



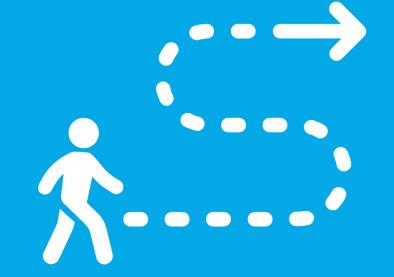
SDDT Evaluation Data Dive

San Francisco Sugary Drinks Distributor Tax Advisory Committee
April 19, 2023



Agenda

- Introduction to evaluation team
- Evaluation findings to-date
- SDDT evaluation framework
- Interactive SDDT evaluation data
- Discussion: How might SDDTAC use evaluation data to inform recommendations?









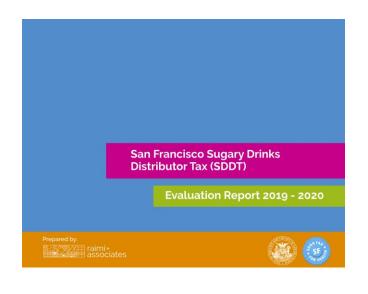
Brief Overview of Evaluation **Findings To-Date**



Evaluation Findings: FY 2019-2020

SDDT funds strengthen community leadership to support Healthy People: Findings related to SDDTAC Goal 1, Healthy People

- 1.1 SDDT funds focused on engaging populations disproportionately impacted by diet-related chronic disease in SF through culturally relevant programs and services.
- 1.2 SDDT funding boosted the leadership of impacted community members through skills building opportunities, participant stipends, and career pathways.
- 1.3 SDDT funds supported culturally relevant health promotion messaging and education.



SDDT funds create Healthy Places by helping mitigate structural, place-based inequities:

Findings related to SDDTAC Goal 2 to ensure Healthy Places

- 2.1 SDDT funding has been leveraged to address structural, placebased inequities in neighborhoods most impacted by soda industry marketing and diet-related chronic disease.
- 2.2 Changes to the physical and retail environment in key neighborhoods have increased residents' access to water and healthy food today and for years to come.
- 2.3 SDDT funds supported the hyper-local economy in key neighborhoods and provided residents burdened by structural economic inequities with relief during the COVID-19 pandemic.

- 2.4 To prevent the development of diet-related chronic diseases, SDDT funds supported school-based oral health services and the ongoing implementation of SFUSD's Wellness Policy.
- 2.5 SDDT funding continued to address the safety concerns and economic inequities that reduce physical activity in SF neighborhoods most impacted by diet-related chronic disease.



Evaluation Findings: FY 2020-2021

1. The San Francisco SDDT Ordinance and SDDTAC have been identified as effective in addressing health disparities resulting from the consumption of sugar-sweetened beverages as well as addressing long-standing inequities.



- 2. The San Francisco SDDT values have ensured that SDDT funded programming focus on and effectively engage communities most burdened by inequities.
- 3. Organizations and agencies used SDDT funding to help those communities experiencing the worst health and economic impacts of the COVID-19 pandemic meet basic needs while simultaneously supporting the structural changes necessary to promote equity.
- 4. SDDT funded entities are beginning to achieve desired outcomes.





Evaluation Findings: FY 2021-2022

- 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.
- 2. SDDT funding in San Francisco continues to support prioritized strategies that contribute to achieving key outcomes.
- 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.
- 4. Within the last three years, SDDT has funded structural interventions that have resulted in an increase in healthy behaviors.





San Francisco Sugary Drinks

Distributor Tax (SDDT)EVALUATION REPORT 2021–2022





SDDT Evaluation Framework



SDDT Evaluation Framework

Aligns with the Strategic Plan for the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC), adopted in 2019, including:

✓ Vision

✓ Strategies

√ Values

✓ Outcomes

PriorityPopulations

✓ Impact

- The values in the SDDT Evaluation were updated slightly based on feedback from programs and agencies receiving SDDT funding.
- For the FY 2023-2024 evaluation, we will be updating the SDDT strategies—more soon!





The Foundation for the SDDT Evaluation

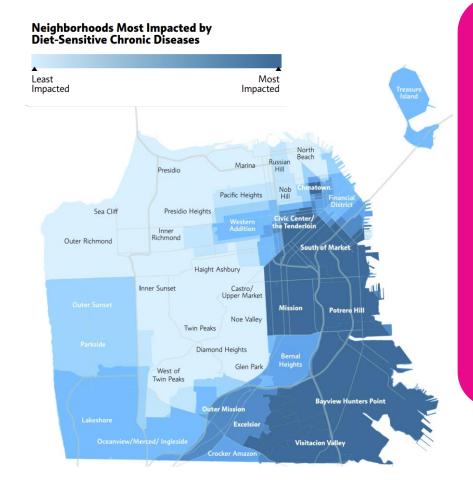
Values

for SDDT-Funded Work

- Expand interventions led by promotores / community health workers
- Ensure work is culturally responsive, linguistically relevant and trauma-informed
- ✓ Address structural inequities + policies
- ✓ Work collaboratively

Priority Populations

Communities experiencing disproportionate levels of diet-related chronic diseases and those targeted by the soda industry. The identified priority populations are both distinct and also frequently overlap.



- Low-income San Franciscans
- Community members who identify as:
 - Black/African American
 - Pacific Islander
 - Native American
 - Latino/a/x
 - Asian
- Children, youth, and young adults 0-24 years old



SDDT Strategies

Goal 1: Healthy People! Strategy 1) Build community capacity and develop leadership

Strategy 2) Provide health promoting education, programs, and services

Strategy 3) Provide job readiness, skills training, and career pathways

Strategy 4) Expand access to healthy food, water, and oral health

Goal 2: Healthy Places! Strategy 5) Decrease access and availability to sugary beverages

Strategy 6) Increase opportunities for physical activity

Strategy 7) Increase economic opportunities in priority neighborhoods

Strategy 8) Increase healthy messaging related to nutrition





SDDT Outcomes + Desired Impact

Improve community + economic conditions

- ♠ Increase in economic opportunity and stability
- ♠ Increase in food security

Improve behavioral outcomes

- ↑ Increase in tap water consumption
- ↑ Increase in fresh produce consumption
- ↑ Increase in breast/chestfeeding
- ↑ Increase in physical activity

Decrease in sugary drink consumption

Improve health outcomes

Decrease:

- ◆ Dental caries
- **♦** Hypertension
- ↓ Type 2 Diabetes
- **♦** Obesity
- **♦** Stroke
- ◆ Other diet-sensitive chronic disease

Desired Impact: Eliminate health disparities and achieve equity





Core Evaluation Questions

- What strategies are being implemented?
 How? In what communities and places?
- How many are impacted? Who is impacted / participating? How are priority populations engaged?
- What outcomes are being achieved?
 For what communities and places?





Discuss!

What would you like to know about how SDDT funding is used?

What do you want to know about what difference SDDT has made?



Notes from SDDTAC Members' comments during meeting

- What could SF learn from other places (Seattle etc)?
- How has evaluation information (and other information about SDDT) been shared with communities? How can it be going forward?
- Do we know what percentage of grantees' budget their SDDT funds accounts for? I think that would be interesting in showing how critical the funds are
- What work are SDDT-funded organizations doing in the community? Where are they doing the work? What does it look like in different places?
- How are funded entities engaging with Pacific Islander communities? Using multiple languages?
- Do we have indicators for funded entities? YES
- How are SDDT data being collected related to outcomes? How do we know/decide if progress is happening or benchmarks are being made?
- Do the people using the funding to implement programs have the support they need to provide data and implement programs successfully?
- How can we get better data on the demographics of participants to ensure we are reaching the priority populations?





Online, Interactive Evaluation Data



Making SDDT Data Transparent + Interactive

Goal 1: Healthy People



- Contextual Data: SDDT revenue
- SDDT Funding Allocations
- Strategies Implemented by SDDT-Funded Entities + Foci Outcomes
- Demographics of SDDT-Funded Program
 Staff and Participants





- Contextual Data
 - Health Outcomes
 - Demographics
- SDDT-Funded Entities (year + type)
- Reach of SDDT-Funded Work into San Francisco Neighborhoods



Time to Explore!

SF Demographics + Health Outcomes https://arcg.is/0bKD5u

SDDT-Funded Entities Map Series <u>https://arcg.is/0KPiuS1</u>

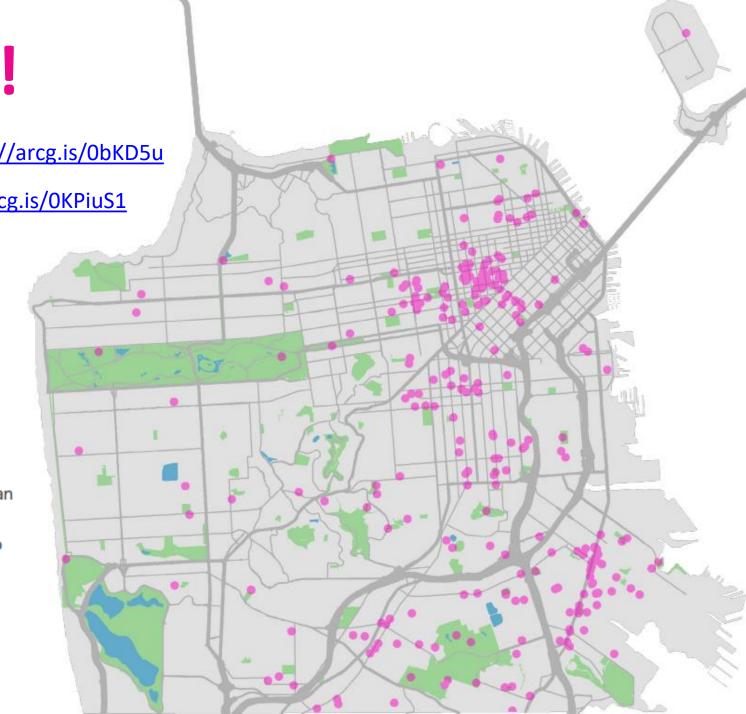
High-Level Example:

Location of Funded Programming and Services

The dots represent places where:

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





Stay in Touch!

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