San Francisco Sugary Drinks Distributor Tax (SDDT)

FISCAL YEAR 2022-2023 EVALUATION PLAN

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Contents

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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 2022-23, SDDT funding will 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 2022-23 is the fourth year of funding for 10 of the 11 grantees, and the third year of funding for the 11th 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 2022-23 is the third 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 REQUTIY, 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.

San Francisco Unified School District and the San Francisco Department of Children, Youth, and their Families

- Funding for grants to community-based organizations working with SFUSD,
- Funding for school-based oral health education and case management,
- Funding to support Student Led Action aligned with SDDTAC outcomes,
- Funding for Student Nutrition Services (food and nutrition education), and
- Water Access in SFUSD schools, which supports the installation of hydration stations (where students and adults can refill reusable drinking bottles with tap water).

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 a Breastfeeding Coalition pilot program (funds allocated in Fiscal Year 2021-2022 and administered by the Department of Public Health).

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 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
- Strategy 8: Increase healthy messaging related to nutrition

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.

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
SDDTAC Strategic Plan	**Vision:** San Francisco improves health, eliminates health disparities, and achieves equity through effective services and changes to the environment, systems, and policies. **Mission:** 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.	**Community + Economic Outcomes** ▪ Increase in hiring and economic opportunity ▪ Increase food security **Health Outcomes** ▪ Decrease in diet-related chronic diseases **Behavioral Outcomes** ▪ Decrease in sugary drink consumption ▪ Increase in tap water consumption ▪ Increase in fruit/vegetable consumption ▪ Increase in breastfeeding ▪ Increase in physical activity
San Francisco Community Health Needs Assessment 2019	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.	**Foundational Issues** ▪ Racial Health Inequities ▪ Poverty **Health Need** ▪ Access to coordinated, culturally and linguistically appropriate care and services ▪ Food security, healthy eating and active living ▪ Housing security and an end to homelessness ▪ Safety from violence and trauma ▪ Social, emotional, and behavioral health
San Francisco Unified School District, Wellness Policy	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.	▪ Nutrition services, promotion, and education ▪ Food and beverage marketing ▪ Physical education and activity ▪ Staff wellness

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 2022-23 is a living document which will continue to be informed by stakeholder feedback and updated based on continuous review and improvements.

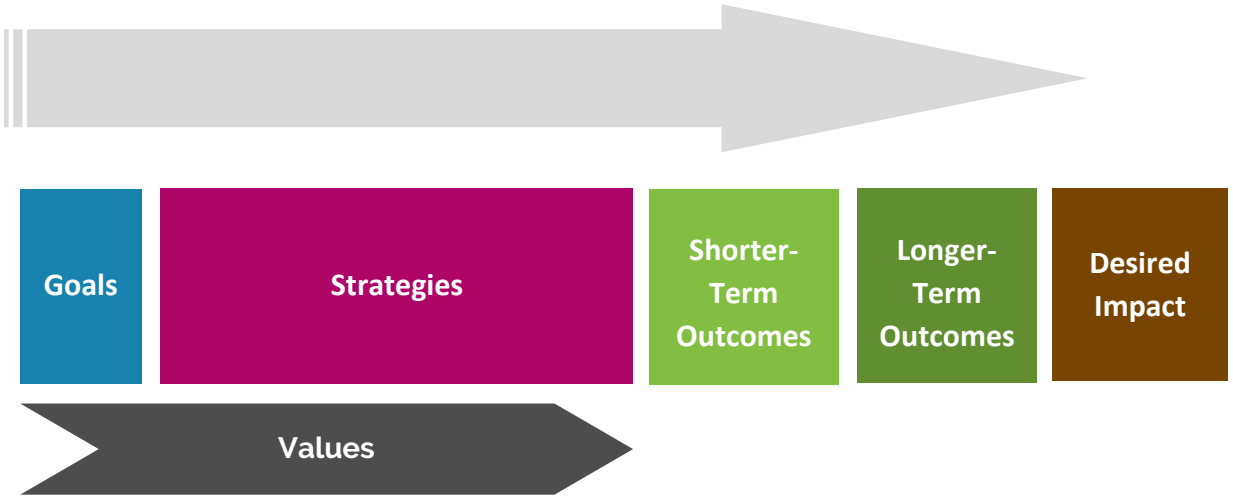
Stakeholder Engagement. Throughout this last year, SDDTAC stakeholders were engaged to provide feedback on this evaluation plan. Stakeholders included the SFDPH staff, members of the SDDTAC, and representatives that receive SDDT funds. The evaluation team also meets regularly with funded entities to review data reporting requirements and requests and to tailor evaluation methods so it is feasible for every funded entity to implement specific evaluation tools.

Evaluation Plan

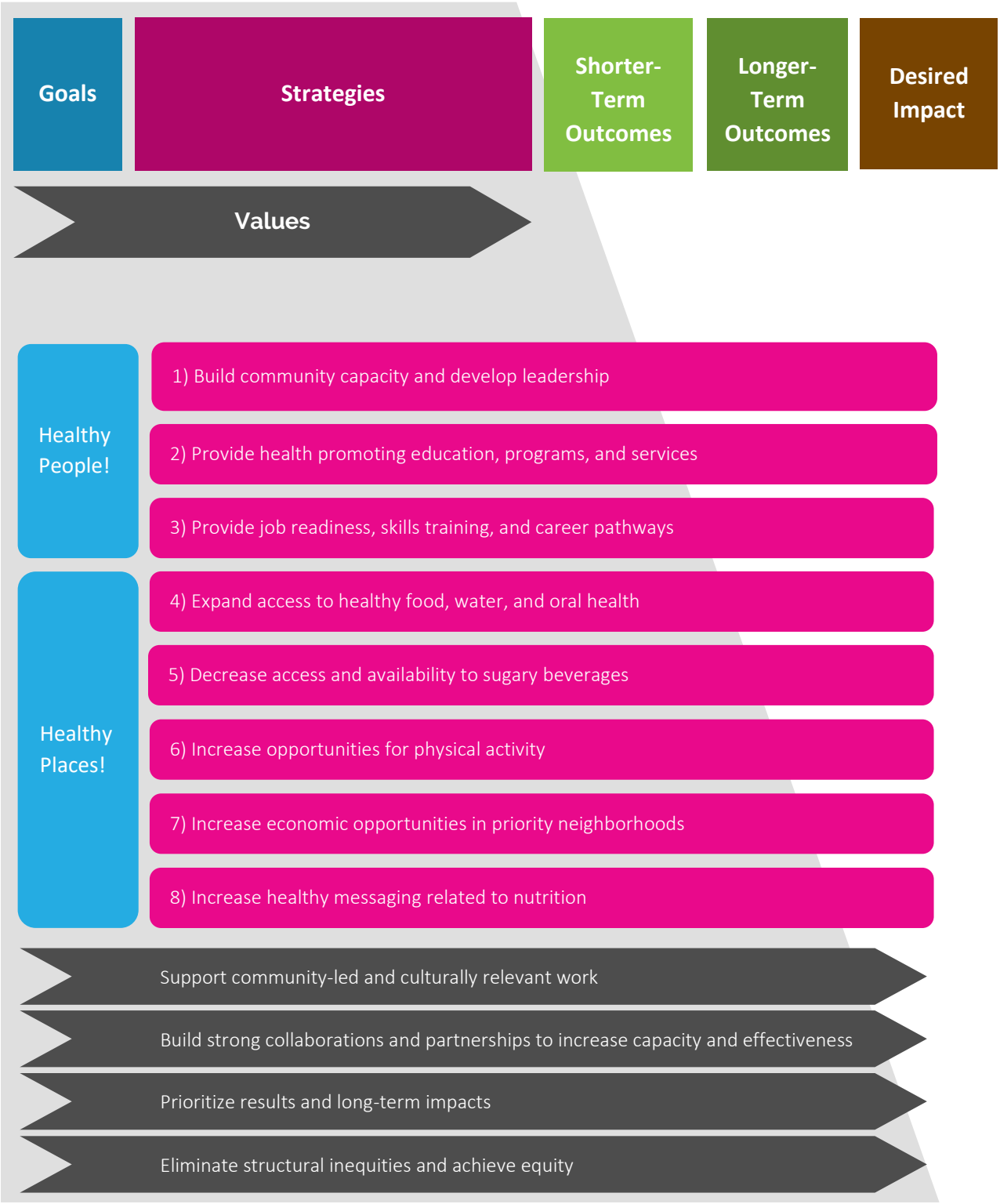
The key components of the SDDT evaluation plan are the evaluation logic model, guiding questions, metrics, and data collection plan.

Evaluation Logic Model

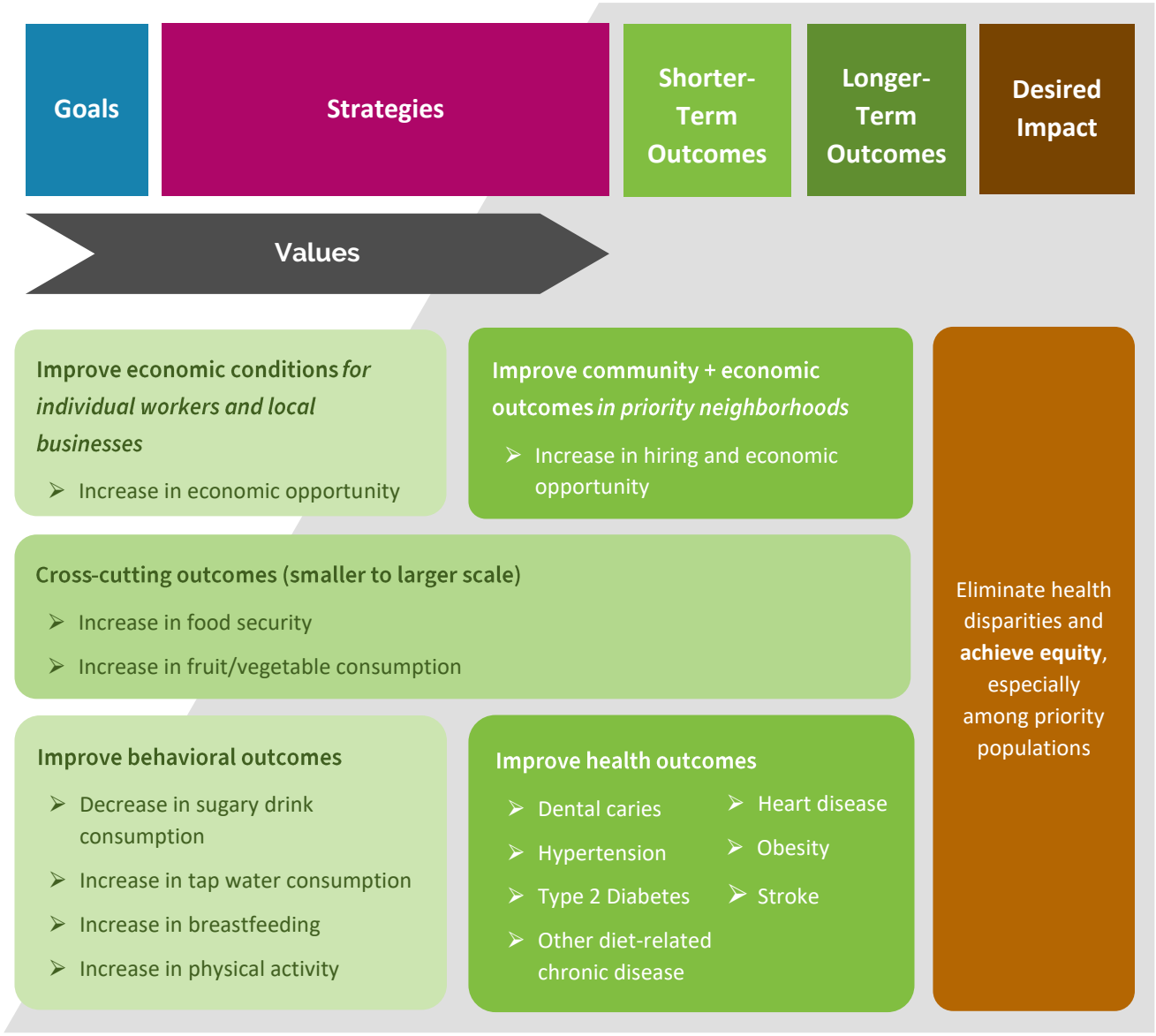
The evaluation logic model is a key component of the evaluation plan. The logic model includes the two goals identified in the strategic plan: (1) Healthy People and (2) Healthy Places, the desired outcomes and impact the SDDTAC aims to achieve through its funding priorities, and related strategies to 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

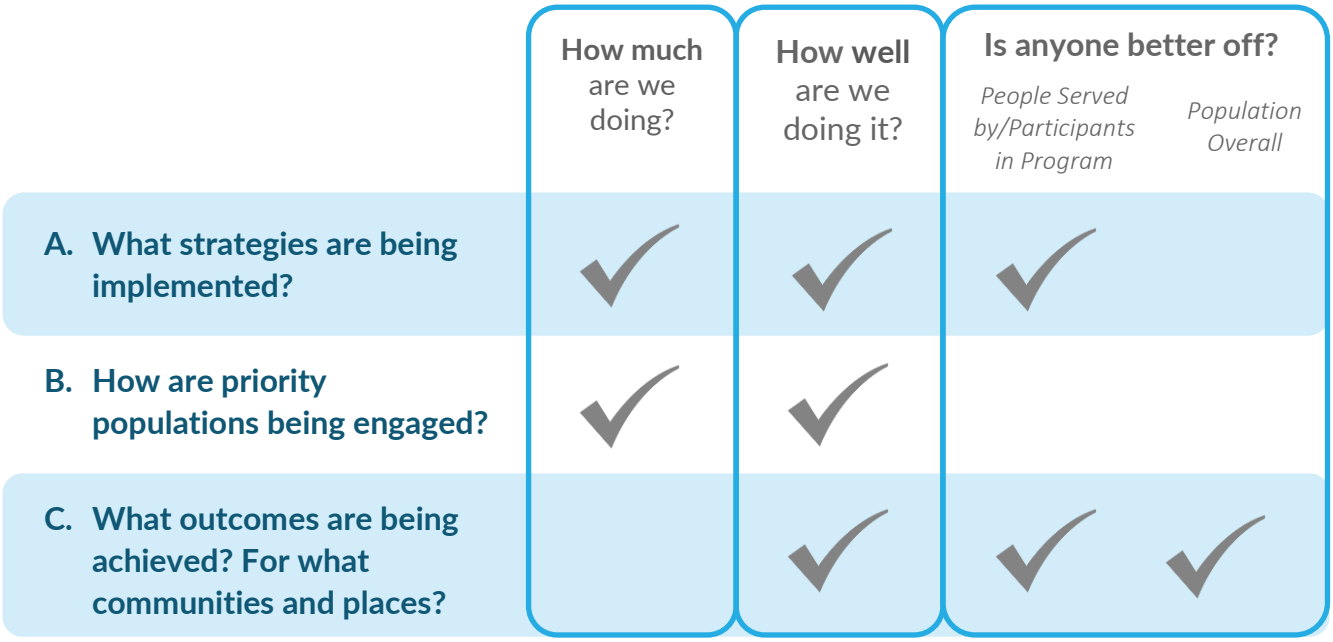
SDDT Evaluation Questions

- 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 2022-23 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??



Metrics

Process Metrics Related to Strategies

SDDT Strategies	Process Metrics
Strategy #1: Build community capacity and develop leadership	• 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) • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #2: Provide health promoting education, programs, and services	• 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) • Number and type provided in priority neighborhoods • 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
Strategy #3: Provide job readiness, skills training and career pathway	• Number of participants and people participating in trainings and career pathways • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #4: Expand access to healthy food, water, and oral health	**Access to Healthy Food** • Value of healthy food purchasing supplemental vouchers distributed • Value of healthy food purchasing supplemental vouchers used • Number of households referred to or enrolled in WIC and/or CalFresh via funded entities • Number of food units (e.g., meals, grocery bags, produce boxes) distributed • Qualitative: Report narratives, possibly interviews and/or focus groups **Access to Water** • Number and locations of hydration stations installed (and total operating that are maintained by City or SFUSD) **Access to Oral Health Services** • Number of oral health screenings conducted for kindergarteners (and older grades when done) • Number of sealants applied
Strategy #5: Decrease access and availability to sugary beverages	• Number of policies adopted to ban sugary beverages in specific settings • Estimated number of employees, clients/participants/students at setting • Qualitative: Report narratives
Strategy #6: Increase opportunities for physical activity	• Number of park scholarships provided, number of recipients • Number of hours of programming that park scholarships support • Number of programming hours and participants for 3-year HG grantees • Qualitative: Report narratives, possibly interviews and/or focus groups

SDDT Strategies	Process Metrics
Strategy #7: Increase economic opportunities in priority neighborhoods	• Number of healthy retail sites supported • Number of sites accepting WIC, EBT, or healthy food purchasing supplemental vouchers • Number of healthy food purchasing supplemental vouchers used • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #8: Increase healthy messaging related to nutrition	• Qualitative: Report narratives, possibly interviews and/or focus groups

Process Metrics Related to Values

SDDT Values	Metrics for SDDT-Funded Work
Expand interventions led by promotores/ community health workers	• Number of funded programs/agencies using SDDT funds to support interventions led by promotores/community health workers • Number of promotores/community health workers employed with SDDT funding (fully or partially) • FTE for promotores/community health workers employed with SDDT funding (i.e., time paid for with SDDT funds) • Qualitative: Report narratives, interviews
Ensure work is culturally responsive, linguistically relevant and trauma-informed	• Number of languages in which SDDT-funded strategies are implemented • Number of bilingual and/or bicultural staff (responsible for implementing SDDT strategies, i.e., not administrative staff) supported with SDDT funds • Qualitative: Report narratives, interviews
Address structural inequities + policies	• Number and types of policies changed to reduce inequities • Qualitative: Report narratives, interviews
Work collaboratively	• Number and types of partnerships in which all funded entities participate • Qualitative: Report narratives, interviews

Program Outcome and Population-Level Metrics

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
Community + Economic Outcomes		
Increase in food security	• Dollar value of Healthy Food Purchasing Supplement vouchers redeemed • Number of people enrolled in CalFresh, WIC via funded entities (either with support or referral) • Free/Reduced Price Meals, and other programs that increase food security	• Percent of residents eligible for meal programs and/or eating vouchers served for SF overall • Participation rates in CalFresh, WIC • CHIS data on food insecurity
Increase in economic opportunity and stability	• Dollar value of Healthy Food Purchasing Supplement vouchers redeemed with small, local businesses (local famers, corner stores) • Qualitative data on the trajectory/careers of job training participants, paid interns, and promotores/ community health workers supported by SDDT funded programs	• Redemption value of WIC EBT • Employment rate in key neighborhoods • Median household income in key neighborhoods
Behavioral Outcomes		
Decrease in sugary drink consumption	• Percent of students who drank sugary drinks in prior day (CHIS) (when available) • Percent of participants reporting they consume fewer sugary drinks since participating in SDDT-funded programming • Percent of SDDT-funded health education programming participants reporting they are more aware of the health harms of consuming sugary drinks • Percent of SDDT-funded health education programming participants reporting they are more aware of how the beverage industry targets sugary drink ads and sales to BIPOC communities and youth	• IRI data (volume of SSB's sold) • SDD Tax revenue collected
Increase in tap water consumption	• Percent of participants reporting they consume more tap water since participating in SDDT-funded programming or receiving SDDT-funded services or resources	• UC Berkeley data on middle and high school student consumption (when available)
Increase in vegetable/ fruit consumption	• Percent of participants reporting they are more physically active since either 1) participating in SDDT-funded programming focused on promoting healthy eating or 2) receiving SDDT-funded benefits (e.g., Vouchers 4 Veggies, Market Match)	• CHIS data on fruit/vegetable consumption • YRBS (when available)

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
Increase in physical activity	• Percent of participants reporting they are more physically active since participating in SDDT-funded programming focused on promoting physical activity	• SFUSD data on physical fitness • CHIS data on physical activity
Increase in breastfeeding	• TBD whether will be included in survey portfolio options	• Maternal and Infant Health Assessment data annual statewide survey CDPH
Increase utilization of oral health treatment (to prevent additional oral health harms)	• Percent of students seen by oral health providers supported with SDDT funds (e.g., dental hygienists conducting screenings and applying sealants, oral health case managers) who receive recommended follow-up treatment related to oral health needs	• TBD (possibly Denti-Cal utilization data or a measure from the SF children's oral health assessment when next conducted)

Evaluation Methods + Data Collection

Data Sources

The table below identifies the FY 2022-2023 data sources for each SDDT funding stream.

Annual reporting templates (tailored for different funding streams to integrate with existing reporting requirements and data tracking) collect both quantitative and qualitative data. Data requested of all funded entities for FY 2022-2023 include (but are not limited to) the following.

- 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)

Participant surveys will be administered using a portfolio approach, with questions based on those outcomes most relevant to each funded entity and using data collection methods most appropriate to each funded entity. During FY 2022-2023, surveys will be administered at two points during the fiscal year (once in Quarter 2, once in Quarter 4) in recognition that different people participate in programming or services at different points in time (and with additional survey administration points planned for FY 2023-2024 once all funded entities have developed and implemented a survey recruitment/administration process that works for their program model and limitations). During FY 2022-2023, survey questions will focus on assessing the impact of participating in SDDT-funded programming or receiving SDDT-funded resources on the following shorter-term outcomes:

- Decreasing consumption of sugar-sweetened beverages (SSBs) and increasing tap water consumption or (for some funded entities) the interim outcome of increasing awareness of health harms of SSB consumption + beverage industry exploitation),
- Increasing physical activity, and
- Increasing fruit and vegetable consumption and increasing food security.

Whenever feasible (e.g., for SDDT-funded programming that involves many interactions with the same participants over time), participant surveys will be administered via online survey, SMS (text message based) survey, or paper survey tools. The evaluation team will work with all funded entities to plan to administer the surveys, including making adjustments as needed to make this feasible for programs. SDDT-funded entities that have very brief and/or one-time interactions with the people who access their resources (e.g., Healthy Food Purchasing Supplement recipients, community members who interact with the Children's Oral Health Community Task Forces) may utilize a poster-based survey tool to collect very brief pieces of information in one highly visible place.

Finally, an organizational development survey will assess to what extent and how multi-year funding has helped funded programs develop their organizational capacity and/or been able to support community members in strengthening their knowledge, leadership, or other skills. This survey will build on the interviews conducted for the FY 2021-2022 SDDT evaluation.

Data Collection

The table on the next page shows what data are required and requested of each funded entity.

✓ Required as condition of grant

✓ Requested for evaluation (in interest of SDDTAC, the Health Commission, and general public)

	Annual Reporting	Participant Surveys (Portfolio)	Organizational Development Survey
SDDT Healthy Communities Grants: • Education, Programs, or Services (11) • Policy, Systems, and Environments (5)	✓	✓	✓
Healthy Food Purchasing Supplement Grants (3)	✓	✓	✓
Oral Health Community Grants (3)	✓	✓	✓
SDDT Funded Entities funded directly by budget allocations (rather than via grants) • Mayor's Office of Economic and Workforce Development (for Healthy Retail) • Department of Public Health (for school-based sealant application and breastfeeding coalition pilot project) • Recreation and Parks Department (for Peace Parks, Peace Parks transportation, and Requity) • San Francisco Unified School District via the Department of Children, Youth, and their Families (for oral health education and case management, Student Nutrition Services, student-led action, and water access)	✓	✓	✓
SFUSD grants to community-based organizations (1)	✓	✓	✓

Public Data Reporting

To make SDDT evaluation findings more accessible to community members and to increase transparency around SDDT funding allocations, rationale, and results, the final evaluation report will also update the interactive maps that highlight specific San Francisco neighborhoods that have received SDDT funding, the populations that have been involved in programming, and other geographically based data points. The data dashboard developed as part of the FY 2021-2022 evaluation reporting will also be updated (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).