



Soda Tax-Funded Farming Hope Apprentices preparing meals



San Francisco Sugary Drinks Distributor Tax Advisory Committee

March 2023 Annual Report and Recommendations



San Francisco Sugary Drinks Distributor Tax Advisory Committee

March 1, 2023
Annual Budget Recommendations and Report



**Sugary Drinks
Distributor Tax
Advisory
Committee**

Vanessa Bohm
Health Equity-
Latino/Chicano/Indigena

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Health Equity –
Asian/Pacific Islander

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Children 0-5 Years Old

***Committee Co-Charis**

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March 1, 2023

Dear Mayor London Breed, San Francisco Board of Supervisors and San Francisco Residents,

The Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) remains committed to its mission of making community-driven funding recommendations that support services and other innovative, community-led work to decrease the consumption of sugary beverages, increase access to water and support healthy eating and active living (HEAL).

The 16-member committee dedicates over 900 hours each year to develop recommendations that ensure adequate allocations from the soda tax keep working for all San Franciscans. We are thrilled to see that the collaboration between the SDDTAC and community partners positively impacts our communities in San Francisco, especially Black and Brown communities suffering from chronic diseases.

As the overall focus of the COVID-19 pandemic shifts, our SDDTAC and our community partners continue to see the devastating impacts of the pandemic, including the exacerbation of food insecurity and many other existing health disparities specifically for communities of color and our most vulnerable populations. The SDDTAC will continue to make funding recommendations that benefit our community during these unprecedented times and honor the intent of the tax set forth by voters of Proposition V.

In Fiscal Year 2022-2023, SDDTAC prioritized (SDDT) dollars to the issues our communities care most about including:

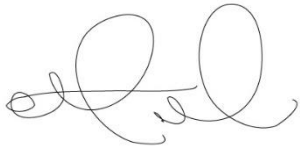
- Identified Community-Based Grants as the most important and impactful funding category
- Considered the ways to incorporate more youth involvement through possible increasing youth seats on SDDTAC
- Expanded access to healthy food, water, and oral health
- Equitable access to healthy food for low-income people and students
- Ensured continued access to safe and affordable physical activity

More details of our recommendations and supporting evidence can be found in the annual report attached to this letter. Highlights of our annual report and updates from this past year include but not limited to:

- Build community capacity and develop leadership among community stakeholders
- Provide job readiness, skill training, and career pathways
- Increase economic opportunities in priority neighborhoods
- Increase healthy messaging related to nutrition

As co-chairs of the committee, we thank Mayor London Breed, San Francisco Board of Supervisors and San Francisco Residents, as well as the San Francisco Department of Public Health (SFDPH) Staff, our Research Evaluators (Raimi & Associates), our SDDTAC colleagues, and the community voices we hear for their tireless efforts and commitment to this important work. We have evidence that the soda tax is working here in San Francisco - especially for communities most impacted by chronic disease. We strongly encourage the Mayor and Board of Supervisors to follow the annual budget recommendations from the Sugary Drinks Distributor Tax Advisory Committee.

Thank you.

A handwritten signature in black ink, appearing to read 'Marna Armstead', with a large, stylized initial 'M'.

Marna Armstead
Executive Director
SisterWeb Community Doula Network

A handwritten signature in black ink, appearing to read 'Abby Cabrera', with a large, stylized initial 'A'.

Abby Cabrera, MPH
Project Manager
University of California, San Francisco



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I. BACKGROUND

a. Sugary Drinks Distributor Tax Legislation

In November 2016, San Francisco voters passed Proposition V. Proposition V established a one penny per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The Sugary Drinks Distributor Tax (SDDT) is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages. The funds collected from this tax are to be deposited in the General Fund.

The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows:

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

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

In May 2018, the SF Department of Public Health was requested to assume staffing of the Committee. The Mayor's Office formalized the change in administrative oversight of the Committee from the City Administrator's Office to Department of Public Health through a transfer of function of the



Executive Branch pursuant to [Sec. 4.132 of the City Charter](#).

Unless the Board of Supervisors by ordinance extends the term of the Committee, it shall expire by operation of law, and the Committee shall terminate, on December 31, 2028.



b. Report Requirements and Process

Starting in 2018, by March 1, of each year, the Committee shall submit to the Board of Supervisors and the Mayor a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee in their report shall make recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugary drinks in San Francisco.

Within 10 days after the submission of the report, the Department of Public Health (per change referenced above) shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.



c. Relationship Between Sugary Drink Consumption, Health, Health Equity and Taxes

A large body of evidence exists indicating that sugary drink consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension and heart disease.ⁱ²⁰

^v Although sugary drinks can contain hundreds of calories in a serving, they do not signal “fullness” to the brain and thus facilitate overconsumption.^{vi} Sugary drinks account for nearly half of the total added sugars in a typical American diet. About half of adults and over 60% of kids consume a sugary drink on any given day ^{xiv-xvii}. Sugary drinks are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume. ^{vii}

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and sugary drinks to improve health. Studies show that sugary drinks flood the liver with high amounts of sugar in a short amount of time and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that are associated with the development of type 2 diabetes, cardiovascular disease, and other serious health problems ^{viii}. Of note, every additional sugary drink consumed daily can increase a child’s risk for obesity by 60%^{ix} and the risk of developing type 2 diabetes by 26%.^x

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

While many factors contribute to sugary drink consumption, including wide availability/access and affordability, the role of industry is relevant as well. A



[recent study by Rudd](#)^{xiv} documents that food and beverage companies continue to disproportionately target Black and Hispanic consumers with TV advertising for almost exclusively unhealthy packaged food and beverage categories. Most companies in this analysis have healthier brands in their portfolios, including plain water, low-sugar cereals, yogurt, plain dairy, fruits, and vegetables that could be promoted but they choose to disproportionately advertise their least nutritious brands, including sugary drinks, candy, chips, and high-sugar cereals, to Black and Latinx consumers, and we see the health costs to those communities. The study specifically found the following:

- Food and beverage TV advertising targets Black and Latino consumers.
 - In 2021, Black youth and adults viewed 9% to 21% more food and beverage TV ads compared to their White peers.
 - Companies increased their focus on advertising to Spanish-speaking TV viewers, evidenced by an increase in the proportion of TV ad dollars companies dedicated to Spanish-language TV from 2017 to 2021 (7.8% vs. 8.5%).
- Targeted TV ads primarily promote unhealthy food and beverages.
 - Candy, sugary drinks, snacks and cereal made up 73% of food and beverage ad spending on Black-targeted and Spanish-language TV in 2021.
 - This advertising contributes to inequities in diet-related diseases heavily affecting communities of color, including heart disease and diabetes.
 - **There was no advertising fruits or vegetables on Spanish-language or Black-targeted TV in 2021.**
 - Most U.S. food companies have healthier brands in their portfolios, including plain water, low-sugar cereals, yogurt and plain dairy, fruits and vegetables that could be promoted.
- Numerous marketing campaigns, including in social media, target youth and communities of color:
 - Many marketing campaigns incorporated hip-hop and Latino music celebrities and other youth-oriented themes, as well as cause-related marketing with donations and collaborations with non-profits to benefit communities of color and foster goodwill for food and beverage brands.
 - Major brands were responsible for the majority of marketing campaigns that targeted youth and communities of color.
 - Racially and ethnically targeted marketing campaigns almost exclusively promoted unhealthy products.

Other research studies bolster the Rudd finding with respect to beverage companies focusing advertising^{xviii, xvix} and retail marketing^{xx} efforts on Black/African Americans and Latinx Americans, as well as on children^{xxi}.



It's no wonder then, that Black/African Americans and Latinx Americans drink more sugary drinks compared to non-Latinx White Americans^{xxi, xxii}. Among households with young children, those with lower incomes purchased more sweetened fruit drinks compared to households with higher incomes^{xxiii}.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugary drinks in San Francisco by taxing their distribution. A recent study conducted in San Francisco by the Public Health Institute's Prevention Policy Group showed the tax is working as intended: consumption of SSBs declined markedly (34%) in San Francisco in the first two years after implementation of the soda tax^{xxv}. Key findings from PHI's study note a 34.1% drop in consumption of sugary drinks in the San Francisco sample at two years post-tax, versus a 16.5% drop in San José, which did not institute a tax.

- In San Francisco, the probability of consuming more than 6 ounces per day decreased by 4.3% in the first year and by 13.6% in the two years post-tax. In San José, this decrease was just 1% in the first year and less than 1% at two years post-tax.
- There was a significant difference in change over time (13.2%) in high consumption of SSBs between the two cities two years after the tax started.
- High SSB consumption decreased 23.6% among San Francisco respondents who were living below 200% of the federal poverty level, while increasing in San José, yielding another significant difference in change over time between the cities.

The study sampled different racial and ethnic groups from zip codes in San Jose and San Francisco, with a higher density of Black and Latino residents and racial/ethnic groups with higher SSB consumption in California. This analysis paints a fuller and more robust picture of the positive health impact of soda tax policies and suggests that even a modest size tax can be effective in reducing high SSB consumption and mitigating the risk of harm. These findings support the preliminary analysis of sales data which indicated that the soda tax is successful in decreasing consumption: purchases of sugar-sweetened beverages at supermarkets in San Francisco decreased by more than 50% in the two years following the implementation of the tax^{xiii}.

Mexico, where an average of 163 liters of sugary drinks are consumed per person each year, enacted an excise tax on sugary drinks in 2014, with the result that the purchase of taxed sugary drinks declined by 12% generally and by 17% among low-income Mexicans by December 2014. The Mexico data indicate that, when people cut back on sugary drinks, to a significant extent they choose lower-caloric or non-caloric alternatives. Studies have



projected that a 10% reduction in sugary drink consumption in Mexico would result in about 189,300 fewer incident type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths occurring from 2013 to 2022. This modeling predicts the sugary drinks tax could save Mexico \$983 million international dollars.^{xi} Following the implementation of Berkeley, California’s sugary drink tax, the first in the nation, there was a 50% decline in sugary drink consumption among diverse adults over the first 3 years of the tax.^{xii} Modeling suggests that a national sugary drink tax that reduced consumption by just 20% would avert 101,000 disability-adjusted life-years; gain 871,000 quality-adjusted life-years; and result in \$23.6 billion in healthcare cost savings over just 5 years. The tax is further estimated to generate \$12.5 billion in annual revenue. This body of research demonstrates that taxation provides a powerful incentive for individuals to reduce their consumption of sugary drinks, which in turn can reduce the burden of chronic disease.



d. Sugary Drinks Distributor Tax Advisory Committee

Per the legislation enacted by the voters, the Committee shall consist of the following 16 voting members:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic, and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.



Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.

Seat 16 shall be held by a person with experience or expertise in services and programs for children ages five and under, appointed by the Board of Supervisors.



Sugary Drinks Distributor Tax Advisory Committee 2021-2022

Seat 1	BOS Appointment - Health Equity- Latino/Chicano/Indigena	Vanessa Bohm
Seat 2	BOS Appointment - Health Equity – Asian/Pacific Islander	Maysha Bell
Seat 3	BOS Appointment - Health Equity – Black/African American	Marna Armstead*
Seat 4	BOS Appointment - Research/Medical Institutions	Frances Abby Cabrera*
Seat 5	BOS Appointment - Research/Medical Institutions	Diana Lau
Seat 6	BOS Appointment - Youth Seat	Kiana Sezawar Keshavarz
Seat 7	Office of Economic and Workforce Development Appointment	Larry McClendon
Seat 8	Board of Education Appointment - SF UnifiedSchool District	Saeeda Hafiz
Seat 9	Board of Education Appointment - SF UnifiedSchool District	Jennifer Lebarre &Alexandra Emmott
Seat 10	Department of Public Health Appointment - SFDPH – Chronic Disease	Tiffany Kenison
Seat 11	Department of Public Health Appointment - Oral Health	Irene Hilton
Seat 12	Department of Public Health Appointment – Food Access/Security	Veronica Shepard
Seat 13	Department of Children Youth and Their Families Appointment	Michelle Kim
Seat 14	Recreation and Parks Department - Appointment	Linda Barnard
Seat 15	BOS Appointment - SFUSD Parent Advisory Council	Dianna Cavagnaro
Seat 16	BOS Appointment - Children 0-5 Years Old	Maureen Guerrero
		*SDDTAC Co-Chair





e. Sugary Drinks Distributor Tax Revenue & Revenue Projections

The City and County of San Francisco operates on a July-June fiscal year (FY). Each year the Mayor and Board of Supervisors pass a rolling, two-year budget, with the second year becoming the first year of the next budget cycle; similarly, the Committee makes rolling, two-year recommendations.

SDDT Revenues

The Treasurer and Tax Collector collects the revenue and the Controller’s office reports the revenues as indicated in the “Actual” column below (to [track revenues](#)). The Controller’s office projects expected revenue, shown in the “Projected” column in the table below.

Tax collection began January 1, 2018. Between January 2018 – February 28, 2023 a total of \$66,250,476 has been collected.

SDDT Revenue	Projected	Actual
FY 2017- 2018 Actual figure represents 6 months, Jan-Jun2018	\$8,000,000	\$7,911,731
FY 2018-2019	\$16,000,000	\$16,097,908
FY 2019 – 2020	\$16,000,000	\$13,181,608
FY 2020- 2021	\$16,000,000	\$10,400,000
FY 2021 – 2022	\$12,200,000	\$11,973,028
FY 2022-2023 *This figure represents 8 months: July 2022- Feb 2023	\$13,700,000	\$6,686,201
FY 2023-2024	\$13,700,000	-
FY 2024-2025	\$13,700,000	-
FY 2025-2026	\$13,700,000	-
FY 2026-2027	\$13,700,000	
TOTAL		\$66,250,476

The amount available to the SDDTAC to recommend is determined after voter-mandated set asides (about 22%). Additionally, the Board of Supervisors appropriated \$1.2 million of the \$11.6million in ongoing “Healthy Addbacks” during the FY2017-18 budget process. In January 2023, the Controller’s Office projected figures for the SDDTAC to make recommendations for \$11,000,000 for both FY2023-24 and FY2024-25.



II. Sugary Drinks Distributor Tax Advisory Committee Recommendations



a. SDDT Advisory Committee Process

The Committee meets monthly with the Department of Public Health (DPH) serving as backbone staff. In addition to the full monthly Committee meetings, many Committee members participated in one or two subcommittees. The three subcommittees are: Data and Evidence, Community Input, and Infrastructure. Subcommittees gathered input from experts, stakeholders, and community groups. The full Committee also heard community input at meetings and each subcommittee was encouraged to incorporate public feedback in its recommendations.

For this set of recommendations, the Committee adopted a new tool, the AliaThink Tool for Strategic Planning. This tool was used to support values-based, collaborative decision making, building on the knowledge of the Committee and community. The final prioritizations guided the Committee when making its budget recommendations. As with all Committee meetings, the process was documented in the Committee and Sub-Committee

The Committee is tasked with making two-year budget recommendations to coincide with the City's two-year budget cycle every year. The Committee expects new information will emerge during the course of the year from funded organizations, ongoing community input, new data and evidence, etc. that will inform potential changes to its second year budget recommendations. For example, this year the Committee is making recommendations for expenditures in FY23-24 and FY24-25. The Committee will re-evaluate its FY23-24 recommendations at the end of 2023 and may make changes, if deemed appropriate, for its final FY24-25 recommendations in early 2024.

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee continues to recommend that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the



committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco.

The Committee voted on February 15, 2023, to make the funding recommendations for FY2023-24 and FY2024-25 as described in the recommendations section.

Subcommittee Reports

Data and Evidence Subcommittee

The mission of the Data and Evidence Subcommittee is to review, analyze and share research within the context of our San Francisco communities to help inform and support the work of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC).

The Data and Evidence subcommittee supported broadening the scope of funded activities to support economic development and improving health outcomes.

The Subcommittee worked to enable further collaborative learning by:

- Piloting use of strategic planning software (Aliah Think Tool);
- Hosting subject matter experts, i.e., sales data, sugary history; and
- Ensuring that soda tax efforts create healthier communities for low-income and populations of color, who are hardest hit by COVID and soda industry marketing and the health impacts of their products.

The duties of the Data and Evidence subcommittee are to:

- Collect and review research and data that would be helpful to the work of the Committee;
- Help inform and support efforts to analyze the impact of the SDDT on sugary drink pricing, public health, and consumer purchasing behavior;
- Help inform efforts to evaluate programs and work funded by SDDT.

The Data and Evidence Subcommittee accomplishments include:

1. Updated a work plan that identifies subcommittee tasks in alignment with the goals of the SDDTAC.
2. Provided critical feedback on SDDT Evaluation Review – Raimi & Associates shared logic model: goals, strategies, outcomes, impact and metrics regarding the evaluation plan.
3. Pilot tested the Aliah Think tool strategic planning software to



prioritize SDDT budget domains and sub elements.

4. Approved Raimi & Associates evaluation report FY 2021-2022
5. Discussed keeping a database of current and relevant evidence- based literature including blogs, op eds, etc.
6. Discussed data and evidence content for SDDTAC newsletter.
7. Continued discussion on SDDTAC request to review data and evidence on pipeline pathway development for young people into health career pathways, hearing from local experts and reviewing literature on the subject to make recommendations on SDDTAC support for health career pathways
8. Provided opportunity for SFUSD Student Nutrition Services to present to subcommittee on sustainable strategies for in house student food prep.
9. Reviewed and commented on FY 23-24 & FY 24-25 budget and made recommendations for the SDDTAC

Future Considerations for the Data & Evidence Subcommittee:

The Committee has requested the data and evidence subcommittee to research and provide recommended strategy for mental health, health career pathways and public health education (including COVID guidelines) and to propose percentage of investments as a committee.

Subcommittee requests revisiting “Priority communities are those that experience disproportionate burden of diet-related chronic diseases and those targeted by the soda industry, these same communities are also disproportionately impacted by COVID, and we understand that diet-related chronic disease is a risk factor for illness and death for COVID.”

In addition, the Data and Evidence Subcommittee will continue to update research/evidence database with respect to the economic impact of the sugar sweetened beverage tax, racism and health disparities research, mental health, social determinants of health and the impact of COVID 19 on priority populations.

The Data and Evidence Subcommittee remains committed to helping inform the Committee recommendations guided by data and evidence, relying on DPH staff for latest data and relying on the network of scientific community for the latest evidence in the context of community through the remaining time of the SDDTAC on behalf of all the residents of the City and County of San Francisco.



The following members of the SDDTAC were active members of the Data and Evidence Subcommittee during the development of this report:

- Saeeda Hafiz (Seat 8: San Francisco Unified School District) *Data & Evidence Subcommittee Chair*
- Abby Cabrera (Seat 4: research/medical institution) SDDTAC Co-Chair
- Marna Armstead (Seat 3: Health equity Black/African American) SDDTAC Co-Chair
- Diana Lau (Seat 5: research/medical institution)
- Irene Hilton (Seat 11: DPH oral health)

The Data and Evidence Subcommittee met monthly with a total of 11 meetings between March 2022 – February 2023:

March 9, 2022	September 14, 2022
April 13, 2022	October 12, 2022
May 11, 2022	November 9, 2022
June 8, 2022	December 7, 2022
July 2022 – Meeting Cancelled	January 11, 2023
August 10, 2022	February 8, 2023

Community Input Subcommittee

The mission of the Community Input Subcommittee is to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the Committee, so that impacted populations can inform the decisions of the full committee.

This Subcommittee recognizes the disproportionate health burdens felt by communities of color and low-income communities and the need to have members of these communities actively participate in shaping funding recommendations for strategies, approaches and services that contribute to decreasing the consumption of sugary drinks for those most impacted, as well as all San Franciscans.

This Subcommittee also recognizes the necessity for the Committee to create mechanisms by which information about the recommendation process and the implementation of the SDDT can be communicated to members of the public, including disproportionately impacted communities. With this as our guiding perspective, the Community Input Subcommittee worked in partnership with the Department of



Public Health (DPH), who provided backbone staffing for the Subcommittee, to support and give feedback related to community engagement and outreach efforts.

The Subcommittee continued to emphasize the importance of making all meetings accessible and open to the public and to developing meaningful and creative mechanisms to communicating how SDDT funds are being utilized to support those communities most targeted by the beverage industry. These items can be uplifted into agenda items as they have each been discussed at this year's meetings.

The duties of the Community Input subcommittee are to:

1. Evaluate the funding process and extent to which the intent of the original recommendations are implemented through community input;
2. Make recommendations to full committee for any needed improvements to next round of recommendations/funding process based on community input;
3. Advocate for SDDT funded organizations to get the support they need; as well those who may need support responding to calls for proposals;
4. Solicit input from the community about SDDTAC recommendations and related processes;
5. Advocate for community engagement activities such as Town Hall meetings, be present at such events, and report back to the committee;
6. Recommend the addition of public engagement component be a part of the funding process;
7. In collaboration with the Infrastructure Subcommittee, develop a process for some funded organizations to report out to the Committee and the public what they have done or what they intend to do; and
8. Oversee strategic outreach to communities.

Community Input Subcommittee accomplishments include:

- (1) Developed recommendations to the full committee on utilization of this year's funds for community engagement.
- (2) Reviewed legislation amendments and identify community outreach/ input strategy
- (3) Researched to amend current SDDTAC process to define community seat representation and increase youth seats
- (4) Reviewed previous accountability tracker and framework for the full committee to identify how each member is gathering input and reporting back to communities they represent;



- (5) Piloted use of the AliahThink tool for prioritization of SDDT budget domains and sub elements;
- (6) Developed a proposal to SDDTAC for SDDTAC for any upcoming legislative sign on support or opposition letters;
- (7) Reviewed subcommittee workplan: quarterly cadence to ensure alignment and assess impact
- (8) Provided input to Raimi & Associates for the evaluation plan reporting;
- (9) Discussed subcommittee content for SDDTAC newsletter
- (10) Reviewed and discussed subcommittee FY 23-24 and FY 24-25 funding recommendations; and
- (11) Discussed and reviewed subcommittee's report for the Committee's 2023 Annual Report.

Considerations for Future Community Input Opportunities

The Community Input Subcommittee continues to be committed to ensuring the bidirectional flow of information between communities most impacted by the harms of sugary drinks and SDDTAC. Our work for 2022-2023 includes the following:

- Youth Seat Legislative Amendment Process Research
- Process for seating members and revisiting the process, specifically on the committee imbalance of power of city appointed seats and community seats
- Continue SDDTAC accountability tracker
- Continued efforts to ensure community engagement
- Continued discussions on emergency expenditures for emergency food funding

The following members of the Committee were active members of the Community Input Subcommittee during the development of this report:

- Kiana Sezawar Keshavarz, (Seat 6: Youth Seat) *Community Input Subcommittee Co-Chair*
- Maysha Bell (Seat 2: Health equity - Asian/Pacific Islander), *Community Input Subcommittee Co-Chair*
- Vanessa Bohm, (Seat 1: Health equity – Latino/Chicano/Indigena)
- Marna Armstead, (Seat 3: Health equity - Black/African American), SDDTAC Co-Chair
- Jennifer Lebarre, (Seat 9: San Francisco Unified School District) transitioned off SDDTAC as of July 1, 2022
- Alexandra Emmott (Seat 9: San Francisco Unified School District) joined SDDTAC July 1, 2022
- Veronica Shepard, (Seat 12: DPH Food Access/Food Security)
- Dianna Cavagnaro (Seat 15: SFUSD Parent Advisory Council)



All members of the subcommittee have extensive work experience with diverse communities disproportionately impacted by the consumption of sugary drinks and have expert knowledge on important issues and concerns affecting these communities. As a result, subcommittee members are well positioned to inform recommendations for community engagement and outreach efforts.

The Community Input Subcommittee met 8 times between March 2022 – Feb 2023:

March 2022 – Meeting Cancelled	September 13, 2022
April 12, 2022	October 2022 – Meeting Cancelled
May 10, 2022	November 8, 2022
June 14, 2022	December 6, 2022 – Meeting Cancelled
July 2022 – Meeting Cancelled	January 10, 2023
August 9, 2022	February 7, 2023

Infrastructure Subcommittee

The mission of the Infrastructure Subcommittee is to ensure needed staffing and resources are in place to support the functioning, administrative, and evaluation needs of the Committee and Subcommittees.

The duties of the Infrastructure subcommittee are to:

1. Provide recommendations regarding the infrastructure resources needed to support implementation of the SDDT which includes infrastructure to:
 - a. Provide administrative and operational support to the Committee and its Subcommittees
 - b. Support coordination across City departments and funded agencies.
 - c. Ensure community engagement so that Committee recommendations are developed and implemented in partnership with community
 - d. Track the economic impact of the tax on small and larger businesses
 - e. Support evaluation of funded City agencies and programs
 - f. Support the creation of an annual report
 - g. Support CBOs and FBOs to respond to City RFPs related to SDDT funds
 - h. Help merchants comply with the tax



2. Ensure the full Committee is updated regularly on the progress of implementation and has opportunities to provide input as needed
3. Provide guidance/recommendations in the Committee's media relationships/communications, ensuring alignment and consistency of messaging
4. Provide regional representation with other cities with sugary beverage taxes, regularly reporting back to Subcommittee and full Committee
5. Contextualize the work of the Committee within City Department systems and processes

The Infrastructure Subcommittee accomplishments include:

- (1) Reviewed and revised Infrastructure subcommittee workplan
- (2) reviewed BOS and Mayor's Office SDDT Budget Recommendations for FY22-23
- (3) Reviewed and provided feedback for SDDT evaluation report
- (4) SDDT budget recommendation process and timeline
- (5) Reviewed list of SDDT funded grantees and identified potential CBOs to present at the SDDTAC meetings
- (6) Discussed protocol and requirements for community letter of support requests
- (7) Discussed infrastructure subcommittee content of SDDTAC newsletter
- (8) Discussed options for SDDT legislation revisions
- (9) Discussed the emerging needs resulting from the COVID-19 pandemic such as:
 - food insecurity
 - support for small business – reviewed BOS economic mitigation report
 - violence prevention – discussed strategies to levitate tensions in community and domestic violence in public housing as a result of COVID-19 and the shelter in place restrictions
 - mental health – discussion of a new priority area as a result of COVID-19 needs and its impact on mental health
- (10) Dedicated time to prepare for the March 2023 report by reviewing FY 23-24 and FY 24-25 funding recommendations.

Future Considerations for Infrastructure Subcommittee

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not



robust. It can be difficult to recognize changes in nutrition, food security, physical activity, and diet-sensitive chronic disease. Thus, the Committee has made recommendations to support data and evaluation infrastructure to better understand the impact of the SDDT especially on the communities most affected by the impact of sugary beverages. In addition, infrastructure subcommittee will ensure the completed versions of strategic plan is incorporated in future work plans. The Infrastructure Subcommittee will continue to explore a process or a policy around how the SDDTAC Committee can address emerging needs, such as the COVID-19 pandemic.

The following members of the Committee were active members of the Infrastructure Subcommittee during the development of this report:

- Larry McClendon (Seat 7 – Office of Economic and Workforce Development), chair of Infrastructure Subcommittee
- Tiffany Kenison (Seat 10 - Department of Public Health, Chronic Disease) – as of June 1, 2022
- Michelle Kim (Seat 13, Department of Children Youth & Their Families)
- Linda Barnard (Seat 14, Recreation and Parks Department)
- Maureen Guerrero (Seat 15, Children 0-5 Years Old) On Leave August 2022 – January 2023

Since the release of the last year’s annual report, the Infrastructure subcommittee met monthly between March 2022-February 2023 for approximately 2 hours each. Some meetings were cancelled due meeting conflicts or lack of quorum.

March 14, 2022 -
April 2022 – Meeting Cancelled
May 9, 2022
June 13, 2022
July 2022 – Meeting Cancelled
August 8, 2022

September 12, 2022
October 17, 2022
November 14, 2022
December 5, 2022
January 9, 2023
February 6, 2023





b. SDDTAC Budget Recommendations FY2023-24 and 2024-25

The Committee voted on February 15, 2023 for the following budget recommendations. Budget descriptions for each line item follow on subsequent pages.

SDDTAC Budget Recommendations	FY 2023-24	%	FY 2024-25	%	Department Rx
COMMUNITY BASED GRANTS					
Health education, food security, physical activity	\$3,000,000	27%	\$3,050,000	28%	DPH
Food As Medicine MediCal Waiver Program	\$200,000	2%	\$0	0%	DPH
CBOs working with SFUSD	\$305,000	3%	\$305,000	3%	DPH
TOTAL COMMUNITY BASED GRANTS	\$3,505,000	32%	\$3,355,000	31%	
SFUSD					
School Food, Nutrition Ed	\$1,170,000	11%	\$1,245,000	11%	DCYF
Student Led Action	\$535,000	5%	\$535,000	5%	DCYF
TOTAL SFUSD	\$1,705,000	16%	\$1,780,000	16%	
FOOD ACCESS					
Healthy Food Purchasing Supplement	\$1,540,000	14%	\$1,565,000	14%	DPH
Healthy Retail	\$190,000	2%	\$240,000	2%	OEWD
TOTAL FOOD ACCESS	\$1,730,000	16%	\$1,805,000	16%	
ORAL HEALTH					
Community Oral Health Task Forces	\$450,000	4%	\$450,000	4%	DPH
School-based Sealant Application	\$350,000	3%	\$350,000	3%	DPH
School-based education and case management	\$200,000	2%	\$200,000	2%	DCYF/ SFUSD
TOTAL ORAL HEALTH	\$1,000,000	9%	\$1,000,000	9%	



SDDTAC BUDGET RECOMMENDATIONS	FY 2023-24	%	FY 2024-25	%	Department Rx
WATER ACCESS					
Water Access - SFUSD	\$100,000	1%	\$100,000	1%	DCYF/SFUSD
Water Access – Public Spaces	\$100,000	1%	\$100,000	1%	RPD/PUC
TOTAL WATER ACCESS	\$200,000	2%	\$200,000	2%	
PHYSICAL ACTIVITY & WELLNESS (RECREATION & PARKS)					
Peace Parks	\$650,000	6%	\$650,000	6%	RPD
SVIP Funding – Peace Parks Transportation	\$225,000	2%	\$225,000	2%	DPH
REQUITY: Outreach, scholarships, equity in recreation	\$800,000	7%	\$800,000	7%	RPD
TOTAL REC & PARKS PHYSICAL ACTIVITY & WELLNESS	\$1,675,000	15%	\$1,675,000	15%	
LACTATION					
Lactation CBO Grants	\$160,000	1%	\$160,000	1%	DPH
Lactation Coalition	\$80,000	1%	\$80,000	1%	DPH
TOTAL LACTATION	\$240,000	2%	\$240,000	2%	
INFRASTRUCTURE					
Marketing/Promotion/Outreach	\$145,000	1%	\$145,000	1%	DPH
Evaluation/Research/Data, Capacity Building	\$272,000	2%	\$272,000	2%	DPH
Staffing	\$528,000	5%	\$528,000	5%	DPH
TOTAL INFRASTRUCTURE	\$945,000	8%	\$945,000	8%	
Total Proposed	\$11,000,000	100%	\$11,000,000		

budget descriptions follow on next pages



SDDTAC BUDGET DESCRIPTIONS	
COMMUNITY-BASED GRANTS	
COMMUNITY-BASED GRANTS Health education, food security, physical activity	<p>City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies:</p> <p>Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health; Physical Activity opportunities, including a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Changes to the built environment (i.e. sidewalks, streets, parks, buildings, etc.) or safety of the built environment that facilitates increased physical activity and active transportation). 3. Food Security, including a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; d) Pursuit of institutional or local policies that facilitate food security; and e) Food Access, including community-based food systems, approaches, community-based pantries, community-based hot meals, community kitchens and community home delivery services, etc. 4) Water Promotion, such as support for Spa Water Supplies, station maintenance and beautification, refillable water bottles to distribute to communities, water testing. 5) Community Based Participatory Research.</p>
Food As Medicine MediCal Waiver Program	One time infrastructure and capacity building grants for 10 community based food organizations to prepare them to contract with health plans, use medical coding and billing, share confidential patient information, and other areas needed to access Medi-Cal funding for meals and groceries and nutrition services rendered. This funding will build off of the successful capacity building cohort piloted in FY 2022-2023 which included 7 CBOs receiving both tailored, individualized technical assistance and cohort-level training and capacity building. Currently no CBOs are contracted with the SF Health Plan, the main Medi-Cal managed care plan serving the city, to deliver medically supportive food and nutrition services.
CBOs working with SFUSD	Recommend 3% of all CBO funding should go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOs should follow the guidelines above.
SFUSD	
School Food, Nutrition Education	To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.
Student LedAction	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action. Funding to also support adequate staffing for implementation.



FOOD ACCESS	
Healthy Food Purchasing Supplement*	Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. These funds should be RFP'd out to CBOs and FBOs. Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; foods that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/ incentives, transportation and delivery and preparedfoods.
Healthy Retail SF	Supporting small business to increase healthy food access in high risk, impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment.
ORAL HEALTH	
Community Oral Health Task Forces	Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations.
School-based Sealant Application	Support SF DPH oral health staff providing cavity-preventing sealants to high-risk populations within SFUSD schools. Sealants protect the chewing surfaces of teeth from cavities. Over 80% of cavities are on the chewing surfaces of the back teeth. There is a direct relationship between sugary drink consumption and dental cavities.
School-based ed & case mgmt.	Support dedicated SFUSD oral health staff to implement school-based oral health preventive education and dental care coordination programs within SFUSD schools serving high risk target populations. SFUSD oral health staff are key partners in CavityFree SF, SF's local oral health coalition
WATER ACCESS	
Water Access - SFUSD	SFUSD water station installation. Also, invest in signage and art to 3 stations to pilot evidence-based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with artwork/education and those without
Water Access - Public Spaces	Public water station installation. Also, invest in signage and art to 3 stations to pilot evidence-based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with artwork/education and those without.
RECREATION & PARKS PHYSICAL ACTIVITY & WELLNESS	
Peace Parks	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations.
SVIP: Peace Parks Transportation	Transportation for Peace Parks participants
REQUITY: Outreach, Scholarships, recreation equity	Requity offers free dynamic, engaging, and culturally-relevant recreation programming to youth under 18 living in shelters, foster care, public housing, or in housing developments. Through a combination of onsite and hyper-local program, coupled with extensive outreach, Requity increases access to and participation in RPD's existing programs and scholarships by educating and informing families on what RPD can offer them.



LACTATION	To fund a breastfeeding coalition to organize collective efforts across San Francisco to enable increased breastfeeding among Priority Populations. This coalition will mobilize action on policy, systems, and environmental (PSE) changes to increase breastfeeding rates and duration, leveraging community strengths and tackling structural barriers to reduce inequities to breastfeeding support. This would include funding for backbone support to: engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long term goals embedded in principles of equity; help align breastfeeding support services in San Francisco including hospital, outpatient, and community based services to improve access to breastfeeding support; and provide technical assistance to partnering agencies (such as child care centers and businesses with less than 50 employees) to operationalize and implement breastfeeding friendly policies and practices. Funding will also support community-based organizations that are already supporting breastfeeding.
DPH INFRASTRUCTURE	
Marketing/ Promotion/ Outreach	Funds to DPH/CBOs/Private media firms to support media and communications that include 1) grassroots, community-driven awareness campaigns about the intent of the SDDT and the impact of the allocated funds; 2) city-wide communications campaign highlighting the impact and importance of the SDDT; 3) communications materials for merchants; and 4) and communicate the harmful impact of sugary drinks and healthy alternatives. Examples include community-driven, messaging, print, online, and social media campaigns. This also includes regular communication to SF Board of Supervisors, Mayor's Office, Board of Education and other elected officials via newsletters and other mechanisms.
Evaluation/ Research/Data Support/Capacity Building)	<p>A. Professional services: i) technical assistance for funded CBO and FBO; ii) evaluation to develop framework and evaluate city agencies, CBO and FBO, and process evaluations from applicants, etc.; iii) city attorney to provide ongoing technical consultation; iv) project management agency to offset fiscal intermediary costs.</p> <p>B. Materials/Supplies for meetings and printing costs.</p> <p>C. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p> <p>D. Capacity Building for SDDT initiative</p> <p>E. City Attorney Consultation</p>
Infrastructure Staffing	Personnel: 1) Backbone staffing to support SDDTAC. 2) Staffing to support DPH SDDT implementation of community-based grants. 3) Staffing to support research/evaluation of SDDT impact.



III. Impact on Beverage Prices and Consumer Purchasing Behavior & Public Health

a. IRI Beverage Sales Data

SFDPH worked with the EVIDENCE project, an interdisciplinary academic research team (with UCSF and UC Berkeley) to purchase beverage sales data. The SDDT epidemiologist was activated as a disaster service worker to support COVID-19 response, therefore no data are not yet analyzed. Sales data for 2021 and 2022 will be analyzed in the coming months by the SFDPH epidemiologist.

b. Public Health Data Report

An updated Data Report was not developed due to ongoing COVID-19 demands on the epidemiologist. Those demands are dwindling, and a new data report is expected in 2023. Public health data change minimally from year to year, thus, we refer readers to the [Fall 2019 Data Report](#) which can be found at the SDDTAC webpage.

IV. Impact of SDDT

SDDT Fiscal Year 21-22 Evaluation Report

SF Department of Public Health partnered with Raimi + Associates to conduct the evaluation of SDDT funded city agencies, community-based organizations and initiatives. The impact of the SDDT is captured in the evaluation report which can be found in the appendices or on the [SDDTAC webpage](#).

SDDT funds support a wide range of programs, services and organizations. In 2022 the evaluation team developed a [data dashboard](#) which provides current and historical information about distribution of SDDT funds.

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

FINDING 1: SDDT funding in San Francisco continues to be directed to the people and places most burdened 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.

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.

FINDING 4: Within the last three years, SDDT has funded structural interventions that have resulted in an increase in healthy behaviors.

The Appendices include more information about funded organizations and their programs (SDDT Funded Initiatives) as well as the complete [2021-22 Annual Evaluation Report](#).



V. Endnotes

- ⁱ Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
- ⁱⁱ Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
- ⁱⁱⁱ Johnson, R.K., Appel, L., Brands, M., Howard, B., Lefevre, M., Lustig, R., Sacks, F., Steffen, L., & Wyllie-Rosett, J. (2009, September 15). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation* , 120(11), 1011-20. doi:10.1161/CIRCULATIONAHA.109.192627. Retrieved from <http://circ.ahajournals.org/content/120/11/1011.full.pdf>
- ^{iv} Sohn W, Burt BA, Sowers MR. Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*. Mar 2006;85(3):262- 266.
- ^v Sohn W, Burt BA, Sowers MR. Carbonated Soft Drinks and Dental Caries in the Primary Dentition. *J Dent Res*. 2006; 85(3): 262– 266.
- ^{vi} Zheng, M. (2014, February). Liquid versus solid energy intake in relation to body composition among Australian children. *J Hum Nutr Diet* . doi:10.1111/jhn.12223
- ^{vii} U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Page 28. Retrieved from [\[LINK\]](#)
- ^{viii} Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
- ^{ix} Trust for America’s Health and Robert Wood Johnson Foundation. F as in Fat: How Obesity Threatens America’s Future – FastFacts: Obesity and Health. 2013. Accessed January 15, 2014 at <http://fasinfat.org/facts-on-obesity-and-health/>
- ^x Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
- ^{xi} Sánchez-Romero LM, Penko J, Coxson PG, Fernández A, Mason A, Moran AE, et al. (2016) Projected Impact of Mexico’s Sugar-Sweetened Beverage Tax Policy on Diabetes and Cardiovascular Disease: A Modeling Study. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002158#abstract0>
- ^{xii} Lee M, Falbe J, Schillinger D, Basu S, McCulloch C, Madsen KA. Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. *Am J Pub Health*, epub ahead of print February 21, 2019: e1–e3. doi:10.2105/AJPH.2019.304971. This analysis was conducted by Justin White and Dean Schillinger at the University of California, San Francisco, Sofia Villas-Boas and Kristine Madsen at the University of California, Berkeley, Scott Kaplan at the U.S. Naval Academy, and Sanjay Basu at Waymark Health. These findings have been submitted to a journal for publication and were in the peer-review process when this report was finalized in February 2022
- ^{xiii} U.S. Department of Health and Human Services, U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. U.S. Department of Health and Human Services and U.S. Department of Agriculture; 2015:144. Accessed November 29, 2021. https://health.gov/sites/default/files/2019-09/2015-2020_Dietary_Guidelines.pdf
- ^{xiv} Rosinger A, Herrick K, Gahche J, Park S. Sugar-sweetened Beverage Consumption Among U.S. Youth, 2011-



2014. NCHS Data Brief. 2017;(271):1-8.

^{xv} City of Philadelphia Department of Revenue. What is subject to the tax. City of Philadelphia. Published November 8, 2019. Accessed November 29, 2021. <https://www.phila.gov/services/payments-assistance-taxes/business-taxes/philadelphia-beverage-tax/what-is-subject-to-the-tax>

^{xvi} Rosinger A, Herrick K, Gahche J, Park S. Sugar-sweetened Beverage Consumption Among U.S. Adults, 2011-2014. NCHS Data Brief. 2017;(270):1-8.

^{xvii} Centers for Disease Control and Prevention. Get the Facts: Sugar-Sweetened Beverages and Consumption. Centers for Disease Control and Prevention. Published March 11, 2021. Accessed November 29, 2021. <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

^{xviii} Powell LM, Wada R, Kumanyika SK. Racial/Ethnic and Income Disparities in Child and Adolescent Exposure to Food and Beverage Television Ads across U.S. Media Markets. *Health Place*. 2014;29:124-131. doi:10.1016/j.healthplace.2014.06.006

^{xix} Cassady DL, Liaw K, Miller LMS. Disparities in Obesity-Related Outdoor Advertising by Neighborhood Income and Race. *J Urban Health*. 2015;92(5):835-842. doi:10.1007/s11524-015-9980-1

^{xx} Adjoian T, Dannefer R, Sacks R, Van Wye G. Comparing Sugary Drinks in the Food Retail Environment in Six NYC Neighborhoods. *J Community Health*. 2014;39(2):327-335. doi:10.1007/s10900-013-9765-y

^{xxi} Kit BK, Fakhouri THI, Park S, Nielsen SJ, Ogden CL. Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999-2010. *Am J Clin Nutr*. 2013;98(1):180-188. doi:10.3945/ajcn.112.057943

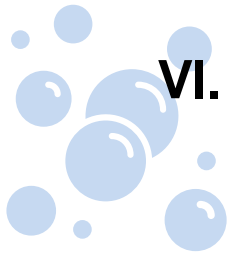
^{xxii} Bleich SN, Vercammen KA, Koma JW, Li Z. Trends in Beverage Consumption Among Children and Adults, 2003-2014. *Obes Silver Spring Md*. 2018;26(2):432-441. doi:10.1002/oby.22056

^{xxiii} Choi YY, Andreyeva T, Fleming-Milici F, Harris JL. U.S. Households' Children's Drink Purchases: 2006–2017 Trends and Associations With Marketing. *Am J Prev Med*. 2021;0(0). doi:10.1016/j.amepre.2021.06.013

^{xxiv} RUDD REPORT: Targeted food and beverage advertising to Black and Hispanic consumers: 2022 update <https://uconnruddcenter.org/wp-content/uploads/sites/2909/2022/11/Rudd-Targeted-Marketing-Report-2022.pdf>

^{xxv} 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>





VI. Appendices

- A. SDDT Funded Initiatives FY2022-23
- B. SDDT FY 21-22 Evaluation Report
- C. ARTICLE 8: Sugary Drinks Distributor Tax Ordinance (San Francisco Business and Tax Regulations Code)
- D. ARTICLE XXXIII: Sugary Drinks Distributor Tax Advisory Committee (San Francisco Administrative Code)
- E. Sugary Drinks Distributor Tax Advisory Committee Bylaws



Appendix A



A. SDDT Funded Initiatives



Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Bayview Hunters Point Community Advocates	\$100,000 +\$43,000* =\$143,000	Bayview Hunters Point	Black/African American (B/AA), Immigrants	Nutrition Security PSE change strategy	Bayview Hunters Point Community Advocates aims to provide healthy, and quality food, that reaches all communities in our diverse neighborhood, through a cooperative owned and operated by and for Bayview-Hunters Point residents. Funding will support a community-owned co-op grocery store in the Bayview Hunters Point neighborhood to provide affordable healthy, high-quality food for vulnerable populations in southeast SF who suffer from a burden of chronic disease. <i>Tony Kelly: tony@bvhpadvocates.org</i>
3 rd Street Youth Center & Clinic	\$150,000 +\$40,000* =\$190,000	Bayview Hunters Point	Black/African American (B/AA), Latinx, Low income families	Physical Activity Nutrition Security PSE change strategy	The 3 rd Steet Youth Center and Clinic’s mission is to help youth, ages 12-27, from Bayview Hunters Point (BVHP) make healthy and safe decisions that improve their physical, emotional, and social health, empowering them to become successful, contributing adults. The BVHP Park Rx program fosters a collaborative approach to improve physical and mental health outcomes of youth in Bayview Hunters Point while strengthening the connection between the healthcare system, parks and open public lands. <i>Misty Patton: misty@3rdstyouth.org</i>
Bounce Back Generation	\$100,000 \$21,850* +\$121,850	Potrero Terraces and Annex public housing, (+influence local schools)	Black/African American (B/AA), Latinx, API children, families, individuals	Community Building Nutrition Security Pgrrm/Srvc Delivery Capacity Building-workforce development	Bounce Back Generation has promoted resilience to trauma in children since 2011. Our mission involves communities in their own healing. Funding will support community hiring to create and implement a wide public awareness campaign directed toward 300 Potrero/Bayview children to recognize the origins of negative coping behaviors and adopt resilient-building habits instead. <i>Jennifer Dhillon: jennifer@bouncebackgeneration.org</i>

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Community Grows	\$100,000 +\$40,000* =\$140,000	Western Addition, Bayview-Hunters Point	Low-income youth and youth of color: Black/African American (B/AA); Latinx, API, teens age 14-19 and TAY 19-25	Nutrition Security Physical Activity Pgrm/Svc Delivery Capacity Building-youth leadership, workforce development	Community Grows’ mission is to cultivate healthy youth through growing gardens in low-income, diverse communities, co-powering children to become healthy, eco-literate leaders. Funding will support our BEETS (Band of Environmentally Educated and Employable Teens) program will help employ 10 low-income youth of color to learn and lead health-focused workshops for 130 children and adults in the Western Addition and Bayview about nutrition, gardening and mindfulness, while building and maintaining edible gardens to increase access to fresh produce in their communities. Community Grows carried forward unspent FY21-22 funds to support program goals with a total FY22-23 budget of \$102,331 + \$40,000* = \$142,331. <i>Perry Dorsey: perry@communitygrows.org</i>
Community Well	\$100,000 +\$60,000* =\$160,000	District 11-Excelsior	Asian, Latinx	Nutrition Security Physical Activity Mental Health Pgrm/Svc Delivery	Community Well’s mission is to connect residents with high-quality holistic services supporting self-care and overall wellness. Funding will support program delivery of weekly classes on food as medicine, movement and emotional wellness. We aim to serve 1,285 historically underserved residents of southern SF districts, promoting healthy behaviors and reduced rates of chronic illness. <i>Jennifer Moran: jenmoran@communitywellsf.com</i>
Farming Hope	\$100,000 +\$23,000* =\$123,000	Tenderloin, Mid-Market, and Mission	Very low-income; People experiencing homelessness	Nutrition Security Capacity Building-workforce development	Farming Hope’s culinary apprentice program provides workforce development to formerly incarcerated and homeless neighbors. Funding will employ trainees at Farming Hope’s social enterprise restaurant and urban garden, supporting 20+ apprentices annually from Mission, SoMa and Tenderloin neighborhoods. This support will help feed 18,000 customers, while raising awareness about veggie-forward diets. <i>Andie Sobrepeña: andie@farminghope.org and giving@farminghope.org</i>
Instituto Familiar de la Raza Inc.	\$158,915 +\$20,000 =\$178,915	Mission	Latino Indigenous	Physical Activity Nutrition Security Capacity Building-workforce development	The goal of “Nuestras Raíces Saludables” (Our Healthy Roots) program is to educate the Latino Indigenous community in the prevention of chronic diseases, healthy living and wellness. Through a series of community workshops and educational programming we plan to further develop a group of Latino Indigenous community members/leaders in culturally appropriate interventions and best practices. “Nuestras Raíces Saludables” will incorporate community health promoters in peer to peer education and capacity building to positively impact the nutritional and physical activity behaviors of the Latino Indigenous community of San Francisco.

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
					<i>Carlos Izaguirre: carlos.izaguirre@IFRSF.org</i>
San Francisco African American Faith Based Coalition	\$100,000 +\$40,000* =\$140,000	Western Addition, Bayview-Hunters Point, OMI	Black/African American (B/AA)	Nutrition Security Pgrm/Svc Delivery Capacity Building	The SF African American Faith Based Coalition is committed to advocating and serving the needs of the underserved Black/African American (B/AA) community (primarily in the Bayview District) while promoting better and healthier living. Funding will aid in building capacity for the Coalition to provide services and serve at least 450 people over the three-year cycle with healthy food training and food security. <i>Pastor Joseph Bryant Jr : pastorbryant@calvaryhillsf.com</i>
SisterWeb	\$100,000 +\$40,000* =\$140,000	Bayview Hunters Point, District 10(southeast)	Black/African American (B/AA), Latinx, and Pacific Islander communities	Nutrition Security Physical Activity Pgrm/Svc Delivery Capacity Building-workforce development	San Francisco Community Doula Network cultivates a network of peer doulas for women most impacted by adverse birthing experiences. Funding will pair 60 Black/African American (B/AA), Latinx, and Pacific Islander mothers and families with a doula from their community and provide them with specialized prenatal, peripartum, and postpartum care that includes one-to-one and group Healthy Eating and Active Living (HEAL) skills-building and coaching. <i>Marna Armstead: m.armstead@sisterweb.org</i>
SoMa Community Action Network (SOMCAN)	\$125,250	SOMA, Tenderloin, Excelsior	Filipino American	Physical Activity, Nutrition Security PSE change strategy Capacity Building – leadership development	SOMCAN serves low-income, immigrant youth and families in SOMA, Excelsior, and the greater SF. Funding will support “Our Health/Kalusugan, Our Community/Bayan” project, which aims to empower, and build the leadership and civic engagement of SF Filipino residents to attain healthier lifestyles while advocating for healthier neighborhoods. <i>Angelica Cabande: acabande@somcan.org</i>
Urban Sprouts	\$100,000	Excelsior, Sunnydale-public housing, Mission Bay June Jordan	Low income of all ages, including youth	Nutrition Security Pgrm/Svc Delivery Capacity Building - workforce, youth leadership	Urban Sprouts seeks to restore cultural connections to health and wellness; reduce health disparities among chronically under-resourced communities of color in Southeast SF; and ready our community for meaningful and gainful employment. Funding will support our annual work with 1600 low-income individuals of all ages through garden-based education, job-readiness, and community health & nutrition education programs in the Excelsior, Sunnydale, and Mission Bay communities. <i>Ileana Mar: ileana@urbansprouts.org</i>
TOTAL	\$1,234,165 + \$327,850* =\$1,562,015				

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Community Based Grants



School Based Community Grants – through San Francisco Public Health Foundation

ORGANIZATION	FY22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Health Initiatives for Youth	\$272,730	City wide schools	Public school age youth	Nutrition Security Pgrm/Svc Delivery (Health Education, Healthy Eating/ Cooking, Water Promotion)	Snack Squad is an adaptable healthy eating and food justice program offered by HIFY in San Francisco high schools that combine practical experience cooking fresh produce with education on nutrition, the cultural and emotional role of food, and food justice, including discussion of food deserts and the labor and environmental systems impacted by injustice. The program provides youth with local produce vegetable boxes (most recently from CUESA) and supplies curated to help them learn to cook. Students also learn safety skills for the kitchen including knife skills and cooking tips. The program can be offered over the course of a semester with 3-4 cooking opportunities or condensed into as few as 3 sessions with one cooking opportunity. Hundreds of San Francisco youth each year have benefited from this opportunity to understand and relate to food in new ways. <i>Saeeda Hafiz: hafizs@sfusd.edu</i>

Oral Health Community Task Force Grants – through San Francisco Department of Public Health

ORGANIZATION	FY 22-23 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	INTERVENTION (S)	MISSION AND PROGRAM
Chinatown Children’s Oral Health Task Force	\$150,000	Chinatown / citywide	Parents/guardians, other caregivers, as Asian American and Chinese-speaking low-income families	Oral Health Education/ awareness	The Chinatown Task Force on Children’s Oral Health is led by NICOS Chinese Health Coalition. This task force targets parents/guardians and other caregivers living in Chinatown, as well as Asian American and Chinese-speaking low-income families living throughout San Francisco. <i>Kent Woo: kentwoo@nicoschc.org</i>
Mission Children’s Oral Health Task Force	\$150,000	Mission /citywide	Parents/guardians and other caregivers, Latinx and Spanish-speaking low-income families	Oral Health Education/ awareness	The Mission Children’s Oral Health Task Force is led by CARECEN SF (Central American Resource Center). This task force targets parents/guardians and other caregivers living in the San Francisco Mission District, but also Latinx and Spanish-speaking low-income families living throughout San Francisco. <i>Marcos Cruz: marcosc@carecensf.org</i>
District 10 Children’s Oral Health Task Force	\$150,000	Visitacion Valley/Bayview Hunters Point / citywide	Parents/guardians and other caregivers, Black/African American (B/AA) and other low-income families	Oral Health Education/ awareness	The District10 Children’s Oral Health Task Force is led by APA Family Support Services. This task force targets parents/guardians and other caregivers living in the District10 area of San Francisco, but also Black/African American (B/AA) and other low-income families living throughout San Francisco. <i>Anuradha Nayudu: Anuradha.nayudu@sfdph.org</i>
TOTAL	\$450,000				

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

Healthy Food Purchasing Supplement Funding



Healthy Food Purchasing Supplement Grants – through SF Public Health Foundation

ORGANIZATION	FY 22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
EatSF/ Vouchers 4 Veggies (San Francisco General Hospital Foundation)	\$648,990	City wide	Very low income Pregnant People, Families, and Single Adults	Nutrition Security Prgm/Svc Delivery PSE change strategy	EatSF will increase food security and increase fruit and vegetable consumption. EatSF is a fruit and vegetable voucher program designed to make healthy food in neighborhood supermarkets, grocery stores and farmers markets affordable for low-income families and individuals. EatSF partners with the SFDPH Women, Infants, and Children (WIC) program to provide vouchers to pregnant WIC clients for 9 months. EatSF also partners with community-based organizations, social service agencies and safety net clinics in low-income neighborhoods to provide vouchers to their clients. Serves 2,835 unique families. <i>Cissie Bonini Cissie.Bonini@ucsf.edu</i>
Heart of the City Farmers Market	\$260,110	City wide, especially Tenderloin, Mid Market, SOMA, Chinatown	Low income CalFresh clients	Nutrition Security Prgm/Svc Delivery PSE change strategy	Heart of the City Farmers Market is a farmer-operated market open every Sunday, Wednesday at the UN Plaza in San Francisco's Civic Center. Heart of the City Farmers Market will increase food security and increase fruit and vegetable consumption through their Market Match program. Heart of the City Farmers Market has the distinction of being the largest farmers' market to be part of the CalFresh/Electronic Benefit Transfer (EBT) program in California, and one of the five largest in the nation. The "Market Match" incentive program provides a dollar-for-dollar match of up to \$5 when an EBT purchase is made. This program allows CalFresh clients to expand their purchases of fresh, locally grown produce from California farmers. also matches Pandemic EBT transactions. It also directly supports local farmers through direct sales to consumers. HOCFM also accepts EatSF Vouchers. Serves over 6,000 unique families each month. <i>Kate Creps Kate@hotcfarmersmarket.org</i>

Healthy Food Purchasing Supplement Funding – City Agency

ORGANIZATION	FY 22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Alemany Farmers Market (overseen by SF Real Estate Dept/ Admin Services)	\$0	City wide, especially District 9,10, 11	Low income CalFresh clients	Nutrition Security Prgm/Svc Delivery PSE change strategy	SFRED did not spend down FY21-22 funds, carryforward funds will support programs in FY22-23. Alemany Farmers Market (AFM) is the oldest farmers market in California. Since 2009, AFM has operated a Market Match incentive program for market shoppers using CalFresh/Electronic Benefit Transfer (EBT). This program allows CalFresh clients to expand their purchasing power to purchase fresh, locally grown produce from California farmers. AFM also matches Pandemic EBT transactions. AFM's Market Match program now operates year-round. AFM also accepts EatSF Vouchers. Serves 1,500 each month. <i>Claudia Gorham Claudia.Gorham@sfgov.org</i>
TOTAL	\$909,100				

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Community Policy Systems & Environmental Change Grants – through SF Department of Public Health



ORGANIZATION	FY22-23 Budget	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Central American Resource Center-CARECEN	\$300,000+ \$20,000* =\$320,000	Mission	Low income, Latinx, immigrants	Nutrition security Physical Activity PSE change strategy	CARECEN will work with consultant and use the CAM model to work on PSE changes to increase access to health information, while engaging ALL San Francisco families in activities aimed at reducing consumption of sugary drinks, and increasing water consumption, healthy nutrition, and physical activity to manage chronic disease/obesity. Reduce systemic, environmental, and other barriers to health through community informed policy recommendations. <i>Vanessa Bohm: vanessa@carecensf.org</i>
Marin City Health and Wellness Center, DBA Bayview Clinic	\$346,527	Bayview	Low income, Black/African American (B/AA)	PSE change strategy	The goal of Transforming Care: Volume to Value is to improve health care coordination and mitigate the impact of chronic diseases for San Francisco residents, with an emphasis on those disproportionately impacted by the consumption of sugary drinks. The program includes: 1) Deliver Policy, System and Environmental Level Strategies (PSE) 2) Patient Centered Medical Home (PCMH) Accreditation and Implementation <i>Kerry Weddington: kweddington@marincityclinic.org</i>
18 Reasons	\$349,889 +\$26,000* =\$375,889	City Wide, Bayview	Low income	Nutrition security PSE change strategy	The goal of this project is to work with priority populations to develop policy, systems, and/or environmental programs that increase consumption of healthy food and decrease consumption of sugar-sweetened beverages. <i>Sarah Nelson: sarah@18reasons.org</i>
Tenderloin Neighborhood Development Corporation	\$355,839+ \$34,000* =\$389,839	Tenderloin Mission Bay	Low income	Nutrition security PSE change strategy	The goal of the Promoting Health Equity Program is two-fold; one is Kain Na meaning "Let's Eat!", will provide a space for low-income Mission Bay community members who are facing food insecurity to have access to weekly groceries, engage in family-friendly food & nutrition activities and second the Healthy Corner Store Coalition (HCSC) will convert corner stores into healthy food retailers to empower low-income San Franciscans of all ethnicities to have access to affordable healthy food. TNDC carried forward unspent FY21-22 funds to support program goals with a total FY22-23 budget of \$445,043 + \$34,000* = \$479,043. <i>Tom Georgevits: tgeorgevits@tndc.org</i>
Southeast Asian Development Center	\$163,491+ \$20,000* =\$183,491	Tenderloin	Low income, Southeast Asian	Nutrition security PSE change strategy	Southeast Asian Development Center will work with consultant and use the CAM model to work on PSE changes to increase access and consumption of healthy foods and reduce consumption of sugary food and drinks among low income Southeast Asian communities and other communities of color living in Tenderloin neighborhood and greater San Francisco. SEADC carried forward unspent FY21-22 funds to support program goals with a total FY22-23 budget of \$233,029 + \$20,000* = \$253,029. <i>Thomas Gregory: tgregory@seadcenter.org</i>
TOTAL	\$1,225,907+\$100,000* =\$1,225,907				

* one time additional funds

Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies



ORGANIZATION	FY 22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
SF Unified School District	\$225,000	City Wide	SFUSD Students	Nutrition Security Eductn/Awareness Capacity Building – leadership dvlpmnt	Student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. <i>Saeeda Hafiz: hafizs@sfusd.edu</i>
SF Unified School District	\$1,135,000	City Wide	SFUSD Students	Nutrition Security PSE change strategy Eductn/Awareness Capacity Building – leadership dvlpmnt	To improve quality and appeal of school meals to increase participation in school meal programs and support nutrition education. Funding to target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. <i>Jennifer LeBarre: lebarrej@sfusd.edu and Saeeda Hafiz: hafizs@sfusd.edu</i>
SF Unified School District	\$340,000	City Wide	SFUSD Students	Nutrition Security Eductn/Awareness PSE change strategy	SFUSD water station installation. Additionally invest in adding signage and art to 3 stations to pilot evidence based community informed model for what designs should be. As well as water education. Allows for comparison of usage b/t pilot stations with artwork/ed and those without. <i>Saeeda Hafiz: hafizs@sfusd.edu</i>
SF Unified School District	\$200,000	City Wide	SFUSD Students in K-5	Oral Health Prgm/Svc Delivery	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. Case management and education. <i>Irene Hilton: irene.hilton@sfdph.org</i>
Dept Public Health – MCAH and Health Network	\$349,983	City Wide	SFUSD Students in K-5	Oral Health Prgm/Svc Delivery	Sealant application, within SFUSD schools serving high risk target populations <i>Irene Hilton: irene.hilton@sfdph.org</i>
Dept Public Health – MCAH and Health Network	\$0	City Wide	Low income mothers	Nutrition Security Eductn/Awareness, Capacity Building	DPH did not spend down FY21-22 funds, used carryforward funds in the amount of \$175,000 to support programs in FY22-23. Support breastfeeding coalition, stakeholder engagement and other services including breastfeeding support and Technical Assistance. <i>Priti Rane: Priti.Rane@sfdph.org</i>
Office of Economic & Workforce Development	\$150,000	City Wide	Neighborhoods with limited healthy food	Nutrition Security PSE change strategy	Support small business to increase healthy food access in high risk and impacted communities/neighborhoods by 1) supporting business operations; 2) promoting community engagement; 3) improving retail environment. <i>Larry McClendon: Larry.Mcclendon@sfgov.org</i>

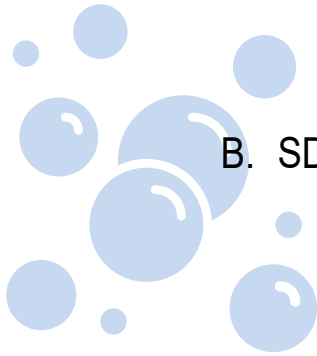
Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies



ORGANIZATION	FY 22-23 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Recreation and Parks Department	\$2,017,213	City Wide	Low Income youth	Physical Activity Prgm/Svc Delivery	Initiative to expand recreation scholarships and outreach to youth under 18 and living in public and low-income subsidized housing. <i>Linda Barnard: linda.barnard@sfgov.org</i>
Dept Public Health – Behavioral Health Sys.	\$225,000	City Wide	Low Income Transitional Age Youth	Community Building Pgm/Svc Delivery Transportation	Transportation for Peace Parks participants through Street Violence Intervention Project <i>Linda Barnard: linda.barnard@sfgov.org</i>
Recreation and Parks Department	\$670,000	Visitacion Valley, BVHP, Potrero Hill	Low Income Transitional Age Youth	Community Building Pgm/Svc Delivery	Peace Parks provide opportunities for recreation to underserved communities during times when youth don't have such opportunities. PP serves youth 18-25 years old, but anyone is welcome to join this program. Goal is to make communities safer, feel more together and to use the parks in SF more often. <i>Linda Barnard: linda.barnard@sfgov.org</i>

Appendix B



B. SDDT FY 20-21 Evaluation Report



San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2021–2022



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,

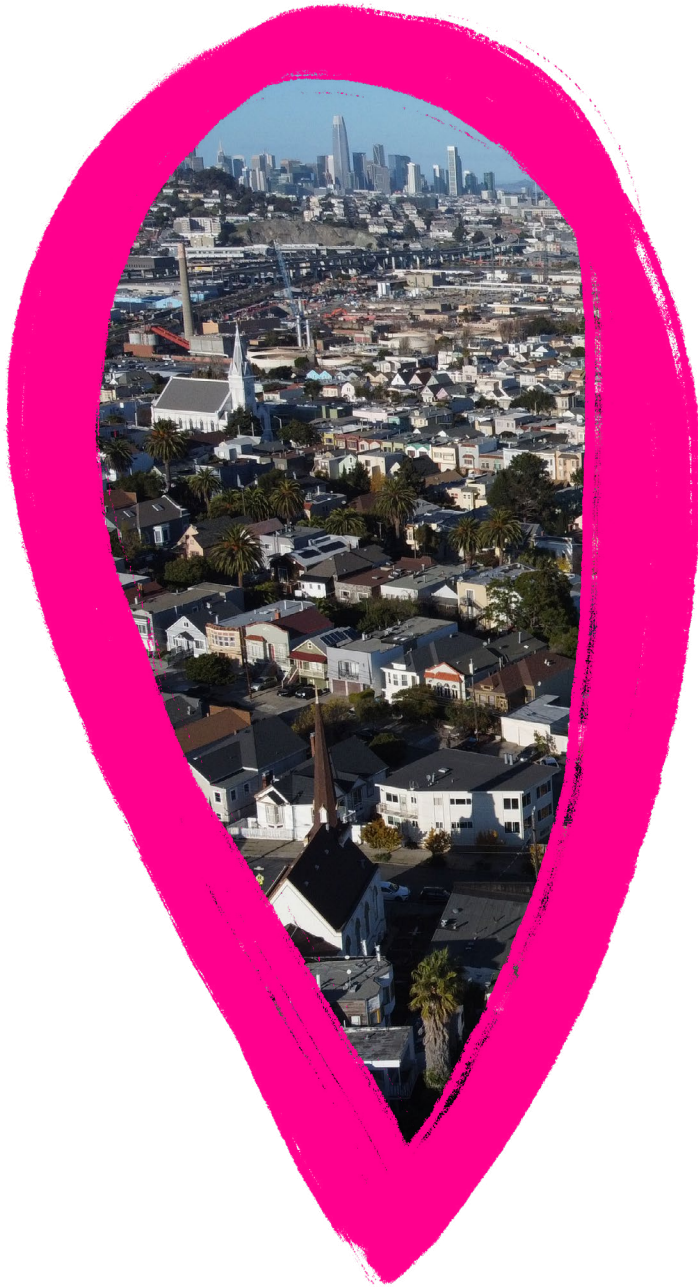


Marna Armstead
Co-Chair
Sugary Drinks Distributor Tax
Advisory Committee



Abby Cabrera
Co-Chair
Sugary Drinks Distributor Tax
Advisory Committee

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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

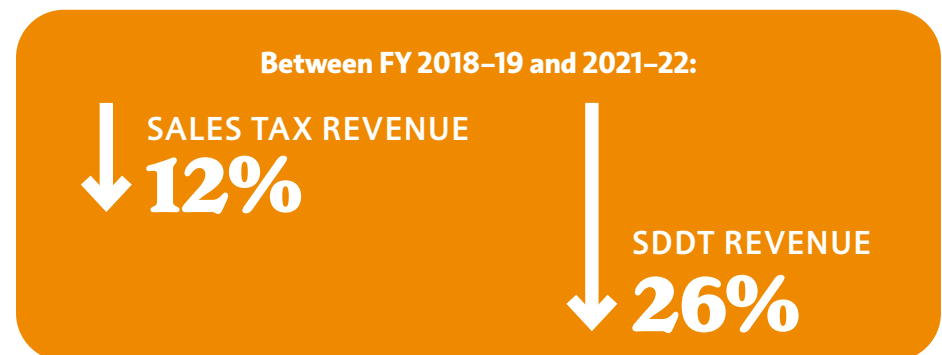
Annual SDDT revenues had already decreased prior to the COVID-19 pandemic, and the pandemic caused a dramatic drop in sales tax revenue—raising the question if further decreases in SDDT revenue were due to reduced economic activity or due to the decrease of consumption of sugary drinks. Since the tax 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



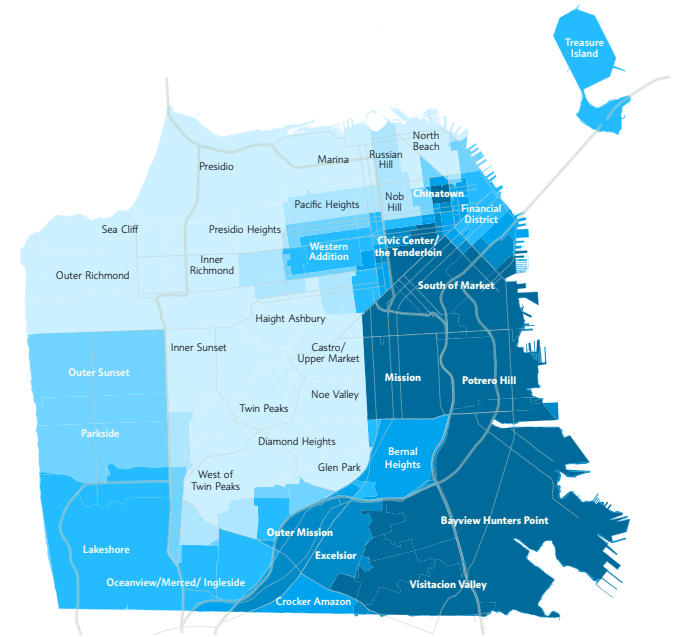
24,132 students

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



Water Bottle Filling Stations



Healthy Food Vouchers



SFUSD School Kitchen Facility Improvements



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

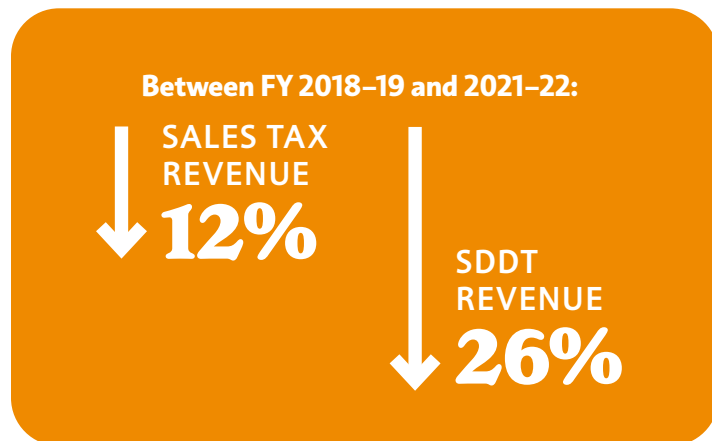
This report presents both quantitative and qualitative evaluation data provided from SDDT-funded City agencies, SFUSD, and community-based grantees, as well as primary data collected through interviews with funded entities.



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.1hmggkqkM4-buJk.

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.

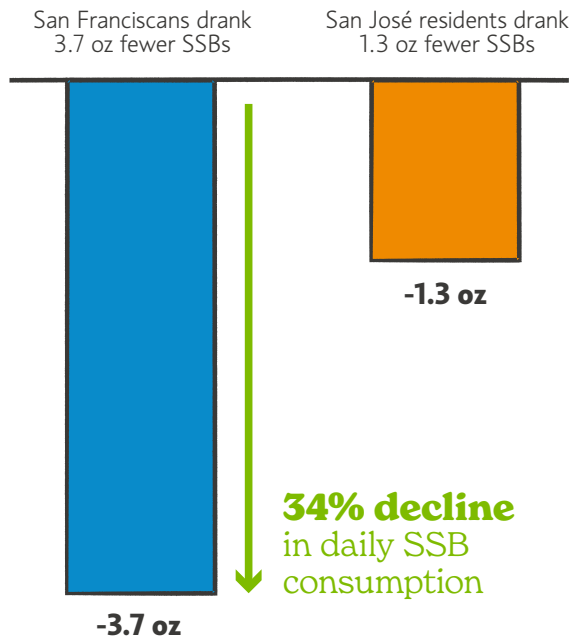
Methods & findings

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

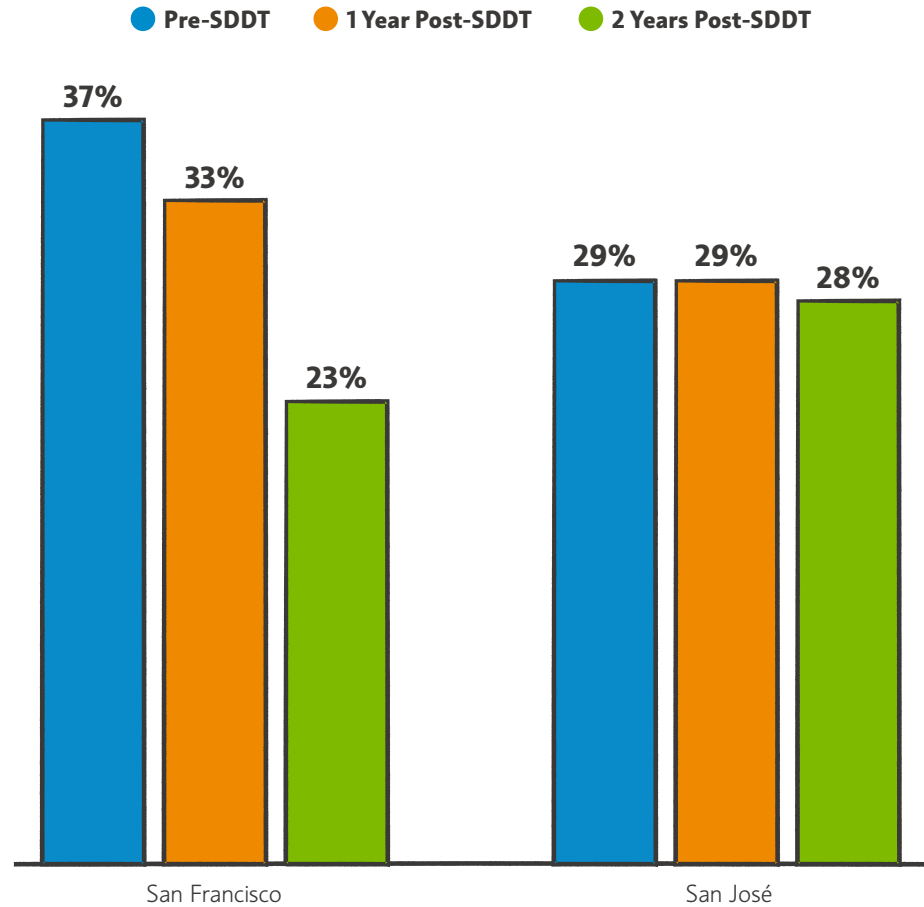
This study shows that San Francisco sugary drinks distributor tax successfully reduced high SSB consumption, with a larger reduction after two years. It found BOTH that average daily sugary drink consumption decreased more in San Francisco compared to San José AND that the percentage of residents drinking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

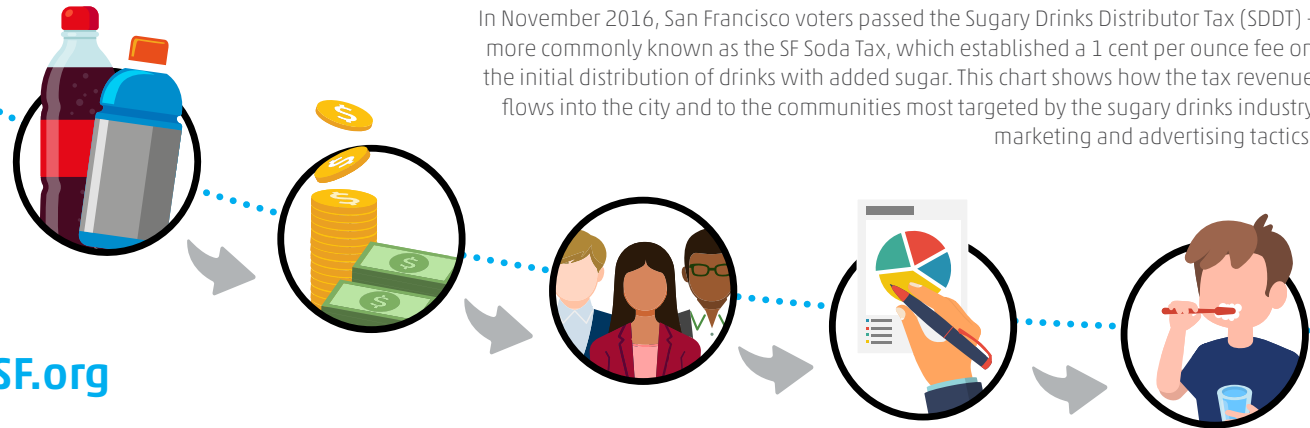
Introduction



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



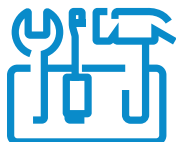
Supporting community-led and culturally relevant work.

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."

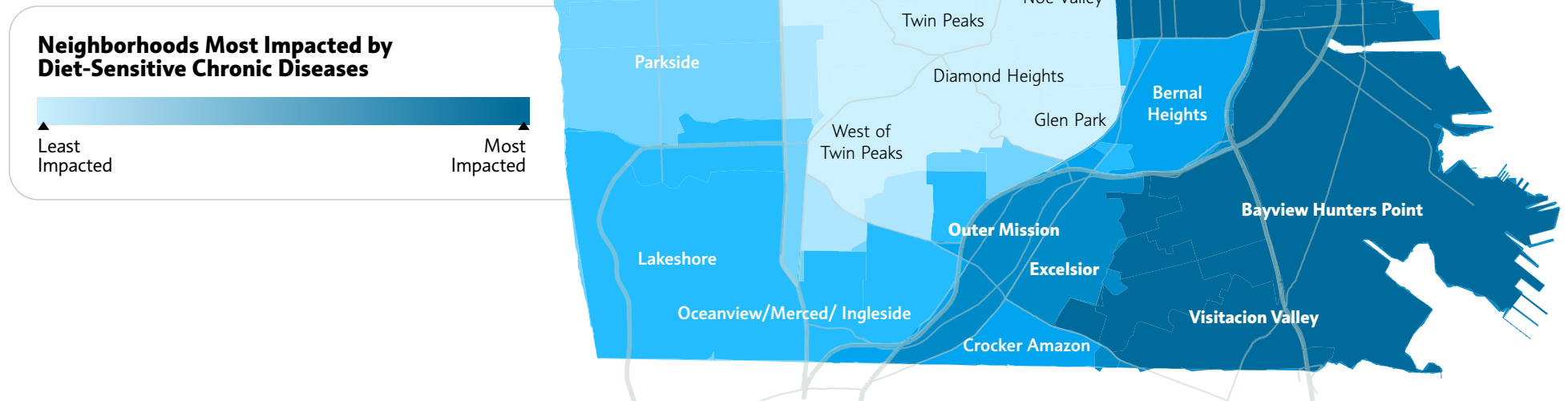


BMAGIC kayaking activity

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.

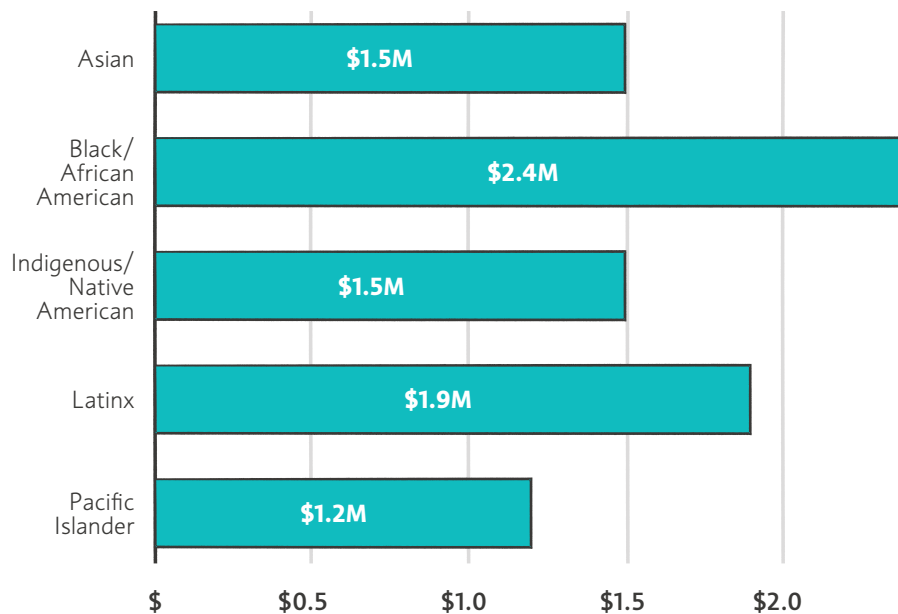
Aerial view of Potrero Hill



ESTIMATED FUNDING ALLOCATIONS TO ORGANIZATIONS AND PROGRAMS FOCUSED ON PRIORITY POPULATIONS

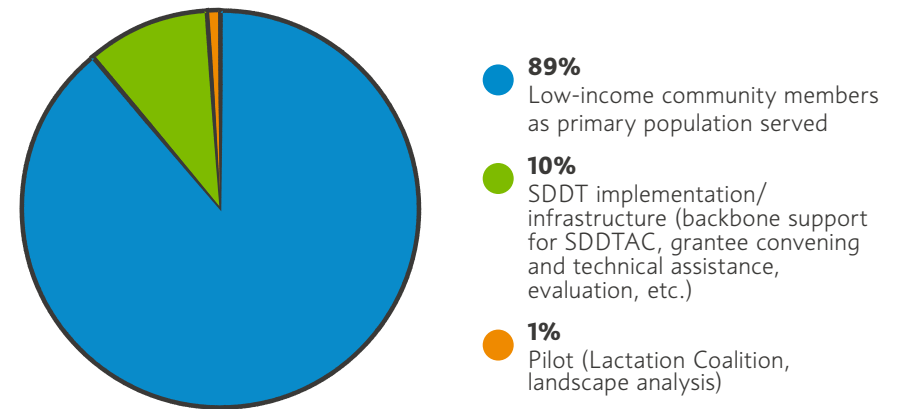
The bar chart below presents the actual amount of SDDT funding allocated in FY 2021-22 to funded entities that have identified specific racial/ethnic communities as one of their primary populations. Some SDDT-funded entities have multiple racial groups as their primary populations, which many serve residents 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

+

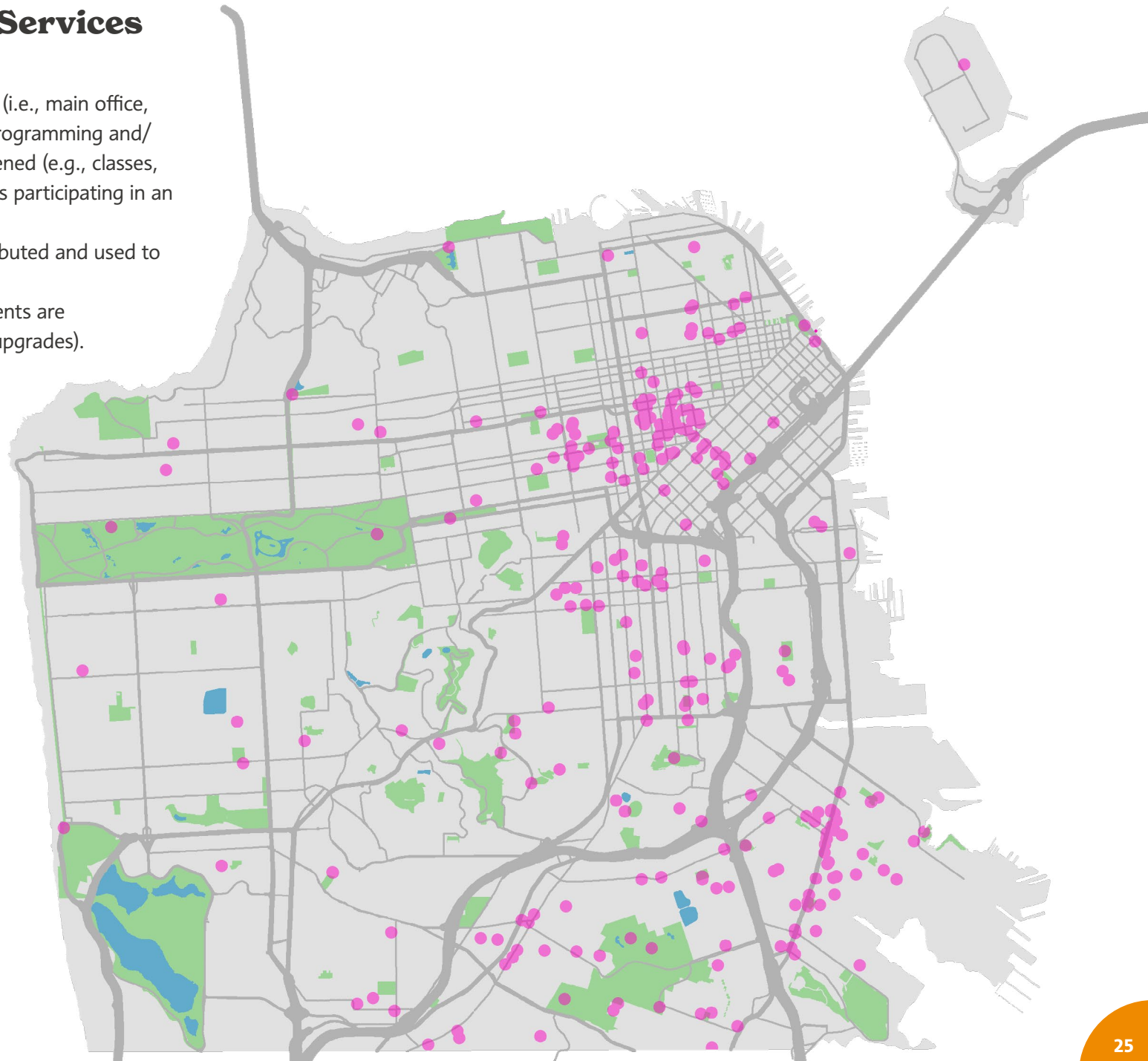
**24,132
students**

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).



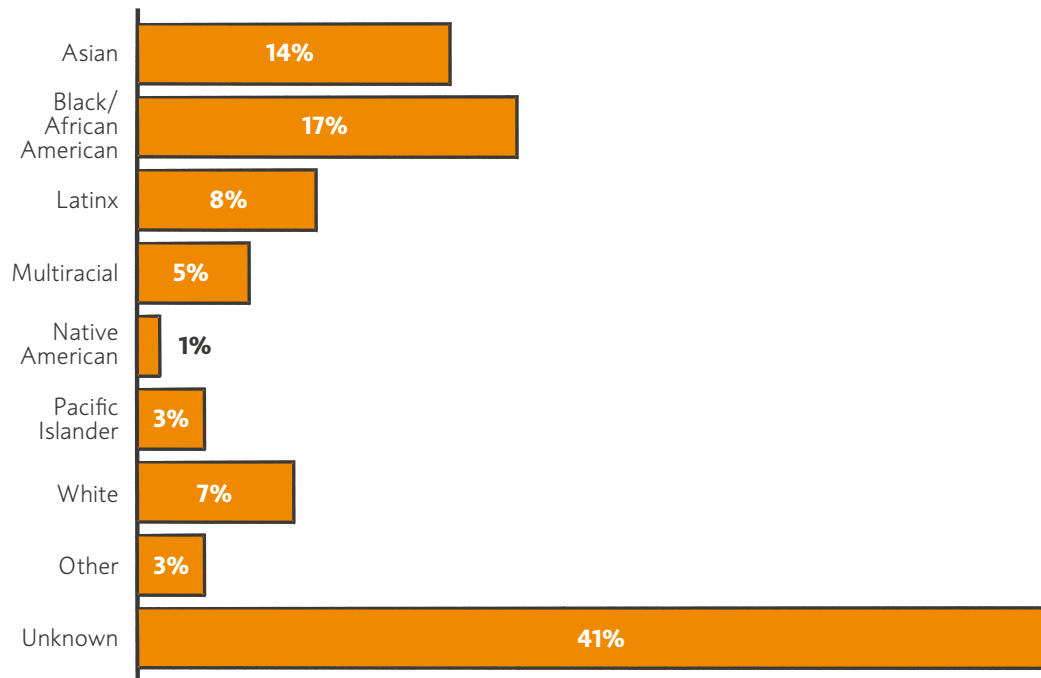
Demographics of Participants

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



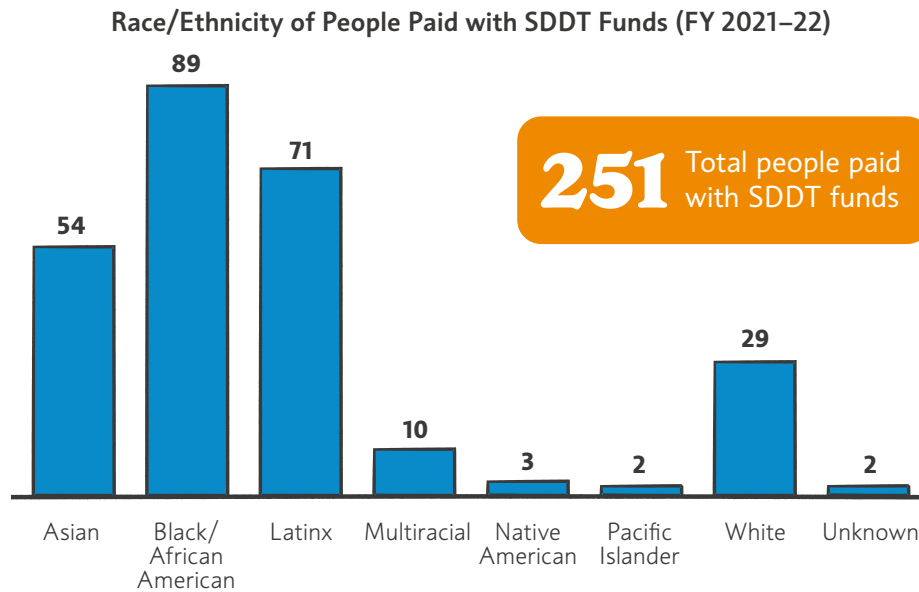
* Multiple funded entities did not collect and/or submit race/ethnicity data for all of their participants.



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, with several blue arrows pointing towards it from the right side of the frame. The background features taller skyscrapers, including the Transamerica Pyramid. 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.

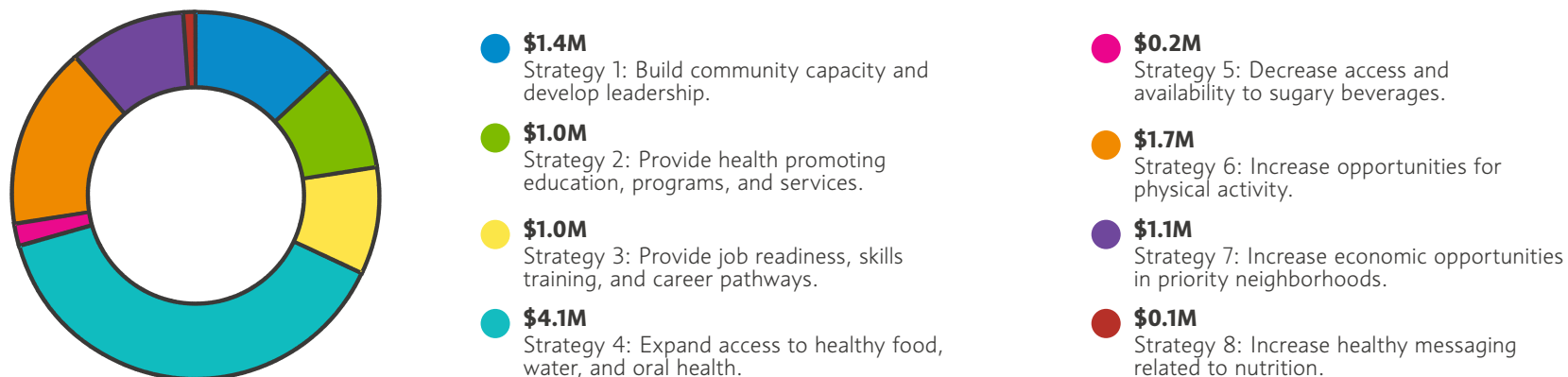
Moreover, in FY 2021–22, all eight of the SDDT strategies were implemented by a majority of SDDT-funded entities (i.e., 13 or more agencies or organizations). All 25 SDDT-funded entities reported implementing Strategy 2: providing health promoting education, and specifically Activity 2.1: Providing health 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.”

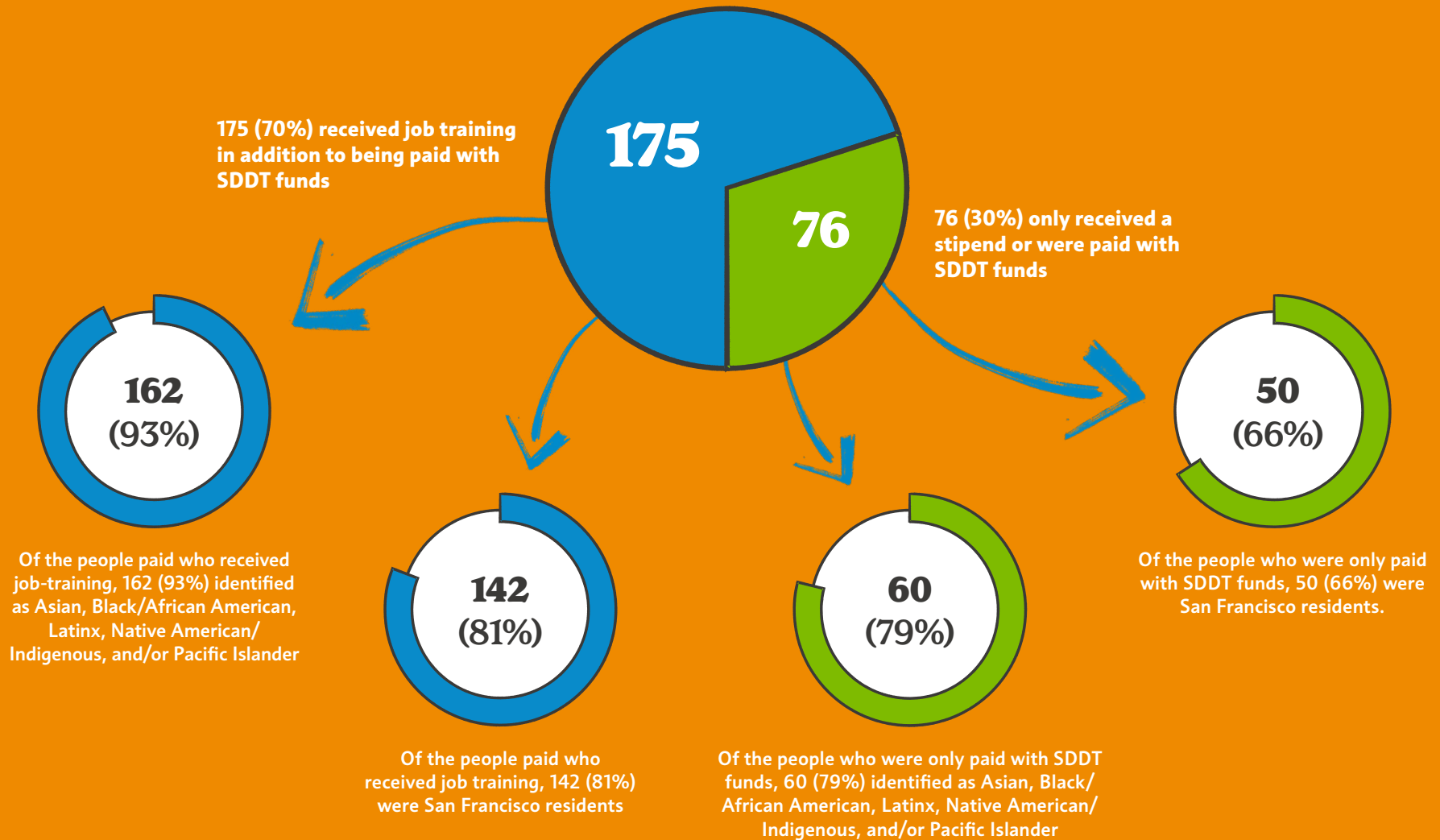
-Student, Balboa High School, Snack Squad/HiFY

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.



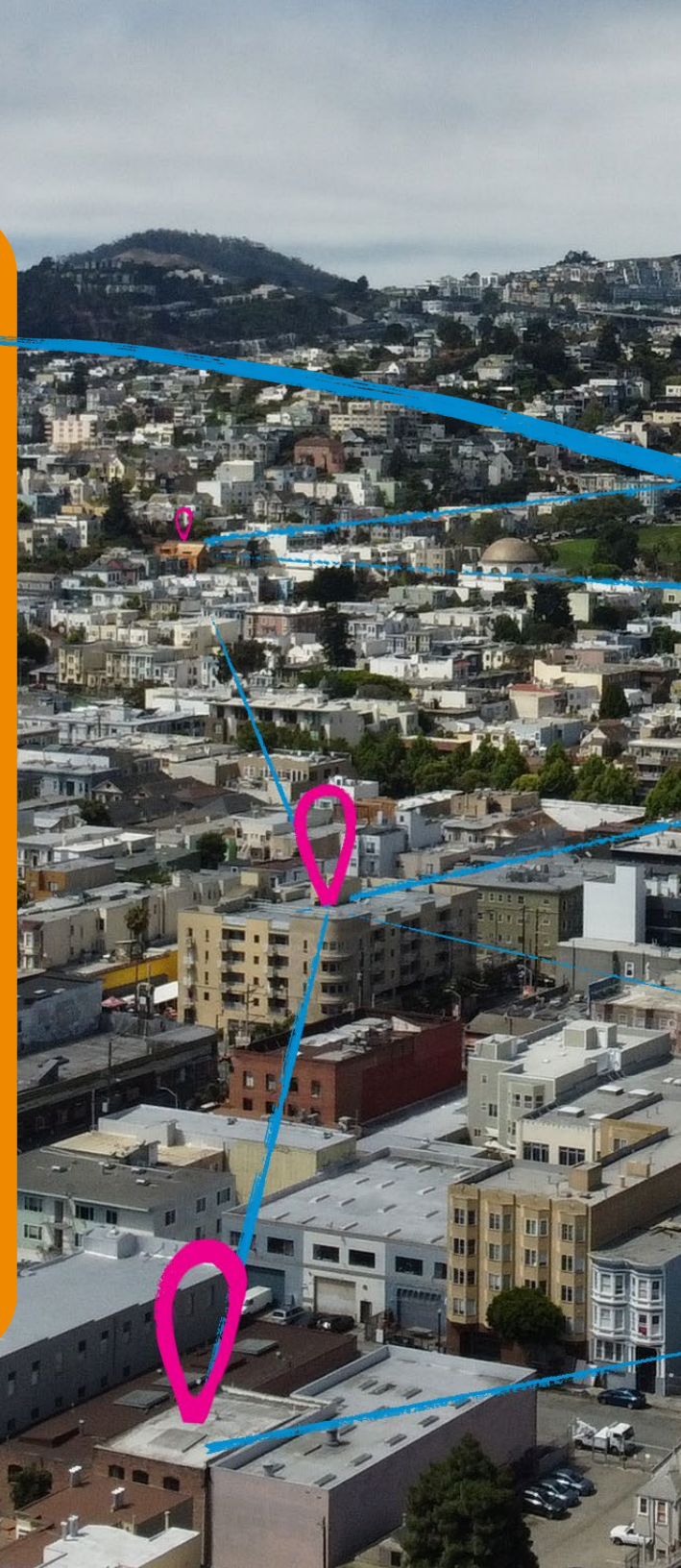
Job training at Farming Hope

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...”



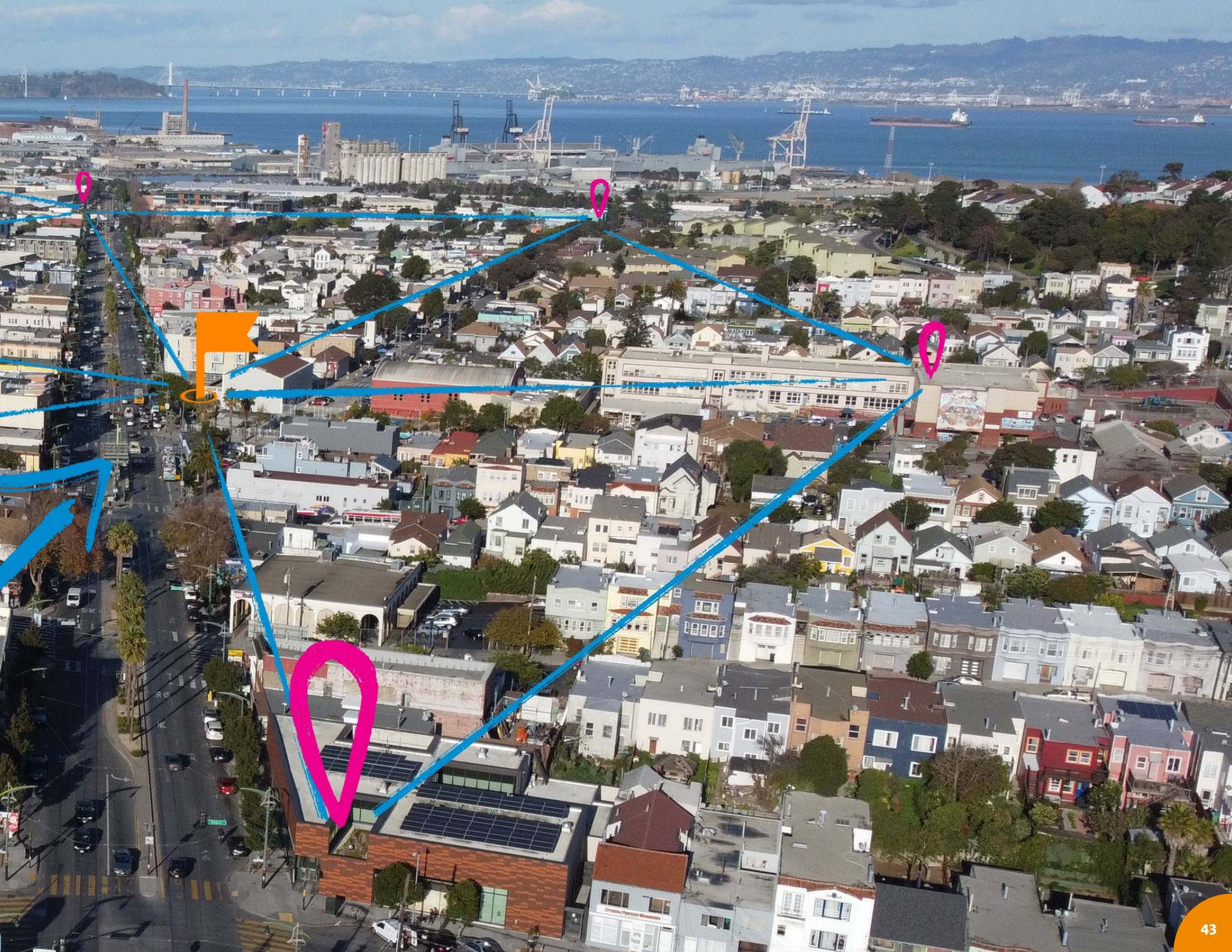
Finally, many interviewees of funded entities explained how multiyear SDDT funding deepened movements of resistance to oppression, and contributed to an increased sense of place, community, and power. Funded entities utilized SDDT funds to deepen efforts working with communities to organize and build 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>.

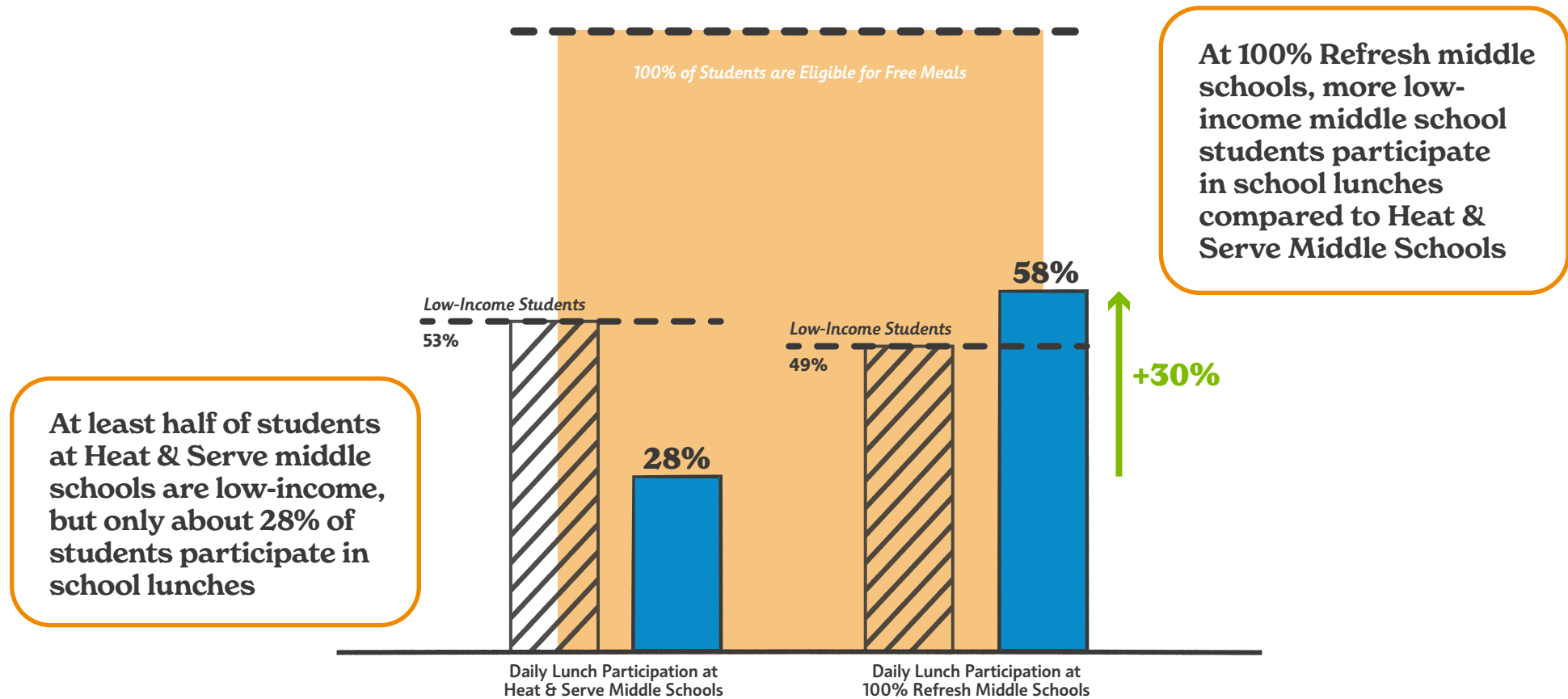
SFUSD SNS has two main models for their school kitchens: 1) Heat and Serve, and 2) Refresh.

- **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.



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>.

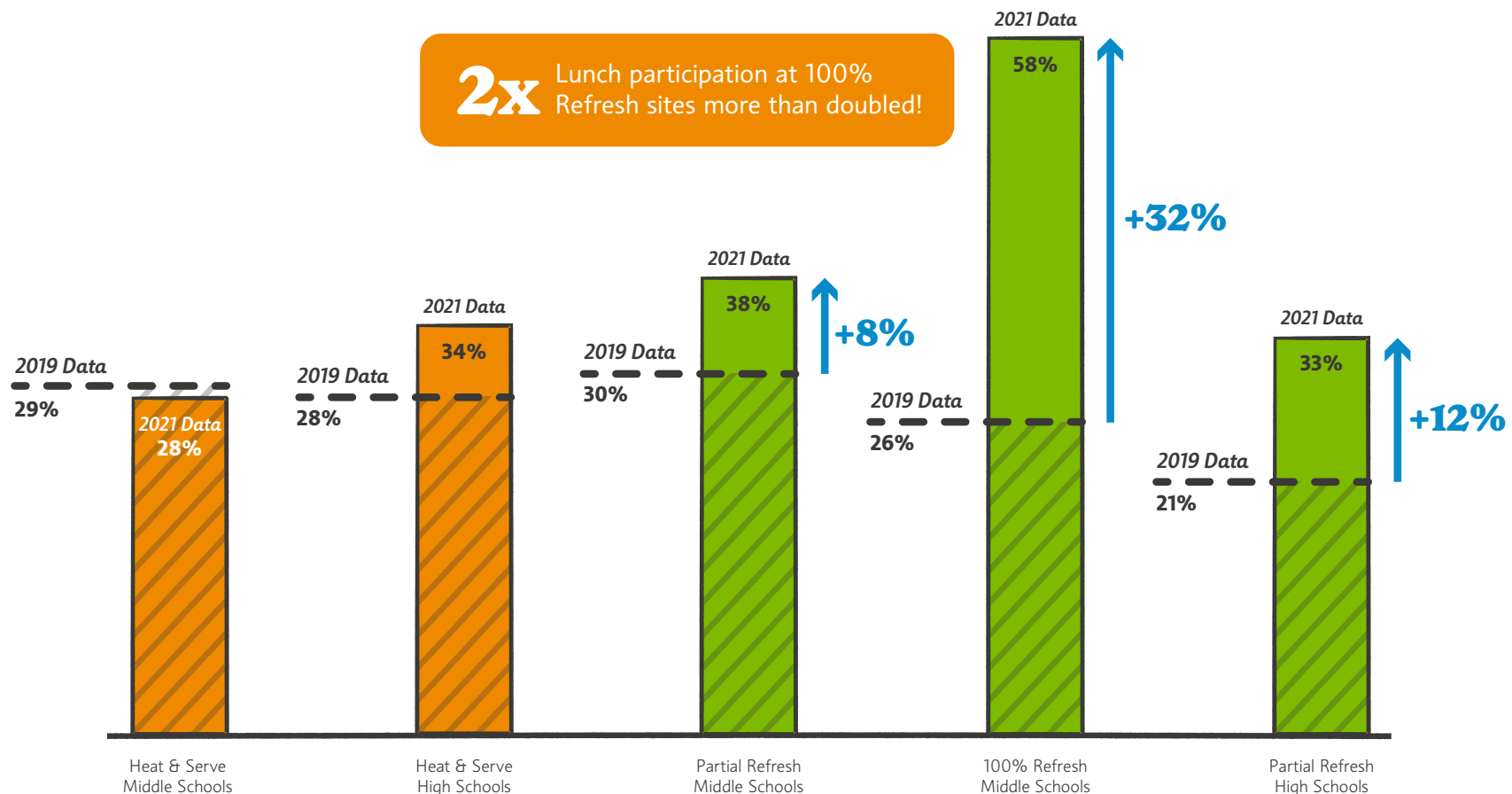
14. The Brookings Institute. May 2017. How the quality of school lunch affects students' academic performance. Retrieved from: <https://www.brookings.edu/blog/brown-center-chalkboard/2017/05/03/how-the-quality-of-school-lunch-affects-students-academic-performance/>.

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)

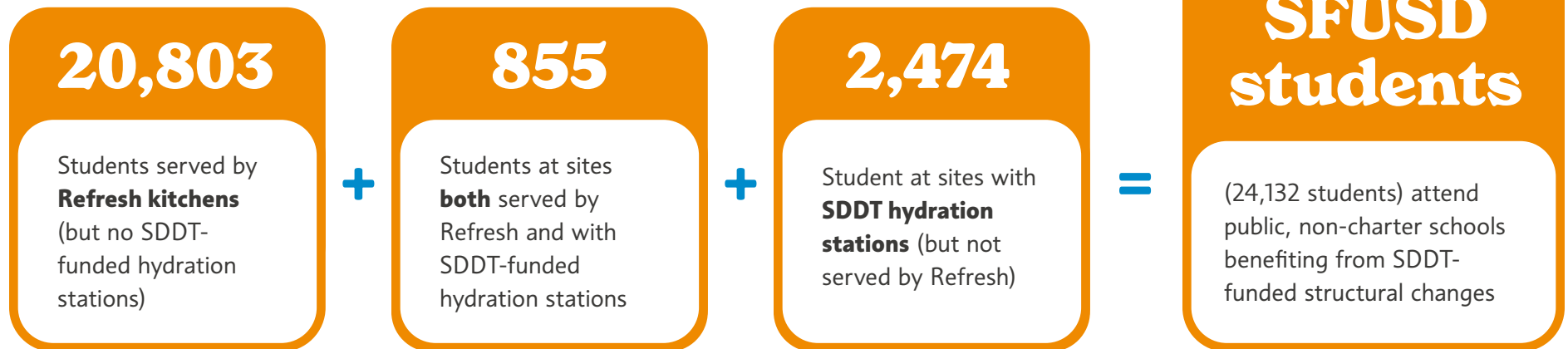


SDDT's investment in FY2019-2020 to support the infrastructure needed to transition SFUSD schools to the Refresh model, especially the 100% Refresh model, has resulted in a large increase in student participation in healthy school lunches in FY 2021-22. In other words, the early investment in structural 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.



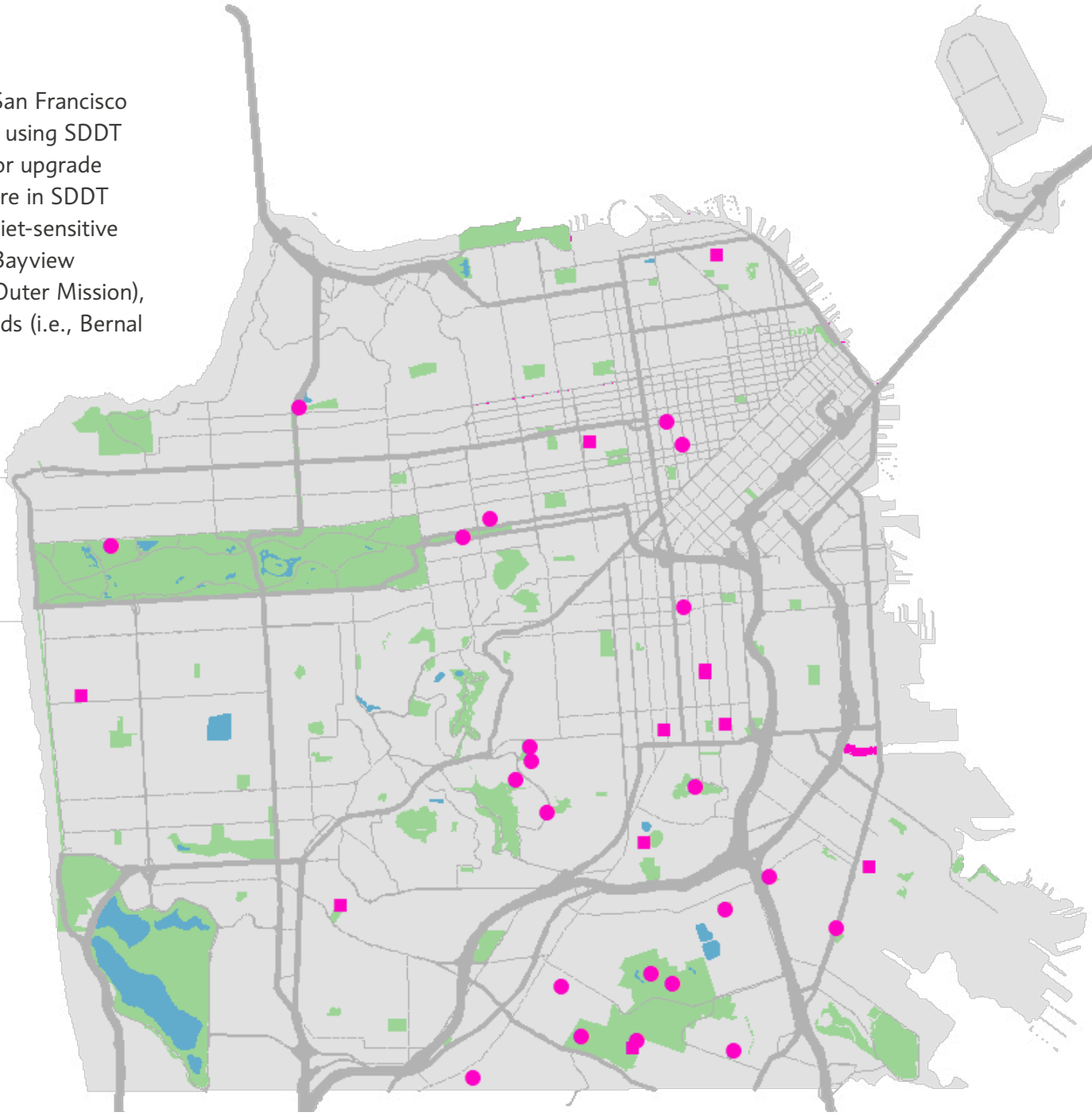
Water bottle filling station at school

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.

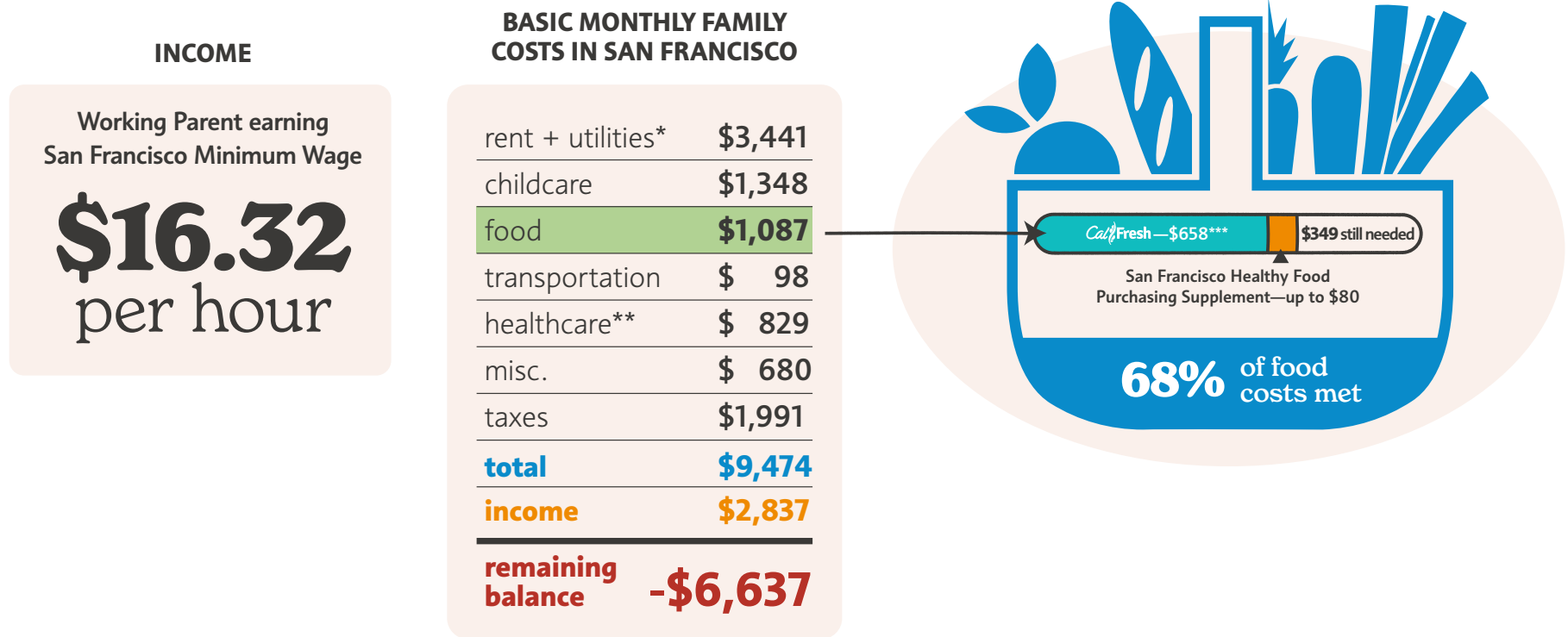
21. Ecology Center. (2023). Market Match: Impact. Retrieved from: <https://marketmatch.org/impact/>.

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.

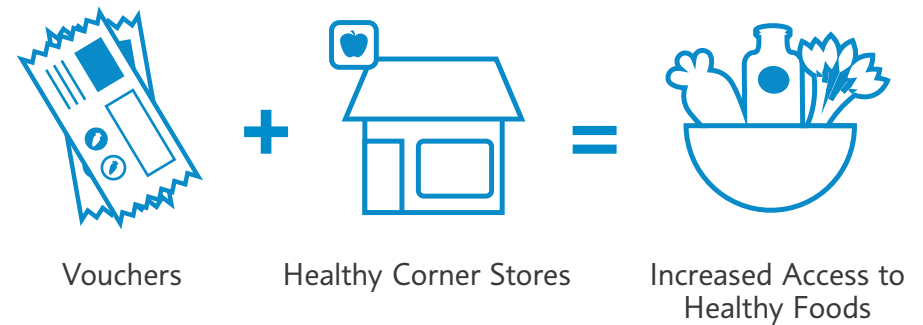
**This analysis of basic monthly costs does not include other public benefit programs. If a family of three earns the San Francisco minimum wage, then their household income is too high to qualify for Medi-Cal.

***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)

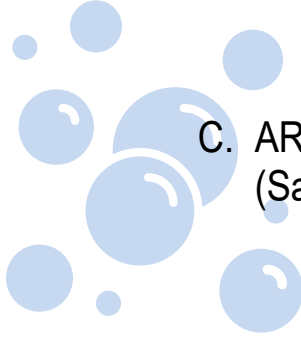
EVALUATION REPORT 2021–2022



PREPARED BY:
 raimi+
associates

SodaTax-SF.org | SFdph.org/sddtac

Appendix C



C. ARTICLE 8: Sugary Drinks Distributor Tax Ordinance (San Francisco Business and Tax Regulations Code)



[Print](#)

San Francisco Business and Tax Regulations Code

ARTICLE 8:

SUGARY DRINKS DISTRIBUTOR TAX ORDINANCE

Sec. 550.	Short Title.
Sec. 551.	Findings and Purpose.
Sec. 552.	Definitions.
Sec. 553.	Imposition of Tax; Deposit of Proceeds.
Sec. 554.	Registration of Distributors; Documentation; Administration.
Sec. 555.	Credits and Refunds.
Sec. 556.	Technical Assistance to the Tax Collector.
Sec. 557.	Municipal Affair.
Sec. 558.	Not a Sales and Use Tax.
Sec. 559.	Severability.
Sec. 560.	Amendment.

SEC. 550. SHORT TITLE.

This Article shall be known as the “Sugary Drinks Distributor Tax Ordinance.”

(Added by Proposition V, 11/8/2016)

SEC. 551. FINDINGS AND PURPOSE.

The U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the World Health Organization, based on a summary of the available evidence linking intake of added sugar and sugar-sweetened beverages (SSBs) to adverse health outcomes including obesity and diabetes, have recommended that Americans consume no more than 10% of their daily calories in the form of added sugar. Yet, standard single serving sizes of SSBs provide all (in a 20-ounce serving of many SSBs) or nearly all (in a 12-ounce serving) of the recommended maximum daily added sugar amount for most adults, and generally exceed the recommended maximum daily added sugar amount for children.

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and SSBs to improve health. Sugary beverages, though they can contain hundreds of calories in a serving, do not signal “fullness” to the brain and thus facilitate over-consumption.

Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that cause diabetes, cardiovascular disease, and other serious health problems. Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. For example, diabetes hospitalizations are more than triple in low-income communities as compared with higher income areas. African American death rates from DM2 are five times higher than San Francisco’s overall rate. DM2 is the fifth leading

cause of death in SF (which is an underestimate, since heart disease, the leading killer, is often a result of DM2); DM2 reduces the lifespan of San Franciscans by eight to ten years.

As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight; and in San Francisco, 46.4% of adults are obese or overweight, including 61.7% of Hispanics and 51.3% of African Americans. Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese. Every additional sugary beverage consumed daily can increase a child's risk for obesity by 60%; and one or two sugary beverages per day increases the risk of Type II diabetes by 26%.

Sugary beverages, including sweetened alcoholic drinks, represent nearly 50% of added sugar in the American diet, and, on average, 11% of daily calories consumed by children in the U.S.

Seven percent of San Franciscans are diagnosed with diabetes, and it is estimated that the City and County of San Francisco pays over \$87 million for direct and indirect diabetes care costs.

This Article 8 is intended to discourage the distribution and consumption of sugar-sweetened beverages in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugar-sweetened beverages are consumed per person each year, enacted an excise tax on sugary drinks, with the result that the purchase of taxed sugar sweetened beverages declined by 12% generally and by 17% among low-income Mexicans. The Mexico data indicate that, when people cut back on SSBs, to a significant extent they choose lower-caloric or non-caloric alternatives. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of SSBs, which in turn will reduce obesity and DM2.

The City of Berkeley became the first city in the United States to follow in Mexico's footsteps, by passing a one-cent-per-ounce general tax on distributors of SSBs within the city limits. It is estimated that the City of Berkeley, which began implementing the tax in March 2015, will collect at least \$1.2 million from the tax annually.

(Added by Proposition V, 11/8/2016)

SEC. 552. DEFINITIONS.

Unless otherwise defined in this Article 8, terms that are defined in Article 6 of the Business and Tax Regulations Code shall have the meanings provided therein. For purposes of this Article, the following definitions shall apply.

“Beverage for Medical Use” means a beverage suitable for human consumption and manufactured for use as an oral nutritional therapy for persons who cannot absorb or metabolize dietary nutrients from food or beverages, or for use as an oral rehydration electrolyte solution formulated to prevent or treat dehydration due to illness. “Beverage for Medical Use” also means a “medical food” as defined in Section 109971 of the California Health and Safety Code. “Beverage for Medical Use” shall not include beverages commonly referred to as “sports drinks,” or any other similar names.

“Bottle” means any closed or sealed container regardless of size or shape, including, without limitation, those made of glass, metal, paper, plastic, or any other material or combination of materials.

“Bottled Sugar-Sweetened Beverage” means any Sugar-Sweetened Beverage contained in a Bottle that is ready for consumption without further processing, such as, and without limitation, dilution or carbonation.

“Caloric Sweetener” means any substance or combination of substances that is suitable for human consumption, that humans perceive as sweet, and that adds calories to the diet of any human who consumes it. “Caloric Sweetener” includes, but is not limited to, sucrose, fructose, glucose, other sugars, and high fructose corn syrup.

“City” means the City and County of San Francisco.

“Distribution” includes:

(a) The transfer in the City, for consideration, of physical possession of Sugar- Sweetened Beverages, Syrup, or Powder by any person other than a common carrier. “Distribution” also includes the transfer of physical possession in the City by any person other than a common carrier, without consideration, for promotional or any other commercial purpose.

(b) The possession, storage, ownership, or control in the City, by any person other than a common carrier, of Sugar-Sweetened Beverages, Syrup, or Powder for resale in the ordinary course of business, obtained by means of a transfer of physical possession outside the City or from a common carrier in the City.

“Distribution” does not include:

(a) The return of any Sugar-Sweetened Beverages, Syrup, or Powder to a person, if that person refunds the entire amount paid in cash or credit.

(b) A retail sale or use.

“Distributor” means any person engaged in the business of Distribution of Bottled Sugar- Sweetened Beverages, Syrup, or Powder. A Distributor does not include a common carrier. Where a common carrier obtains physical possession of Sugar-Sweetened Beverages, Syrup, or Powder outside the City and transfers physical possession of the Sugar-Sweetened Beverages, Syrup, or Powder in the City, the transferee of the Sugar-Sweetened Beverages, Syrup, or Powder is a Distributor.

“Milk Product” means: (a) any beverage whose principal ingredient by weight is natural liquid milk secreted by an animal. “Milk” includes natural milk concentrate and dehydrated natural milk, whether or not reconstituted; and (b) any plant-based substance or combination of substances in which (1) water and (2) grains, nuts, legumes, or seeds constitute the two greatest ingredients by volume. For purposes of this definition, “Milk Product” includes, but is not limited to, soy milk, almond milk, rice milk, coconut milk, hemp milk, oat milk, hazelnut milk, or flax milk;

“Natural Fruit Juice” means the original liquid resulting from the pressing of fruit, the liquid resulting from the complete reconstitution of natural fruit juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural fruit juice.

“Natural Vegetable Juice” means the original liquid resulting from the pressing of vegetables, the liquid resulting from the complete reconstitution of natural vegetable juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural vegetable juice.

“Nonalcoholic Beverage” means any beverage that is not subject to tax under California Revenue and Taxation Code sections 32001 *et seq.* as “beer, wine or distilled spirits.”

“Powder” means any solid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Powder with one or more other ingredients.

“Sugar-Sweetened Beverage” means any Nonalcoholic Beverage intended for human consumption that contains added Caloric Sweetener and contains more than 25 calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to as “soda,” “pop,” “cola,” “soft drinks,” “sports drinks,” “energy drinks,” “sweetened ice teas,” or any other similar names. “Sugar-Sweetened Beverage” does not include:

(a) Any beverage sold for consumption by infants, which is commonly referred to as “infant formula” or “baby formula,” or any product whose purpose is infant rehydration.

(b) Any Beverage for Medical Use.

(c) Any beverage designed as supplemental, meal replacement, or sole-source nutrition that includes proteins, carbohydrates, and multiple vitamins and minerals (this exclusion does not include beverages commonly referred to as “sports drinks,” or any other similar names, which are defined as Sugar-Sweetened Beverages).

(d) Any Milk Product.

(e) Any beverage that contains solely 100% Natural Fruit Juice, Natural Vegetable Juice, or combined Natural Fruit Juice and Natural Vegetable Juice.

“Sugary Drinks Distributor Tax” or “Tax” means the general excise tax imposed under Section 553.

“Syrup” means any liquid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used, or actually used, in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Syrup with one or more other ingredients.

(Added by Proposition V, 11/8/2016)

SEC. 553. IMPOSITION OF TAX; DEPOSIT OF PROCEEDS.

(a) Effective January 1, 2018, for the privilege of engaging in the business of making an initial Distribution within the City of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder, the City imposes a Sugary Drinks Distributor Tax, which shall be a general excise tax, on the Distributor making the initial Distribution of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder in the City.

(b) The Tax shall be calculated as follows:

(1) One cent (\$0.01) per fluid ounce of a Bottled Sugar-Sweetened Beverage upon the initial Distribution within the City of the Bottled Sugar-Sweetened Beverage; and

(2) One cent (\$0.01) per fluid ounce of a Sugar-Sweetened Beverage that could be produced from Syrup or Powder upon the initial Distribution of Syrup or Powder. The Tax for Syrups and Powders shall be calculated using the largest volume of Sugar-Sweetened Beverage that would typically be produced by the amount of Syrup or Powder based on the manufacturer’s instructions or, if the Distributor uses the Syrup or Powder to produce a Sugar-Sweetened Beverage, the regular practice of the Distributor.

(c) The Tax is a general tax. Proceeds of the Tax are to be deposited in the General Fund.

(Added by Proposition V, 11/8/2016)

SEC. 554. REGISTRATION OF DISTRIBUTORS; DOCUMENTATION; ADMINISTRATION.

(a) Each Distributor shall register with the Tax Collector according to rules and regulations of the Tax Collector, but no earlier than 30 days after the effective date of Article 8.

(b) Each Distributor shall keep and preserve all such records as the Tax Collector may require for the purpose of ascertaining compliance with Article 8.

(c) Except as otherwise provided under Article 8, the Tax shall be administered pursuant to Article 6 of the Business and Tax Regulations Code.

(Added by Proposition V, 11/8/2016)

SEC. 555. CREDITS AND REFUNDS.

The Tax Collector shall refund or credit to a Distributor the Tax that is paid with respect to the initial Distribution of a Bottled Sugar- Sweetened Beverage, Syrup, or Powder: (a) that is shipped to a point outside the City for Distribution outside the City; or (b) on which the Tax has already been paid by another Person; or (c) that has been returned to the Person who Distributed it and for which the entire purchase price has been refunded in cash or credit.

(Added by Proposition V, 11/8/2016)

SEC. 556. TECHNICAL ASSISTANCE TO THE TAX COLLECTOR.

(a) The Department of Public Health shall provide to the Tax Collector technical assistance to identify Bottled Sugar-Sweetened Beverages, Syrups, and Powders subject to the Tax.

(b) All City Departments shall provide technical assistance to the Tax Collector to identify Distributors of Bottled Sugar-Sweetened Beverages, Syrups, and Powders.

(Added by Proposition V, 11/8/2016)

SEC. 557. MUNICIPAL AFFAIR.

The People of the City and County of San Francisco hereby declare that the taxation of the distribution of Sugar-Sweetened Beverages, Syrups and Powders, and that the public health impact of Sugar-Sweetened Beverages, separately and together constitute municipal affairs. The People of the City and County of San Francisco hereby further declare their desire for this measure to coexist with any similar tax adopted at the local or state levels.

(Added by Proposition V, 11/8/2016)

SEC. 558. NOT A SALES AND USE TAX.

The tax imposed by this measure is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages.

(Added by Proposition V, 11/8/2016)

SEC. 559. SEVERABILITY.

If any provision of this measure, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this measure are severable. The voters hereby declare that this measure, and each portion and part, would have been adopted irrespective of whether any one or more provisions or parts are found to be invalid or unconstitutional.

(Added by Proposition V, 11/8/2016)

SEC. 560. AMENDMENT.

The Board of Supervisors may by ordinance amend or repeal Article 8 of the Business and Tax Regulations Code without a vote of the people except as limited by Article XIIC of the California Constitution.

(Added by Proposition V, 11/8/2016)

Appendix D



D. ARTICLE XXXIII: Sugary Drinks Distributor Tax Advisory Committee (San Francisco Administrative Code)



[Print](#)

San Francisco Administrative Code

ARTICLE XXXIII: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

- Sec. 5.33-1. Creation of Advisory Committee.
- Sec. 5.33-2. Membership.
- Sec. 5.33-3. Organization and Terms of Office.
- Sec. 5.33-4. Powers and Duties.
- Sec. 5.33-5. Meetings and Procedures.
- Sec. 5.33-6. Sunset.

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

There is hereby established the Sugary Drinks Distributor Tax Advisory Committee (the “Advisory Committee”) of the City and County of San Francisco.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-2. MEMBERSHIP.

The Advisory Committee shall consist of the following 16 voting members.

- (a) Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.
- (b) Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.
- (c) Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.
- (d) Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.
- (e) Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

- (f) Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.
- (g) Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.
- (h) Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.
- (i) Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.
- (j) Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.
- (k) Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.
- (l) Seat 16 shall be held by a person with experience or expertise in services and programs for children five and under, appointed by the Board of Supervisors.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-3. ORGANIZATION AND TERMS OF OFFICE.

- (a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.
- (b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.
- (c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.
- (d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.
- (e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the

Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-5. MEETINGS AND PROCEDURES.

(a) There shall be at least 10 days' notice of the Advisory Committee's inaugural meeting. Following the inaugural meeting, the Advisory Committee shall hold a regular meeting not less than four times each year.

(b) The Advisory Committee shall elect officers and may establish bylaws and rules for its organization and procedures.

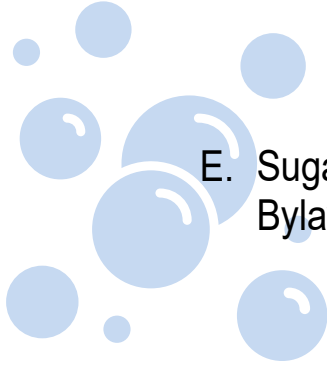
(Added by Proposition V, 11/8/2016)

SEC. 5.33-6. SUNSET.

Unless the Board of Supervisors by ordinance extends the term of the Advisory Committee, this Article XXXIII shall expire by operation of law, and the Advisory Committee shall terminate, on December 31, 2028. In that event, after that date, the City Attorney shall cause this Article XXXIII to be removed from the Administrative Code.

(Added by Proposition V, 11/8/2016)

Appendix E



E. Sugary Drinks Distributor Tax Advisory Committee Bylaws



City and County of San Francisco



Sugary Drinks Distributor Tax Advisory

Committee Bylaws

I. Name and Membership:

In accordance with the provisions of Article XXXII of the San Francisco Administrative Code, there shall be a Sugary Drinks Distributor Tax Advisory Committee (“Committee”) composed of 16 voting members, appointed as follows:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors. (3 Members)

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar- Sweetened Beverages, appointed by the Board of Supervisors. (2 Members)

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat. (1 Member)

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office. (1 Member)

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member. (2 Members)

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health. (1 Member)

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health. (1 Member)

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health. (1 Member)

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department. (1 Member)

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department. (1 Member)

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again. (1 Member)

Seat 16 shall be held by a person with experience or expertise in services and programs for children five years old and under, appointed by the Board of Supervisors. (1 Member)

II. Purpose

The purpose of the Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax, as established by Article 8 of the San Francisco Business Tax and Regulations Code. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco.

III. Attendance

Committee members are expected to attend each regular or special meeting of the Committee. Committee staff shall maintain a record of members' attendance.

Any member who misses three regular Committee meetings within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee.

If any member cannot attend a meeting of the Committee, the member shall notify the Committee Staff in writing of the member's intent to be absent and the reason for the absence, and shall indicate whether the member seeks approval of the absence from the Advisory Committee. Such notice shall be given not less than 72-hours in advance of the meeting. Any request for approval of the absence shall be placed before the Committee at its next meeting for review and possible action.

A Committee member's absence shall be approved if the member has shown good cause for the absence. For purposes of attendance, good cause exists where the absence is due to

unforeseen circumstances, such as illness or emergency. Good cause shall not extend to planned vacations or professional or personal scheduling conflicts.

IV. Election of Officers and Terms of Offices

The Committee shall elect Co-Chairs annually in March or after adopting the annual report, whichever is later.

The election of Co-Chairs may be held at a regular or special meeting of the Committee. The Co-Chairs or any two members may call a special meeting for the election of officers, if needed, or call for such an election at a regular Committee meeting.

V. Duties of the Co-Chairs

The duties of the Co-Chairs are to:

Preside at all meetings of the Committee, and perform all other duties necessary to ensure a productive body that is engaged in all facets of the Committee's work;

Set the agenda for Committee meetings in consultation with other members and with Committee staff; and

Prior to each meeting, decide who will facilitate and lead the meeting.

VI. Committee Meetings

a. Regular Meetings

Regular Meetings of the Committee shall be open and public. The Committee shall hold its regular meetings on the third Wednesday of every month at 5 PM. Please check the meeting notice for location at www.sfdph.org/sddtac. If a recommendation is made by DPH that a Regular Meeting be canceled or changed, the Committee or the Co-Chairs may cancel the Regular Meeting or fix another time therefor. Written notice of cancellation or of a change in a Regular Meeting time must be given at least seventy-two (72) hours before the scheduled time of such Regular Meeting. The Committee must hold a minimum of 4 meetings per year.

b. Special Meetings

Special Meetings of the Committee shall be open and public. Special Meetings shall be held at such times as the Committee may determine, or may be called by the Co-Chairs at any time. Written notice of a Special Meeting must be given at least seventy-two (72) hours before the scheduled time of such Meeting. Special Meetings shall be held at the regular meeting place except that the Committee may designate an alternate meeting place provided that the notice designating the alternate meeting place is issued 15 days prior to the date of the Special Meeting.

c. Public Comment

Members of the public are entitled to comment on any matter on the calendar prior to action being taken by the Committee on that item or prior to calling the next item on the agenda. In addition, the agenda shall provide an opportunity for members of the public to address the Committee on items within the subject matter jurisdiction of the Committee and have not been the subject of public comment on other items on the agenda. Upon the

specific findings of the Committee and support thereof, the presiding Co-Chair may set a reasonable time limit for each speaker, based on such factors as the complexity and nature of the agenda item, the number of anticipated speakers for that item, and the number and anticipated duration of other agenda items. Individual Committee members and Committee staff should refrain from entering into any debates or discussion with speakers during public comment.

d. Minutes of Meetings

DPH shall maintain written minutes of Committee meetings. A draft copy of the minutes of each meeting shall be provided to each member before the next regular meeting of the Committee. Approved Committee minutes shall be made available at the San Francisco Main Library, posted on the DPH website and by email ten (10) days after the meeting approving the minutes.

VII. Subcommittees

a. Standing Subcommittees

Upon approval by a majority of the members of the Committee, standing subcommittees may be formed to advise the Committee. The Chair of the Committee shall name the Chair and members of each subcommittee.

b. Special Subcommittees

Upon approval by a majority of the members of the Committee, special or ad-hoc subcommittees may be formed. Special subcommittees shall be formed for a specific purpose and cease to exist after completion of that purpose.

VIII. Quorum

The presence of a majority of members is required to conduct a meeting and shall constitute a quorum for all purposes. The only official business that can be transacted in the absence of a quorum is: (1) to take measures to obtain a quorum; (2) to fix the time to which to adjourn; (3) to take a recess; or (4) to adjourn.

IX. Rules of Order and Compliance with Open Meeting Requirements

a. All meetings shall be conducted in accordance with Robert's Rules of Order.

b. The Committee and its subcommittees shall perform its duties in compliance with all applicable provisions of the San Francisco Charter, California's Ralph M. Brown Act (California Government Code §§54950 et seq.), and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67).

X. Voting

Each member present at Advisory Committee meetings must vote on all motions and questions put before the Committee by voting "for" or "against," unless abstaining from the vote.

XI. Technical Assistance

Under Chapter 5 of the Administrative Code, the City Administrator is charged with providing administrative and clerical support to the Committee. The City Administrator has

delegated this function to the Department of Public Health (DPH). In addition, the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

XII. Order of Business

The order of business at any Regular Meeting shall be as follows:

- a. Call to Order/Roll Call
 - Approval of Absences
- b. Approval of Minutes
- c. Review and Consideration of Regular Agenda
- d. General Public Comment
- e. DPH Staff Report
- f. Funding Update
- g. New Business
- h. Subcommittee Update
- i. Committee Members' Proposed Future Agenda Items
- j. Announcements
- k. Adjournment

These Bylaws were adopted by the Sugary Drinks Distributor Tax Advisory Committee on February 6, 2019.