



# San Francisco Sugary Drinks Distributor Tax (SDDT)

FISCAL YEAR 2021-2022  
EVALUATION PLAN

# Contents

- Background ..... 3
- Development of the Evaluation Plan..... 6
  - Alignment with Existing Plans and Work..... 6
  - Collaborative Approach ..... 9
- Evaluation Plan..... 10
  - Evaluation Logic Model..... 10
  - Evaluation Questions ..... 12
  - Metrics ..... 14
  - Evaluation Methods + Data Collection..... 18

# Background

Although San Francisco residents are generally healthy, significant health disparities exist and poor health outcomes are concentrated in communities burdened by systemic inequities. Health inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create unequal conditions in which people live. The cumulative impact of living under these oppressive systems can negatively affect physical and mental health outcomes, as well as the well-being of individuals and communities. Specifically, sugary drink consumption is linked to many conditions disproportionately affecting low-income people of color due to predatory marketing by the sugary beverage industry.

In 2016, San Francisco voters took a stand against the soda industry and passed a tax on the distribution of sugar-sweetened beverages, known as the Sugary Drink Distributor Tax (SDDT) or “soda tax”. Rather than taxing consumers, the tax imposes a one-cent per fluid ounce tax on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. In addition to the tax, the legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC) made up of 16 diverse voting members. The SDDTAC is charged with 1) making recommendations to the Mayor and Board of Supervisors about how to distribute the funds generated by the tax; and 2) evaluating the effectiveness of those programs and agencies that receive SDDT funding.

SDDT efforts hold the potential to change the health status of community members most burdened by chronic diseases and the environments in which their health is shaped. The overall grant program is intended to (a) support long-term sustainable changes that are health promoting, community and equity focused; (b) support delivery of chronic disease prevention programs; and (c) help build strong community organizations with financial and technical support so that priority communities can successfully implement innovative, community-driven, and community-led initiatives. Thus, SDDT funded work focuses on changing policies, systems, and environments to address:

- **Poverty and social exclusion** as a root cause of health inequities.
- **Social determinants of health**, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, etc.
- **Health disparities from holistic approaches** such as bio-psycho-social models and mind, body, spirit models that take into account the whole person and the communities in which they live.

In FY 2021-2022, SDDT funding is being used to support the following work:

## San Francisco Mayor's Office of Economic and Workforce Development

- Funding for the **Healthy Retail** Initiative, currently led by the Tenderloin Community Development Corporation (TNDC), which works with corner stores and community ambassadors.

## San Francisco Department of Public Health

- The three **Children's Oral Health Community Task Forces**, each led by a community-based organization serving as fiscal sponsor, educate parents and other caregivers in marginalized and disenfranchised communities about how to keep their children's teeth and mouths healthy and how to reduce the risk of children getting caries and other oral health outcomes.
- **Healthy Food Purchasing Supplement Grants** provide funding for food vouchers (and to support grantees in distributing and managing vouchers) that can only be used on healthy foods (e.g., produce vendors at farmers markets, produce sold at neighborhood stores).
- Funding to support **School-Based Sealant Application**.
- **SDDT Healthy Communities Grants** provide multiple years of grant funding to support Education, Programs, or Services related to reducing consumption of sugary drinks and other aligned health outcomes. FY 2021-22 is the third year of funding for 10 of the 11 grantees, and the second year of funding for the 11<sup>th</sup> grantee.
- **SDDT Healthy Communities Policy, Systems, and Environmental (PSE) Grants**, administered by the Department of Public Health, provide multiple years of grant funding to support the identification and implementation of community-supported ways to improve health equity through changes to policies, systems, and/or physical environments. FY 2021-22 is the second year of funding for all 5 PSE grantees.
- **Staffing and research support** for the SDDTAC and SDDT-funded entities.

## San Francisco Recreation and Parks Department

- Funding for staffing and event materials at **Peace Parks**, programming that engages community members and activates the space at four sites in San Francisco's Southeastern neighborhoods that have historically had high rates of violence.
- Funding **for transportation related to Peace Parks**.
- Funding for **REQUITIY**, which supports community outreach to and community events for disenfranchised community members (especially residents of public housing and community members who are unhoused) and which provides

scholarships to enable these community members to register for existing RPD classes and activities at no-cost to them.

Additionally, some work will be supported by SDDT funds that had been allocated in a previous fiscal year. This includes SDDT funds allocated to support **grants to community based organizations working with the San Francisco Unified School District** (funds allocated in Fiscal Year 2020-2021 to the Department of Children, Youth, and their Families and administered by the San Francisco Unified School District).

Finally, some work for which FY 2021-2022 SDDT funds have been allocated (specifically, for the **Breastfeeding Coalition pilot** program administered by the Department of Public Health).may not begin or be completed until the next fiscal year, and will therefore may not be reflected in the FY 2021-2022 evaluation report.

# Development of the Evaluation Plan

## Alignment with Existing Plans and Work

### SDDTAC Strategic Plan

This evaluation plan aligns with the SDDTAC 2020-25 Strategic plan. To develop a roadmap and guide evaluation efforts, the SDDTAC and San Francisco Department of Public Health (SFDPH) contracted with Raimi + Associates to develop a Strategic Plan, including a SDDTAC vision, mission, and values to guide the work. The Strategic Plan also identifies two overarching goals (Healthy People and Healthy Places) and articulates eight key strategies that are being implemented to achieve short-term and long-term outcomes. In alignment with this Strategic Plan, SDDT goals and strategy areas for Fiscal Year 2021-2022 include:

#### **Goal 1: Strengthening community leadership to support 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

#### **Goal 2: Mitigating structural, place-based inequities and promoting equity to create Healthy Places**

- Strategy 4: Expand access to healthy food, water, and oral health
- Strategy 5: Decrease access and availability to sugary beverages
- Strategy 6: Increase opportunities for physical activity
- Strategy 7: Increase economic opportunities in priority neighborhoods

#### **Priority Populations**

Priority populations are members of communities that experience disproportionate levels of diet-related chronic diseases and those targeted by the soda industry. The following populations are distinct and overlapping communities prioritized by the SDDTAC:

- Low-income San Franciscans
- Community members who identify as: Black/African American/African Americans, Pacific Islanders, Native Americans, Latinx, and Asians.
- Children, youth, and young adults 0-24 years old.

## Strategy 8: Increase healthy messaging related to nutrition

The values that the SDDTAC adopted are as follows:

**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 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 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 be 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, resource allocation) need to be addressed in other to achieve equity. This 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.

## City-Wide Priorities

The SDDTAC, the San Francisco Unified School District's Wellness Policy, and the 2019 San Francisco Community Health Needs Assessment share similar priorities, strategies, and solutions to lift up priority populations in San Francisco – demonstrating city-wide alignment to reduce inequities by focusing on specific topics. This current evaluation takes these city-wide priorities into consideration.

The table on the following page presents highlights from these documents.

	Overview	Priority Outcomes/Focus Areas
<b>SDDTAC Strategic Plan</b>	<p><b>Vision:</b> San Francisco improves health, eliminates health disparities, and achieves equity through effective services and changes to the environment, systems, and policies.</p> <p><b>Mission:</b> The Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) makes funding recommendations that support services and other innovative, community-led work to decrease sugary beverage consumption and related chronic diseases.</p>	<p><b>Community + Economic Outcomes</b></p> <ul style="list-style-type: none"> <li>▪ Increase in hiring and economic opportunity</li> <li>▪ Increase food security</li> </ul> <p><b>Health Outcomes</b></p> <ul style="list-style-type: none"> <li>▪ Decrease in diet-related chronic diseases</li> </ul> <p><b>Behavioral Outcomes</b></p> <ul style="list-style-type: none"> <li>▪ Decrease in sugary drink consumption</li> <li>▪ Increase in tap water consumption</li> <li>▪ Increase in fruit/vegetable consumption</li> <li>▪ Increase in breastfeeding</li> <li>▪ Increase in physical activity</li> </ul>
<b>San Francisco Community Health Needs Assessment 2019</b>	<p>The CHNA takes a broad view of health conditions and status in San Francisco. In addition to providing local disease and death rates, this CHNA also provides data and information on social determinants of health — social structures and economic systems which include the social environment, physical environment, health services, and structural and societal factors.</p>	<p><b>Foundational Issues</b></p> <ul style="list-style-type: none"> <li>▪ Racial Health Inequities</li> <li>▪ Poverty</li> </ul> <p><b>Health Need</b></p> <ul style="list-style-type: none"> <li>▪ Access to coordinated, culturally and linguistically appropriate care and services</li> <li>▪ Food security, healthy eating, and active living</li> <li>▪ Housing security and an end to homelessness</li> <li>▪ Safety from violence and trauma</li> <li>▪ Social, emotional, and behavioral health</li> </ul>
<b>San Francisco Unified School District, Wellness Policy</b>	<p>SFUSD's Wellness Policy provides all schools with a framework to actively promote the health and wellness of students, staff, and families. SFUSD's Wellness Policy is aligned with the Whole School, Whole Community, Whole Child model. The policy is meant to inspire and empower a shift in culture that will increase healthy eating and physical activity among our students by creating environments that support healthy choices.</p>	<ul style="list-style-type: none"> <li>▪ Nutrition services, promotion, and education</li> <li>▪ Food and beverage marketing</li> <li>▪ Physical education and activity</li> <li>▪ Staff wellness</li> </ul>

## National Best Practices

The work of the SDDT is also aligned with national best practices to increase health equity by reducing sugary drink consumption among priority populations, and to achieve policy change as a long-term goal. ChangeLab Solutions, a national organization that advances equitable laws and policies, identified ten common and cutting-edge strategies to reduce consumption of sugary drinks (“Sugary Drink Strategy Playbook”). SDDT is currently funding some of these cutting-edge strategies, which are based on the latest public health science,



and focus on health equity, multi-sector collaboration, and community engagement. These strategies include public awareness campaigns, healthy retail store programs, healthy checkout areas, sugary drink restrictions in youth-oriented settings, restricting marketing of sugary drinks in schools, and eliminating sugary drinks from kids' meals.

## Collaborative Approach

This evaluation plan for FY 2021-22 is a living document which will continue to be informed by stakeholder feedback and updated based on continuous review and improvements.

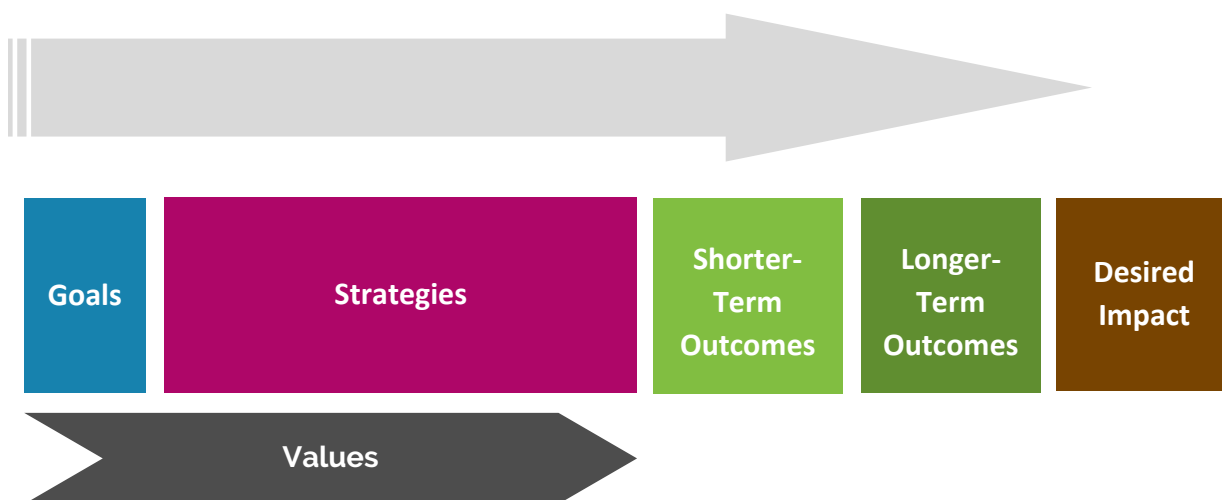
**Stakeholder Engagement.** During spring of 2022, SDDTAC stakeholders were engaged to provide feedback on updates to this evaluation plan for fiscal year 2021-2022. Stakeholders included the SFDPH staff and members of the SDDTAC.

# Evaluation Plan

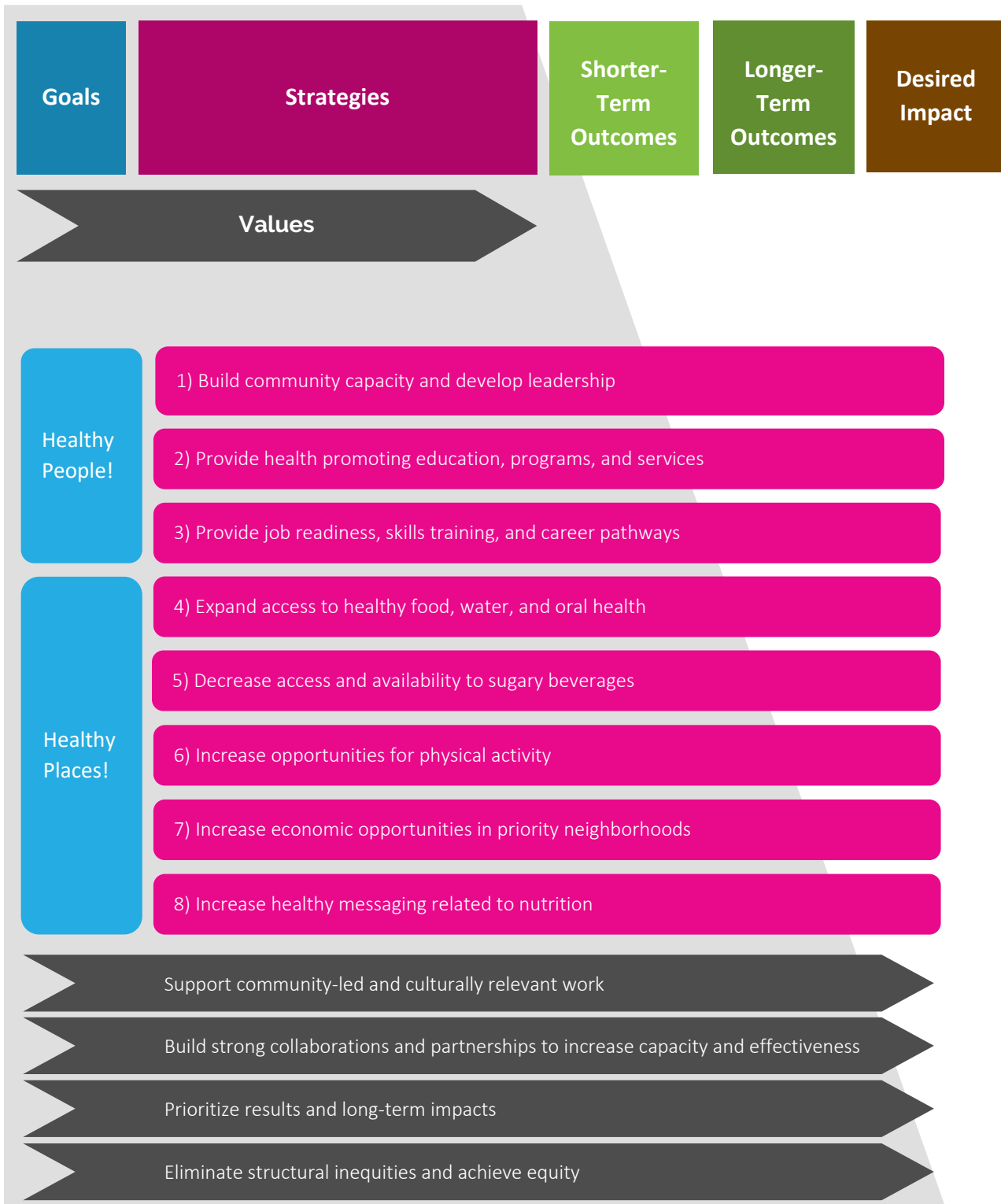
The key components of the SDDT evaluation plan are the evaluation logic model, guiding questions, metrics, and data collection plan.

## Evaluation Logic Model

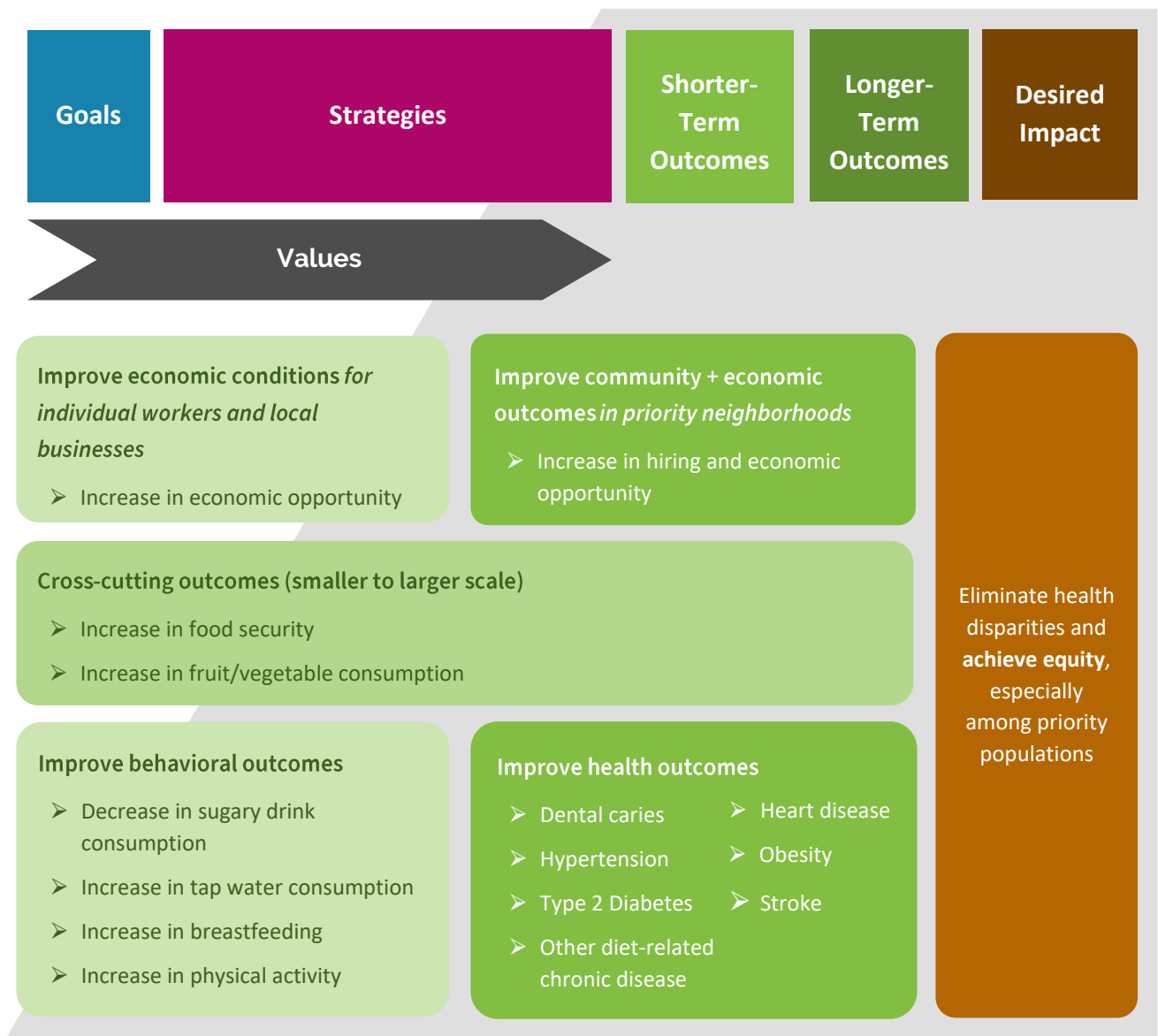
The evaluation logic model is a key component of the evaluation plan. The logic model includes the two goals identified in the strategic plan: (1) Healthy People and (2) Healthy Places, the desired outcomes and impact the SDDTAC aims to achieve through its funding priorities, and related strategies to achieve the outcomes and impact. Shorter-term outcomes include improving economic conditions for individual workers and local businesses, which include increasing economic opportunity and stability; increasing food security; and improving behavioral outcomes such as decreasing sugary-drink consumption and increasing tap water consumption, breastfeeding rates, and opportunities for physical activity. Longer-term outcomes include improving community and economic outcomes in priority neighborhoods, such as increasing hiring and economic opportunity; increasing fruit and vegetable consumption; and improving long-term health outcomes, including reducing community rates of dental caries, heart disease, hypertension, obesity, type 2 diabetes, stroke, and other diet-related chronic diseases. The desired impact of these outcomes is to eliminate health disparities and achieve equity, especially among priority populations. This evaluation plan identifies reliable and meaningful metrics related to these outcomes that are possible to collect to answer the overarching evaluation questions.



## SDDT Logic Model: Goals, Strategies, and Values



## SDDT Logic Model: Shorter-Term and Longer-Term Outcomes + Desired Impact



## Evaluation Questions

### SDDT Evaluation Questions

- What strategies are being implemented?
- How are priority populations being engaged?
- What outcomes are being achieved? For which communities and places?

## Relationship to Results Based Accountability

The 2021-22 evaluation seeks to understand the impacts of the overall SDDT Funding Initiative across funded programs and projects taking into consideration questions aligned with a Results Based Accountability (RBA) framework.

- **How much are we doing?**
  - What strategies are being implemented?
  - What and how many activities did SDDT funding support and how many people were reached by these activities?
- **How well are we doing it?**
  - How are priority populations being engaged?
  - What roles do people in priority populations have in programs and projects supported with SDDT funds? How do priority populations feel about the opportunities and services offered by funded programs?
- **Is anyone better off?**
  - What outcomes are being achieved? What communities and places are seeing positive outcomes??

	How much are we doing?	How well are we doing it?	Is anyone better off?	
			<i>People Served by/Participants in Program</i>	<i>Population Overall</i>
<b>A. What strategies are being implemented?</b>	✓	✓	✓	
<b>B. How are priority populations being engaged?</b>	✓	✓		
<b>C. What outcomes are being achieved? For what communities and places?</b>		✓	✓	✓

# Metrics

## Process Metrics Related to Strategies

SDDT Strategies	Process Metrics
<b>Strategy #1: Build community capacity and develop leadership</b>	<ul style="list-style-type: none"> <li>Number of people from priority populations engaged and how (e.g., 1-time education event, 1-time service delivered per participant, weekly program, services provided throughout pregnancy)</li> <li>Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul>
<b>Strategy #2: Provide health promoting education, programs, and services</b>	<ul style="list-style-type: none"> <li>Number of people from priority populations engaged and how (e.g., 1-time education event, 1-time service delivered per participant, weekly program, services provided throughout pregnancy)</li> <li>Number and type provided in priority neighborhoods</li> <li>Qualitative: Grantee work plans and report narratives to summarize range of education, programs, and services provided with detail about participation from priority populations and locations/neighborhoods</li> </ul>
<b>Strategy #3: Provide job readiness, skills training, and career pathway</b>	<ul style="list-style-type: none"> <li>Number of participants and people participating in trainings and career pathways</li> <li>Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul>
<b>Strategy #4: Expand access to healthy food, water, and oral health</b>	<p><b>Access to Healthy Food</b></p> <ul style="list-style-type: none"> <li>Value of healthy food purchasing supplemental vouchers distributed</li> <li>Value of healthy food purchasing supplemental vouchers used</li> <li>Number of households enrolled in WIC and/or CalFresh via funded entities</li> <li>Number of food units (e.g., meals, grocery bags, produce boxes) distributed</li> <li>Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul> <p><b>Access to Water</b></p> <ul style="list-style-type: none"> <li>Number and locations of hydration stations installed (and total operating that are maintained by City or SFUSD)</li> </ul> <p><b>Access to Oral Health Services</b></p> <ul style="list-style-type: none"> <li>Number of oral health screenings conducted for kindergarteners (and older grades when done)</li> <li>Number of sealants applied</li> </ul>
<b>Strategy #5: Decrease access and availability to sugary beverages</b>	<ul style="list-style-type: none"> <li>Number of policies adopted to ban sugary beverages in specific settings</li> <li>Estimated number of employees, clients/participants/students at setting</li> <li>Qualitative: Report narratives</li> </ul>
<b>Strategy #6: Increase opportunities for physical activity</b>	<ul style="list-style-type: none"> <li>Number of park scholarships provided, number of recipients</li> <li>Number of hours of programming that park scholarships support</li> <li>Number of programming hours and participants for 3-year HG grantees</li> <li>Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul>

SDDT Strategies	Process Metrics
<b>Strategy #7: Increase economic opportunities in priority neighborhoods</b>	<ul style="list-style-type: none"> <li>• Number of healthy retail sites supported</li> <li>• Number of sites accepting WIC, EBT, or healthy food purchasing supplemental vouchers</li> <li>• Number of healthy food purchasing supplemental vouchers used</li> <li>• Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul>
<b>Strategy #8: Increase healthy messaging related to nutrition</b>	<ul style="list-style-type: none"> <li>• Qualitative: Report narratives, possibly interviews and/or focus groups</li> </ul>

## Process Metrics Related to Values

SDDT Values	Metrics for SDDT-Funded Work
<b>Expand interventions led by promotores/ community health workers</b>	<ul style="list-style-type: none"> <li>• Number of funded programs/agencies using SDDT funds to support interventions led by promotores/community health workers</li> <li>• Number of promotores/community health workers employed with SDDT funding (fully or partially)</li> <li>• FTE for promotores/community health workers employed with SDDT funding (i.e., time paid for with SDDT funds)</li> <li>• Qualitative: Report narratives, interviews</li> </ul>
<b>Ensure work is culturally responsive, linguistically relevant, and trauma-informed</b>	<ul style="list-style-type: none"> <li>• Number of languages in which SDDT-funded strategies are implemented</li> <li>• Number of bilingual and/or bicultural staff (responsible for implementing SDDT strategies, i.e., not administrative staff) supported with SDDT funds</li> <li>• Qualitative: Report narratives, interviews</li> </ul>
<b>Address structural inequities + policies</b>	<ul style="list-style-type: none"> <li>• Number and types of policies changed to reduce inequities</li> <li>• Qualitative: Report narratives, interviews</li> </ul>
<b>Work collaboratively</b>	<ul style="list-style-type: none"> <li>• Number and types of partnerships in which all funded entities participate</li> <li>• Qualitative: Report narratives, interviews</li> </ul>

## Program Outcome and Population-Level Metrics

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
<b>Community + Economic Outcomes</b>		
<b>Increase in food security</b>	<ul style="list-style-type: none"> <li>Dollar value of Healthy Food Purchasing Supplement vouchers redeemed</li> </ul>	<ul style="list-style-type: none"> <li>Percent of residents eligible for meal programs and/or eating vouchers served for SF overall</li> <li>CHIS data on food insecurity</li> </ul>
<b>Increase in economic opportunity and stability</b>	<ul style="list-style-type: none"> <li>Dollar value of Healthy Food Purchasing Supplement vouchers redeemed with small, local businesses (local farmers and corner stores)</li> <li>Qualitative data on the trajectory/careers of job training participants, paid interns, and promotores/community health workers supported by SDDT funded programs</li> </ul>	<ul style="list-style-type: none"> <li>Employment rate in key neighborhoods</li> <li>Median household income in key neighborhoods</li> </ul>
<b>Behavioral Outcomes</b>		
<b>Decrease in sugary drink consumption</b>	<ul style="list-style-type: none"> <li>Percent of students who drank sugary drinks in prior day (CHIS) -no new data available for 21/22 or 22/23</li> </ul>	<ul style="list-style-type: none"> <li>CHIS data on soda consumption</li> <li>IRI data (volume of SSB's sold)</li> <li>SDD Tax revenue collected</li> </ul>
<b>Increase in tap water consumption</b>	<ul style="list-style-type: none"> <li>SDDT Healthy Communities grantees (round 1) pre/post survey (Qualtrics) [not limited to tap water, but rather inclusive of any unsweetened water including tap water, filtered water, bottled water, sparkling water, or carbonated water]</li> </ul>	<ul style="list-style-type: none"> <li>UC Berkeley data on middle and high school student consumption – no new data currently available</li> </ul>
<b>Increase in vegetable/fruit consumption</b>	<ul style="list-style-type: none"> <li>SDDT Healthy Communities grantees (round 1) pre/post survey (Qualtrics)</li> </ul>	<ul style="list-style-type: none"> <li>CHIS data on fruit/vegetable consumption</li> <li>YRBS (when comes back)</li> </ul>
<b>Increase in physical activity</b>	<ul style="list-style-type: none"> <li>SDDT Healthy Communities grantees (round 1) pre/post survey (Qualtrics)</li> </ul>	<ul style="list-style-type: none"> <li>SFUSD data on physical fitness</li> <li>CHIS data on physical activity</li> </ul>



<b>Increase in breastfeeding</b>	<ul style="list-style-type: none"><li>• SDDT Healthy Communities grantees (round 1) pre/post survey (Qualtrics)</li></ul>	<ul style="list-style-type: none"><li>• Maternal and Infant Health Assessment data annual statewide survey CDPH</li></ul>
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# Evaluation Methods + Data Collection

## Data Sources

### Reporting by Funded Entities

Regular reporting from SDDT grantees provide both quantitative and qualitative data for the evaluation. Additionally, each SDDT-funded entities not funded through grants (i.e., those funded directly through the Mayor’s budget were asked to submit a subset of data from the SDDT grantee reporting forms in the same standardized format used by the grantees, thus enabling the data to be reported across different funding streams and types of work.

The table below shows how different types of SDDT-funded entities share data for the SDDT evaluation.

	Ongoing Annual (or Biannual) Reporting	Requested Additional Data in Standardized Format
SDDT Healthy Communities Grants: <ul style="list-style-type: none"> <li>• Education, Programs, or Services (11)</li> <li>• Policy, Systems, and Environments (5)</li> </ul>	✓	
Healthy Food Purchasing Supplement Grants (3)	✓	✓
Oral Health Community Grants (3)	✓	✓
SDDT Funded Entities funded directly by budget allocations (i.e., not grants) <ul style="list-style-type: none"> <li>• Mayor’s Office of Economic and Workforce Development (for Healthy Retail)</li> <li>• Department of Public Health (school-based sealant application)</li> <li>• Recreation and Parks Department (for Peace Parks, Peace Parks transportation, and Requity)</li> </ul>		✓
SFUSD grants to community-based organizations (1)	✓	

The following data points will be requested from all funded entities in 2021-2022:

- Information about [SDDT-funded activities, programs, and services](#)
  - Which SDDT strategies activities and services aligned with

- Number of unduplicated participants for various types of programming and services and overall for each funded entity
- Languages programs and services were offered in
- San Francisco neighborhoods where activities were held and where services were offered
- Description of ways that funded entities promote healthier behaviors aligned with SDDT outcomes (i.e., reducing consumption of sugary beverages, increasing tap water consumption, increasing consumption of fruits and vegetables, increasing rates and duration of breastfeeding/chestfeeding, increasing physical activities, increasing preventative oral health care)
- Information about the [people who participate](#) in SDDT-funded activities, programs, and services (i.e., participants, clients, or patients)
  - San Francisco neighborhoods where participants and clients live
  - Demographic profile of participants (race/ethnicity, gender, age groups)
- Information about [people paid wages or stipends with SDDT funds](#)
  - San Francisco neighborhoods where people paid with SDDT funds live and percentage that were San Francisco residents during the fiscal year
  - Number of people paid with SDDT funds overall, who received job training during the fiscal year, and who did the kind of work typically done by a community health worker or promotora/o/x
  - Racial/ethnic demographics and age demographics of people paid
  - Languages spoken (and how many are bilingual or non-English speakers)

## Interviews

The 2021-2022 evaluation will also include identifying and collecting additional data to evaluate the impact of multi-year funding on selected SDDT-funded entities.

To capture this information, the evaluation team will conduct interviews with leaders of selected funded entities (e.g., Executive Director, Development Director, Program Manager) to explore if and how multi-year funding impacted:

- [Organizational stability](#): Consistent funding to support programs (especially during the pandemic)

- **Organizational effectiveness:** Funding that supports the organization to carry out the programs effectively (in alignment with the mission and vision)
- **Community capacity building:** Organization's ability to increase community capacity (e.g., leadership, job skills, economic opportunity) of key populations

Interview questions will also assess how SDDT funding is (and is not) supporting BIPOC led and BIPOC serving organizations (i.e., those which have predominantly BIPOC management and/or Board of Directors and those for which the majority of clients, program participants, or people who benefit from work are BIPOC).

## Public Data Reporting

In addition to a narrative evaluation report, R+A will develop interactive maps using ArcMap Online and interactive data visuals using Microsoft PowerBI. Maps will highlight specific San Francisco neighborhoods that have received SDDT funding, the populations that have been involved in programming, and other geographically based data points, while PowerBI data dashboards will highlight evaluation data that are not geographically based (e.g., percentage of employees paid using SDDT funds who were San Francisco residents and who were people of color; number of residents who have participated in SDDT-funded programs and their demographic profile). These will be embedded in the SDDTAC website (<https://www.sfdph.org/sddtac/>) and in the Soda Tax website (<https://www.sodatax-sf.org/>). These will help make SDDT evaluation findings more accessible to community members and to increase transparency around SDDT funding allocations, rationale, and results.