

Dear San Francisco,

We are pleased to present to you the 3rd Annual Report of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) for 2020. Here you will find the latest data on San Franciscans' health conditions, sugary drinks consumption, food security and other factors that relate to the impacts of sugary drinks consumption in our City. **This report and the SDDTAC recommendations reflect the latest data and evidence, the perspectives of our collective expertise and most importantly, the communities we each serve and represent.** As co-chairs we have represented San Francisco's work nationally, while at the same time ensuring that, locally, our efforts stay true to the Committee's community and health equity values.

This year, the SDDTAC worked with the San Francisco Department of Public Health (SFDPH) staff and health campaign experts to design a public awareness campaign with the intent of informing San Franciscans of how their Soda Tax dollars making a difference throughout the City. We showcased the investment in a new kitchen for the San Francisco Unified School District (SFUSD). This kitchen will help increase fresh food preparation and encourage our students to eat more nutritious foods. We also highlighted the Healthy Retail program for supporting small local businesses in ways that help them offer fresh produce, healthier food options, and reduce the marketing of unhealthy products in their stores.

In addition to the public awareness campaign, we focused on creating sustainable structures and systems to guide future SDDT work. **The three subcommittees worked in a synergistic, coordinated fashion, and always led by data input from community members:**

1. To ensure we sustain our mission, incorporate community and scientific input, and go beyond spending recommendations in strategic ways over time; our Infrastructure subcommittee lead our strategic planning process this year. Along with SFDPH staff, the SDDTAC also partnered with local experts to design an evaluation of the Request for Proposals (RFP) process to monitor and measure the impact of soda tax investment.
2. To be more intentional about how the SDDTAC disseminates information to the communities we represent and gathers community input to inform our annual funding recommendations; our Community Input subcommittee designed an outreach accountability system for the entire SDDTAC to accompany the public comment from all of our regular and subcommittee meetings.
3. To leverage the latest data and evidence, led by our Data and Evidence Subcommittee and our SFDPH committee member and staff, we implemented a monthly collaboratory (collaborative laboratory). Each month, we brought together various researchers, public health and school nutrition experts, scientists, and community members to have a multi-faceted discussion focused on the up-to-date strategies and approaches to improve either specific community health outcomes and/or to create systems change.

For the past year, we as co-chairs have had the opportunity to participate in a national initiative, convened by our partners at [Healthy Food America](#), to meet with members of soda tax advisories from across the US monthly. This enabled further collaborative learning and an opportunity to design how our soda tax efforts could do better toward creating healthier communities for low-income and populations of color, who are hardest hit by soda industry marketing and the health impacts of their products.

This spring, the SDDTAC will elect new co-chairs. We have been honored to serve San Francisco in this capacity, as native San Franciscans, and as native Bayview Hunters Point and Mission District folks for the past three years. This work has not been easy and yet has been important and rewarding. We are thankful to the SDDTAC for investing their confidence and support in us as co-chairs. We believe that each of our colleagues on SDDTAC has the skill and integrity to perform this role. With that said, it is crucial to maintain the community leadership of the SDDTAC in order to always make recommendations that are

grounded primarily in the perspectives of San Francisco communities. We hope that current and future San Francisco SDDTAC will consider nominating and electing co-chairs who are community representatives, when possible.

No matter who leads our work into 2020 and beyond, we know **the SDDTAC is committed to recommending the investments our communities care most about: equitable access to healthy food for low-income people and students; food security; access to clean drinking water; access to safe and affordable physical activity; oral health; and a built environment that ensures access to all these things.**

As always, we invite you to not just trust us, or the process, but to stay engaged in it. Please hold us, elected officials, city departments, and all soda-tax funded organizations accountable for serving the needs of San Francisco. Together, we can use the Sugary Drinks Distributor Tax to truly benefit those San Francisco's communities who are most impacted by the marketing and consumption of sugary drinks.

Joi Jackson-Morgan, MPH

Executive Director
3rd Street Youth Center and Clinic

Roberto Ariel Vargas, MPH
Associate Director
Community Engagement and Health Policy Program
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University of California, San Francisco

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I. BACKGROUND

a. Sugary Drinks Distributor Tax Legislation

In November of 2016, the voters of San Francisco approved the passage of Proposition V. Proposition V established a 1 cent per ounce fee on the initial distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The Sugary Drinks Distributor Tax (SDDT) is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages. The funds collected from this tax are to be deposited in the General Fund.

The legislation defines a sugary drink, or sugary-sweetened beverage (SSB), as follows:

A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains caloric sweetener and contains 25 or more calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to "soda," "pop," "cola," soft drinks" "sports drinks," "energy drinks" "sweetened iced teas" or any other similar names.

The passage of Proposition V established two pieces of law: [the Sugary Drinks Distributor Tax](#) in Business and Tax Regulations Code and the [Sugary Drinks Distributor Tax Advisory Committee \(referred to in this report as "Committee"\)](#) in the City's Administrative Code. The ordinance stated that the Committee shall consist of 16 voting members, who are appointed by either the Board of Supervisors or certain City departments. The powers and duties of the Committee are to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax and to submit a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee is to also provide recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

In May 2018, the SF Department of Public Health was requested to assume staffing of the Committee. The Mayor's Office formalized the change in administrative oversight of the Committee from the City Administrator's Office to Department of Public Health through a transfer of function of the Executive Branch pursuant to [Sec. 4.132 of the City Charter](#).

Unless the Board of Supervisors by ordinance extends the term of the Committee, it shall expire by operation of law, and the Committee shall terminate, on December 31, 2028.

b. Report Requirements and Process

Starting in 2018, by March 1, of each year, the Committee shall submit to the Board of Supervisors and the Mayor a report that evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health. The Committee in their report shall make recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugary drinks in San Francisco.

Within 10 days after the submission of the report, the Department of Public Health (per change referenced above) shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

c. Relationship Between Sugary Drink Consumption, Health, and Health Equity

A large body of evidence exists indicating that sugary drink consumption increases risk for cavities, overweight/obesity, type 2 diabetes, hypertension and heart disease.^{i, ii, iii, iv, v} Although sugary drinks can contain hundreds of calories in a serving, they do not signal “fullness” to the brain and thus facilitate overconsumption.^{vi} Sugary drinks are the leading source of sugar in the American diet, contributing 36% of the added sugar Americans consume.^{vii}

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and sugary drinks to improve health. Studies show that sugary drinks flood the liver with high amounts of sugar in a short amount of time and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that are associated with the development of type 2 diabetes, cardiovascular disease, and other serious health problems.^{viii} Of note, every additional sugary drink consumed daily can increase a child’s risk for obesity by 60%^{ix} and the risk of developing type 2 diabetes by 26%.^x

Diseases connected to sugary drinks are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary drinks. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times higher than San Francisco’s overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinx and 73% of African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and African American children also have a higher prevalence than the average for cavities.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugary drinks in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugary drinks are consumed per person each year, enacted an excise tax on sugary drinks in 2014, with the result that the purchase of taxed sugary drinks declined by 12% generally and by 17% among low-income Mexicans by December 2014. The Mexico data indicate that, when people cut back on sugary drinks, to a significant extent they choose lower-caloric or non-caloric alternatives. Studies have projected that a 10% reduction in sugary drink consumption in Mexico would result in about 189,300 fewer incident type 2 diabetes cases, 20,400 fewer incident strokes and myocardial infarctions, and 18,900 fewer deaths occurring from 2013 to 2022. This modeling predicts the sugary drinks tax could save Mexico \$983 million international dollars.^{xi} Following the implementation of Berkeley, California’s sugary drink tax, the first in the nation, there was a 50% decline in sugary drink consumption among diverse adults over the first 3 years of the tax.^{xii} Modeling suggests that a national sugary drink tax that reduced consumption by just 20% would avert 101,000 disability-adjusted life-years; gain 871,000 quality-adjusted life-years; and result in \$23.6 billion in healthcare cost savings over just 5 years. The tax is further estimated to generate \$12.5 billion in annual revenue. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of sugary drinks, which in turn can reduce the burden of chronic disease.

d. Sugary Drinks Distributor Tax Advisory Committee

The Committee shall consist of the following 16 voting members:

Seats 1, 2, and 3 shall be held by representatives of nonprofit organizations that advocate for health equity in communities that are disproportionately impacted by diseases related to the consumption of Sugar-Sweetened Beverages, as defined in Business and Tax Regulations Code Section 552, appointed by the Board of Supervisors.

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat.

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office.

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member.

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.

Seat 16 shall be held by a person with experience or expertise in services and programs for children ages five and under, appointed by the Board of Supervisors.

Sugary Drinks Distributor Tax Advisory Committee

Seat 1	BOS Appointment - Health Equity- Latino/Chicano/Indigena	Vanessa Bohm
Seat 2	BOS Appointment - Health Equity – Asian/Pacific Islander	John Maa
Seat 3	BOS Appointment - Health Equity – Black/African American	Joi Jackson-Morgan
Seat 4	BOS Appointment - Research/Medical Institutions	Roberto Ariel Vargas
Seat 5	BOS Appointment - Research/Medical Institutions	Jonathan Butler
Seat 6	BOS Appointment - Youth Seat	Aaron Kunz
Seat 7	Office of Economic and Workforce Development Appointment	Jorge Rivas, resigned 12/2020; replaced by Larry McClendon
Seat 8	Board of Education Appointment - San Francisco Unified School District	Saeeda Hafiz
Seat 9	Board of Education Appointment - San Francisco Unified School District	Lauren Heumann
Seat 10	Department of Public Health Appointment - SF Department of Health – Chronic Disease	Rita Nguyen
Seat 11	Department of Public Health Appointment - Oral Health	Irene Hilton
Seat 12	Department of Public Health Appointment - Food Access/Security	Shelley Dyer
Seat 13	Department of Children Youth and Their Families Appointment	Michelle Kim
Seat 14	Recreation and Parks Department - Appointment	Linda Barnard
Seat 15	BOS Appointment - SFUSD Parent Advisory Council	Janna N. Cordeiro
Seat 16	BOS Appointment - Children 0-5 Years Old	Derik Aoki

e. Sugary Drinks Distributor Tax Revenue & Revenue Projections

The City and County of San Francisco operates on a July-June fiscal year (FY). Each year the Mayor and Board of Supervisors pass a rolling, two-year budget, with the second year becoming the first year of the next budget cycle; similarly, the Committee makes rolling, two-year recommendations.

SDDT Revenues

The Treasurer and Tax Collector collects the revenue and the Controller’s office reports the revenues (to track revenues go to www.sfdph.org/sddtac). Tax collection began January 1, 2018. Between January 2018 – February 2020 for a total of \$31,891,764.

SDDT Revenue History

FY 2017- 2018 This figure represents 6 months, January 2018-June 2018	\$7,911,731
FY 2018-2019 *represents updated figure from 2019 Annual Report	\$16,097,908*
FY 2019 – 2020 This figure represents 8 months: July 2019 - February 2020	\$7,882,125
TOTAL	\$31,891,764

Revenue Projections

In 2018, the Controller’s Office projects that in the upcoming five fiscal years (through FY 2023-24), the SDDT is expected to raise \$15 million annually.

FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
16,000,000	16,000,000	15,000,000	15,000,000	15,000,000

After voter-mandated set asides (about 22%), the available amount of SDDT revenue is \$11.6 million. The Board of Supervisors appropriated \$1.2 million of the \$11.5 million in ongoing “Healthy Addbacks” during the FY 17-18 budget process, which nets to \$11.2M and \$10.3M available for Committee recommendations in FY2020-21 and FY2021-22 respectively.

II. Sugary Drinks Distributor Tax Advisory Committee Recommendations

a. SDDT Advisory Committee Process

The Committee meets monthly with the Department of Public Health (DPH) serving as backbone staff. In addition to the full monthly Committee meetings, many Committee members participated in one or two subcommittees. The three subcommittees continued their work from the previous year: Data and Evidence, Community Input, and Infrastructure. Each subcommittee gathered input from experts, stakeholders, community groups, and sugary drink tax advisors from other cities. The full Committee also heard community input at meetings and each subcommittee was encouraged to incorporate public feedback in its recommendations. The Committee's recommendations were informed by scientific data and evidence; community input via community focus groups, as well as learnings from other jurisdictions that have implemented similar taxes.

The Co-Chairs also conducted meetings with the Mayor's office and members of the Board of Supervisors to describe the process for developing recommendations and to describe our strategies in more depth. Additionally, they participated along with backbone staff in national conference calls with representatives of other jurisdictions that have passed sugary drink taxes. [For the past year, the Committee's co-chairs represented San Francisco in a national initiative, convened by our partners at Healthy Food America, to meet with members of soda tax advisories from across the US monthly. This enabled further collaborative learning and an opportunity to design how our soda tax efforts could do better toward creating healthier communities for low-income and populations of color, who are hardest hit by soda industry marketing and the health impacts of their products.](#)

The Committee is tasked with making two-year budget recommendations to coincide with the City's two-year budget cycle every year. The Committee expects new information will emerge during the course from funded organizations, ongoing community input, new data and evidence, etc. that will inform potential changes to its second year budget recommendations. For example, this year the Committee is making recommendations for expenditures in FY20-21 and FY21-22. The Committee will re-evaluate its FY20-21 recommendations at the end of 2020 and may make changes, if deemed appropriate, for its final FY21-22 recommendations in early 2021.

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 continues to recommend 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.

The Committee voted on February 19, 2020 to make the funding recommendations for FY2020-21 and FY2021-22 as described in the recommendations section.

Subcommittee Reports

Data and Evidence Subcommittee

The mission of the Data and Evidence Subcommittee is to review, analyze and share research within the context of our San Francisco communities to help inform and support the work of the Sugary Drinks Distributor Tax Advisory Committee.

The duties of the subcommittee are to:

- Collect and review research and data that would be helpful to the work of the committee;
- Help inform and support efforts to analyze the impact of the SDDT on sugary drink pricing, public health, and consumer purchasing behavior; and
- Help inform efforts to evaluate programs and work funded by SDDT.

The following members of the SDDTAC were active members of the Data and Evidence Subcommittee during the development of this report:

Jonathan Butler, (Seat 5: research/medical institution), Data and Evidence Subcommittee Chair

Joi Jackson-Morgan, (Seat 3: Health equity Black/African American), SDDTAC Co-Chair

Roberto Vargas, (Seat 4: research/medical institution), SDDTAC Co-Chair

Saeeda Hafiz, (Seat 8: San Francisco Unified School District)

Irene Hilton, (Seat 11: DPH oral health)

The Data and Evidence Subcommittee met monthly with a total of thirteen meetings between March 2019–February 2020:

March 13, 2019	August 14, 2019	December 11, 2019
April 10, 2019	September 11, 2019	January 8, 2020
May 8, 2019	September 18, 2019	February 5, 2020
June 12, 2019	October 9, 2019	
July 10, 2019	November 13, 2019	

The Data and Evidence Subcommittee accomplishments include:

1. Created a work plan that identifies subcommittee tasks in alignment with the goals of the SDDTAC.
2. Provided a list of guest speakers to co-chairs for SDDTAC presentations.
3. Provided critical feedback to Harder and Co. on evaluation framework and plan.
4. Reviewed evaluation plans, needs, and funding.
5. Reviewed and presented the most recent literature on health disparities and factors that contribute to health disparities.
6. Invited speakers to present on relevant research to the SDDTAC.
7. Created a grid on cross-sectional priorities between the SDDTAC work and Our Children and Our Families (led by subcommittee member, Saeeda Hafiz)
8. Voted to approve the data report.
9. Reviewed and discussed SDDTAC strategic plan.
10. Reviewed and provided feedback for SDDT funded grantees matrix overview.
11. Reviewed and on SDDT FY 19-20 & FY 20-21 & FY 21-22 budget and made recommendations for the SDDTAC.
12. Contacted scientists/researchers to provide guidance on recent literature and interventions related to SSB (led by subcommittee member and SDDTAC co-chair,

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Roberto Vargas)

Subcommittee members who presented on research topics related to the SDDTAC's work:

April 10, 2019—Dr. Irene Hilton (oral health)
May 8, 2019—Roberto Vargas (water equity)
June 12, 2019—Saeeda Hafiz (physical activity)

Forthcoming presentations:

Dr. Jonathan Butler (Community-based Participatory Research)
Dr. Rita Nguyen (SSB policy)
Joi Jackson Morgan (healthy eating/food security)

Future Considerations for the Data & Evidence Subcommittee:

The Committee has requested the data and evidence subcommittee to research and provide recommended strategy for educational investments across lifespan, specifically scholarships and other supports in higher education in health field for SDDT priority populations. The Data and Evidence Subcommittee remains committed to helping inform the Committee recommendations with objectiveness and dedication to evidence-based scientific information in the context of community through the remaining time of the SDDTAC on behalf of all the residents of the City and County of San Francisco.

Community Input Subcommittee

The mission of the Community Input Subcommittee is to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the Committee, so that impacted populations can inform the decisions of the full committee. This subcommittee recognizes the disproportionate health burdens felt by communities of color and low-income communities and the need to have members of these communities actively participate in shaping funding recommendations for strategies, approaches and services that contribute to decreasing the consumption of sugary drinks for those most impacted, as well as all San Franciscans. This subcommittee also recognizes the necessity for the Committee to create mechanisms by which information about the recommendation process and the implementation of the SDDT can be communicated to members of the public, including disproportionately impacted communities. With this as our guiding perspective, the Community Input Subcommittee worked in partnership with the Department of Public Health (DPH), who provided backbone staffing for the Committee, to support and give feedback related to community engagement and outreach efforts.

The duties of this subcommittee are to:

1. Evaluate the funding process and extent to which the intent of the original recommendations are implemented through community input;
2. Make recommendations to full committee for any needed improvements to next round of recommendations/funding process based on community input;

3. Advocate for SDDT funded organizations to get the support they need; as well those who may need support responding to calls for proposals;
4. Solicit input from the community about SDDTAC recommendations and related processes;
5. Advocate for community engagement activities such as Town Hall meetings, be present at such events, and report back to the committee;
6. Recommend the addition of public engagement component be a part of the funding process;
7. In collaboration with the Infrastructure Subcommittee, develop a process for some funded organizations to report out to the Committee and the public what they have done or what they intend to do; and
8. Oversee strategic outreach to communities.

The following members of the Committee were active members of the Community Input Subcommittee during the development of this report:

Vanessa Bohm, (Seat 1: Health equity – Latino/Chicano/Indigena), Community Input Subcommittee Chair (Leave beginning October 2019; Returning February 2020)

John Maa, (Seat 2: Health equity - Asian/Pacific Islander)

Joi Jackson-Morgan, (Seat 3: Health equity - Black/African American), SDDTAC Co-Chair

Aaron Kunz, (Seat 6: Youth Seat) Interim Community Input Subcommittee Co-Chair

Lauren Heumann, (Seat 9, San Francisco Unified School District)

Shelley Dyer, (Seat 12: DPH food access/food security)

Janna Cordeiro, (Seat 15: SFUSD Parent Advisory Council) Interim Community Input Subcommittee Co-Chair

All members of the subcommittee have extensive work experience with diverse communities disproportionately impacted by the consumption of sugary drinks and have expert knowledge on important issues and concerns affecting these communities. As a result, subcommittee members are well positioned to inform recommendations for community engagement and outreach efforts.

The Community Input Subcommittee has met 12 times between March 2019 – February 2020:

March 15, 2019	July 10, 2019	Nov 13, 2019
April 19, 2019	Aug 14, 2019	Dec 11, 2019
May 17, 2019	Sept 11, 2019	Jan 8, 2020
June 12, 2019	Oct 9, 2019	Feb 5, 2020

Each meeting was approximately two hours in length. Agenda items included:

- (1) developing recommendations to the full committee on utilization of this year’s funds for community engagement;
- (2) recommending a process change to the full committee to ensure members of the public can fully participate in public comment opportunities;
- (3) Developing an accountability tracker and framework for the full committee to identify how each member is gathering input and reporting back to communities they represent;

- (4) providing input to Harder + Company for the process evaluation of the Community Grants RFP process;
- (5) participating in the idea generation and feedback to Civic Edge for the design of the media campaign;
- (6) participating in the strategic planning process;
- (7) reviewing and discussing FY 20-21 and FY 21-22 funding recommendations; and
- (8) discussing and developing the subcommittee's report for the Committee's 2020 Annual Report.

In addition, subcommittee members reported to and gathered community input from various community stakeholders to inform the Committee's work.

2019 Community Input Accomplishments

After the extensive community outreach efforts conducted by DPH in 2018, the focus of 2019 was on implementing the recommendations gathered from community into the Community Grants RFP process; evaluating the Community Grants RFP process; ensuring transparency and accountability among committee members; and developing a media campaign to communicate to San Franciscans how SDDT funds are being invested. The committee continued to emphasize the importance of making all our meetings accessible and open to the public and to developing meaningful and creative mechanisms to communicating how SDDT funds are being utilized to support those communities most targeted by the beverage industry. The subcommittee reviewed the work of DPH and the various contractors to ensure that community input was integrated into all of the work.

Considerations for Future Community Input Opportunities

The Community Input Subcommittee continues to be committed to ensuring the bidirectional flow of information between communities most impacted by the harms of sugary drinks and SDDTAC. Our work for 2020-2021 includes the following:

- Providing guidance to the media campaign efforts promoting the investments and success stories of the SDDT funds so that communities impacted are effectively reached by these efforts;
- Recommending how community engagement funds be spent;
- Providing recommendations for future Community Grants RFP Processes;
- Continuing to ensure community members are aware of our meetings, feel welcomed and understand the opportunities for community input;
- Building in more opportunities for input from youth which may include going to youth-led events organized by SFUSD;
- Advocate for ongoing report backs from funded organizations on how SDDT funds are being used;
- Ensure SDDTAC utilization of the accountability tracker and framework to increase transparency about efforts to solicit input from the community by committee members; and
- Continue to host Subcommittee meetings in the community when possible.

Infrastructure Subcommittee

The mission of the Infrastructure Subcommittee is to ensure needed staffing and resources are in place to support the functioning, administrative, and evaluation needs of the Committee and

Subcommittees.

The duties of this subcommittee are to:

1. Provide recommendations regarding the infrastructure resources needed to support implementation of the SDDT which includes infrastructure to:
 - a. Provide administrative and operational support to the Committee and its Subcommittees
 - b. Support coordination across City departments and funded agencies.
 - c. Ensure community engagement so that Committee recommendations are developed and implemented in partnership with community
 - d. Track the economic impact of the tax on small businesses and larger corporations
 - e. Support evaluation of funded City agencies and programs
 - f. Support the creation of an annual report
 - g. Support CBOs and FBOs to respond to City RFPs related to SDDT funds
 - h. Help merchants comply with the tax
2. Ensure the full Committee is updated regularly on the progress of implementation and has opportunities to provide input as needed
3. Provide guidance/recommendations in the Committee's media relationships/communications, ensuring alignment and consistency of messaging
4. Provide regional representation with other cities with sugary beverage taxes, regularly reporting back to Subcommittee and full Committee
5. Contextualize the work of the Committee within City Department systems and processes

The following members of the Committee were active members of the Infrastructure Subcommittee during the development of this report:

Michelle Kim (Seat 13 - Department of Children, Youth & Their Families), chair of Infrastructure Subcommittee, September 2019-present)
Derik Aoki (Seat 16, Children 0-5 Years Old)
Linda Barnard (Seat 14, Recreation and Parks Department)
Larry McClendon (Seat 7, Office of Economic and Workforce Development), member as of February 4, 2020
Rita Nguyen (Seat 10 - Department of Public Health, Chronic Disease), chair of infrastructure subcommittee March 2019-August 2019
Jorge Rivas (Seat 7, Office of Economic and Workforce Development), resigned as of December 18, 2019
Roberto Vargas (Seat 4 - Research/Medical Institution), resigned as of August 6, 2019

Since the release of the last year's annual report, the subcommittee met monthly between March 2019-February 2020 for approximately 2 hours each.

March 6, 2019	July 2, 2019	December 3, 2019
April 3, 2019	August 6, 2019	January 7, 2020
May 7, 2019	October 1, 2019	February 4, 2020
June 4, 2019	November 5, 2019	

Topics for these meetings consist of the following:

- (1) reevaluating committee membership including minimum number of members and change of chairs;
- (2) recommendations for funded agency report backs to SDDTAC; including timeline and proposed questionnaire
- (3) recommendations on media campaign budget and workplan;
- (4) reviewed and edited an accountability framework to document the level of community engagement of each SDDTAC representative based on the interests of their constituencies;
- (5) recommendations on strategic planning consultant selection and planning process, including budget, workplan, and working with consultants to create a strategic plan document
- (6) the Infrastructure Subcommittee has also dedicated time to prepare for the March 2020 report by reviewing FY 20-21 and FY 21-22 funding recommendations.

In addition, Subcommittee members have spent additional time outside of the Infrastructure Subcommittee to check-in with DPH regarding infrastructure needs, participate in regional media campaign meetings with other cities with sugary drink taxes, provided input in the strategic planning process, and provide input on branding and a media campaign geared toward retailers.

Future Considerations for Infrastructure Subcommittee

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not robust. It can be difficult to recognize changes in nutrition, food security, physical activity, and diet-sensitive chronic disease. Thus the Committee has made recommendations to support data and evaluation infrastructure to better understand the impact of the SDDT especially on the communities most affected by the impact of sugary beverages. In addition, infrastructure subcommittee will ensure the completed versions of strategic plan is incorporated in future work plans. The Infrastructure Subcommittee would also like to explore a process or a policy around how the Committee can address emerging needs.

b. SDDT Advisory Committee Principles and Strategic Planning Process

In September 2019, the Committee hired Raimi & Associates for the creation of the Committee's strategic plan. The Strategic Plan process incorporated the Committee's existing values and principles to ensure that their mandate (SDDT funding recommendations and SDDT impact evaluation) is intentional and targeted toward the priority populations most impacted by sugary sweetened beverage consumption.

Strategic Plan

The Committee's strategic plan will guide their annual recommendations to the Mayor and Board of Supervisors. Key elements of the Committee's strategic plan are as follows, which includes a focus on the following priority populations:

PRIORITY POPULATIONS:

- Low-income San Franciscans
- Black/African American, Pacific Islander, Native American, Latinx, Asian communities
 - Populations disproportionately affected by diet sensitive chronic diseases (such as type 2 diabetes, obesity, heart disease, and/or tooth decay)
- Children and youth 0-24 years old

MISSION: The SDDTAC makes funding recommendations that support services and other innovative, community-led work to decrease sugary beverage consumption and related chronic diseases.

VISION: San Francisco improves health, eliminates health disparities, and achieves equity through effective services and changes to the environment, systems, and policies.

VALUES: SDDTAC is committed to:

- Supporting community-led and culturally relevant work.
- Building strong collaborations and partnerships.
- Prioritizing results and long-term impacts.
- Eliminating structural inequities and achieving equity.

SDDTAC Goals: 1. Healthy People! and 2. Healthy Places

SDDTAC Impact: Eliminate health disparities and achieve equity, especially among priority populations.

SDDTAC Outcomes – all outcomes will focus on priority populations

Community and Economic Outcomes

- Increase in hiring
- Increase in food security
- Increase in access to clean drinking water
- Increase in workforce development

Health Outcomes

- Decrease in diet-related chronic diseases (e.g. dental caries, heart disease, hypertension, obesity, stroke, Type 2 Diabetes)

Behavioral Outcomes

- Decrease in sugary drink consumption
- Increase in tap water consumption
- Increase in fruit/vegetable consumption

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did not include goal strategies since they have not yet been approved

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- Increase in breastfeeding
- Increase in physical activity

Original SDDTAC Principles

The original rationale for the Committee's values and principles, upon which the strategic plan was largely based, follows.

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.¹³

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:

- 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.

- b. **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.
- c. **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.
- d. **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.
- e. **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.
- f. **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
- g. **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
- h. **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
- i. **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.

c. SDDT Media Campaign

In FY 19-20, DPH contracted with Civic Edge Consulting, lowercase productions and Circlepoint to develop an educational marketing and advertising effort to help San Franciscans better understand the benefits of the Sugary Drinks Distributor Tax (SDDT) and promote healthy behaviors.

Strategy

Although the final city allocations did not include the Committee's requested \$680K for media, there was nearly \$500k from FY17-18 and FY18-19 to be spent by June 30, 2019 on a media campaign. Initially, the \$495K budget was to be spent as follows:

1. Nearly \$300K to Civic Edge to develop strategy and project management and design (lowercase productions) which included collateral, website, messaging, etc.
2. \$198K to Circlepoint for media buys.

The SDDTAC made it clear that getting a media campaign out the door was a priority. DPH staff worked with the media team on an aggressive timeline to implement a two-phased campaign that would put materials out in the public by Fall 2019; revising it based on feedback and analytics; and then releasing a new and improved phase 2 of the campaign.

It became clear that these artificial timelines were not creating space for community engagement and feedback. In September 2019, Civic Edge held a focus group of 10 San Francisco residents who represented the Committee's priority populations and who were largely unfamiliar with the workings of the SDDT. To incentivize participation, each focus group participant was given a \$100 Visa gift card and either a \$20 cash travel stipend or rides to the focus group and home afterwards, arranged by Civic Edge.

Five focus group findings [see appendix A] were key to shifting the approach for the media campaign:

1. Community wants to know the benefits of the tax and how to access services.
2. Authenticity is key – use actual community members in the images.
3. Engagement needs to be personal. Pop-ups and in-person opportunities are important (if not more important) than a broad advertising campaign.
4. Community prefers information from trusted community sources.
5. There is a still a need among merchants for materials to better help them explain the SDDT.

The DPH Communications Team expressed concern about spending SDDT funds to share how SDDT funds were being spent as opposed to focusing on health impacts. After synthesizing the feedback, the campaign strategy shifted significantly. Rather than a campaign focused on large media buys such as billboards or radio, the campaign would:

- Feature real community members
- Come from *trusted community sources* (community posters, community organization social networks, events and workshops, etc.) with real touch points and in person outreach.
- Educate people about what has been funded and how to access services.

Deliverables

By June 30, 2020, key deliverables of the SDDT Media effort will include:



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Comment [3] : just adding logos here, but they don't all have to be shown. You can use elsewhere. I also included a few examples of social media posts. Again, not all have to be included, but I wanted to give a few options.

Messaging – logo, posters, post cards, social media toolkit, FAQs, flow chart

- **Website and Online Tool** – SFSodaTax.org will be hosted on SFDPH website to house information about the SDDT, SDDT funded program highlights, and other key resources. A separate online tool will be linked from the website that will provide information about SDDT funded programs that are open for enrollment.
- **Outreach** – Once collateral and online tool is finalized, the media team will host pop up outreach events at various locations in communities targeted by the industry. The purpose of these events is to educate community about the benefits of the SDDT, the programs it has funded, and have them engage with the online tool to discover programs of interest that are accepting enrollment. These outreach events will be fun and engaging and reinforce the promotion and education that is happening concurrently with the CBO partnerships.
- **Media** – Focus on transit and community posters
- **CBO Partnerships** – The goal of the SDDT Community Based Education Stipends is to increase awareness about the programs funded by the SDDT among priority populations in SF. The

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aff, Civic Edge, Circlepoint) selected 10 CBOs to receive \$10,000 stipends based on the priority populations they serve, their social media reach, and the creativity/sustainability of the projects they proposed in their applications.

1. 18 Reasons
2. 3rd St. Youth Center and Clinic
3. Carnaval
4. Gum Moon Residence Hall
5. Imprint City
6. Jamestown Community Center
7. Mission High School
8. Parents for Public Schools
9. Ultimate Impact Inc.
10. SF Islamic School



These CBOs will implement a social media toolkit, promote the online tool to a minimum of 300 people in their community, and attend and promote a media event in June 2020 to celebrate their work in June. Additionally, some of the CBOs will attend and implement a train-the-trainer workshop on sugar science and industry tactics and/or host an event on sugary drinks or water promotion or another creative idea that they propose.

- Merchant support plan – Media Team to work closely with the Mayor’s Office of Economic and Workforce Development to identify further how to support merchants enacting the Sugary Drinks Distributor Tax. This includes refining educational pieces to best fit the needs of merchants and their customers, establishing the best format for educational pieces (postcards, stickers, etc.), and a simple way for merchants to request materials and have them delivered.

Timeline

- May 2018 – DPH worked with 510 Media to: 1) conduct ethnographic research; 2) develop tools and communications about tax process; and 3) supply SDDTAC with talking points and tools to use for merchant to give to consumers and consumer audiences, policy makers, etc. The goal of this effort was to build merchant and committee capacity, highlight benefits of the tax and eventually lead to a larger campaign to showcase the results. Members of community input subcommittee provided feedback for draft campaign concepts.
- September–November 2018 – 510 Media drafted talking points and a merchant tool for committee review
- December 2018 – DPH shared draft merchant tool and received more feedback on talking points.
- March 2019 –In their 2019 annual report and recommendations, SDDTAC recommends \$680,000 for a media campaign to focus on storytelling to convey the impact of the tax on a local, regional level, and the local piece must include merchant communication.
- May 2019 – Concluded work with 510 Media. Convened an Ad Hoc committee to help with selection and priorities for media campaign (Joi, Vanessa, Jorge, Saeeda, Janna, Jonathan, Aaron).

- August 2019 - DPH contracts with Civic Edge Consulting, lowercase productions and Circlepoint to develop a media campaign that will show the impact of the tax and promote healthy behaviors.
- September 2019 – Focus group of 10 diverse SF residents who represent SDDT priority populations.
- October 2019 – Civic Edge leads message and logo development.
- November 2019 – Photo shoots and design. Given feedback from the focus groups and DPH Communications and Policy and Planning, DPH staff shift the budget away from large media buys (billboards, media spots) to focus on community posters, post cards, transit ad space, social media tool kits and pop up engagement activities to engage with community in a meaningful way and to increase impact by linking them to programs funded by the SDDT.
- December 2019 – finished photo shoots. Tagline changed from “SF Soda Tax @ Work” to “SF’s Soda Tax Supports...”
- January 2020 – DPH and Media Team (Civic Edge and CirclePoint) issued call for applications to put \$100K formerly for ad buys into community-based organizations to implement social media toolkits, promote online tool, and attend a media event in June. Orgs will also attend and host a train the trainer or host an event for sugary drink education.
- February 2020 – Mayor’s Office approves use of logo for grantees. 10 CBOs begin implementing social media posts.
- March 2020 – ongoing development of website, online tool, and collateral material. Civic Edge will propose outreach plan with engagement opportunities with community.
- April-June 2020 – roll out of media placements in and on transit and community posters, continue outreach opportunities, CBO partnerships and event,
- July 2020 – final report and file transfer to SFDPH; final presentation to SDDTAC and subcommittees, as needed.

d. SDDTAC Budget Recommendations FY2020-21 and 2021-22

Budget descriptions follow

SDDTAC BUDGET RECOMMENDATIONS	FY2020-21	%	FY2021-22	Department
COMMUNITY-BASED GRANTS				
Health education, food security, physical activity	\$3,260,000	29%	\$3,260,000	DPH/CHEP
CBOs working with SFUSD	\$300,000	2.7%	\$300,000	DPH/CHEP
Media	\$250,000	2.2%	\$250,000	DPH/CHEP
Community engagement	\$50,000	0.4%	\$50,000	DPH/CHEP
Capacity Building Grants	\$470,000	4.2%		DPH/CHEP
TOTAL COMMUNITY BASED GRANTS	\$4,330,000	39%	\$3,860,000	
SFUSD				
School Food, Nutrition Ed	\$1,000,000	9%	\$1,000,000	SFUSD via DCYF
Student Led Action	\$500,000	4%	\$500,000	SFUSD via DCYF
Student Led Media Coordinator	\$250,000	2.2%	\$250,000	SFUSD via DCYF
SFUSD Kitchen/Food Infrastructure Upgrade	\$330,000	2.9%		SFUSD via DCYF
College Scholarships in Health Field for Priority Populations			\$150,000	
TOTAL SFUSD	\$2,080,000	19%	\$1,900,000	
FOOD ACCESS				
Healthy Food Purchasing Supplement	\$1,200,000	11%	\$1,200,000	DPH/PHD
Healthy Retail	\$150,000	1.3%	\$150,000	OEWD

TOTAL FOOD ACCESS	\$1,350,000	12%	\$1,350,000	
ORAL HEALTH				
Community task forces	\$450,000	4%	\$450,000	DPH/MCAH
School-based sealant application	\$350,000	3.1%	\$350,000	DPH/SF Health Network
School-based education and case management	\$200,000	1.8%	\$200,000	SFUSD via DCYF
TOTAL ORAL HEALTH	\$1,000,000	10%	\$1,000,000	
WATER ACCESS				
Water Access - SFUSD	\$340,000	3%		SFUSD via DCYF
Water Access - Public Spaces			\$ 340,000	PUC via RPD
TOTAL WATER ACCESS	\$340,000	3%	\$340,000	
SF Recreation & Parks				
Peace Parks	\$650,000	6%	\$650,000	RPD
SVIP Funding – Peace Parks Transportation	\$225,000	2%	\$225,000	RPD
TOTAL SF RECREATION & PARKS	\$875,000	8%	\$875,000	
BREASTFEEDING	\$175,000	1.6%	\$175,000	DPH/MCAH
SUPPORT FOR SMALL BUSINESS/MERCHANTS	\$250,000	2.2%		OEWD
INFRASTRUCTURE	\$,800,000	7%	\$800,000	DPH/CHEP
Total Proposed	\$11,200,000	100%	\$10,300,000	

SDDTAC BUDGET DESCRIPTIONS

COMMUNITY-BASED GRANTS

<p>COMMUNITY-BASED GRANTS</p>	<p>City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies:</p>
<p>Health education, food security, physical activity</p>	<p>1. Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health</p> <p>2. Physical Activity opportunities, including: a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Efforts to influence changes to the built environment (i.e. sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and walking and biking for utilitarian trips, sometimes referred to as active transportation); and c) pursuit of institutional or local policies that facilitate physical activity and active transportation (such as adequate PE time and instructors, commuter benefits for active transportation, etc)</p> <p>3. Healthy Eating/Food Security*, including: a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; and d) Pursuit of institutional or local policies that facilitate food security.</p> <p>4. Water Promotion, such as support for Spa Water Supplies, station maintenance/beautification, refillable water bottles to distribute to communities, water testing</p> <p>5. Community Based Participatory Research</p>
<p>CBOs working with SFUSD</p>	<p>7% of all CBO funding (e.g. 7% of approximately \$4.3 million) should go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOS should follow the guidelines above.</p>
<p>Media</p>	<p>Funds to CBOs to support media and communications that include 1) grassroots, community driven awareness campaigns about the intent of the SDDT and the impact of the allocated funds; 2) city-wide communications campaign highlighting the impact and importance of the SDDT; and 3) communications materials for merchants. This may be implemented via CBO's and/or private media firms. Examples include community-driven messaging, print, online, and social media campaigns.</p>

Community engagement	Community engagement activities (ex. community conveners, focus groups, town halls, attending existing community meetings, etc.) to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the SDDTAC, so that impacted populations can inform the decisions of the full committee.
Capacity Building Grants	Provide one time capacity building grants as SFDPH/CHEP did in FY2019-2020
SFUSD	
School Food, Nutrition Ed	To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.
Student Led Action	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action. Funding is provided for staff leadership, student and adult stipends and supplies.
Student Led Media Coordinator	A full-time Student Engagement Coordinator will be responsible for coordinating youth engagement. This person's primary role is to lead and grow holistic wellness initiatives and activities by developing innovative projects, leading and designing curriculum-based programs, and sparking student's voice and passions for health equity through environmental change, media, food, and food justice in alignment with SFUSD's Wellness Policy and SF Soda Tax. Funding is provided for staff leadership, student and adult stipends and supplies.
SFUSD Kitchen/ Food Infrastructure Upgrade	Cost of construction and equipment to upgrade 1-3 kitchens with the necessary infrastructure to be able to receive meals made at McAteer Culinary Center, and serve meals buffet style. Priority schools for this work directly align with SDDTAC priority zip codes
Educational Investments	Educational investments across lifespan. Scholarships and other supports in higher education in health field for Priority Populations

FOOD ACCESS	
Healthy Food Purchasing Supplement*	Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. This investment is meant to support both the communities most impacted by the health consequences of sugary beverage consumption and to support the local economy including local merchants. These funds should be RFP'd out to CBOs and FBOs according to the Community Based Grants guidelines.
Healthy Retail	Supporting small business to increase healthy food access in high risk and impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment.
ORAL HEALTH	
Community task forces	Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations.
School-based sealant application	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. This should also support SFUSD dedicated oral health staffing.
School-based education & case management	
WATER ACCESS	
Water Access - SFUSD	SFUSD water station installation. Additionally, invest in adding signage and art to 3 stations to pilot evidence-based community informed model for what designs should be. As well as water education. Allows for comparison of usage between pilot stations with artwork/education and those without
Water Access - Public Spaces	Public water station installation. Additionally, invest in adding signage and art to 3 stations to pilot evidence-based community informed model for what designs should be. As well as water education. Allows for comparison of usage between pilot stations with artwork/education and those without
SF RECREATION & PARKS	
Peace Parks	Peace Parks programming to serve Priority Populations
SVIP: Peace Parks Transportation	Transportation for Peace Parks participants

<p>BREAST-FEEDING</p>	<p>To fund a breastfeeding coalition to organize collective efforts across San Francisco to enable increased breastfeeding among Priority Populations. This coalition will mobilize action on policy, systems, and environmental (PSE) changes to increase breastfeeding rates and duration, leveraging community strengths and tackling structural barriers to reduce inequities to breastfeeding support. This would include funding for backbone support to: engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long term goals embedded in principles of equity; help align breastfeeding support services in San Francisco including hospital, outpatient, and community based services to improve access to breastfeeding support; and provide technical assistance to partnering agencies (such as child care centers and businesses with less than 50 employees) to operationalize and implement breast-feeding friendly policies and practices.</p>
<p>SUPPORT FOR SMALL BUSINESS/MERCHANTS</p>	<p>Understand business operations, challenges, and support recommendations; improve SDDTAC partnership with San Francisco small market retailers; communication and outreach to SF small market retailers. Development of tools to evaluate the effectiveness of Sugary Drinks Distributor Tax process, and review performance accountability to determine if the number of retailers impacted by the tax.</p>
<p>DPH INFRA-STRUCTURE</p>	<p>A. Personnel: 1) Backbone staffing to support SDDTAC a. A program manager to provide backbone staffing to the SDDTAC, including: i) Staffing full committee and 3 subcommittees in compliance with Sunshine and Brown Acts; ii) Coordinating among city agencies and funded CBOs to promote collective impact; iii) Help guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline; and iv) Work with evaluation team to establish shared measurement practices b. Manage citywide/soda tax impact media c. Manage development/production of SDDTAC Annual Report d. Manage SDDTAC nominations process. 2) Staffing to support DPH SDDT implementation of community-based grants a. Manage work of contractors, including: i) develop and implement CBO RFP process; ii) provide technical assistance for CBOs and merchants; iii) promote collective impact in coordination with SDDTAC backbone staff and City Agencies; and iv) work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance. 3) Staffing to support research/evaluation of SDDT impact, including data purchases. a. At least 1.0 FTE epidemiologist; b. Support data analysis for annual report; c. Manage data purchases; d. participate in development and implementation of SDDT evaluation</p> <p>B. Professional services: i) technical assistance for funded CBO and FBO; ii) implement evaluation framework; evaluate SDDT funded organizations, process evaluation of RFP, and provide evaluation technical assistance; iii) city attorney: ongoing technical consultation</p> <p>C. Materials/Supplies for meetings and printing costs</p> <p>D. Training to support staff development</p> <p>E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>

* Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; foods that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/ incentives, transportation and delivery and prepared foods.

III. IMPACT OF SDDT

This section of the report describes the impact of the Sugary Drinks Distributor Tax (SDDT) in a variety of ways: where funds were directed; how the funds were used; and to the degree possible, the impact the funds have had. The last element – the impact the funds have had – is difficult to measure and report on at this relatively early stage, in part because most grants to community-based organizations started in September 2019 – and those organizations need start up time. The Committee asked all organizations receiving SDDT funds to minimally report on how many people they served and the services provided, where and how often those services are offered. In the current fiscal year (2019-2020), funded organizations are being asked to conduct pre/post tests and various surveys on nutrition/physical activity which will be used to universally measure the impact of the delivered services.

Impact of the SDDT is presented in the following subsections:

- a. Description of SDDT Revenue Allocations
- b. Funded Organizations, FY 2019-2020 and FY 2020-2021
- c. Harder + Co Evaluation
 - Funded Organizations in FY2018-2019
 - SFDPH Request for Proposal Application Process

For FY2020-21, Raimi & Associates, through a contract with SFDPH, will systematically evaluate the impact of the work funded by the SDDT. Raimi will work with City agencies and community organizations that receive general fund revenues, tagged by the Controller's Office as SDDT funds, to evaluate the work.

SF DPH is also working with a nationally renowned team of researchers at UC San Francisco, UC Berkeley and Stanford University that comprise the EVIDENCE Team (Evaluating Interventions in Diabetogenic Environments through Natural and Controlled Experiments) to assess the impact of the SDDT on beverage prices, consumer purchasing behavior, and public health. Funding, analyses, staff and other resources are being pooled in a collective effort to quantify the impact of the SDDT.

Section IV (confirm) of the report provides a summary of the public health impact of the SDDT – how have beverage prices or diet sensitive chronic disease outcomes changed. We recognize that the impact on public health data will likely take time. The Appendices have the complete 2019 Data Report, which documents:

- Impact on Beverage Prices and Consumer Purchasing Behavior
- Impact on Public Health

a. Description of SDDT Revenue Allocations

This section describes how the \$10-12 million SDDT funds (those that are not subject to voter mandated set asides) were allocated: which city agencies received the funding; to what topic areas were the funds directed, etc. Most of the data include the ongoing \$1.2 million set asides from 2017-18.

Chart A depicts the \$11-13 million annual allocations to different city agencies over the first two and a half years of the tax implementation. All funds must be first allocated to a city department; some city agencies then fund community based projects. A majority of the funding is allocated to DPH to implement community based grants as well as SDDT implementation which includes evaluation, backbone staffing of the Committee, data purchase and analysis.

Chart A. SDDT Allocations by Agency and Fiscal Year

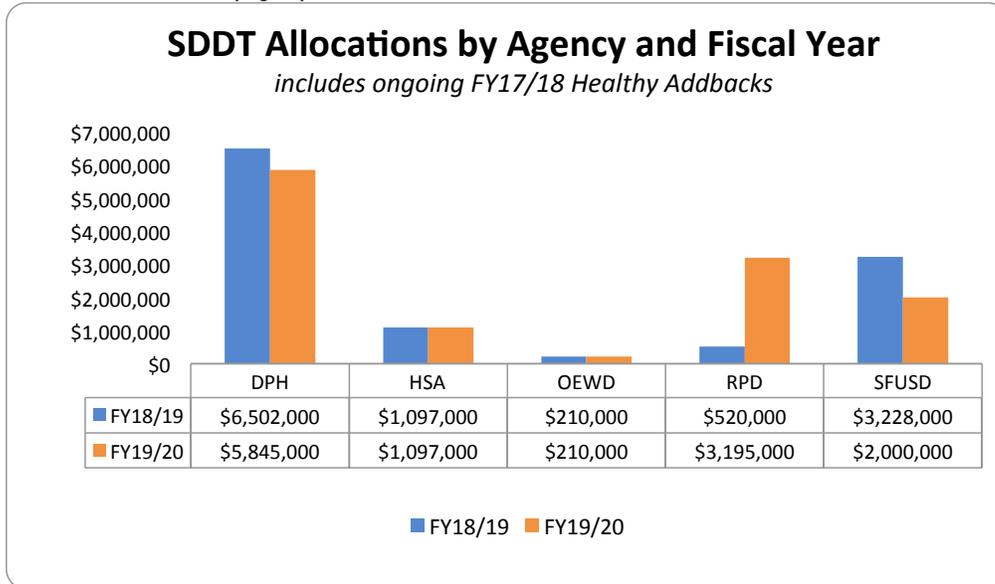


Chart B., below, illustrates the allocations made by funding type over the two fiscal years of the SDDT’s existence. The chart shows most categories at stable levels (oral health, food security, food access, community building, SDDT implementation and water access) and fluctuation in Physical Activity an increase, and a corresponding decrease in Community Based Grants.

Chart B. SDDT Funded Categories, by Fiscal Year

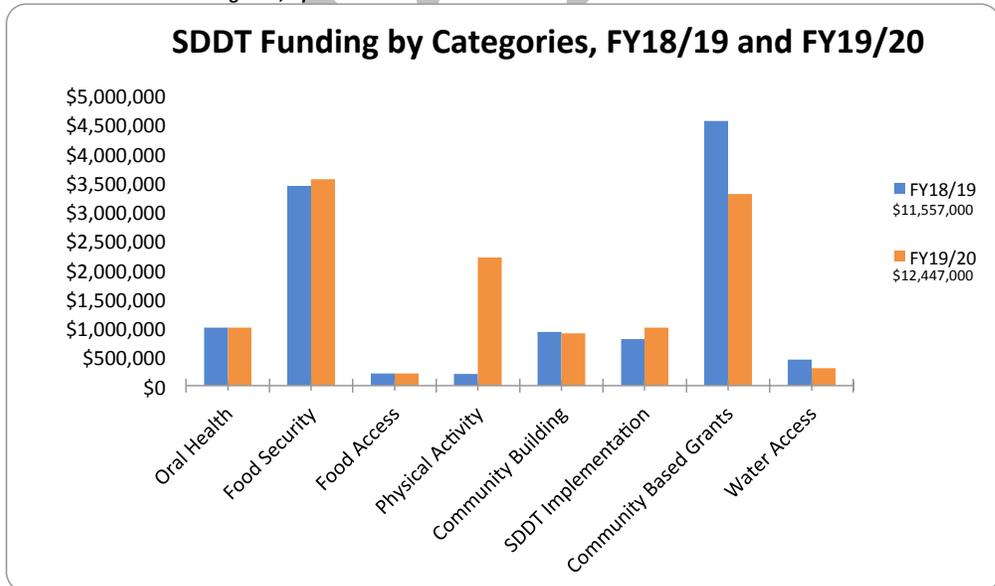
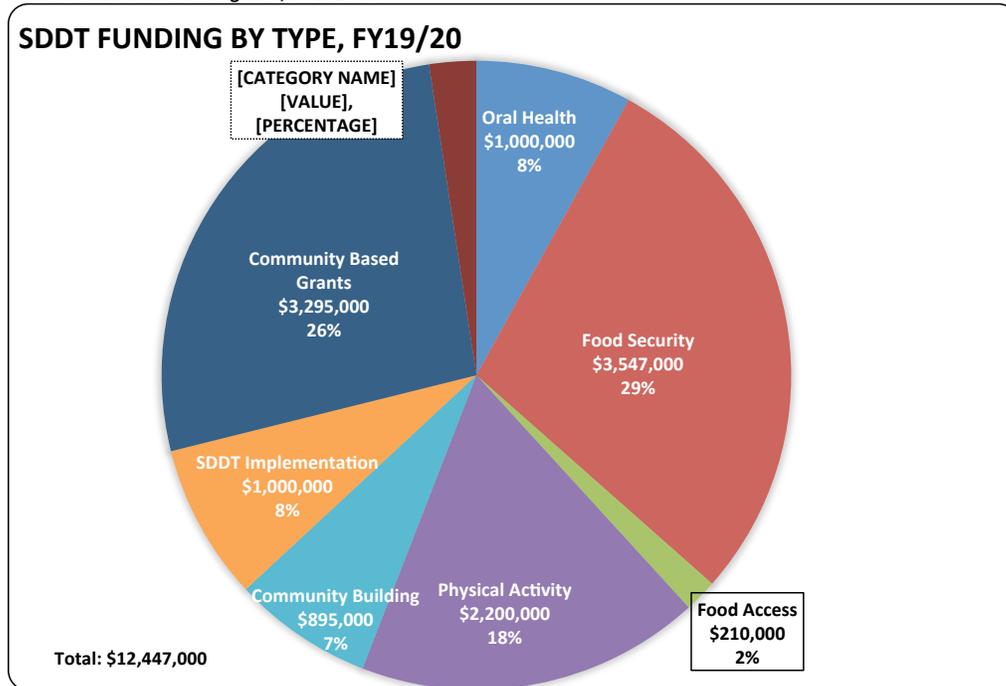


Chart C describes the same information as Chart B, but only for the current fiscal year (FY19/20): food security comprises the largest expenditure of SDDT funds at 29%; Community Based Grants follows at 26% (this category will be further broken out by topic area in later charts); food access and water access each receive 2% of the funds.

Chart C. SDDT Funded Categories, FY 2019-20



Charts D, E, F, G represent funding allocations to city agencies and categories that are funded. Human Services Agency and Department of Public Health contract significant portions of the received funding to community-based organizations delivering services. Recreation and Parks and SF Unified School District utilize the bulk of their funding allocations for services to students and SF residents. Not represented in the charts is Office of Economic and Workforce Development which manages the Healthy Retail SF program and receives \$60,000 in ongoing “healthy addback” funds and annual allocations to date of \$150,000 for the program; these funds support merchants to bring fresh produce to small markets into neighborhoods with limited/no access to fresh produce.

Chart D: DPH 2019/20 Funding by Category

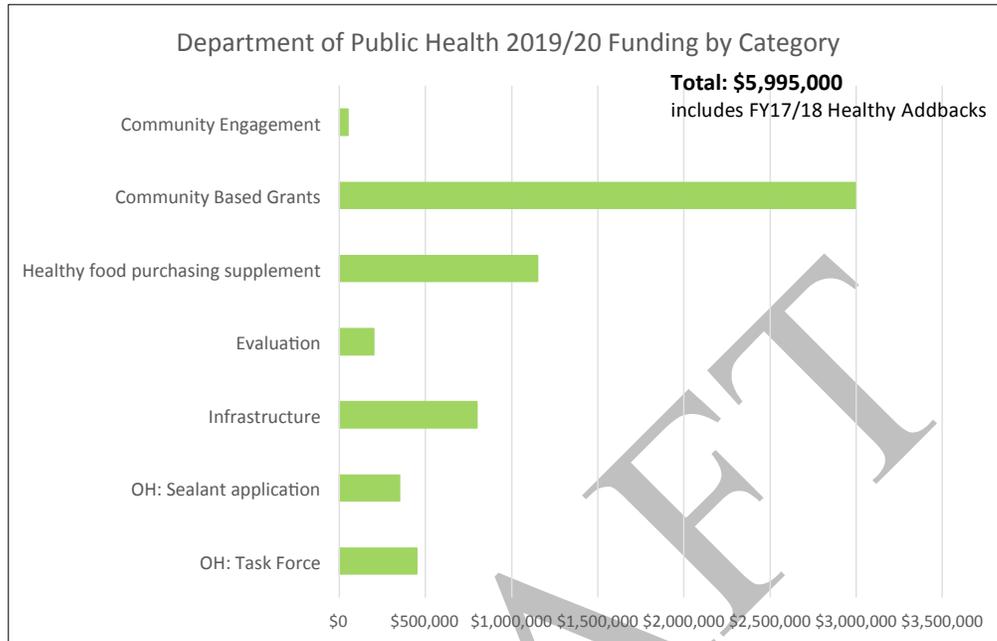


Chart E: Human Services Agency 2019/20 Funding by Category

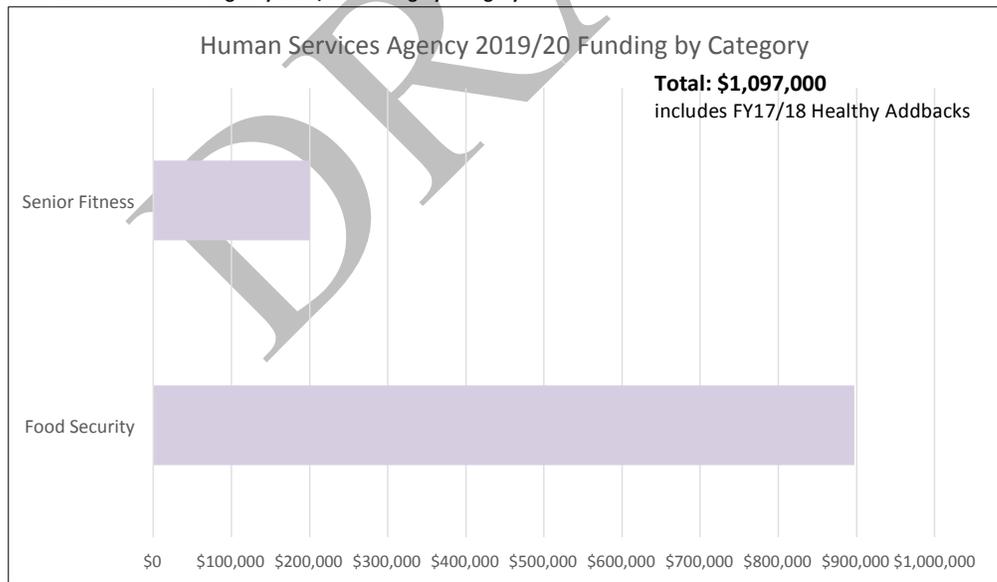
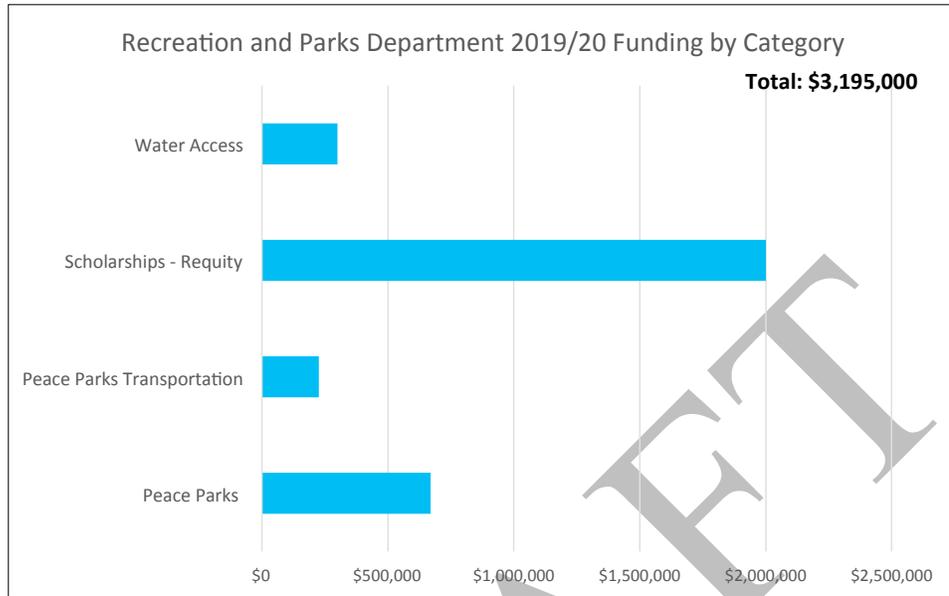
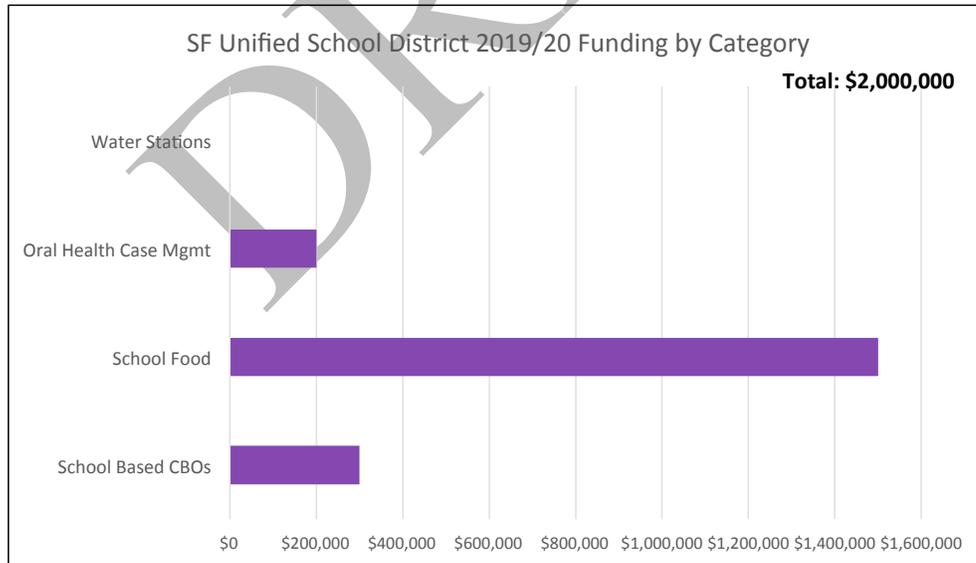


Chart F: Recreation and Parks 2019/20 Funding by Category



Water access funding alternates between SFUSD and public domain (in this case RPD for 2019/20) water stations.

Chart G: SF Unified School District (SFUSD) 2019/20 Funding by Category



b. Funded Organizations FY 2019-2020 and FY 2020-2021

This report is published three-quarters through FY2019-2020 (July-June). The City and County of San Francisco FY2019-2020 budget was approved in August 2019, and funds were available to departments in September 2019. The majority of the allocated FY2018-19 SDDT revenue for community-based grants were carried forward to FY2019-2020 as the initial focus at city agencies was focused on developing systems and processes for disbursing the SDDT funds. In FY 2019-2020, SFDPH issued multiple Requests for Proposals (RFPs) for community-based grants. These processes are described in the Harder+Company evaluation report, in Appendix C. Newly funded community based organizations (CBOs) are described in this section.

Charts H and I describe community based services. Chart H depicts services delivered by CBOs through an SF Department of Public Health (DPH) grants/contract process. Food access includes Healthy Retail SF and Healthy Communities grantees. Food security includes food pantries, food delivery, and healthy food purchasing supplements. Oral Health funds support three children’s oral health community-based task forces and CBOs. Healthy Eating/Active Living are organizations that focuses on both physical activity and healthy eating. Nutrition organizations focus mainly on nutrition. *The Policy/Systems/Environment grants process is expected to be complete by April 2020. Chart I depicts those SDDT funded services delivered by community based organization.

Chart H: SF DPH 2019/20 Community Based Grants Funding by Issue Area

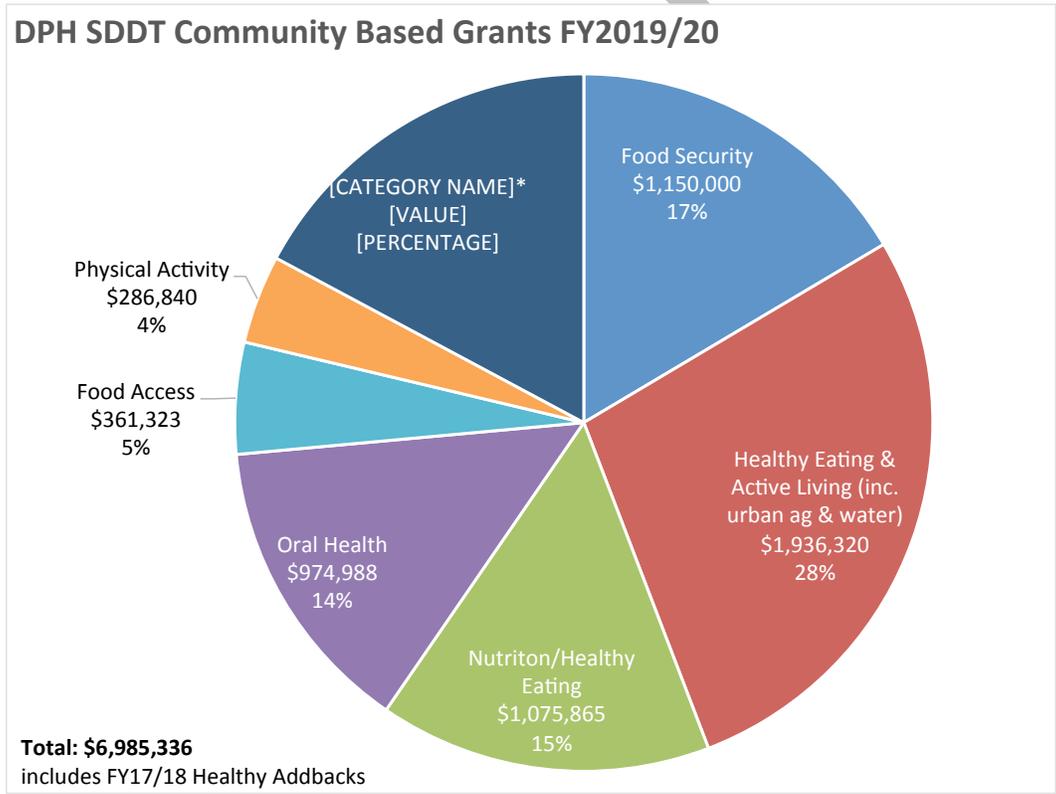
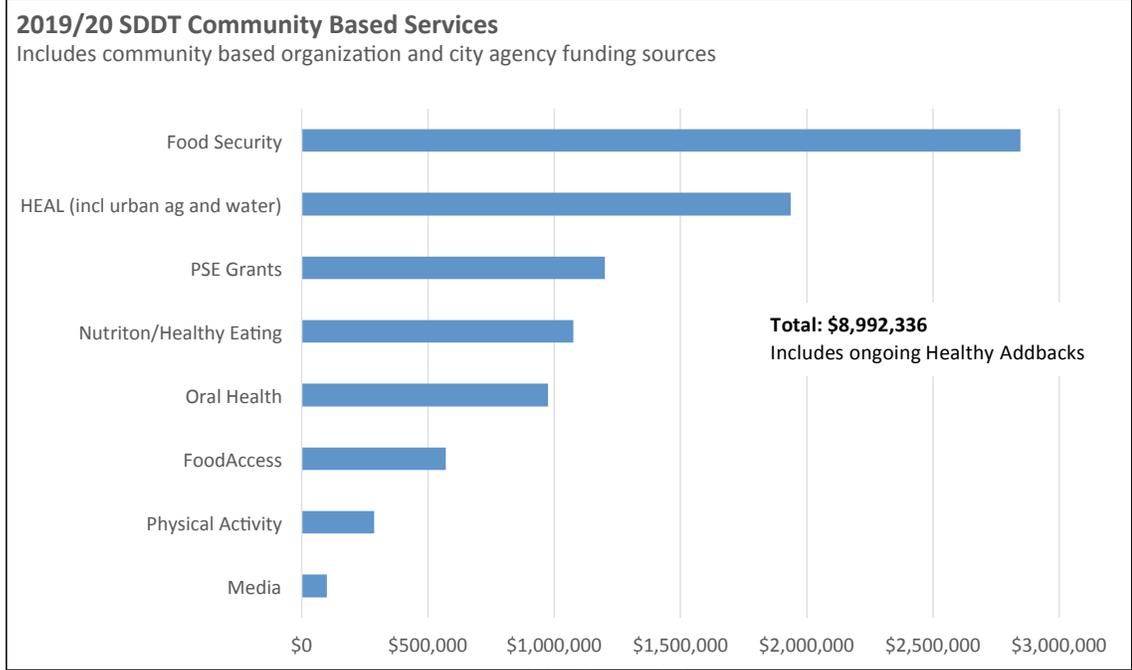


Chart I: 2019/20 SDDT Funded Community Based Services



Summary of DPH COMMUNITY BASED GRANTS

Starting in the fall of 2019, the San Francisco Department of Public Health (DPH) began awarding the first of nearly \$10 million in community-based grants which have been funded by the Sugary Drinks Distributor Tax (SDDT) to make healthy food more affordable, support healthy eating/active living programs, community oral health, provide dental sealants for children and support policy, systems, and environmental changes (as described in Chart H).

As of December 2019, DPH funded over 40 community organizations and coalitions via SDDT Healthy Communities grants, SDDT Support grants, Healthy Food Purchasing Supplement grants, and Community Oral Health funds.

- **The SDDT Healthy Communities Grant program**, administered by the SF Public Health Foundation in partnership with SFDPH, is funding 11 grantees with organizational budgets under \$1M for up to a total of \$500,000 over three years. These funds are intended to positively impact health equity and to inspire innovative, community-driven and -led efforts that will strengthen skills/build capacity in priority communities while delivering chronic disease interventions and making long term sustainable changes. In the first year, a total of \$2,044,294 was awarded.
- **The SDDT Healthy Communities SUPPORT Grants**, also administered by the SF Public Health Foundation in partnership with SFDPH, awarded 26 non-profit agencies up to \$75,000 each, for a total of \$1,702,211. These one-time, capacity building grants support chronic disease interventions for Priority Populations in San Francisco, creating a positive impact on health equity in our city. SUPPORT Grants can be used to purchase equipment, data systems, computers, software, curriculum, consultants or other supports that will build capacity among non-profit agencies that deliver chronic disease interventions.

- **Healthy Food Purchasing Supplements** have increased the ability of low-income San Franciscans to afford healthy food since 2014. SDDT funds supported the expansion of this program to serve more food-insecure San Francisco residents, including low-income families and pregnant residents, and SSI recipients and increasing the affordability of fruits and vegetables at farmers markets, supermarkets and neighborhood stores. A total of \$1,581,232 has been awarded. In partnership with the SF Public Health Foundation, SDDT funding is supporting three organizations to expand their Healthy Food Purchasing Supplement (HFPS) programs specifically focusing on reducing food insecurity and increasing the affordability of fruits and vegetables. Low-income pregnant San Franciscans, low-income families, and Social Security Insurance (SSI) recipients are priority populations. These funds are strategic investments in strengthening and expanding programs in San Francisco designed to make healthy food more affordable at farmers markets, supermarkets and neighborhood stores. A total of \$1,581,232 has been awarded so far.
- **Community-based Children’s Oral Health Task Forces** use culturally appropriate and effective strategies to promote oral health in San Francisco communities experiencing the greatest disease burden. SDDT funds support Task Forces in Chinatown, Mission, and Visitacion Valley/Bayview Hunters Point up to \$150,000 each per year. Community-based children’s Oral Health Task Forces use culturally appropriate and effective strategies to promote oral health in San Francisco communities experiencing the greatest disease burden. SDDT funds support three Oral Health Task Forces in Chinatown – led by NICOS, Mission - led by CARECEN, and Visitacion Valley/Bayview Hunters Point – led by APA Family Support Services. Each Task Force receives \$150,000 in SDDT funding annually.
- **Policy, Systems and Environmental Change Grants** SFDPH issued a Request for Proposals in December 2019 to fund up to 5 organizations to implement Policy Systems or Environmental level changes as it relates to healthy eating/active living. The process was not complete at the time of this publication.
- **Media (Community Based Organizations Partnerships)** is to increase awareness about the programs funded by SDDT among priority populations in SF. Ten community based organizations received \$10,000 each to outreach to the priority populations they serve via social media, implement a social media toolkit, promote an online tool and promotion of SF SDDT.

Appendix B has a current listing of SDDT funded organizations.

c. **SDDT EVALUATION**

SFDPH contracted initially with Harder+Co and is now working with Raimi and Associates to evaluate the SDDT initiative. SDDT evaluation activities are being conducted on two levels – overall SDDT initiative and funded program level. The first level of evaluation seeks to understand the impacts of the law including the impact of the overall SDDT Funding Initiative. This first level is broad and looks across funded programs and projects. Example first level evaluation questions, organized by Results Based Accountability (RBA) key question, are:

How much did we do? What and how many activities did SDDT funding support and how many persons were reached by these activities?

How well did we do it? Do persons in target populations have leading roles in SDDT funded programs and projects and are opportunities and services offered by programs accessed by target populations?

Is anyone better off? Do persons, particularly those in target populations, participating in SDDT work focusing on nutrition increase their fruit and vegetable consumption?

The second level is program specific evaluation in which aspects of a particular program are examined in more depth. Like the umbrella evaluation, program evaluations will need to address the RBA key questions (How much did we do? How well did we do it? Is anyone better off?). However, as activities completed for the umbrella evaluation will at least in part address “How much was done?” and “Is anyone is better off?” emphasis in the program evaluation can be placed in answering “How well we did we do it?”.

Umbrella Evaluation Activities

All SDDT funded programs:

1. **Quarterly Program Update:** Both as part of the grant management and program evaluation requirements, grantees will complete program updates quarterly. Grantees will be provided a template and upload a template as well as all deliverables to their project specific google drive folder. Quarterly program updates are due every January 15th, April 15th, July 15th, and October 15th.
2. **Biannual Report:** Funded programs will complete a biannual report using the template provided. Reports are due every January 15th and July 15th and must be uploaded to their project specific google drive folder.
3. **SDDT Funding Initiative Evaluation Participation Plan:** All funded programs will work with the evaluation team to create a brief, 1-2-page, document stating how they will meet the requirements of the umbrella evaluations. A participation plan template is provided. During one-on-one meetings we will start to fill in the template; a completed plan is due January 1, 2020.

SDDT funded programs which expect to interact with each client on a repeated basis (i.e. training program, workshop/class series, etc.)

- 4) **Pre-post matched surveys:** Programs interacting with clients on a repeated basis are required to administer Pre/ post matched surveys. On the first, or earliest possible, interaction programs will ask clients to complete the pre-survey. On the last planned interaction programs will ask the clients to complete the survey a second time. The survey tool will be provided in electronic and paper versions and each program will receive 2 tablets to facilitate clients taking the surveys.

SDDT funded programs which expect to have very brief, non-recurrent interactions (i.e. booth at a street event)

- 5) **Short form surveys:** Programs interacting with clients on a brief, non-recurrent basis are required to administer a short form survey.

Program Evaluation

Funded programs will undertake their own program evaluation which is intended to provide a deeper investigation and to be more specific to each funded program than the SDDT Funding Initiative Evaluation (umbrella evaluation). In year 1 grantees will develop an evaluation plan. Implementation of the evaluation plan is expected to begin by year 2 and a final report documenting the results is due at grant completion (July 15, 2022 or earlier). Funded Programs with existing evaluation plans and activities may build upon their current work in lieu of creation of a new plan.

Program evaluation must:

- Contribute information on if and why the program or a part of the program works or not
- Identify lessons learned and provide guidance for future direction
- Involve community input
- Align with and complement the Umbrella evaluation
- Document how results are incorporated into their work.

- Use Results Based Accountability

Harder+Company was hired to evaluate SDDT funded organizations for FY2018-19 and implement an RFP Process Survey examining the DPH community grant making processes. Their report follows on the next page.

The [2019 Annual Report](#) (pages 11-16) describes the agencies and programs that received funding in FY2017-18 and FY2018-19.

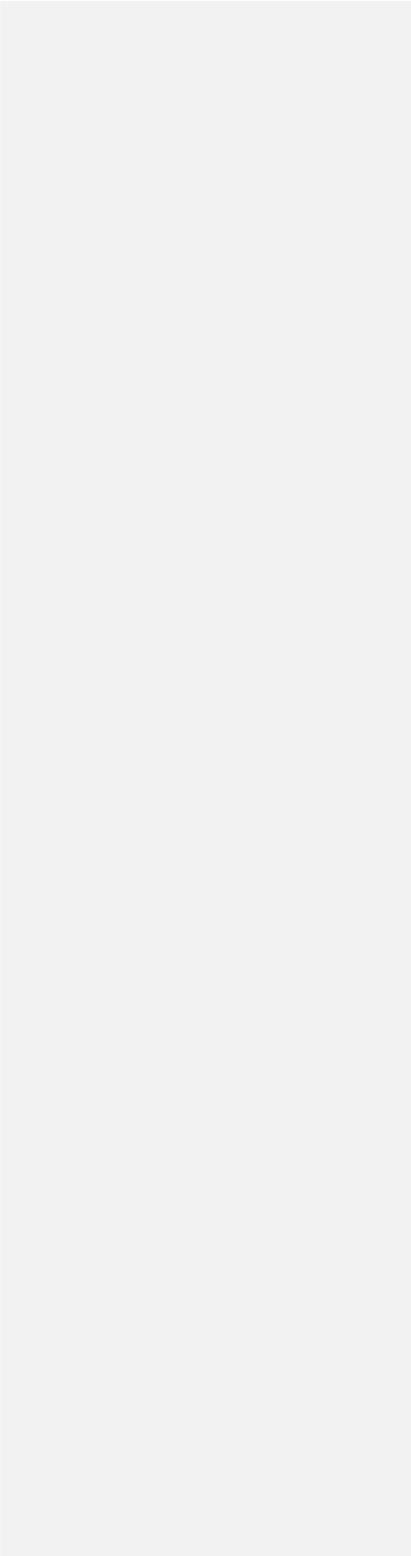
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IV. IMPACT on BEVERAGE PRICES and CONSUMER PURCHASING BEHAVIOR & PUBLIC HEALTH: DATA REPORT

The Committee approved the data report on January 15, 2020, which guided its 2020 budget recommendations. The report follows on subsequent pages.

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IV. ENDNOTES

V. Appendices

- ⁱ Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
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- ⁱⁱⁱ Johnson, R.K., Appel, L., Brands, M., Howard, B., Lefevre, M., Lustig, R., Sacks, F., Steffen, L., & Wyllie-Rosett, J. (2009, September 15). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation* , 120(11), 1011-20. doi:10.1161/CIRCULATIONAHA.109.192627. Retrieved from <http://circ.ahajournals.org/content/120/11/1011.full.pdf>
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- ^v Sohn W, Burt BA, Sowers MR. Carbonated Soft Drinks and Dental Caries in the Primary Dentition. *J Dent Res*. 2006; 85(3): 262–266.
- ^{vi} Zheng, M. (2014, February). Liquid versus solid energy intake in relation to body composition among Australian children. *J Hum Nutr Diet* . doi:10.1111/jhn.12223
- ^{vii} U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Page 28. Retrieved from [\[LINK\]](#)
- ^{viii} Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
- ^{ix} Trust for America’s Health and Robert Wood Johnson Foundation. F as in Fat: How Obesity Threatens America’s Future – Fast Facts: Obesity and Health. 2013. Accessed January 15, 2014 at <http://fasinfat.org/facts-on-obesity-and-health/>
- ^x Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
- ^{xi} Sánchez-Romero LM, Penko J, Coxson PG, Fernández A, Mason A, Moran AE, et al. (2016) Projected Impact of Mexico’s Sugar-Sweetened Beverage Tax Policy on Diabetes and Cardiovascular Disease: A Modeling Study. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002158#abstract0>
- ^{xii} Lee M, Falbe J, Schillinger D, Basu S, McCulloch C, Madsen KA. Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. *Am J Pub Health*, epub ahead of print February 21, 2019: e1–e3. doi:10.2105/AJPH.

¹³ Heather Knight, In growth of wealth gap, we're No.1. SFGate. March 2, 2014.
<https://www.sfgate.com/bayarea/article/In-growth-of-wealth-gap-we-re-No-1-5281174.php>

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