

# Sugary Drink Distributor Tax Implementation Support

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## Sugary Drink Distributor Tax Funding Priorities Town Hall Brief



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# Sugary Drink Distributor Tax Funding Priorities Town Hall Brief

## Executive Summary

In November 2016, the voters of San Francisco passed Proposition V. Proposition V established the Sugary Drink Distributor Tax (SDDT), a city general excise tax that 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. The legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC); its general purpose is to provide recommendations on how to invest the revenue from this tax.

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue.

Throughout the process, **health equity was discussed explicitly and implicitly**: participants wanted to ensure that the SDDT revenue would serve the communities most targeted by the industry and most burdened by related chronic diseases. In addition to the programmatic focus on healthy eating and active living listed in Table 1, participants **wanted to ensure funds would support changing environments to make them healthier, addressing health disparities, ensuring community participation and research, and working with youth.**

Table 1. Focus Group Key Findings

Priority Area	Examples
Health Education	<ul style="list-style-type: none"> <li>• Nutrition and health information</li> <li>• Importance of physical activity</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• Free and affordable exercise programs</li> <li>• Safe and accessible places for physical activity</li> </ul>
Access to Healthy Food	<ul style="list-style-type: none"> <li>• Availability of healthy food</li> <li>• Education to support healthy eating</li> </ul>
Media/Awareness Campaigns	<ul style="list-style-type: none"> <li>• Public Service Announcements</li> <li>• Messaging</li> </ul>

The following brief describes the process and findings.



## Introduction

In Summer 2018, the San Francisco Department of Public Health (DPH) partnered with Resource Development Associates (RDA) to conduct a series of community town hall meetings across San Francisco neighborhoods to hear from community members about their funding priorities for the Sugary Drink Distributor Tax (SDDT) revenue. Prior to the Town Halls, DPH gathered community input from focus groups that were conducted in May and June of 2018. The Town Halls provided additional community input about health needs related to sugary drink consumption and validated the Sugary Drink Distributor Tax Advisory Committee (SDDTAC) priorities and focus group data. DPH will use all the gathered information, including the information in this document, to shape its community grant-making process for the allocation of SDDT revenue.

## Background

In November 2016, the voters of San Francisco passed Proposition V. Proposition V established the Sugary Drink Distributor Tax (SDDT), a city general excise tax that 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. This legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC), which consists of 16 voting members appointed by the Board of Supervisors and specific city departments. Its general purpose is to provide recommendations to the Mayor and Board of Supervisors on the effectiveness of the SDDT and how San Francisco should invest the revenue from this tax.

The SDDTAC has advised supporting primary and secondary prevention efforts by allocating SDDT funds toward new or existing programming that aid in the reduction of sugary drink consumption, primarily amongst low-income residents, communities of color, and youth. Health equity was a foundational pillar in the SDDTAC's work and recommendations, and data indicate that these populations are targeted by the soda industry, consume the most sugary drinks, and suffer disproportionately from chronic diseases.<sup>1</sup>

Each year, the SDDTAC is tasked with submitting a report to the Board of Supervisors and the Mayor that evaluates the impact of the SDDT on beverage prices, consumer-purchasing behavior, and public health and provides recommendations for the types of programs that should be funded to reduce the consumption of sugar-sweetened beverages in San Francisco. For Fiscal Year 2018/19, DPH was allocated SDDT funds that would be directed to community-based organizations. To inform this process, DPH sought community input from those populations most impacted by sugary drinks, to better understand gaps in services and additional needs. In May and June of 2018, SF DPH conducted focus groups to learn about

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<sup>1</sup> San Francisco Sugary Drink Distributors Tax Advisory Committee. [March 2018 Report](#). Accessed on October 2018 from <https://www.sfdph.org/dph/files/SDDTAC/SDDTAC-2018-Annual-Report.pdf>



needed supports and resources to shape the RFP process and funding priorities. The key findings from the focus groups were structured into four priority areas.

Table 2. Focus Group Key Findings

Priority Area	Examples
<b>Health Education</b>	<ul style="list-style-type: none"> <li>• Nutrition and health information</li> <li>• Importance of physical activity</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Free and affordable exercise programs</li> <li>• Safe and accessible places for physical activity</li> </ul>
<b>Access to Healthy Food</b>	<ul style="list-style-type: none"> <li>• Availability of healthy food</li> <li>• Education to support healthy eating</li> </ul>
<b>Media/Awareness Campaigns</b>	<ul style="list-style-type: none"> <li>• Public Service Announcements</li> <li>• Messaging</li> </ul>

## Town Hall Methodology

DPH and RDA conducted six town halls over the span of five weeks between September 11 and October 1, 2018. A total of 133 community members participated.

**Table 2. Town Hall Meetings**

Location	Neighborhood	Interpretation Services	# of Attendees	Dates
Alex L. Pitcher Community Room	Bayview	None	21	September 11, 2018
Mission High School	Mission	None	32	September 12, 2018
Minnie and Lovie Ward Recreation Center	OMI	Spanish	5	September 17, 2018
SF Main Public Library	Tenderloin	None	28	September 19, 2018
Hamilton Recreation Center	Western Addition	None	22	September 20, 2018
Betty Ong Recreation Center	Chinatown	Cantonese	25	October 1, 2018

Town Hall venues were coordinated through the San Francisco Recreation and Parks Department. Each town hall took place in the early evening to accommodate individuals that attend school or work during day time hours and lasted approximately two hours. Participants were provided with an overview of the SDDT, SDDTAC, and DPH funding priorities that emerged from community feedback captured in the focus groups. The largest portion of the agenda was devoted to the “World Café” discussion. This discussion



involved three questions that were presented to town hall participants in order to solicit feedback about programs, services, and activities that would improve the health of the community:

- 1. *What types of programs do you think DPH should fund with SDDT revenue and why?***
- 2. *Besides the following funding priorities: Decreasing consumption of sugary drinks, increasing water consumption, oral health, healthy and affordable food access, are there other missing priorities?***
- 3. *What would make you feel like the SDDT has made an impact on your community?***

RDA facilitated the discussions and at the conclusion of the discussions, reported key themes back to the full audience. Participant responses were analyzed using content and thematic analytic techniques to identify priority areas within the data.

## Findings

Community input from the town halls reflected similar priority areas to those that emerged from the DPH-conducted focus groups. The findings presented in this document are organized to represent these broader areas of health and nutrition services as well as to capture and highlight ideas from the community that fall outside of these categories (see Finding #5). When providing feedback and recommendations across all service categories, town hall participants consistently framed their recommendations with an emphasis on health equity-related components such as access, cultural responsiveness, and age appropriateness. These recurring themes are used as a framework to build out the supporting evidence under each of the following findings.

### **Finding #1: SDDT funding should support and encourage physical activity in communities.**

To promote physical activity, participants discussed the need to address the barriers that inhibit access to outdoor spaces and exercise facilities. They identified safety concerns and unsanitary conditions at local parks as barriers to the use of outdoor spaces for physical activity and called for the revitalization of local parks through SDDT funding. Participants also commonly shared that though local Recreation and Park community centers provide opportunities for physical activity through exercise classes, swimming pools, and gym equipment, they would like to see the expansion of hours of operation to specifically cater to the schedules of working adults, families, and older adults. In the Bayview, participants specifically called out a need for increased hours of operation and lifeguarding at Recreation and Park pools to accommodate older adults who are more likely to use the pool in the morning and during the day.

Participants also called for increased opportunities to participate in affordable structured and semi-structured group exercise activities that cater to different ages. Youth participants shared that they would like more opportunities for organized sports and active recreation both after school and on weekends. Adults and older adults that attended the meetings shared a desire for more community-led exercise



groups, such as walking and jogging clubs, as well as increased opportunities for affordable instructor-lead exercise classes such as Zumba, weight-training, and Tai Chi.

<b>Finding #1: SDDT funding should support and encourage physical activity in communities.</b>	
<b>Access</b>	<ul style="list-style-type: none"> <li>• Improve safety and sanitary conditions of parks, streets, open spaces</li> <li>• Increase hours of operation of community facilities (gyms, pools) that cater to families and older adults</li> <li>• Provide discounted gym memberships</li> <li>• Increase outreach/awareness of community resources, exercise classes, Recreation and Park Department offerings</li> </ul>
<b>Age appropriateness</b>	<ul style="list-style-type: none"> <li>• Facilitate coordinated community-led walking groups for older adults</li> <li>• Offer more opportunities for “Senior Yoga”</li> <li>• Increase opportunities for children and youth to participate in sports and other physical activities through afterschool programs and organized weekend activities</li> </ul>
<b>Cultural Responsiveness</b>	<ul style="list-style-type: none"> <li>• Offer exercise classes that respond interests of specific cultural and ethnic groups like Tai Chi, yoga, hip hop dance classes</li> </ul>

**Finding #2: There is a need for increased access to affordable, healthy, and fresh foods and beverages.**

When asked to identify program services and activities that would support the health of their communities, town hall participants recommended improvements to safety net food programs. They reported a perception that food pantries are underutilized and recommended the following to expand the reach of these services: increased selection of culturally appropriate foods; increased hours and days of operations; outreach to raise awareness of services; and greater storage space for food.

Beyond discussion of food pantries, participants also recommended increasing funding for food voucher programs, at times specifically referencing EAT SF, to ensure that food vouchers are available based on need and cease to be time sensitive.

Participants also identified the lack of nearby grocery stores that provide affordable healthy foods in their neighborhoods as a barrier to healthy eating habits. They recommended that SDDT funding be spent to address food deserts through the creation of new healthy grocery stores and the coordination of more accessible farmers markets. Multiple discussions stemmed from the idea of creating neighborhood food cooperatives where community members could volunteer their time in return for free or discounted groceries. In a call for more stores that sell healthy and affordable foods, participants suggested the possibility of CBO involvement in the operation of new grocery stores as well as the continued expansion of city and community-driven healthy retail initiatives such as *Healthy Retail SF* to address the abundance of corner-stores that stock unhealthy foods and beverages.



Both adult and youth participants brought up the importance of increasing access to healthy foods for children and adolescents in schools. Youth participants cited a need for wider options of healthy meals and snacks in their cafeterias to accommodate the different dietary habits across students of different cultural and ethnic backgrounds as well as to those with food allergies and other dietary restrictions. Young people often emphasized that the food being served in schools and promoted as “nutritious,” should be “delicious” and at the least “taste good.” Students at Mission High School also specifically cited a need to reduce the number of vending machines in schools that offer unhealthy snacks and beverages.

Investment in community gardens was another recurring suggestion from participants to address barriers to food access. They requested funding to support existing community gardens that produce fruits and vegetables by increasing hours of operation and increasing SF Recreation and Parks staff and volunteers to provide upkeep and security. They also suggested new urban farming sites in underutilized neighborhood locations such as vacant lots.

<b>Finding #2: There is a need for increased access to affordable, healthy, and fresh foods and liquids.</b>	
<b>Access</b>	<ul style="list-style-type: none"> <li>• Increase hours of operations and outreach to raise awareness of services of food pantries</li> <li>• Create new healthy grocery stores in communities of color</li> <li>• Create and expand cooperatives that offer free and reduced groceries to volunteers</li> <li>• Continue support of the Healthy Retail Initiative</li> <li>• Increase availability of food vouchers</li> <li>• Increase the number refillable water stations</li> </ul>
<b>Age appropriateness</b>	<ul style="list-style-type: none"> <li>• Provide nutritious and fresh foods at early childcare education and care facilities</li> <li>• Promote healthy eating in schools by involving students in menu creation and activities that involve them in food preparation</li> </ul>
<b>Cultural Responsiveness</b>	<ul style="list-style-type: none"> <li>• Increase selection of culturally appropriate foods at food pantries and school cafeterias</li> </ul>

**Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.**

Community participants reported a need for more classes and workshops that provide culturally relevant opportunities for learning about health and nutrition. Though some participants referenced existing community events that promote learning about healthy living, they felt that these opportunities were not adequate in reaching communities of color and older adults. They recommended the expansion of interpretation services to accompany education initiatives such as reading nutrition labels and making healthy lifestyle choices. Cooking classes were a popular idea to teach community members of all ages how to cook nutritious recipes. Participants included in this recommendation the need to build on recipes



and cooking practices that are appropriate to the cultural and ethnic makeup of specific neighborhoods across the city. Addressing barriers to participation in such events, such as transportation and childcare needs, were viewed by many as essential to increasing access for target communities.

Participants frequently discussed the importance of providing children and youth with health and nutrition education opportunities that are participatory and engaging. There were many calls to engage young people in interesting approaches to healthy eating such as holding “taste test” activities in schools and recreation centers where they could sample fresh nutritious foods and recipes. In different iterations, children and adolescents referenced wanting opportunities to take part in project-based learning to more tangibly grasp the high volume of sugar in soda and the effects on the body. Youth and adult participants both recommended the creation of programs that would train high school students to provide education about sugary drink consumption to younger students in elementary and middle schools.

Across Town Hall meetings, participants reinforced the importance of providing young people with a rationale for behavioral change when it comes to consuming sugary drinks. While many participants focused on health implications, some discussed the importance of educating youth about systemic health inequities and their causes.

<b>Finding #3: SDDT funding should support inclusive, culturally responsive approaches to nutrition and health education that would target community members in convenient locations.</b>	
<b>Access</b>	<ul style="list-style-type: none"> <li>• Ensure community events and classes offer transportation and childcare support</li> <li>• Provide wellness information and trainings at popular locations and places of employment</li> </ul>
<b>Age appropriateness</b>	<ul style="list-style-type: none"> <li>• Provide novel and hands-on approaches to health education for children and youth</li> </ul>
<b>Cultural Responsiveness</b>	<ul style="list-style-type: none"> <li>• Expand of interpretation services to accompany health and nutrition education initiatives</li> <li>• Offer healthy cooking demonstrations and classes that build off of cultural/ethnic culinary practices that reflect the population of the community</li> </ul>

**Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.**

Participants recommended that SDDT funding support the creation of youth-led media campaigns that raise awareness about the negative health impacts of excessive sugary drink consumption and the positive impacts of the SDDT. They suggested supporting existing CBOs that facilitate youth-focused media and empowerment programs to do so, referencing Youth Media and BAYCAT, organizations that provide low-income youth, youth of color, and young women with education and employment opportunities related to digital media.







Community members also cited the need to address language barriers and cultural differences in messaging campaigns, emphasizing that “one size does not fit all” in San Francisco. Ideas for community-centered and culturally responsive message dissemination included the *promotora* model in which community members are trained to provide health information within their community, and story-telling opportunities for individuals to share their experiences related to health struggles and successes with their community.

Across several town hall meetings, community members requested that awareness campaigns also support transparency about the purpose of the SDDT, its progress, and regular updates about the impact of the tax on target communities. They requested continued community engagement activities such as community forums and focus groups to ensure that information and feedback flows in both directions.

<b>Finding #4: SDDT revenue should fund engaging media campaigns that increase awareness about poor health outcomes related to sugary drink consumption and the impact of SDDT on target communities.</b>	
<b>Access</b>	<ul style="list-style-type: none"> <li>Engage CBOs that work with youth and communities of color to facilitate community-led media campaign</li> <li>Increase transparency about SDDT processes and impact through regular report-outs to impacted communities and opportunities for feedback</li> </ul>
<b>Age appropriateness</b>	<ul style="list-style-type: none"> <li>Utilize social media for messaging about sugary drink consumption to reach children and youth</li> <li>Initiate a student- led PSA contest</li> <li>Offer contests and giveaways to encourage healthy living</li> <li>Providing Fitbits to older adults to encourage increased physical activity</li> </ul>
<b>Cultural Responsiveness</b>	<ul style="list-style-type: none"> <li>Use the <i>promotora</i> model for awareness-raising activities</li> <li>Translate messaging materials</li> <li>Offer opportunities for community members to exchange their experiences and stories</li> </ul>

**Finding #5: Community members identified additional services and areas for support that fell outside of larger categories.**

**Community Research:** Across the majority of the town halls, participants recommended that SDDT revenue fund programs that train and empower community members to conduct their own research about perceptions and behaviors related to sugary drink consumption. At the Bayview town hall meeting, a discussion group shared that as information and data “never make it back to the community,” community groups should be trained to gather their own data about behaviors and impacts related to the SDDT. At the Town Hall in the Mission neighborhood, high school students brainstormed approaches to encourage student learning about healthy food and beverage choices. They identified student-led



research projects that survey peers about health perceptions and identify the number of vending machines in high schools across the city. At the Tenderloin location, participants envisioned SDDT funding contributing to trainings for community members to conduct research in their neighborhoods with the goal of understanding who may be underutilizing city and CBO-provided services related to health and nutrition.

**Health Services:** Additional recommendations focused on increasing funding support to expand the reach and accessibility of health services (summarized in the table below).

**CBO Program Components:** Community members offered several ideas about key CBO program components and requirements that should be integrated into SF DPH’s request for proposal (RFP) process (summarized in the table below).

<b>Finding #5: Community members identified additional services and areas for support that fell outside of larger funding categories.</b>	
<b>Community Research</b>	<ul style="list-style-type: none"> <li>• Train community members to collect their own data about impact of SDDT</li> <li>• Promote student-led research projects related to sugar consumption as part of school curriculum</li> <li>• Build a repository of community data that is available to all</li> </ul>
<b>Health Services</b>	<ul style="list-style-type: none"> <li>• Increase the number of health navigators.</li> <li>• Provide dietician/nutritionist led programs for those with chronic illnesses</li> <li>• Offer trainings in technology to assist people to enroll in health services with greater ease</li> <li>• Offer more services to provide support for chronic disease management</li> <li>• Provide greater access to pharmacies and urgent care facilities</li> <li>• Offer dental care for all, prioritizing low-income seniors and children</li> </ul>
<b>CBO Program Components</b>	<ul style="list-style-type: none"> <li>• Provide requirements and/or incentives for organizations to collaborate with each other</li> <li>• Fund CBOs that do policy change work affecting health disparities in impacted communities</li> <li>• Promote program models that incorporate youth and peer education</li> <li>• Fund evaluations of eating habits and health challenges in impacted communities</li> </ul>