, and long-term planning).

“ SDDT funding and the flexibility to shift meant everything because ***we were able to bring our staff on as employees rather than contractors ...there was deep safety and peace of mind knowing that my staff have health benefits*** [especially as many were/are directly exposed to COVID]. If they get sick, they could still get money and take care of themselves and their family. Without SDDT funding, we couldn't...have made that shift.”

“ That was a big deal. We could professionalize right away, get serious about our plans, and get employee number three. It's not a tremendously large amount of our budget now, because we're now a two-and-a-half million dollar a year operation. ***But there's no way we would have grown this fast without this kind of commitment early on.***”



Then Supervisor Matt Haney at Kain Na grand opening

Rather than issuing small grants that require an annual competitive renewal process, the SDDT funding approach is responsive to historic and structural inequities by providing larger, multiyear grants that reduce significant administrative burden and allow funded entities to focus on their work.

“ It’s anti racist work to have multiyear contracts because we know that those [small community-connected] nonprofit agencies in the City are all run by people of color. [The typical City contracting process and single year funding] makes it so difficult for [organizations] to receive their funds... [The typical funding process is] creating inequality and inequity...[And] you know whatever millions of dollars we’re getting [from SDDT funds] is supposed to go back to the community that is affected, which is people of color...”



Groups presenting key messages during focus group at IFR

BEET’s program graduation event from Community Grows



In alignment with the goals and values identified in the SDDTAC Strategic Plan, the SDDT multiyear funding is effectively being directed to BIPOC-led and BIPOC-serving organizations in key neighborhoods—in other words, the people and places most burdened by the sugary drinks industry. According to interviewees, SDDT’s strategic investment in BIPOC-led and BIPOC-serving organizations catalyzed transformative leadership within and across organizations, leading to increased stability and effectiveness.

“ We’ve been recently exploring and working as more of a collective and removing some of the hierarchy that has been in our organization for a while. Instead of an executive director, we have two co-directors. We split the role, which is working so much better, because not one person is holding everything...It’s a group of folks instead of just one person knowing all of that information and making decisions. And we are also [using] a consent model.”

Interviewees also noted that the health and economic disparities exacerbated by the pandemic led funded entities to focus explicitly on eliminating racism and other root causes of these disparities. They explained that SDDT funding allowed them to deepen their work in impacted communities and support community capacity building:

- Increase language access, outreach to priority populations, and connections;
- Provide programs that are culturally rooted and based on community-generated evidence, supporting a culture of health and prevention;
- Prioritize hearing directly from community members about what works best and adjust programming;
- Center community members as subject matter experts and natural leaders;
- Ensure leadership represented diverse demographics and lived experience of communities served;
- Focus on hiring people for staff positions with similar socioeconomic experiences as communities served.

“ We have a mom who went through college and was working with us the whole time she was going. She just got her degree from San Francisco State as a social worker. We have another person on staff who is also a mom and is part-time but we’re training her in a new position. She’s going to be our outreach manager.”

Interviewees described a range of ways that SDDT funding supported community capacity building, including supporting funded entities to:

- Increase opportunities for personal and professional job skills training and development;
- Promote staff and community members to positions of increased leadership;
- Open opportunities for mentoring and career advising.

“ **People join the program based on being interested, but also knowing that they’re actually getting job skills training...and getting paid to do that.** They’re also receiving workshops on financial literacy and how to manage their budget. We have resources to fill out letters of recommendation for future jobs or for college applications. It isn’t just another class, but something that feels more connected to the real world...”



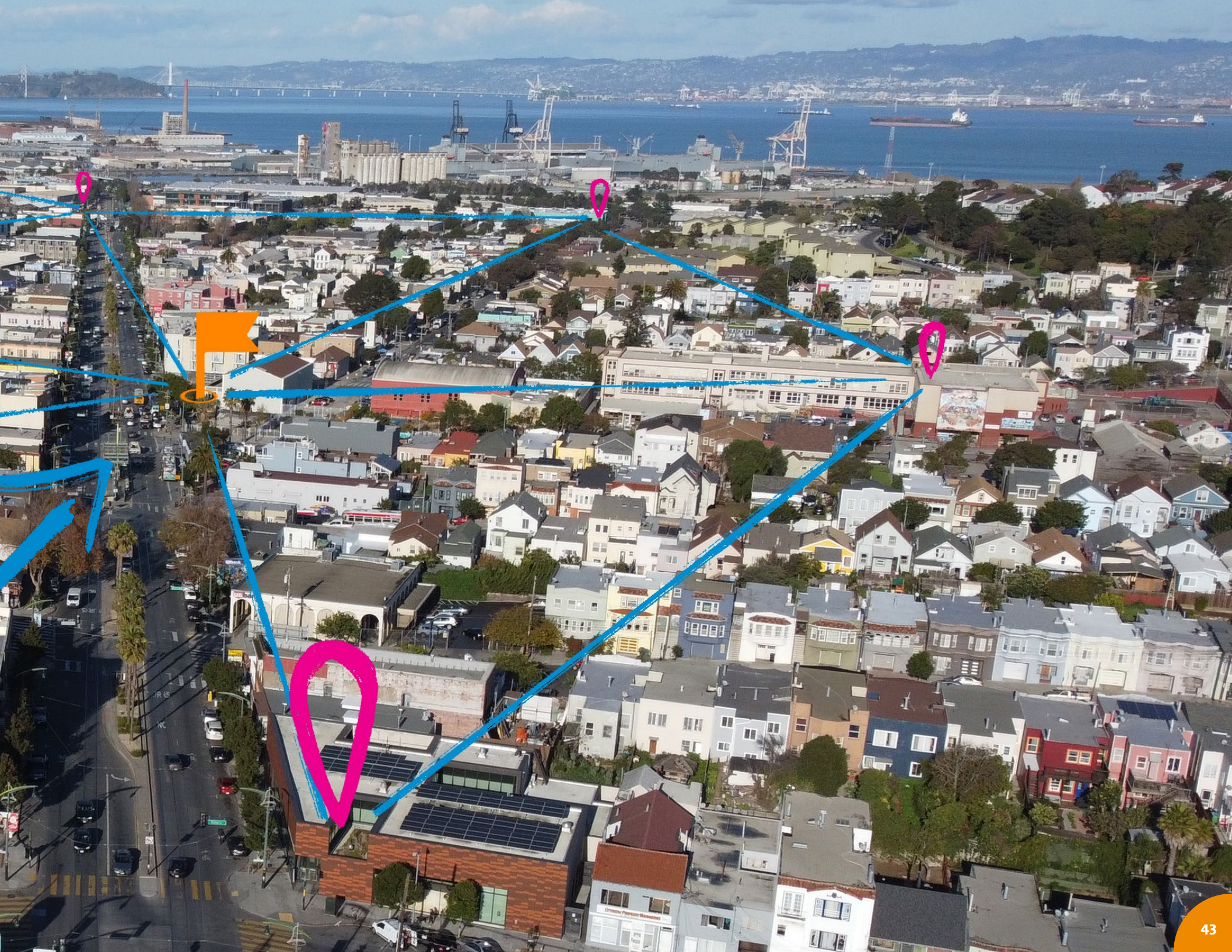
Finally, many interviewees of funded entities explained how multiyear SDDT funding deepened movements of resistance to oppression, and contributed to an increased sense of place, community, and power. Funded entities utilized SDDT funds to deepen efforts working with communities to organize and build movements of resistance to oppression via education focused on supporting collaborations, systems change efforts, and practical tools. Funded partners explained that their SDDT grants supported them to:

- Reduce isolation experienced by providers disconnected from mainstream systems;
- Build coalitions with other SDDT-funded entities, for example, to advocate for and restore funding for food security;
- Engage in partnerships with neighborhood-specific groups and organizations;
- Join statewide collaboratives to share their learnings.



Finding 4

Within the last three years, SDDT has funded structural interventions that have resulted in an increase in healthy behaviors.



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



Vouchers4Veggies
food vouchers

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.⁷ 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.^{8,9} Despite their large impact, structural changes that increase inequity 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).¹⁰

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.
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.



Vegetable stall at Heart of the City Farmer's Market

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.¹¹ 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.

11. Let's Get Healthy California. (2023). Social Determinants of Health. Retrieved from: <https://letsgethealthy.ca.gov/sdoh/>.

In last year's evaluation report (for FY 2020-2021), evaluation data demonstrated initial progress toward achieving many of the shorter-term outcomes identified as priorities for SDDT funding. This year's evaluation data further illustrates that SDDT funding for structural interventions (in past years) has resulted in increased healthy behaviors. Specifically, data from FY 2021-22 demonstrates that SDDT's prior and current investments in structural changes through SFUSD's Student Nutrition Services, hydration stations, the Healthy Food Purchasing Supplement program, and community food hubs



Salem Market healthy corner store

have led to important positive changes in access to healthy food, access to water, and improved nutritional behaviors. Through these interventions, SDDT funding has invested in structural changes that address long-standing inequities by increasing access to healthy foods and reducing economic barriers to healthy eating. In addition, healthy behaviors resulting from these investments have continued after the initial investment in facility improvements and after voucher recipients stop participating in the program.

Structural Interventions that 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.¹² During FY2019-2020 and FY2020-2021, SDDT's investments in SNS were allocated to support SFUSD schools with kitchen facility upgrades, staff development, as well as health-promoting and sustainable food that aligns with the district's Good Food Purchasing Program. As a result of SDDT investments, 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.



Winter 2019 to Spring 2020:

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

March 2020:

COVID-19 pandemic shelter-in-place started. SFUSD transitions to distance-learning.

July 2021: SFUSD begins to offer free school meals to all students regardless of income.

August 2021:

In-person learning resumes at all SFUSD schools.

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

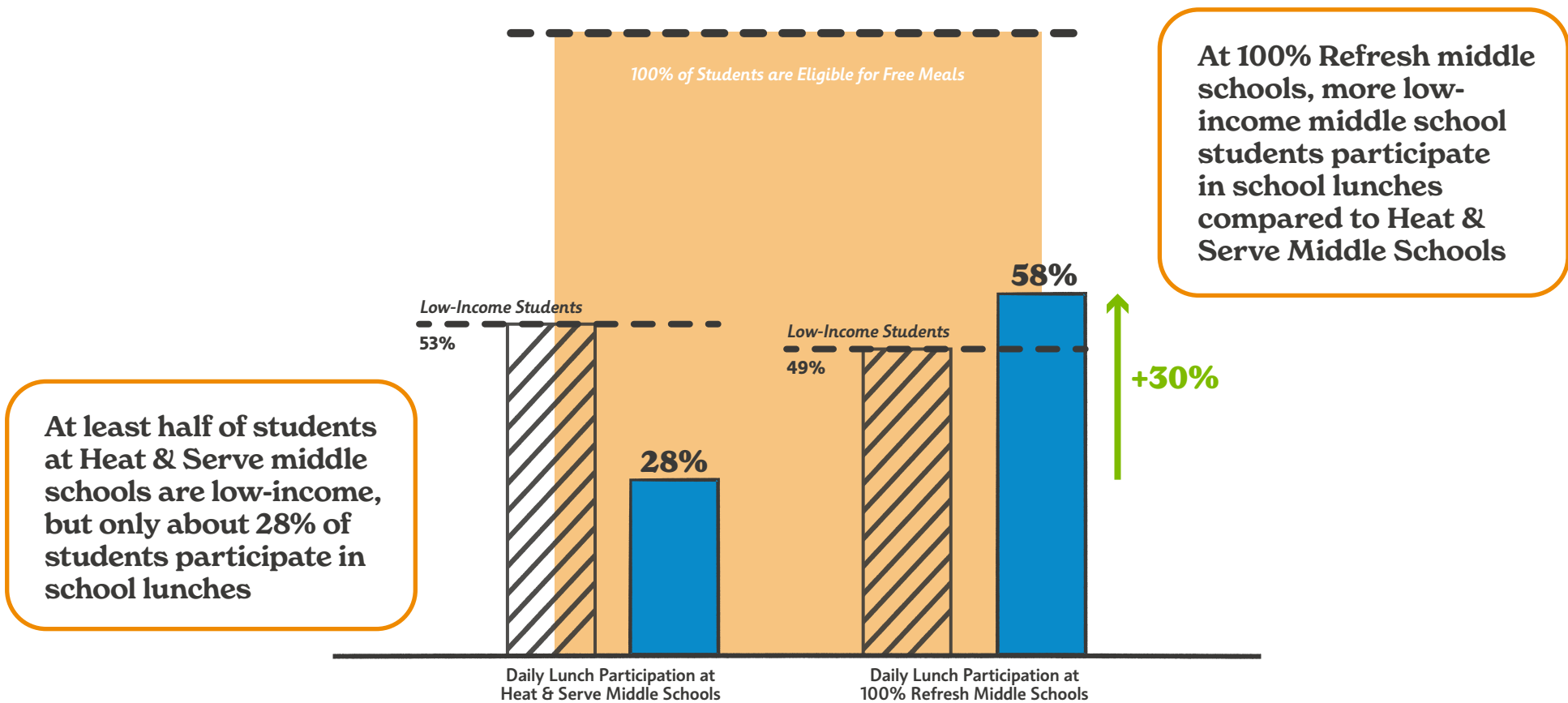
SFUSD SNS has two main models for their school kitchens: 1) Heat and Serve, and 2) Refresh.

- **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 2021–22, the Heat & Serve model was used at all elementary schools as well as smaller middle and high schools.
- **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 2021–22, the Refresh model was used at larger middle and high schools. There are two sub-sets of Refresh schools:
 - > **Partial Refresh** schools prepare only some meals on site. As of fall 2021, five middle schools and ten high schools had adopted the 100% Refresh model.
 - > **100% Refresh** schools prepare all meals on site. As of fall 2021, four middle schools had adopted the 100% Refresh model.
- **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 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, they either 1) are not eating, which decades of research have demonstrated that school meals are essential for academic performance and achievement^{13,14}, or 2) their parents/ caregivers are spending their limited funds on alternative lunch options as opposed to on housing, transportation, medicines, and other essential needs. To explore the estimated participation of low-income students¹⁵ who eat free lunches at SFUSD, the evaluation team conducted an analysis at the 100% Refresh middle schools and Heat & Serve middle

schools. As shown by the below chart, in FY 2021–22, at least half of students at Heat & Serve middle schools are low-income, but only about 28% of students participate in school lunches. In contrast, at the 100% Refresh middle schools, more students are participating in school lunches. This difference is particularly illuminating since schools meals are now free at all schools. Therefore, this data suggests that the 100% Refresh program is better reaching and motivating low-income students to participate in lunch than the traditional Heat & Serve model.



At least half of students at Heat & Serve middle schools are low-income, but only about 28% of students participate in school lunches

At 100% Refresh middle schools, more low-income middle school students participate in school lunches compared to Heat & Serve Middle Schools

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>.

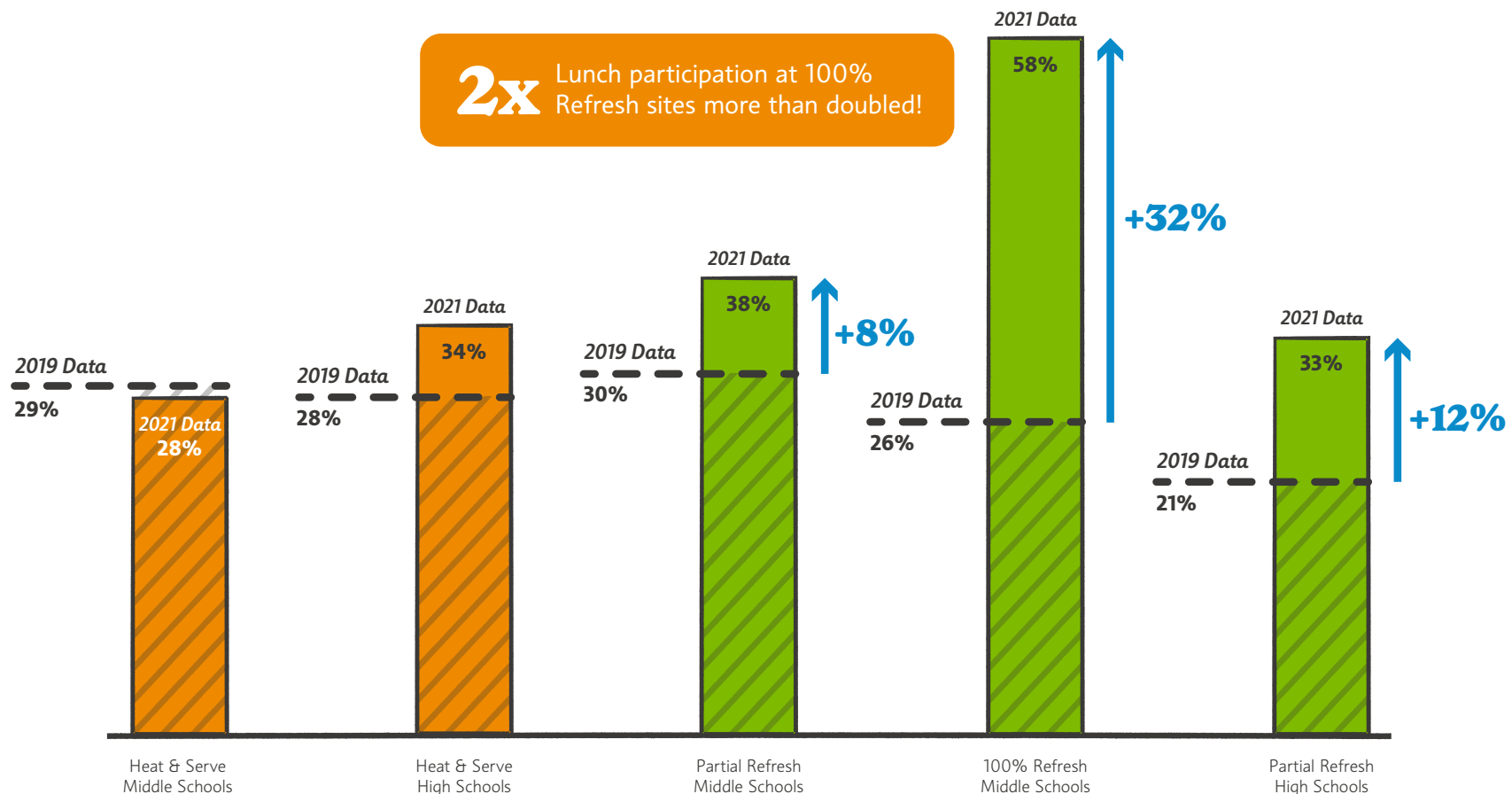
14. The Brookings Institute. May 2017. How the quality of school lunch affects students' academic performance. Retrieved from: <https://www.brookings.edu/blog/brown-center-chalkboard/2017/05/03/how-the-quality-of-school-lunch-affects-students-academic-performance/>.

15. Because students' household income is used to determine eligibility for the federal Free and Reduced Price Meal (FRPM) program, this is widely used as an estimate for the proportion of students who are low-income. Although all public school students in California are able to receive free school meals without documenting their household income, school districts are nonetheless required to track and report these data in order to receive partial reimbursement for school meals from the U.S. Department of Agriculture.

Average daily participation is a measure used by SNS to track student willingness to participate in and eat school meals. Traditionally, there has been higher participation at elementary schools, and lower participation at middle and high schools. In fall 2019 and fall 2021, Heat & Serve elementary and K-8 schools had higher participation in lunch than at middle and high schools. However, between fall 2019 and fall 2021, Refresh schools saw the greatest increase in student participation in lunch meals. The increase in participation at Refresh schools in fall 2021 translated to **2,223 more students** who ate healthy lunches at Refresh schools every day compared to fall 2019; even despite decreased enrollment district-wide.

Additionally, the 100% Refresh subset of middle schools saw an even greater increase in school meal participation. Between fall 2019 and fall 2021, the **100% Refresh middle schools more than doubled their student participation in healthy lunch meals** from 26% to 58%. As shown by the chart below, 100% Refresh middle schools had the greatest change in lunch participation compared to any other type of middle and high school SNS kitchen model. These data suggest that the consistency of fresh and healthy meals offered every day at 100% Refresh middle schools motivates a larger proportion of students to take advantage of school meals than the equivalent group of students at other middle and high schools.

Change in Lunch Participation (Middle & High Schools)

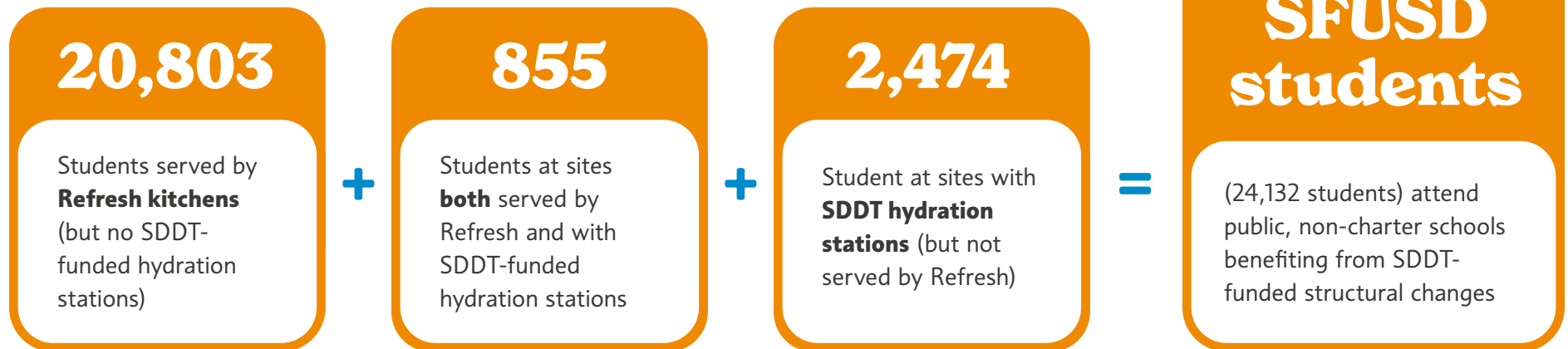


SDDT's investment in FY2019-2020 to support the infrastructure needed to transition SFUSD schools to the Refresh model, especially the 100% Refresh model, has resulted in a large increase in student participation in healthy school lunches in FY 2021-22. In other words, the early investment in structural and environmental changes at SFUSD schools has led to a delayed, yet significant, payoff that is now providing large positive nutritional benefits through increased fruit/vegetable consumption and reduced food insecurity. In order for SDDT to continue to positively impact a large number of students and residents, future investments should similarly be allocated to structural and environmental changes.



School lunch options at a 100% Refresh site

SDDT FUNDING REACHES LARGE NUMBERS OF SFUSD STUDENTS



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. SFUSD used SDDT funds allocated in FY 2018-2019 to install new hydration stations at 12 SFUSD schools. Seven of the SDDT-funded stations were additions or upgrades at SFUSD Early Education School sites. Stations were also installed at Hilltop High School (a continuation/opportunity school), two middle schools, and two elementary schools. In FY 2021–22, 57% of students at the schools with SDDT-funded hydration stations were low-income compared to 46% of all SFUSD students. Of the SDDT-funded hydration stations in SFUSD, eight (67%) 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 youth¹⁶ and that adequate hydration significantly improves cognitive function among children and youth.^{17,18} By investing in this structural intervention, SDDT is improving access to drinking water among students.

16. 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.

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

18. 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.



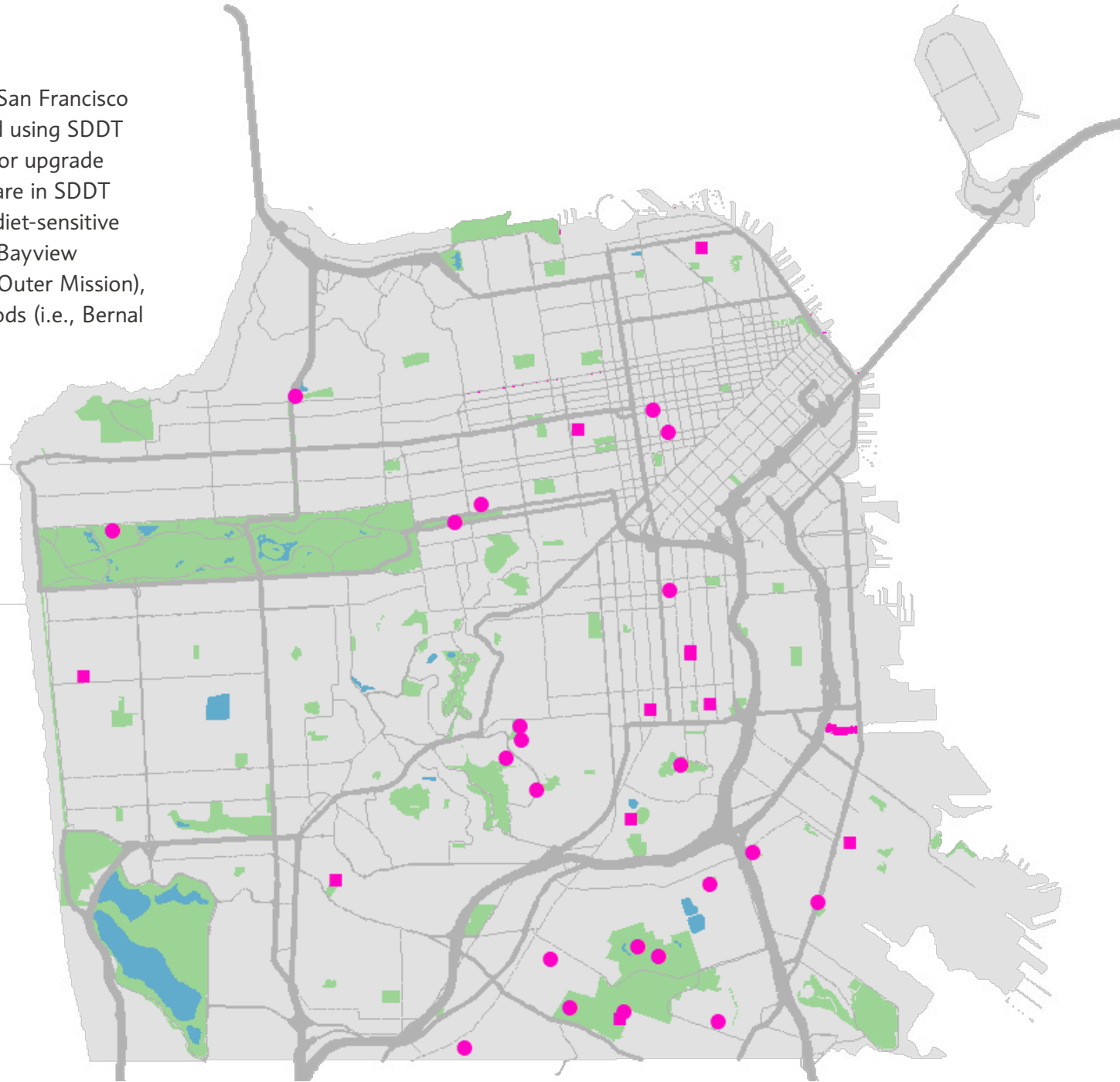
Water bottle filling station at school

Additionally, between 2019 and 2021, the San Francisco Recreation and Parks Department reported using SDDT funds allocated in FY 2019-2020 to install or upgrade 22 hydration stations. Of these, 12 (55%) are in SDDT priority neighborhoods most impacted by diet-sensitive chronic diseases (i.e., Tenderloin, Mission, Bayview Hunters Point, Visitacion Valley, Excelsior, Outer Mission), and two moderately impacted neighborhoods (i.e., Bernal Heights and Crocker Amazon).



Hydration Stations

- SFUSD New & Refurbished Hydration Stations
- RPD New & Refurbished Hydration Stations



HEALTHY FOOD PURCHASING SUPPLEMENT

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 provides monthly stipends to low-income households to extend their limited food budgets and to increase access to healthy foods. In San Francisco, the two HFPS funded programs are Vouchers4Veggies and Market Match.

- 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.
- Market Match is operated by the Heart of the City Farmers Market (HOTC) and it provides \$10-\$40 per month in incentives to match participants' use of their CalFresh nutrition assistance benefits at HOTC.

During FY 2021–22, **13,923 unduplicated people received Market Match** incentives/supplements and **4,417 unduplicated people received Vouchers4Veggies**.¹⁹ 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.^{20,21} 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.²²

“When you start a habit, if you keep up with it, then it’s easier to stick to that diet...so that’s what I’m trying to do. [The vouchers] help me stick to these healthy eating habits.”

-Vouchers4Veggies program participant



Vendor at Heart of the City Farmer's Market

13,923 unduplicated people received Market Match incentives/supplements

4,417 unduplicated people received Vouchers4Veggies

19. These numbers represent all San Franciscans who received support from Healthy Food Purchasing Supplements, which are funded by both SDDT and General Fund allocations from the City & County of San Francisco.

20. EatSF. (2021). Vouchers4Veggies Impact Report. Retrieved from: https://eatsfvoucher.org/wp-content/uploads/2021/08/impact-report_final-1-1.pdf.

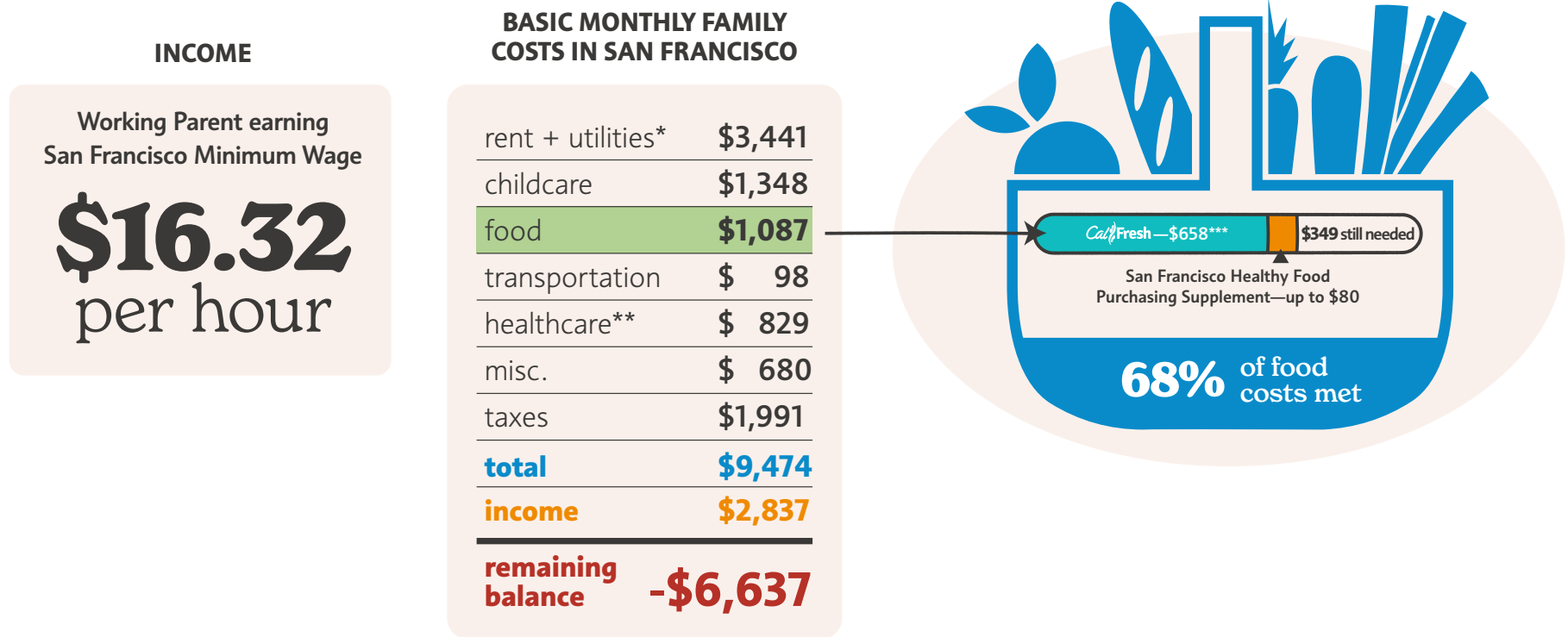
21. Ecology Center. (2023). Market Match: Impact. Retrieved from: <https://marketmatch.org/impact/>.

22. EatSF. (2021). Vouchers4Veggies Impact Report. Retrieved from: https://eatsfvoucher.org/wp-content/uploads/2021/08/impact-report_final-1-1.pdf.

Estimated costs to meet basic needs for a family using the 2021 Family Needs Calculator for San Francisco, California.

The visualizations below depict the monthly expenses and the gap in food purchasing ability for a family of 3 (1 adult, 1 teenager, 1 school-age child). The University of Washington’s Center for Women’s Welfare defines the Self-Sufficiency Standard as the income needed to meet a minimum yet adequate level, taking into account family composition, ages of children, and geographic differences in costs²³. Based on the Self-Sufficiency Standard, \$9,474 is the income required for a single parent with two children to meet basic needs in San Francisco. As shown below, a family in which the parent works one full-time job and earns the San Francisco minimum wage is unable to meet all basic monthly expenses. CalFresh subsidies and food vouchers serve a critical role in closing the gap in a household’s food budget. However, although food subsidies are beneficial, they may not cover the family’s full food expenses; the family must either spend less on food or forego other essential expenses, such as rent and healthcare.

23. University of Washington, Center for Women’s Welfare. Self-Sufficiency Standard: California. Retrieved from: <https://selfsufficiencystandard.org/california/>



Over 9,000 households are on a waitlist for Vouchers4Veggies

*Rent figures based on the U.S. Department of Housing and Urban Development (HUD)’s Fair Market Rents for San Francisco in 2021-2022.

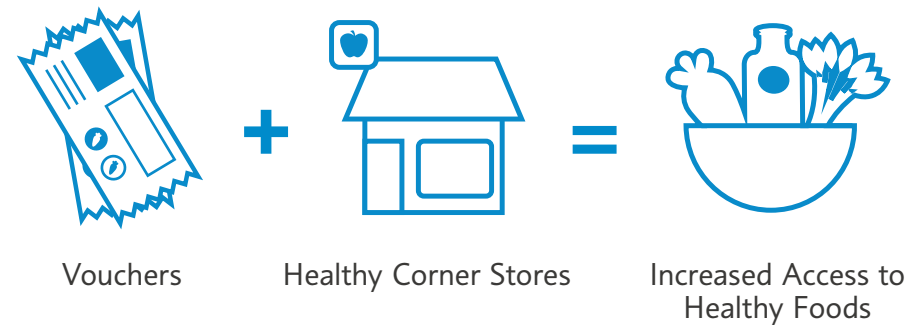
**This analysis of basic monthly costs does not include other public benefit programs. If a family of three earns the San Francisco minimum wage, then their household income is too high to qualify for Medi-Cal.

***Maximum CalFresh benefits for a family of 3 in 2021-2022

SUPPORTING SMALL BUSINESSES OWNED BY BLACK, INDIGENOUS, PEOPLE OF COLOR

In addition to helping low-income residents to stretch their household budget and access healthy produce, HFPS programs also make a significant impact on the local economy, especially for BIPOC business owners. A recent economic analysis found that every \$1 dollar invested in HFPS programs leads to an additional \$3 in economic activity to the local economy.²⁴ For example, HFPS programs in San Francisco support healthy corner stores in low-income communities, which are mostly BIPOC-owned and located in the Tenderloin and Bayview Hunters Point, to increase their fresh produce sales. Additionally, HFPS supports small and mostly BIPOC farmers from the Bay Area and beyond in successfully selling their produce at HOTC and, thus, increase their farm's economic stability.

“ We [HOTC] are a farmer operated, non-profit farmers market. Over 50% of the farmers are people of color. Over 50% of the farmers that we serve speak a language other than English primarily at home...*During this last year, it is irrefutable that without the Healthy Food Purchasing Supplement and the additional customer foot traffic, we don't know if the market would have survived the impact of the pandemic...* For most of our farmers, the majority of their income is from this program. It's so important to our farmers, it's so important to our customers, and it's important to the survival of the market.”



Dalda's Community Market



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.

Sites Where Vouchers4Veggies Were Redeemed in FY 2021-22



Promising Practice: Funding BIPOC-Led, Culturally-Responsive Community Food Hubs

OPENED JANUARY 2022, KAIN NA IS A NEW COMMUNITY FOOD HUB IN MISSION BAY THAT IS MANAGED AND OPERATED BY THE TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION (TNDC).

By partnering with the SF-Marin Food Bank and the Deep Medicine Circle, Kain Na is able to offer free healthy and culturally-responsive foods to 150 households on a weekly basis. In contrast to traditional food pantries with rigid schedules and/or pre-packaged boxes, Kain Na focuses on self-determination and the dignity of program participants by providing flexible hours and offering participants the ability to choose the amount and type of fresh produce and foods they receive.



Interior of Kain Na food hub



A central tenet of Kain Na is to increase food access through multi-culturalism and inclusion. Kain Na (pronounced kah-eeen nah) is the Tagalog phrase for “Let’s eat” and is often used in the Philippines as a welcoming invitation to share a meal. Developed by BIPOC leaders, Kain Na centers inclusion through murals that highlight Mission Bay’s multiculturalism, cookbooks and pamphlets that are culturally-responsive, and a multifunctional space that is used for food and nutrition classes, CalFresh outreach, tax assistance, eviction defense resources, and other essential community needs.

“ If a participant can't make it one day to get their weekly food, they can visit the hub on the other days it's open. This reduces anxiety and fear of scarcity, making the food hub a positive shopping experience...It gives participant the choice to pick the food they need to feed themselves and their families.”

-Tina Gonzales, SF-Marin Food Bank,
Director of Community Partnerships



Bok choy and cucumber at Kain Na

This holistic approach to addressing food insecurity closely aligns with SDDT's core values of investing in priority communities through work that is culturally responsive, linguistically relevant, and trauma informed. SDDT's investment in Kain Na is a promising practice of a structural intervention that directly addresses long-standing inequities by increasing regular access to healthy foods which improves long-term nutritional behaviors.



Kain Na team member stocking produce



Produce vendor at Heart of the City Farmer's Market

Recommendations

- 1. Continue to direct funding to the neighborhoods most targeted by sugary drinks marketing and prioritized populations who are at highest risk of diet-sensitive chronic diseases.**
 - a. Additional data about SDDT revenue sources is critical to being able to make more precise recommendations about where funding should be directed.
 - b. Analyze SF Health Network EMR records to explore effects of soda tax on health outcomes.
 - c. Continue to work with City Controller to identify data (e.g., tax data) that could be used to focus funding.

- 2. Continue to direct funding to key strategies that work to achieve prioritized outcomes, especially those strategies that have long-lasting benefits (i.e., benefits that go beyond the funding period).**
 - a. Increase funding for economic development efforts (e.g., workforce development) – by increasing SDDT funding and/or by identifying other funding opportunities throughout the City and County of SF.
 - b. Fund the conversion of designated Heat and Serve sites to 100% Refresh sites in SFUSD.
 - c. Fund kitchen and warehouse facilities to allow SFUSD to become more self-reliant and decrease its dependence on outside vended meals to continue supporting increased student participation in healthy school lunches.
 - d. Increase access to healthy foods through expanding the number of community food hubs and increasing funding for the Healthy Food Purchasing Supplement incentive programs (i.e. Vouchers4Veggies and Market Match).
 - e. Increase funding for hydration stations.
 - f. Increase funding for dental sealants specifically for low-income children, as they have proven to have long-lasting benefits in preventing cavities.

3. Continue to support SDDT-funded entities to

- a. implement multiple strategies, in order to maximize synergistic positive outcomes;
- b. strengthen and actively promote their organizational wellness policies; and
- c. ensure that all SDDT-funded entities promote drinking water and reduce sugary beverage consumption.

4. Continue to use multi-year grants to support emerging BIPOC-led organizations and mitigate structural barriers.

5. Work with other City entities to leverage additional funding opportunities that align with SDDT priorities.

6. Leverage funded entities' trusted relationships with impacted community members to increase participation in existing services and benefits, especially in assisting with CalFresh enrollment because of its significant role in addressing structural economic inequities.

SOMCAN organized street performance



San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2021–2022



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