

Sugary Drinks Distributor Tax Advisory Committee

Strategic Plan 2020 - 2025

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About the Sugary Drinks Distributor Tax

In November of 2016, the voters of San Francisco approved the passage of Proposition V, a Tax on Distributing Sugar-Sweetened Beverages. Proposition V established a 1 cent per ounce fee on the distribution of a bottled sugar-sweetened beverage, syrup, or powder, within the City and County of San Francisco. The passage of Proposition V established two pieces of law: 1) the [Sugary Drinks Distributor Tax](#) in the City's Business and Tax Regulations Code and 2) [the Sugary Drinks Distributor Tax Advisory Committee](#) in the City's Administrative Code.

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 tax went into effect on January 1, 2018. Funds collected from this tax are deposited in the City's General Fund.

The Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) was established through 2028 (unless the Board of Supervisors by ordinance extends the term of the Advisory Committee). It consists of 16 voting members appointed by the City's Board of Supervisors, the Directors of four City departments/offices, and the San Francisco Unified School District (SFUSD). The Committee is responsible for making 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 also charged with providing recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

Why Focus on Sugary Drinks?

Sugary drinks are the primary contributor of added sugar to the United States diet. The consumption of unhealthy amounts of sugar, especially liquid sugar, is making communities sick by causing type 2 diabetes, dental caries, and other health issues. Marketing of sugary drinks targets low-income communities and people of color across the U.S. and in San Francisco, which further contributes to health inequities.

In 2016, San Francisco voters took a stand against the soda industry and passed a tax on the distribution of sugar-sweetened beverages, known as the Sugary Drinks Distributor Tax (SDDT) or “soda tax” to encourage reduced consumption and collect resources to be invested in communities where consumption is greatest. This happened despite the fact that the soda industry spent nearly 20 million dollars to defeat the ballot measure.

The focus of the SDDT Advisory Committee (SDDTAC) is on communities most targeted by soda industry marketing, most burdened by the health impacts associated with consumption, and most in need of investment.

The beverage industry spends millions on advertising and targets low income communities and communities of color. Subsidies make sugary drinks cheap and companies get a tax break when advertising to youth.

Low-income communities and communities of color:

- Experience the highest rates of chronic diseases such as type 2 diabetes, obesity, heart disease, and tooth decay.
- Have the highest concentration of sugary beverage consumption.
- Are disproportionately targeted by aggressive and exploitative marketing campaigns by the soda and sugary drinks industry.
- Experience one of the fastest growing wealth gaps between rich and poor.

Structural racism and systematic disenfranchisement

Inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create unequal conditions in which people live. The cumulative impact of living under these oppressive systems can negatively effect physical and mental health outcomes, as well as the well-being of both individuals and communities.

The SDDTAC focuses on changing policies, systems, and environments to address:

- Poverty and social exclusion as a root cause of health inequities.
- Social determinants of health, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, and others.
- 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.



Vision

What does the SDDTAC hope to achieve in the long term?

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

Nutrition is a key element of health and can be a protective factor against or cause of diet-related chronic diseases, a type of health disparity especially relevant to the Sugary Drinks Distributor Tax. Additionally, San Francisco is defined to include government districts, agencies and departments; service providers; community organizations; and the City's diverse residents and communities.

What is a Sugar-Sweetened Beverage?

A sugar-sweetened beverage (SSB) means any non-alcoholic beverage intended for human consumption that contains added caloric sweetener and contains more than 25 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.

Mission

What does the SDDTAC do? Why does it exist?

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

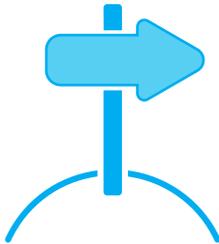
Evaluation is critical and necessary to inform funding recommendation and to effectively decrease sugary beverage consumption. The SDDTAC has a mandate to evaluate and to develop recommendations from the evaluation findings.

Values

What does the SDDTAC stand for?



Supporting community-led and culturally relevant work. Community-led work should be led by communities that are disproportionately impacted by marketing for and consumption of sugary beverages from the beverage industry and diet-sensitive chronic diseases (i.e., SDDTAC's priority populations), and culturally relevant work should be responsive to these communities and populations.



Prioritizing results and long-term impacts. Funding should support policy, systems, and environmental changes that include programming and go beyond programming, to change the structures in which we work, live, learn, and play. Adopting a Policy, Systems & Environmental (PSE) change approach can help create sustainable, comprehensive measures to improve community health, as well as enrich and expand the reach of current health preventive efforts and engage diverse stakeholders with the goal of improving health.



Building strong collaborations and partnerships. Funding should support existing and new community-based partnerships and collaborations that align resources to increase capacity, effectiveness and impact of strategies, programs and services.



Eliminating structural inequities and achieving equity. Equity (including health equity and racial equity) means that everyone has a fair and just chance to be reach their full potential and be healthy. The root causes of structural inequities and health disparities (e.g., systems of oppression, intentionally and unintentionally/implicitly biased policies, resource allocation) need to be addressed in other to achieve equity.

Priority Populations

SDDTAC funding will be prioritized for work that supports the following communities (both as distinct and overlapping communities):

- **Low-income San Franciscans**
- **Black/African American, Pacific Islander, Native American, Latinx, Asian communities**
- **Children, youth, and young adults 0-24 years old**

Funding Recommendations

The Committee recommends that SDDT funds:

- Support the aim of the tax itself by reducing sugary drink consumption and supporting public health through a reduction of diet-related diseases
- Support implementation and the work of the Committee, such as:
 - **Infrastructure** (e.g., support for the committee, evaluation)
 - **Technical assistance** (e.g., help CBOs respond to RFPs, help CBOs evaluate impact of funds)
 - **Media and communications**

Cross-Cutting Approach to Strategies

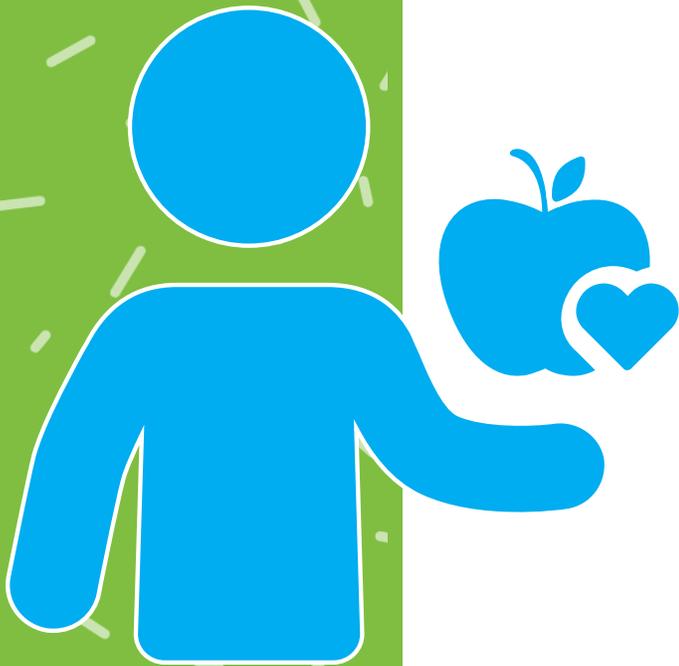
Peer/promotora-led approaches value how community members can leverage their knowledge of their community and relationships to promote and enhance change among peers. Working with peers who share the same language, culture, ethnicity, and life experiences as them, peer educators/promotoras share information in culturally relevant ways while building trusting relationships.

Expand peer-led/promotora-led (community health worker) interventions within multiple strategies that:

- Value and involve communities in determining how activities are shaped and implemented in advancing health outcomes.
- Promote the development of leadership, skills, and capacity of community members to become more effective leaders in their communities.
- Support development opportunities that lead to increased employability and employment.
- Value community members as vehicles for promoting and enhancing change by educating and sharing information among peers.
- Are shaped and informed by languages, cultural practices, traditional knowledge, perspectives, and expressions that reflect communities.
- Remove barriers to information and services.



Goal 1: Healthy People!



We know that the sugary drinks industry (also called Big Soda) targets low-income communities and communities of color in San Francisco. A focus on healthy people provides an opportunity to invest in community to address health inequities. To achieve this, the SDDTAC will recommend directing funds to community-led and informed strategies and initiatives, with a focus on priority populations. The SDDTAC will also support critical health-promoting education, programs and services to ensure people can access and navigate available services and resources.

Strategies for Goal 1: Healthy People!

*Funding to support **healthy people** will be focused on the priority populations in San Francisco and will include the following strategies.*

- 1. Build community capacity and develop leadership to promote community power** and address the root causes of health inequities.
- 2. Provide health-promoting education, programs, and services** that are free and low-cost to ensure accessibility and engagement among priority populations.
- 3. Provide job readiness, skills training, and career pathways** to support the health and well-being of priority populations (including carrying out the education, programs, and services outlined in strategy 2).

Goal 2: Healthy Places!

Having safe, equitable, and healthy physical, economic, and social environments is critical to achieving SDDTAC's vision. To support healthy places in San Francisco, the SDDTAC has prioritized addressing the root causes of health inequities. Making sustainable reductions to sugary beverage consumption and diet-related chronic disease requires improvements to the City's infrastructure, built environment, and retail environment, as well as a reduction in income inequality and structural racism.

Strategies for Goal 2: Healthy Places!

Funding to support healthy places will be focused on the **places where priority populations are born, play, learn, live, work, get cared for, and gather**. The following strategies will be implemented throughout these places.

1. **Expand access to healthy food, water, and oral health** (e.g., healthy retail, hydration stations, breastfeeding, healthy food vouchers)
2. **Decrease access and availability to sugary beverages**
3. **Increase opportunities for physical activity** (e.g., park improvements)
4. **Increase economic opportunities in priority neighborhoods** (e.g., via neighborhood associations led by long-term residents)
5. **Increase healthy messaging related to nutrition**



Impact & Outcomes



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

Outcomes: *All outcomes will focus on priority populations.*

Community + Economic Outcomes

- Increase in hiring and economic opportunity
- Increase food security



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
- Increase in breastfeeding
- Increase in physical activity



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