

San Francisco
Sugary Drinks Distributor Tax Advisory Committee
March 2019

SDDTAC Principles



The following is an excerpt of the full Sugary Drinks Distributor Tax Advisory Committee report. The complete report will be formatted and submitted upon completion. The Budget Recommendations are being submitted as a separate file.

ADVISORY COMMITTEE RECOMMENDATIONS

SDDTAC Principles

The Committee has focused on addressing health inequities and disparities because low-income communities, communities of color, and others have historically suffered disproportionately. Despite the belief that health inequities are caused by individual behaviors, these inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create grossly unequal conditions in which people live. The cumulative impact of living under these oppressive systems, and the consistent trauma that is experienced as a result, leads to not only poor physical health but also poor mental health, including depression, anxiety, post-traumatic stress, substance abuse and addiction.

The City of San Francisco is not an exception but a reflection of these entrenched inequities and health disparities among low-income, communities of color and other discriminated groups. Data shows that within San Francisco these populations experience the highest rates of chronic diseases such as type 2 diabetes, obesity, heart disease and tooth decay. These same communities have the highest concentration of sugary beverage consumption and are disproportionately targeted by aggressive and exploitative marketing campaigns by the soda and sugary drinks industry. It is also the case that San Francisco is one of the cities in which the wealth gap between rich and poor is growing the fastest. The top 5% of the City's wealthiest make 16.6 times more than the middle class (middle 20 percent) and even greater in comparison to the City's poorest. ¹

It is imperative to address poverty and social exclusion as a root cause of health inequities while also working to address social determinants of health, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, among others. In addition, it is necessary to address 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.

For these reasons, the Committee prioritizes the majority of funds to be directed toward community-led initiatives. In this vein, the following strategies and approaches should be prioritized in the implementation of initiatives funded by the Sugary Drinks Distributor Tax:

1. **Community-Led & Informed.** Funded activities should value and involve communities in determining how activities are shaped and implemented in advancing health outcomes. Community-led and informed activities incorporate vision and priorities created by the people who live in a particular geographic community, put local voices in the lead, build on local strengths, and collaborate across sectors in intentional and adaptable ways that build community power and works to address root causes of inequities. Community-based organizations and faith based organizations have concrete ties to community members, demonstrated experience working in target communities, and have staff and governance that reflect those they serve. Community-based programs and services are also community endorsed and evidence- or practice-based.
2. **Culturally Relevant.** Funded activities should be shaped and informed by languages, cultural practices, traditional knowledge, perspectives, and expressions that reflect the communities and populations targeted by the activities, including being multi-cultural and multi-generational.
3. **Peer-Led/Promotora Approach.** Funds should support activities that incorporate peer led and/or promotora (community health worker) led interventions.

Peer/promotora led approaches value community members as vehicles for promoting and enhancing change among peers by educating and sharing information with those who share the same language, culture, ethnicity and life experiences as them. By doing so, peer educators/promotoras are able to remove barriers to information and services. They are natural advocates and committed to equity and social justice.

4. **Implementation provides training and employment for target community members (Workforce Development).** Activities should support development opportunities that lead to increased employability and employment, including but not limited to local hiring, job readiness training, skill and capacity building, career path development, and entrepreneurial opportunities.
5. **Collaborations & Partnerships.** Funding should support existing and new community-based partnerships and collaborations that leverage resources in order to increase capacity, effectiveness and impact of strategies, programs and services.
6. **Leadership Development.** Funding should support activities that promote the development of skills and capacity of community members to become more effective leaders in their communities; enhance leadership skills to create and implement purposeful desired community change; and build capacity of community members to work effectively with a broad range of community issues
7. **Accessible - Free & Low Cost Services.** Funding should support programs and activities that offer free and/or low-cost services to target populations to ensure accessibility and engagement with community members
8. **Intersection of Strategies and Program Areas.** Funding should support activities that incorporate multiple strategies or program areas that represent holistic approaches addressing health disparities and inequities
9. **Promotes long term policy, systems, or environmental change.** Funding should support policy, systems and environmental changes that go beyond programming and focus on the systems that create 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. PSE can enrich and expand the reach of current health preventive efforts and engage diverse stakeholders around the goal of improving health.

Guidelines for Implementing SDDT Funds

Given the Principles above, the Committee identified the following priority populations to be served by SDDT funding:

- Low-income San Franciscans, and/or
- Populations* shown to be consuming sugary drinks at a high rate, and/or
- Populations* disproportionately affected by diet sensitive chronic diseases (such as type 2 diabetes, obesity, heart disease, and/or tooth decay)

If a program, proposal, or initiative does not serve these specifically named populations, the Committee would be supportive of work that included a rationale or evidence that the work is serving a population that consumes sugary drinks at a high rate or is disproportionately

*Including but not limited to African Americans, Asian, Latino, Native American, and Pacific Islander populations as well as youth and young adults, particularly adolescent males.

affected by diet sensitive chronic disease.

In addition, to capture the spirit of the SDDT, the Committee made the following recommendations regarding how funds from the SDDT should be spent. Expenditures should:

1) **Support the aims of the tax itself by reducing sugary drink consumption and supporting public health through a reduction of diet related diseases.** Examples include but are not limited to:

- Adding new services/programming
- Improving/augmenting existing services/programming
- Providing replacement funding to fill gaps caused by a well-documented recent cut in funding
- Supporting policy, systems, or an environmental change
- Supporting primary and secondary prevention efforts and not medical treatment of disease (medications, surgeries, etc.)

Priority categories for the expenditures (in no particular order) are:

- Decreasing consumption of sugary drinks
- Increasing water consumption
- Oral health
- Healthy eating/food security
- Physical activity
- Other (e.g. research/community-based participatory research (CBPR), new innovations, etc.)

2) **Support implementation of the SDDT and the work of the Committee,** such as:

- Infrastructure to support the Committee
- Infrastructure needed to support evaluation of the Committee, including beverage prices, consumer purchasing behavior, and diet related chronic disease
- Technical assistance to help merchants comply with the tax
- Technical assistance to CBOs to respond to City RFPs related to SDDT funds
- Technical assistance to CBOs around how to evaluate the impact of programs utilizing SDDT funds
- Media and communications

Additional Recommendation

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee recommends that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco. City Agencies should also be notified that they will be expected to report back on how the funds were spent and the impact it had on San Franciscans.

SDDTAC budget recommendations in accompanying document 'FY19-20_21 SDDTAC RX-FINAL.PDF'