San Francisco Sugary Drinks Distributor Tax (SDDT)
EVALUATION REPORT 2020–2021
Letter of Introduction

DEAR MAYOR LONDON BREED, SAN FRANCISCO BOARD OF SUPERVISORS, AND SAN FRANCISCO RESIDENTS,

We are excited to share the evaluation findings from work supported by the Sugary Drinks Distributor Tax (SDDT) during fiscal year 2020-2021. We are proud of what we are seeing, especially given the ongoing challenges that all SDDT-funded organizations and agencies have continued to work through as the COVID-19 pandemic, health guidance, and economic and health impacts have evolved. This evaluation report presents the following key findings.

The passage of Proposition V made San Francisco one of the first cities in the United States to approve a tax on sugar-sweetened beverages. Since then, the SDDT ordinance and creation of the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) has informed best and promising practices nationally, especially related to how this tax revenue is spent. San Francisco SDDTAC members include people who are part of the populations and neighborhoods in San Francisco which are most targeted by the beverage industry and most harmed by diet-related chronic diseases and who work in and with these communities. This has meant that the SDDTAC’s funding recommendations have been shaped by people with diverse lived experiences as well as public health evidence. Furthermore, the SDDTAC makes funding recommendations to the Mayor but does not make any funding decisions -- which we believe is an important distinction.

One way in which the San Francisco SDDTAC has influenced the work supported with SDDT funds is by identifying values to guide funding recommendations -- most importantly by prioritizing work with and for the communities in San Francisco which are most targeted by beverage industry marketing and impacted by other structural inequities. The values identified in the SDDTAC Strategic Plan have been incorporated into the SDDT evaluation plan, which has encouraged all organizations and agencies supported with SDDT funds to bring the SDDT values alive in their work.

During the 2020-2021 fiscal year, we witnessed the COVID-19 pandemic continue to exacerbate long-term structural inequities among low-income communities and communities of color. These communities have been disproportionately harmed by the economic and health impacts of the pandemic--and continue to be. Since 2018, SDDT funding has been used to support community organizations and government agencies focused on addressing needs for historically disenfranchised communities in San Francisco. During this past year, SDDT funding has been more important than ever as these trusted community programs have provided food and other resources; shared information about COVID-19 guidance, testing, and vaccines; and responded to their communities’ emerging needs.

Finally, we continue to track key outcomes identified in the San Francisco SDDTAC Strategic Plan. We are especially excited that this report documents some of the positive outcomes of work supported with SDDT funds, as well as the impact that the tax has had on the purchase and consumption of sugary drinks in San Francisco.

Sincerely,

Marna Armstead
Co-Chair
Sugary Drinks Distributor Tax Advisory Committee

Michelle Kim
Co-Chair
Sugary Drinks Distributor Tax Advisory Committee
Contents

Introduction 4

Finding 1 20
The San Francisco SDDT Ordinance and SDDTAC have been identified as effective in addressing health disparities resulting from the consumption of sugar-sweetened beverages as well as addressing long-standing inequities.

Finding 2 36
The San Francisco SDDT values have ensured that SDDT funded programming focus on and effectively engage communities most burdened by inequities.

Finding 3 76
Organizations and agencies used SDDT funding to help those communities experiencing the worst health and economic impacts of the COVID-19 pandemic meet basic needs while simultaneously supporting the structural changes necessary to promote equity.

Finding 4 100
SDDT funded entities are beginning to achieve desired outcomes.

Recommendations 116
Overview

SAN FRANCISCO’S SUGARY DRINKS DISTRIBUTOR TAX (SDDT)

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”. Rather than taxing consumers, the tax imposes a one-cent per fluid ounce tax on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. In addition to the tax, the legislation also established the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) made up 16 diverse voting members. The SDDTAC is charged with 1) making recommendations to the Mayor and Board of Supervisors about how to distribute the funds generated by the tax; and 2) evaluating the effectiveness of those programs and agencies that received SDDT funding.
In November 2016, San Francisco voters passed the Sugary Drinks Distributor Tax (SDDT) - more commonly known as the SF Soda Tax, which established a 1 cent per ounce fee on the initial distribution of drinks with added sugar. This chart shows how the tax revenue flows into the city and to the communities most targeted by the sugary drinks industry marketing and advertising tactics.

1. Sugary Drink Distributors are Taxed
   The SF Soda Tax is not a sales tax. Distributors are responsible for paying the tax. Merchants may choose to pass the cost of the tax along to consumers.

2. Revenue is Collected
   The SF Soda Tax collects about $15-16 million each year. The revenue goes into the City’s General Fund. About 22% is set aside for specific, voter-approved projects. The Tax Advisory Committee makes recommendations to the mayor on how to spend the remaining 78%.

3. Tax Committee Recommends Investments
   The Committee talks to community members to learn about how the tax revenue could benefit people, especially low-income people and people of color who are most targeted by the beverage industry’s advertising. The Committee then submits their funding recommendations to the Mayor.

4. City Budget Process Finalizes Investments
   The Mayor submits a budget proposal to the Board of Supervisors, including recommendations for the SF Soda Tax funds. The Board of Supervisors votes on the budget and the Mayor signs it.

5. SF Soda Tax Funds Programs!
   SF Soda Tax funds go to City departments who either implement programs and services directly or issue grants to community-based organizations to fund their important work.

Learn more at www.SodaTax-SF.org
SDDT Advisory Committee (SDDTAC) Values

**Supporting community-led and culturally relevant work.** Community-led work should be led by communities that are disproportionately impacted by marketing for and consumption of sugary beverages from the beverage industry and diet-sensitive chronic diseases (i.e., SDDTAC’s priority populations), and culturally relevant work should be responsive to these communities and populations. This can be achieved by investing in priority communities and ensuring funded work is culturally responsive, linguistically relevant, and trauma informed.

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

**Eliminating structural inequities and achieving equity.** Equity (including health equity and racial equity) means that everyone has a fair and just chance to 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 order to achieve equity. This is done by mitigating health harms and holding the soda industry accountable.

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

The San Francisco Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) identified communities which are targeted by the soda industry, which consume sugary drinks at high rates, and which experience disproportionate levels of diet-sensitive chronic diseases as populations which should be prioritized in SDDT funding recommendations.

Specifically, the SDDTAC identified:

- Low-income San Franciscans
- Community members who identify as any of the following:
  - Black/African American
  - Pacific Islander
  - Native American
  - Latinx
  - Asian
- Children, youth, and young adults 0-24 years old

Diet-sensitive chronic diseases include tooth decay, cavities, obesity, Type 2 diabetes, hypertension (high blood pressure), and cardiovascular disease.

Although these communities are distinct, there is also considerable overlap between them, with community members who belong to more than one of these communities experiencing intersecting and cumulative inequities.

Diabetes hospitalizations are approximately three times as high in low-income communities compared to higher income communities. Black/African American death rates from diabetes are two times higher than San Francisco’s overall rate. Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and Black/African American children also have a higher prevalence than the average for cavities.

SDDT funds have been used to support programs within both community-based organizations and government agencies that focus on the neighborhoods and populations most impacted by diet-related chronic diseases and other health inequities.
San Francisco Neighborhoods Most Impacted by Diet-Related Chronic Disease

Health inequities exist between neighborhoods in addition to existing between demographic groups. San Francisco neighborhoods that have the highest rates of caries in children, diagnosed diabetes, diagnosed hypertension, diabetes-related hospitalizations, hypertension-related hospitalizations, and other indicators of diet-related chronic disease burden are: Bayview Hunters Point, Chinatown, Civic Center/Tenderloin, Excelsior, Mission, Outer Mission, Potrero Hill, South of Market, Visitacion Valley.

The following neighborhoods (or in some cases, a portion of the neighborhood) also have higher rates of some diet-related chronic diseases: Bernal Heights, Crocker Amazon, Financial District, Lakeshore, Oceanview/Merced/Ingleside, Outer Sunset, Parkside, Treasure Island, Western Addition.

Although Seacliff also has higher prevalence of diet-related chronic diseases, it has considerably lower rates of hospitalizations for diet-related chronic diseases.
Life Expectancy at Birth (years)

- Residents Diagnosed with Diabetes
  - 64.4 - 78.3: 3.1% - 7.0%
  - 78.4 - 79.8: 7.1% - 10.5%
  - 79.9 - 80.9: 10.6% - 16.2%
  - 81.8 - 93.0: Data Unavailable

- Residents Diagnosed with Hypertension (High Blood Pressure)
  - 64.4 - 78.3: 13.5% - 23.1%
  - 78.4 - 79.8: 23.2% - 27.0%
  - 79.9 - 80.9: 27.1% - 32.0%
  - 81.8 - 93.0: 32.1% - 46.0%


Residents Diagnosed with Diabetes

- 3.1% - 7.0%
- 7.1% - 10.5%
- 10.6% - 16.2%
- 16.3% - 25.9%

Residents 65 and Older who have Lost All Their Teeth

- 2.9% - 5.5%
- 5.6% - 8.4%
- 8.5% - 12.8%
- 12.9% - 18.7%
- 18.8% - 27.6%

PLACES County Data. (2021) Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. https://www.cdc.gov/places: Model-based estimate for crude prevalence of all teeth lost among adults aged >=65 years, 2019


The SDDT evaluation logic model is presented below. The logic model aligns with the SDDT Advisory Committee’s strategic plan and includes the ultimate desired impact of eliminating health disparities and achieving equity, especially among priority populations.

### Goals

**Healthy People**

- **Value 1:** Supporting community-led and culturally relevant work
- **Value 2:** Building strong collaborations and partnerships to increase capacity and effectiveness
- **Value 3:** Eliminating structural inequities and achieving equity
- **Value 4:** Prioritizing results and long-term impacts

**Healthy Places**

### Values

- **Value 1:** Supporting community-led and culturally relevant work
- **Value 2:** Building strong collaborations and partnerships to increase capacity and effectiveness
- **Value 3:** Eliminating structural inequities and achieving equity
- **Value 4:** Prioritizing results and long-term impacts

### Strategies

- Build community capacity and develop leadership
- Provide health promoting education, programs, and services
- Provide job readiness, skills training, and career pathways
- Expand access to healthy food, water, and oral health
- Decrease access and availability to sugary beverages
- Increase opportunities for physical activity
- Increase economic opportunities in priority neighborhoods
- Increase healthy messaging related to nutrition

### Short-Term Outcomes

- Improve behavioral outcomes
- Improve community and economic outcomes in priority neighborhoods

### Long-Term Outcomes

- Improve economic conditions for individual workers and local businesses
- Improve health outcomes
Desired Outcomes & Impacts

All outcomes will focus on priority populations.

**Behavioral Outcomes**
- Decrease in sugary drink consumption
- Increase in tap water consumption
- Increase in fruit/vegetable consumption
- Increase in breastfeeding
- Increase in physical activity

**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, stroke, Type 2 Diabetes)

**Desired Impact:** Eliminate health disparities and achieve equity, especially among priority populations.
Government Agencies That Received SDDT Funds in 2020–2021

San Francisco Department of Public Health
- Children’s Oral Health Community Task Forces
- Healthy Food Purchasing Supplement Grants
- Oral Health School Based Education and Case Management and the School Based Sealant Application
- SDDTAC Infrastructure/Backbone Support
- SDDT Healthy Community Three-Year Grants
- SDDT Healthy Community Policy, Systems, & Environment (PSE) Change Three-Year Grants

San Francisco Office of Economic and Workforce Development
- Healthy Retail Initiative

San Francisco Recreation and Parks Department
- Peace Parks
- Recreation Scholarships/Requity

San Francisco Unified School District
- Student Nutrition Services
SDDT-Funded Grants to Community-Based Organizations in 2020-2021

Healthy Food Purchasing Supplement Grants
- EatSF/Vouchers 4 Veggies (UCSF)
- Heart of the City Farmers Market
- A Better Course

SDDT Healthy Communities Three-Year Grants
- Bayview Hunters Point Community Advocates
- BMAGIC
- Bounce Back and Healthy Generations Project
- Community Grows
- Community Well
- Farming Hope
- Instituto Familiar de la Raza
- San Francisco African American Faith Based Coalition
- SisterWeb San Francisco Community Doula Network
- SoMa Community Action Network (SOMCAN)
- Urban Sprouts

Children’s Oral Health Community Task Force Grants
- Chinatown Children’s Oral Health Task Force (NICOS Chinese Health Coalition)
- Mission Children’s Oral Health Task Force (CARECEN)
- District 10 Children’s Oral Health Task Force (APA Family Support Services)

SDDT Healthy Communities Policy, Systems, & Environment (PSE) Change Three-Year Grants
- Central American Resource Center/CARECEN
- Marin City Health and Wellness Center—Bayview Clinic
- 18 Reasons
- Tenderloin Neighborhood Development Corporation (two PSE grants: Healthy Corner Store Coalition and Kain Na)
- Southeast Asian Development Center
Overview of this Report

In early 2020, the Sugary Drinks Distributor Tax Advisory Committee and San Francisco Department of Public Health (SFDPH) contracted with Raimi + Associates to conduct the evaluation of SDDT funding allocations. This is the second evaluation report and presents evaluation findings for the programs and agencies that received SDDT funding for Fiscal Year 2020/2021. The report aligns with the 2020-2025 SDDTAC Strategic Plan (for more information, please see www.sfdph.org/sddtac).

Data Sources

This report presents both quantitative and qualitative evaluation data provided from SDDT funded city agencies and community-based grantees, as well as primary data collected through interviews with SDDTAC members.
Report Findings

1. The San Francisco SDDT Ordinance and SDDTAC have been identified as effective in addressing health disparities resulting from the consumption of sugar-sweetened beverages as well as addressing long-standing inequities.

2. The San Francisco SDDT values have ensured that SDDT funded programming focus on and effectively engage communities most burdened by inequities.

3. Organizations and agencies used SDDT funding to help those communities experiencing the worst health and economic impacts of the COVID-19 pandemic meet basic needs while simultaneously supporting the structural changes necessary to promote equity.

4. SDDT funded entities are beginning to achieve desired outcomes.
Taxes on Sugar-Sweetened Beverages in the United States: Recent Learnings

Throughout the US, sugar-sweetened beverage (SSB) tax revenues are being invested in alignment with the intent of the legislation which established these taxes. Researchers looked at investments from the sugar-sweetened beverage (SSB) excise tax in 7 cities across the US (including San Francisco) and found that current SSB investments are in alignment with the intended and promised use of funds. In the 7 US cities (including San Francisco), the resources have been allocated to fund early childhood development, community infrastructure improvements, youth and workforce development, access to healthy foods and beverages, support for physical activity, interventions supporting overall well being, health and nutrition education, chronic-disease prevention and management programs, and programs working to reduce SSB consumption.¹

Having a clear understanding of the purpose and use of SSB taxes can decrease consumption of sugary beverages and increase support for SSB excise taxes. When community members have a clear understanding of the purpose and use of SSB taxes, they are more likely to decrease consumption of sugary beverages in addition to support addressing inequities and health harms of SSBs through SSB tax supported funding.²

Allocating sugar-sweetened beverage tax revenue to address social determinants of health may positively influence support for these taxes among voters and decision makers. The study also found that funding investments to address social determinants of health outside the traditional health arena may positively influence support for this kind of tax among the public and policy makers in addition to making contributions to increasing equity and longer-term health outcomes.³
Both community members and decision makers need information about the reasons for funding recommendations (e.g., from advisory bodies or stakeholders) and on the effects of work supported with SBB tax revenues, as well as to know about ongoing opportunities to provide input on what SBB tax revenues support. Making sure that the general public and policy makers know about the SSB investments requires ongoing education campaigns and community engagement efforts, including providing updates about funding, and gathering community input on evaluation findings and funding recommendations.4

Greater investments in racial and economic equity are more common when community leaders are involved, when equity is an explicit funding priority, and when reporting on SSB tax funding takes place regularly. A recent study of 7 cities in the US (including San Francisco) with a sugar-sweetened beverage excise tax found that greater investments to promote racial and economic equity occur when 1) local community leaders are involved in setting funding priorities and making revenue allocation decisions, 2) when social and health equity is an explicit priority for the funding, and 3) when there are clear processes related to publicly reporting on the tax revenue collections, allocations, and spending.5

---

4. Ibid.
5. Ibid.
What the beverage industry says:

Sugar is a form of carbs, and carbs help to keep you fueled during activity. So, inside every sip of Gatorade® Thirst Quencher is the sugar you need to help keep you and your game running strong.

**Fact #1**
Sugar provides the energy you need to perform throughout the game.

A 2017 study of 1,564 diverse youth 13-17 years old in the U.S. found 49.8% had engaged with a sugary drinks brand via social media (i.e., liking, sharing, following), with disproportionate engagement by Black/African American (non-Hispanic) and Latinx youth.8

Beverage industry advertisements present only part of the picture, associating sugary drinks with athletes and celebrities who look healthy. Ads for sugary sports drinks often explicitly claim to be healthy.

These tactics are nothing new for the beverage industry, which has used them for decades.

Sugary drinks companies target marketing towards communities of color. Working with celebrities and influencers to share content on social media has been a particularly effective way to connect with youth.

A 2017 study of 1,564 diverse youth 13-17 years old in the U.S. found 49.8% had engaged with a sugary drinks brand via social media (i.e., liking, sharing, following), with disproportionate engagement by Black/African American (non-Hispanic) and Latinx youth.8

---

What they don’t say:

26%

Food and beverage companies almost exclusively target advertising for nutritionally poor products (e.g., sugary drinks, candy, fast food) to Latinx and Black/African American consumers, and disproportionately target Latinx and Black/African American children and teens. The same companies are also less likely to target youth of color with advertisements for healthier food products (e.g., fruit, nuts, yogurt). ¹¹

¹² The Open Truth Campaign. (2015) The Open Truth Campaign is a collaboration between the Shape Up San Francisco Coalition (project of the Population Health Division of the SFDPH) and The Bigger Picture (Youth Speaks and Center for Vulnerable Populations/UCSF), Alameda County Department of Public Health, Sonoma County Department of Health Services, the American Heart Association Greater Bay Area Division and the Community Engagement and Health Policy Program of the Clinical & Translational Science Institute (CTSI), at UCSF. <http://www.opentruthnow.org/wp-content/uploads/2015/01/SUSF4.OpenTruth.SF..11x17Poster.11x17.02.pdf>
FINDING 1

The San Francisco SDDT Ordinance and SDDTAC have been identified as effective in addressing health disparities resulting from the consumption of sugar-sweetened beverages as well as addressing long-standing inequities.

KEY FINDINGS

• 1.1: The San Francisco Sugary Drinks Distributor Tax (SDDT) Ordinance and the San Francisco Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) align with emerging promising practices related to establishing and implementing a sugary drink tax policy that is focused on health disparities and inequities.

• 1.2: By intentionally including leaders of communities most targeted by the sugary drink industry, the San Francisco Sugary Drinks Distributor Tax Advisory Committee has ensured that funding recommendations highlight community priorities and long-standing structural inequities.

• 1.3: The multi-sector membership of the SDDT Advisory Committee contributed to de-siloing and coordinating efforts to effectively address specific community needs and inequities, especially during the pandemic.

• 1.4: San Francisco SDDT Advisory Committee members have enhanced their understanding of San Francisco’s budgeting and political processes and have begun sharing/ translating that information with historically disenfranchised communities to address inequities.
Finding 1.1: The San Francisco Sugary Drinks Distributor Tax (SDDT) Ordinance and the San Francisco Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) align with emerging promising practices related to establishing and implementing a sugary drink tax policy that is focused on health disparities and inequities.

The approaches that SF has taken to both establish and implement the SSB tax in SF are strongly aligned with emerging best practices to address inequities and health issues identified by Healthy Food America and the Praxis Project. The approach and process used to establish and implement a sugary drinks tax is critical. Ensuring that equity is centered when establishing and implementing the tax directly contributes to achieving equity-focused outcomes.
Examples of key processes and practices utilized in San Francisco to establish and implement a sugary drink tax include:

- Structuring the tax as an excise tax so distributors rather than consumers pay the tax;
- Engaging community members most impacted by long-standing inequities and health issues related to the consumption of sugary drinks early on;
- Identifying values, needs, and priorities of those most impacted by inequities and health issues to inform funding recommendations;
- Dedicating revenues to address the root causes of inequities and health issues;
- Dedicating revenues to communities and community-based organizations in impacted neighborhoods;
- Dedicating revenues to long-term community capacity to advocate for policy and systems change;
- Requiring an evaluation of tax impacts and ensuring that revenues and investments are monitored and publicly reported on;
- Creating public awareness campaigns about how the tax is working;
- Collecting and sharing stories from impacted communities on use of tax revenues;
- Ensuring members from impacted communities provide input into recommendations for revenue allocation and monitoring use.

Best Practices for Establishing and Implementing an Equitable Sugary Drink Tax Policy

<table>
<thead>
<tr>
<th>Establishing an Equitable Policy</th>
<th>Reflected in SDDT Ordinance and/or SDDTAC Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Make equity a priority goal for the tax using legislative intent language</td>
<td>✔</td>
</tr>
<tr>
<td>» Invest revenues in communities most impacted by the health conditions caused by consuming sugary drinks</td>
<td>✔</td>
</tr>
<tr>
<td>» Invest revenues in ways that reflect the values, needs, and priorities of the impacted communities</td>
<td>✔</td>
</tr>
<tr>
<td>» Invest revenues to address the social and economic determinants of health</td>
<td>✔</td>
</tr>
<tr>
<td>» Use revenues to support community-based organizations in impacted areas</td>
<td>✔</td>
</tr>
<tr>
<td>» Use revenues to support long-term community capacity to advocate for policy and systems changes</td>
<td>✔</td>
</tr>
<tr>
<td>» Establish a dedicated sugary drink tax revenue fund within the budget that clearly states the permitted uses for these funds</td>
<td>✔</td>
</tr>
<tr>
<td>» Specify a strong community role in revenue allocation decisions</td>
<td>✔</td>
</tr>
<tr>
<td>» Include provisions that make the revenue allocation process equitable</td>
<td>✔</td>
</tr>
<tr>
<td>» Require evaluation of tax impacts on equity</td>
<td>✔</td>
</tr>
<tr>
<td>» Pass through a significant portion of revenues collected by state-level taxes to support local community-led efforts and collaborations to improve equity</td>
<td>✔</td>
</tr>
<tr>
<td>» Require processes to monitor and publicly report on tax revenue collections, allocation, and spending</td>
<td>✔</td>
</tr>
<tr>
<td>» Structure sugary drink taxes as excise taxes paid by the producers or distributors of sugary drinks</td>
<td>✔</td>
</tr>
</tbody>
</table>
### Implementing an Equitable Policy

<table>
<thead>
<tr>
<th>Implementing an Equitable Policy</th>
<th>Reflected in SDDT Ordinance and/or SDDTAC Strategic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Informing the community about how the tax is working, revenues raised, and use of revenues through public awareness campaigns*</td>
<td><img src="https://raw.githubusercontent.com/ahsanmujeeb390/ahsanmujeeb390.github.io/main/Icons/Checkmark.png" alt="✓" /></td>
</tr>
<tr>
<td>» Collect and share stories from the community that show how the tax is working and disseminate them through community influencers and respected messengers*</td>
<td><img src="https://raw.githubusercontent.com/ahsanmujeeb390/ahsanmujeeb390.github.io/main/Icons/Checkmark.png" alt="✓" /></td>
</tr>
<tr>
<td>» Develop structures and processes for community engagement in setting priorities for revenue allocation and monitoring use of tax funds</td>
<td><img src="https://raw.githubusercontent.com/ahsanmujeeb390/ahsanmujeeb390.github.io/main/Icons/Checkmark.png" alt="✓" /></td>
</tr>
<tr>
<td>» Engage businesses from impacted communities in designing tax enforcement policies and processes</td>
<td><img src="https://raw.githubusercontent.com/ahsanmujeeb390/ahsanmujeeb390.github.io/main/Icons/Checkmark.png" alt="✓" /></td>
</tr>
<tr>
<td>» Require evaluation of tax impacts on equity and involve community members from impacted communities to determine evaluation outcomes</td>
<td><img src="https://raw.githubusercontent.com/ahsanmujeeb390/ahsanmujeeb390.github.io/main/Icons/Checkmark.png" alt="✓" /></td>
</tr>
</tbody>
</table>

*Although neither of these are required by the SDDT Ordinance or explicitly addressed in the SDDTAC Strategic Plan, both of them have been happening. Learn more at [SodaTax-SF.org](http://SodaTax-SF.org)
Finding 1.2: By intentionally including leaders of communities most targeted by the sugary drink industry, the San Francisco Sugary Drinks Distributor Tax Advisory Committee has ensured that funding recommendations highlight community priorities and long-standing structural inequities.
We didn’t just narrowly focus on sugary drinks and the health harms that most people think of. We really took a much broader, more effective perspective just by talking about health inequities, and structural inequities, and racism. Just using those words really set the tone from the beginning that this group is about the bigger picture and solving the problems that the soda industry is a part of.

- SDDTAC Member
IN ADDITION TO REPRESENTATIVE MEMBERSHIP, the lived experiences and intersectional identities of Advisory Committee members provided critical checks and balances for the committee when making recommendations about funding needs and priorities. Interviewees pointed out that each member of the Advisory Committee brought a broad understanding of the needs of impacted populations. However, having representation of people with lived experiences on the Advisory Committee, the Committee was more informed about how to address specific needs and recommend change because of their understanding of how their communities function. These insights were leveraged to make the Committee’s impact more specific and targeted.

This finding validates the approach that representation matters where decisions are made. Advisory Committee members reported bringing their “whole selves to the table,” referring to their professional expertise and their personal lived experiences from being in impacted communities. Reflecting on Advisory Committee member experiences, interviewees emphasized the importance of spending time building trust to increase transparency and collaboration.

At the same time, some interviewees noted that the membership of the Advisory Committee should be more diverse and reflect the diversity of San Francisco. One member explained: “The SDDTAC composition should better reflect the City of San Francisco –as [Board of Supervisors’] appointees comprise a majority of members, which leads to inequity in critical decision-making.”
There were some decisions that needed to be made where we didn’t have the full scope of what the community needed but because folks [SDDTAC members] are already in those communities, ... we [were able to] make [our] recommendations a lot clearer.”

-SDDTAC Member
Finding 1.3: The multi-sector membership of the SDDT Advisory Committee contributed to de-siloing and coordinating efforts to effectively address specific community needs and inequities, especially during the pandemic.
The work of the Advisory Committee has contributed to de-siloing efforts across government agencies and community partners, supported new and re-imagined partnerships, and leveraged existing relationships to address where key health disparities and inequities exist. Interviewees agreed that the diversity of perspectives represented on the Advisory Committee facilitated cross-sector collaboration through (1) working in smaller groups through subcommittees, which allowed for deeper relationship building and further deepening long-standing partnerships; (2) identifying issues that required collaboration among all Advisory Committee members and those that required more focus on a specific community; and (3) focusing on responding to the most pressing needs of communities during the COVID-19 pandemic. For instance, an interviewee noted that last year (2020) “facilitating outdoor time for children [during COVID] led to increased attention on partners like Parks and Rec.”
Finding 1.4: San Francisco SDDT Advisory Committee members have enhanced their understanding of San Francisco’s budgeting and political processes and have begun sharing/translating that information with historically disenfranchised communities to address inequities.

A few SDDTAC member interviewees indicated that the impact on people who have done this work before was less marked, but that it was helpful for all to learn more in-depth about the story of the City, the legislative process, and how to navigate within the City’s systems to support community organizing and advocacy. As an interviewee explained, “I joined at first to ensure accountability to youth and to the community and ended up learning a lot about chairing committees and boards and being part of the political process.”
“It certainly opened my eyes... to the workings of the City and how legislation actually informs or can inform our policies that affect our health. This committee was responsible for bringing in the community voice [into the recommendation process], which is what we supported... the money... was going to be given back to the community and they were going to take the lead, and so for me, it was a learning experience to see that process from... start to finish.”

-SDDTAC Member

“I really hope that the recommendations continue... to be focused and prioritize funds that go directly to community-based organizations that are working with those most targeted by the beverage industry.”

-SDDTAC Member

“The meetings turned into a kind of a monthly support, which was an opportunity for me just to start the meeting with lifting people up and talking about the good things that were happening. That was really nice for me, especially in the middle of the pandemic, when I was working super hard and sometimes felt very isolated.”

-SDDTAC Member
THE SF SDDTAC HAS CONSISTENTLY MADE RECOMMENDATIONS REGARDING FUNDING PRIORITIES AND ALLOCATIONS THAT ARE ALIGNED WITH THE ORIGINAL INTENT OF THE LEGISLATION.

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 also provides recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of sugar-sweetened beverages in San Francisco. In May of 2018, SFDPH took over SDDTAC staffing for the City Administrator’s office and the Committee began meeting. According to the SF ordinance, unless the Board of Supervisors extends the term of the Advisory Committee, the Advisory Committee will end on December 31, 2028.

“I had never been part of anything political and now I’m looked at as a resource in my community for folks who are aspiring to be on committees and boards—[and] they ask me about the process. [When I transitioned out], there were a lot of people who [wanted] my seat and I was... able to help demystify what it’s like and talk about the importance [of guiding] where funding can go for our community.

________________________

-SDDTAC Member
San Francisco SDDT Advisory Committee Membership Structure

[As of November 2021]

**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.

**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.

**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.

**Seat 7:**
Shall be held by a person appointed by the Director of the Office of Economic and Workforce Development.

**Seats 8 and 9:**
Shall be held by persons appointed by the Board of Education of the San Francisco Unified School District.

**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.

**Seat 11:**
Shall be held by a person with experience or expertise in the field of oral health.

**Seat 12:**
Shall be held by a person with experience or expertise in the field of food security or access.

**Seat 13:**
Shall be held by an employee of the Department of Children, Youth & Their Families.

**Seat 14:**
Shall be held by an employee of the Recreation and Park 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.

**Seat 16:**
Shall be held by a person with experience or expertise in services and programs for children ages five and under.
FINDING 2

The SF SDDT values have ensured that SDDT funded programs focus on and effectively engage communities most burdened by inequities.

KEY FINDINGS

• 2.1: By providing culturally responsive and linguistically relevant programming SDDT funded programs have effectively engaged populations most burdened by diet-related chronic disease.
• 2.2: Utilizing trauma-informed, healing-centered approaches has enabled some SDDT-funded programs to effectively engage communities which cumulatively experience the most health inequities.
• 2.3: SDDT funding has increased the reach and capacity of collaborations focused on places and populations most impacted by diet-related chronic disease.
• 2.4: SDDT grant funds are helping to establish community-driven efforts to change inequitable policies, systems, and environments in San Francisco.
To highlight the breath and depth of the programs that SDDT funds support, this section includes profiles of five grantees. These grantees demonstrate some of the ways in which SDDT-funds support the full range of SDDT strategies with all SDDT priority populations and work towards each of the SDDT outcomes. Each organization and government agency which is supported with SDDT funding implements different strategies that best serve their target populations and prioritized outcomes - while aligning with SDDT values. See pages 12-13 for a full list of SDDT-funded organizations and agencies.

+40,100
More than 40,100 people participated in SDDT-funded grant programs during FY2020-2021.
A powerful web: leading with values and impacting birthing people, their families, their communities, and the health care system

SF SDDT funding is carefully allocated to organizations and agencies that embody the SDDTAC-identified values and are able to effectively implement the SDDT strategies. Many organizations in San Francisco are doing critical work that engages communities historically burdened by inequities. Among these organizations, and arguably an organization that is exemplary of the purpose of the San Francisco Sugary Drinks Distributor Tax, is SisterWeb (SW). This small and growing organization has an ambitious mission and embodies all four values identified by the SF SDDT Advisory Committee. In essence, what is unique to SW is what SDDT funding is all about. SisterWeb’s work is grounded in supporting community-led and culturally relevant work, building strong collaborations and partnerships, eliminating structural inequities, and prioritizing results and long-term impacts.
So how does SW lead with their values and accomplish so much?

SisterWeb was founded in 2018 to address the long-standing maternal and infant health crisis that disproportionately affects women of color and their infants.

SisterWeb is a community doula organization that offers no-cost culturally and linguistically congruent doula care to Black, Pacific Islander, and Latinx birthing people in San Francisco through three different programs: Kindred Birth Companions, MANA Pasefika, and Semilla Sagrada. By providing tailored doula services by members of the same communities, SW reaches community members prioritized by SF SDDTAC.

Doulas throughout the US are typically employed as contractors, and get paid by the birth. SW, however, has been set up to offer salaried positions with benefits and professional development opportunities that support women of color to obtain and retain jobs as professional birth workers in San Francisco. SW doulas and staff are from the communities that they serve, and most SW doulas are bilingual and bicultural—meaning that they are able to provide culturally congruent care to their clients. By hiring staff and doulas from communities most burdened by historic inequities, providing stable salaries, and offering professional development opportunities, SW is directly supporting community-led and culturally relevant work and contributing to economic justice. The organization does this by lifting up community wisdom, intentionally addressing inequities in the health care system, and by prioritizing long-term results and impacts through their evaluation efforts. And pregnant people and their families benefit from SW’s services that are typically too expensive to even consider.
In addition to providing benefited employment and doula services to SF community members most burdened by inequities, they are also contributing to longer-term systemic change by providing prenatal care trainings to healthcare providers, participating in maternal/child health-focused collaborations, and supporting legislative change to improve birth outcomes. SW staff, for example, are part of a Champion Dyad program in partnership with the Labor and Delivery Units in all five hospitals in San Francisco. Through this program, a SisterWeb staff member partners with a doctor, nurse, and/or midwife “champion” at the hospital to ensure equitable treatment during pregnancies and births of Black, Latinx, and Pacific Islander pregnant people. This work is critical to creating a more equitable health care system and achieving positive birth outcomes for families who are traditionally marginalized by the health care system in general and during their birthing experiences in particular.
With SDDT funding, SisterWeb helped Black and Brown families to have safer and healthier births, supported Black and Brown doulas in their careers, and provided leadership opportunities that included higher wages with increased responsibilities to Black and Brown women. All of this increased the representation of Black and Brown communities in San Francisco’s maternal care system.

SisterWeb Staff
Finding 2.1: By providing culturally responsive and linguistically relevant programming, SDDT funded programs have effectively engaged populations most burdened by diet-related chronic disease.
Supporting Goal 1: Healthy People
Participants in SDDT grantee programs were predominantly Black/African American and Latinx. Additionally, the majority of people who participated in SDDT-funded grant programs were under 25 years old and more than 3,000 were pregnant when they participated.

Supporting Goal 2: Healthy Places
The majority of SDDT grantees served participants and had SDDT-funded program staff who lived in:
- Bayview Hunters Point
- Civic Center/the Tenderloin
- The Excelsior
- The Mission
- Potrero Hill
- Visitacion Valley.

The majority of SDDT grantees also served participants who lived in the Outer Mission. Additionally, more than half of SDDT grantees offered in-person programming in Bayview Hunters Point and the Tenderloin.
<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021</th>
<th>Neighborhoods where participants in FY2020-2021 SDDT grantee programming live</th>
<th>Neighborhoods where SDDT-funded program staff lived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayview Hunters Point</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Chinatown</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Civic Center/the Tenderloin</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Excelsior</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Mission</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Outer Mission</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Potrero Hill</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>South of Market</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Visitacion Valley</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>
San Francisco Neighborhoods Most Impacted by Diet-Related Chronic Disease

Impacted Neighborhoods

Least Impacted

Most Impacted
### San Francisco Neighborhoods with an Average Burden of Diet-Related Chronic Disease (within San Francisco)

<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021</th>
<th>Neighborhoods where participants in FY2020-2021 SDDT grantee programming live</th>
<th>Neighborhoods where SDDT-funded program staff lived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernal Heights</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Crocker Amazon</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Financial District</td>
<td></td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Lakeshore</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Oceanview/Merced/Ingleside</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Outer Sunset</td>
<td></td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Parkside</td>
<td></td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Treasure Island</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Western Addition</td>
<td></td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

* Other neighborhoods in San Francisco*

* A few grantee staff reported living in the Marina, Nob Hill, Noe Valley, and North Beach. No grantees reported having staff paid with SDDT funds who lived in Pacific Heights, Presidio Heights, Russian Hill, Seacliff, or West of Twin Peaks.

### San Francisco Neighborhoods with the Lowest Burden of Diet-Related Chronic Disease

<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021</th>
<th>Neighborhoods where participants in FY2020-2021 SDDT grantee programming live</th>
<th>Neighborhoods where SDDT-funded program staff lived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro/Upper Market</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Diamond Heights</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Glen Park</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Golden Gate Park</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Haight Ashbury</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Inner Richmond</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Inner Sunset</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Outer Richmond</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Presidio</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Twin Peaks</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Other neighborhoods in San Francisco*</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>
Of the 169 SDDT grantee staff paid using SDDT funds:
- 88% were people of color
- 77% were SF residents
- 56% were bilingual or non-English speakers

Languages Spoken by Grantee Staff
Paid Using SDDT Funds
- Amharic
- Arabic
- Cantonese
- English
- Filipino
- Ilokano
- Japanese
- Malay
- Mandarin
- Mayan K‘iche
- Mayan-Mam
- Maya-Yucateco
- Spanish
- Russian
- Tagalog
- Vietnamese

Languages in which Grantees Offered Activities
- Arabic
- Chinese
- English
- Filipino/Tagalog
- Mayan K‘iche
- Mayan-Mam
- Maya-Yucateco
- Spanish

Race/Ethnicity of Grantee Employees Paid with SDDT Grant Funds (n=169)
- Black/African American: 33%
- Latinx: 24%
- Multiracial: 19%
- Native American: 10%
- Pacific Islander: 9%
- White: 14%
- Other: 2%

Where Grantee Staff Supported with SDDT Funds Live (n=169)
- San Francisco resident: 77%
- Not a San Francisco resident: 23%

Race/Ethnicity of Grantee Employees Paid with SDDT Grant Funds (n=169)
- Black, Indigenous, and People of Color (BIPOC): 88%
- White: 1%
SOMCAN PROFILE:

A community-based participatory action effort to improve health outcomes for Filipino-American residents: South of Market Community Action Network’s (SOMCAN)

Established in 2000, the South of Market Community Action Network (SOMCAN) is a multi-issue and multi-strategy organization that nurtures the lives of youth, families, individuals, and workers. SOMCAN was formed by community leaders to address gentrification and displacement issues in the South of Market (SOMA) community. Over the last twenty years, SOMCAN has worked on a wide range of issues from tenant rights to community planning to Filipino language access to workers’ rights, providing culturally competent direct services that include tenant counseling, family support, youth empowerment, and employment.
Kalusugan ng Bayan/Our Health, Our Community is a three-year initiative developed by Filipinos and Filipinas at SOMCAN to improve the well-being of Filipinos in San Francisco. The initiative seeks to address the community’s chronic health issues such as hypertension, cardiovascular diseases, Type 2 diabetes, overweight/obesity, in addition to improving built environment conditions that contribute to these conditions. The initiative aims to understand the community’s knowledge, attitudes, behaviors and risk factors related to chronic diseases; increase community awareness of chronic disease prevention; and advocate for policy and environmental strategies that support health. Funded by the SDDT three-year Healthy Communities grant, the work of SOMCAN helps move forward the SF SDDT core value to support community-led and culturally relevant work in San Francisco, specifically in improving behavioral and health outcomes in Filipino-American communities.

In the first part of 2020, SDDT funding helped support staffing costs for three staff and nine Community Health Ambassadors to conduct the community health assessment using community-based participatory action research. Ambassadors ranged in age from 14 to 73 years old and all spoke both Tagalog and English. They provided translation support, compiled surveys, conducted outreach, and connected with non-profit organizations in the area. Due to the COVID-19 shelter-in-place ordinance, they couldn’t conduct in-person community meetings to disseminate the assessment findings. Instead, the group quickly pivoted to share their findings via an infographic in English and Filipino with their 1,600 social media followers; 1,888 newsletter subscribers; and diverse social networks including SOMA Pilipinas with 2,154 followers, Pin@y Advocates/Community Educators with 1,600 members, and 25 partners across the San Francisco who provide services to Filipinos.

During that same time period, SOMCAN also conducted free weekly physical activity for Filipino residents and workers through in-person and, shortly after, virtual online classes.

Workshops included:
• U-Jam urban dance,
• K-pop dance,
• Daluyan movement and exploration of stories,
• Energy work,
• Alchemist healing,
• Joyful Movement Mediation,
• Kapwa Fitness, and Twin Hearts loving-kindness meditation.

These health classes had over 871 participants.
Building on these successes, SOMCAN accomplished the following in the fiscal period of July 2020 to June 2021:

WORKSHOPS

Leadership and technical assistance trainings
Eight multigenerational Filipinx community members (continuing and new) were recruited for the second phase of implementation. All community members were from San Francisco’s South of Market, Tenderloin, Haight/Ashbury, and Excelsior neighborhoods.

Health education workshops and seminars
SOMCAN partnered with a local Filipino organization called Mabuhay Health Center (MHC) to host the health workshops for the next program phase. In partnership, they conducted monthly health education webinars to inform the Filipino community about resources. Webinars included presentations about COVID-19, testing centers, self-care strategies, and vaccine information. Other workshop topics included coping mechanisms and behavioral health, safe exercises and physical activity, health insurance, diabetes, Intergenerational/Intercultural connections, nutritious and mindful eating, gout, obesity, and maintaining healthy routines. Program-related materials were created by MHC with translation support from the Ambassadors, and SOMCAN Ambassadors also focused on further assessment, evaluation, and community outreach.
Cooking workshops

SOMCAN collaborated with Kultivate Labs, a local non-profit organization, to conduct Filipino cooking workshops with the overall aim of teaching traditional Filipino dishes with a healthy and nutritious twist. Some of the cooking demos included Vegan Filipino Spaghetti, Air Fried Kale & Garlic Lumpias, Veganized Chicken Tinola, and Italian twists on Filipino Classics. Each cooking demo was attended by about over 15 participants online on Zoom/Facebook Livestream. All the cooking classes dishes are based on input from participants and the Community Health Ambassadors, who played an important role in the community outreach, promotion and engagement of the cooking workshops.

CULTURALLY RELEVANT EDUCATIONAL MATERIALS

Handouts and infographics in English and Filipino

Topics included: COVID-19 and vaccine information, physical activity, Medicare, understanding mental health, and diabetes and intergenerational trauma. SOMCAN and the Community Health Ambassadors distributed the infographic handouts at food delivery distribution, community events and tabling opportunities, and shared the infographic handouts to the Filipino Services providers network.

Promotional videos

Created animated health videos focusing on chronic disease prevention (cardiovascular disease, hypertension, and obesity) and promoting SOMCAN’s health programs. Videos highlighted multigenerational health perspectives of the Filipino community, with five in English and 6 in Filipino.
Finding 2.2: Utilizing trauma-informed, healing-centered approaches has enabled some SDDT-funded programs to effectively engage communities which cumulatively experience the most health inequities.

Most people experience some trauma—and everyone experiences stress. Structural, institutional, and interpersonal racism and other inequities mean that Black, indigenous, and other people of color and other historically disenfranchised communities are much more likely to experience trauma, to experience many kinds of trauma, and to experience toxic stress. Resiliency factors like caring relationships, positive coping skills, and believing in oneself all help protect people from the harmful health impacts of trauma and toxic stress. Trauma-informed and healing-centered programming helps develop and strengthen resilience where it is most needed.
Trauma-informed services and programs address trauma as a root cause of behavior and use an understanding of trauma and recovery to change organizational systems, policies, and practices that retraumatize people. While being trauma-informed looks different for every organization, it requires an organizational commitment to:

- Prioritize safety for community members or clients and their empowerment and choices
- Transparency, collaboration, and peer support
- Recognize socio-cultural trauma and structural oppression

Healing-centered organizations use holistic, culturally-grounded approaches to foster individual well-being, strengthen individuals’ sense of belonging to a supportive community, and support collective healing. Often incorporating civic action as a way to change components of inequitable and traumatizing environments, these approaches also:

- Support respectful and effective relationships in which people are seen as their whole selves
- Strive to be equitable, accountable, inclusive, and collaborative
- Work with community members to make meaning out of the past and to identify meaningful changes now and into the future
- Encourage growth at the individual, interpersonal, and community levels (including by making space for reflection)
Requity, Peace Parks, and Bounce Back Generation all offer trauma-informed and healing-centered programming developed by and for residents of HOPE SF public housing site and other residents of San Francisco’s Eastern neighborhoods. Program staff are relatable to community members because they share many life experiences with program participants, which helps programming feel relevant and interesting to community members. Having programming that is fun and that teaches new information and skills also functions to normalize and de-stigmatize program participation. Staff develop trusting relationships with community members over time by being a consistent and caring presence, recognizing and affirming how participants are unique and special, and helping connect community members with resources and opportunities.
Bounce Back Generation’s Sweet Communities curriculum and messaging teaches why cutting back on sugar is good for one’s physical and emotional health and supports participants in identifying how to eat healthier in sustainable ways without reinforcing shame or guilt around food and beverage consumption. A core element of supporting healthier eating is to educate participants about how trauma and stress impact people physically and by supporting one another in developing healthier coping skills to use when stressed or triggered. The curriculum also educates people about how the beverage industry markets sugary beverages using emotions and that lower-income communities and communities of color are disproportionately targeted with advertising for sugary drinks. Participants are encouraged to reflect on their own relationship to sugar and to experiment with how they feel when they have one less soda or one less teaspoon of sugar in their coffee.

“I want to give up Gatorade.
When I gave up soda I overcompensated with Gatorade. I didn’t know it had so much sugar until I started working with Sweet Communities. I thought I was doing good by drinking a sports drink but turns out it has a lot of sugar. Sweet Communities has inspired me to look at labels closer.”

—BBG participant

“In the past 3.5 weeks (I am) drinking more water and less sodas. And (got) no migraines or headaches. I’m going to continue by consuming water and weaning myself off soda.”

—BBG participant

Why do people drink sugary beverages?16

• Perceived need (e.g., satisfy cravings, quench thirst)
• Physical and cognitive benefits (e.g., provide energy, improve attention)
• Emotional and interpersonal benefits (e.g., relieve anger, facilitate socializing)
• Sensory properties (e.g., taste, carbonation)
• External cues (e.g., family/peer modeling, availability)

For low income parents who are raising their kids in circumstances marked by scarcity and financial insecurity, giving their kids a bag of Doritos [and] a $1 can of soda is one of the few ways that they can say ‘yes’ to their children on a daily basis, that they can show their kids that they love them, that they hear them, that they can honor their preferences. And so even though these parents know that a can of Dr. Pepper is not the most nutritionally sound choice, it’s also a very emotionally nourishing choice for their children. So what makes perhaps little sense from a public health perspective makes a lot of sense from a psychological perspective, if you take into account the really different contexts that parents are raising their kids in.

Priya Fielding-Singh, PhD
Former National Institutes of Health (NIH) Fellow in Cardiovascular Disease Prevention at the Stanford School of Medicine

BBG PROFILE:
Addressing inequities by reaching key populations through resilience and trauma-informed approaches: Bounce Back Generation (BBG)

Emotional trauma, adversity in childhood, and ongoing stress impact children, the adults who care for them, and the future adults that children will become. Research has shown that the more Adverse Childhood Experiences a child has, the more likely they will experience learning difficulties, emotional problems, and serious health concerns for a lifetime. In 2011, Bounce Back Generation (BBG) began their work as the Healthy Generations Project in a public housing community in San Francisco following the advice of a grandmother who expressed that “we are all suffering from post-traumatic stress disorder” because of the constant presence of violent crime, drug use, poverty, institutional racism, and domestic dysfunction. This grandmother’s words continue to ring true today as many aspects of the COVID-19 pandemic are creating adverse childhood experiences for a generation of children.
Based on the wisdom of the community and the leading research on the health impacts of trauma and toxic stress, BBG has created and tested practical tools over the last ten years to improve educational achievement, support healthy childhood development, increase community involvement, and transform individuals and communities. BBG’s peer hiring and training program lifts up parents, grandparents, and concerned community members as “resilience-builders” and change agents for themselves, their families, and communities. BBG teaches adults and children how to understand and manage the connections between brain, body, and emotions and how to transform homes, schools, and workplaces so that people, places, and practices can create opportunities to recover and grow stronger.

The SF SDDTAC also understands that targeted funding to organizations that are trauma-informed and build community resilience is critical to create population-level changes over time. The SF SDDTAC also emphasizes the importance of addressing inequities by reaching key communities targeted by the sugary drinks industry to counteract those messages and support community leadership. BBG’s work strongly embodies SDDT’s core value to support community-led, trauma-informed work that is culturally responsive and aligns with the SDDT-identified strategies focused on building community capacity and developing leadership, providing job readiness training, expanding access to healthy food and water, and increasing healthy messaging related to nutrition.

**SDDT strategies:**

- Build community capacity and develop leadership using trauma-informed approaches that address adverse childhood experiences (ACEs) and stress
- Providing job readiness opportunities
- Expand access to healthy food, water, and oral health
- Increase healthy messaging related to nutrition

We believe that in order to change behavior, we must understand the root causes of that behavior. Negative coping skills such as using sugar to manage emotional states and stress can be shifted to different coping skills that make you ‘feel good today, and better tomorrow’.

BBG Staff
During the fiscal period of July 2020 to June 2021:

• Funding from SDDT helped support employment and training opportunities for BBG staff, particularly in the Potrero Hill neighborhood of San Francisco. Five people conducted community health worker activities as promotoras, primarily in Spanish. Outreach supporters were trained on safe door to door practices and text/social media outreach, and training continues on weekly basis.

• In terms of community reach and participation, activities and programming were provided in English, primarily in the Bayview Hunters Point, Outer Mission, and Potrero Hills neighborhoods of San Francisco. Participants included 340 community members who were part of low/lower-income households and who were more likely to identify as Black/African American (76%), Asian (8%), or Pacific Islander (6%).

• In addressing trauma and adverse childhood experiences, a total of 24 resilience building workshops were conducted with 104 duplicated (35 unduplicated) community members. Workshop sessions included ‘Stress and Your Health’, ‘Food as Memory: How Childhood Affects us as Adults’, and ‘Food as Celebration’.

• Programming was informed by a COVID-19 survey completed with 33 responses, which all staff reviewed and discussed ways to improve online workshop outreach and content.

• BBG also actively promoted drinking fewer sugary drinks by creating instructional videos about making low-sugar iced tea, and another about drinking tea as a healthy coping skill.

• BBG trained and continue to work with a film crew to create emotionally impactful and science supported information on reducing stress and improving COVID safety and prevention.

• With a focus on making nutritious choices and increasing healthy beverage consumption, BBG held food giveaways that expanded community access to healthy food and water and increased healthy messaging related to nutrition with 298 unduplicated individuals through an Easter/Spring gift bag giveaway.
BBG began this fiscal year, as everyone did, in the worst periods of the pandemic. The community was telling us they were feeling afraid and overwhelmed during the lockdowns. While services were reaching them with food and protective equipment, they were losing connections with their family, friends, and neighbors. **We identified the need for creating connections...** We began by creating videos that were made by Potrero public housing residents that reflected their feelings. We encouraged stay-at-home activities for the holidays, and sent examples of how we were coping through COVID. BBG looks forward to expanding this COVID model, created out of necessity but filled with opportunities to use our media-based tools to expand our reach. Our communities are more aware of the need for coping tools, wellness strategies, and building resilience for themselves and children.

**BBG Staff**
Finding 2.3: SDDT funding has increased the reach and capacity of collaborations focused on places and populations most impacted by diet-related chronic disease.
SDDT grantees reported having an average of 8.2 active partnerships related to their SDDT-funded programming—with one grantee identifying 30 active partners!

Partnerships reflected a range of relationships and support, with each grantee participating in up to five of the following types of partnerships:

- Administration and planning support
- Educational classes and resources (some online)
- Grantee provides food/services to partner
- Grantee provides giveaways/kits to partners
- Grantee refers people to partner for resource/services
- Guest Speaker
- In-person programs and support
- Outreach support
- Partner provides food for grantee program participants
- Partner refers people to grantee for resource/services
- Public health research, policy, and planning
- Taskforce members
- Technology assistance

Partners include K-12 schools, local colleges and universities, clinics, public health programs, social service providers, affordable housing providers, volunteer initiatives, family and student groups, local photographers and videographers, and community centers— as well as the Bay Area Mural Program to create a community health mural at Marin City Health and Wellness Center!
The San Francisco Department of Public Health team that provides administrative support for the SDDTAC also coordinates with funded programs and organizes at least 2 convenings annually with all funded programs and agencies. These convenings have supported networking between staff at different community-based organizations, between government employees and non-profit staff, and between programs working in the same communities but focused on different topics. In addition to networking, these convenings provide learning opportunities for participants (recent examples include information about COVID-19 vaccination options and facts/correcting vaccine myths; updates on peer-reviewed literature related to sugary drink marketing, consumption patterns, health impacts, and promising interventions; and peer learning about policy, systems, and environmental changes within San Francisco).
Fiscal year 2020-2021 was also the second year in which SDDT funds supported San Francisco’s three place-based children’s oral health community task forces. These task forces were created in 2015 to eliminate racial and income disparities in children’s oral health. They do this by increasing access to dental and oral healthcare (including by supporting integration with other healthcare), providing culturally and linguistically responsive oral health education, establishing a population-based oral health surveillance system. One community task force exists for each of the neighborhoods with the poorest children’s oral health outcomes: Chinatown, the Mission, and District 10 (Bayview Hunters Point and the Excelsior).

In 2020-2021, the task forces used SDDT funds to:

• Develop, translate, and run local print and radio advertisements,
• Integrate oral health components into existing promotores/community health worker training curricula, and
• Conduct research with community members to inform taskforce efforts.
CTFCOH PROFILE:

Improving equitable access to oral health in impacted communities through strong partnerships: Chinatown Task Force on Children’s Oral Health (CTFCOH)

Tooth decay or dental caries is a silent epidemic affecting children of all ages. If left untreated at an early age, it leads to pain that interferes with daily life, school absences that undermine learning key skills, and lifelong dental problems that compromise overall health. Although almost entirely preventable, tooth decay continues to be the most common chronic childhood disease in the United States. In San Francisco, rates of dental caries from kindergarten screenings range from 40% to almost 60% in some neighborhoods among Black/African American, Latinx, and Asian American children, with Asian American children experiencing the highest rates of dental decay. The communities at highest risk include linguistically isolated families whose first language is not English, immigrant families, Medi-Cal eligible or enrolled children, and children with special health care needs.
CavityFree SF, previously known as the San Francisco Children’s Oral Health Collaborative, coordinates a city-wide effort which seeks to reduce disparities and improve the oral health of children in San Francisco by increasing access to quality care and services, integrating oral health into overall health, and promoting oral health among high-need communities and neighborhoods. CavityFree SF invited community organizations to join in a unique opportunity to organize and form sustainable oral health task forces to implement the Children’s Oral Health Strategic Plan for San Francisco by improving access to culturally competent care and appropriate utilization of services, determining best practices of community-level oral health behavior practices based on community-identified needs and preferences, and implementing those findings to promote and encourage adoption of healthier oral health behaviors. In San Francisco’s District 3, the NICOS Chinese Health Coalition formed in 2015 and continues to convene the Chinatown Task Force on Children’s Oral Health (CTFCOH), one of three neighborhood-based collaborations addressing oral health disparities in children of color.

Supported with SDDT funds, CTFCOH aligns with all SDDT core values and is a strong example of building strong collaborations and partners that increase capacity and effectiveness, specifically in improving outcomes related to water and sugary drink consumption which are directly connected to dental caries.

During the fiscal period of July 2020 to June 2021:

- Funding from SDDT helped support partial staffing costs of four positions for CTFCOH in program management, coordination, and health education. All the staff identified as Chinese.
- CTFCOH engaged 1,879 community members in planning, implementation, or evaluation of program activities. A vast majority of these community members (99%, n=1,859) identified as Asian. CTFCOH staff conducted in-person outreach at seven different community events and promoted oral health and sugar-sweetened beverage consumption awareness to a total of 1,778 community members.
- CTFCOH provided targeted education to 165 community members via two virtual oral health workshops and one virtual “Less Sugar, Sweeter Life” workshop.
- CTFCOH also aired a public service announcement about children’s oral health and the five key preventive messages on Chinese radio stations on an ongoing basis, as well as developed a set of corresponding print ads.
During outreach, CTFCOH staff distributed the project’s ‘Less Sugar, Sweeter Life’ brochure to community members to bring awareness on the sugar content of common beverages and the negative health impacts of consuming them. Staff also provided one workshop about SSB consumption and its negative health impacts virtually during the period. Moreover, in its media messaging on cavity prevention throughout the period, the CTFCOH emphasized reducing consumption of food and drinks containing sugar and white flour. At the Chinatown Community Health Fair which it sponsored, event organizers provided staff/volunteers one beverage only, tap water.

CTFCOH partners included:
• APA Family Support Services
• CARECEN
• CavityFree SF
• Chinatown Public Health Center
• Gordon J. Lau Elementary School
• Emily Leys Consulting
• Jean Parker Elementary School, Kai Ming Head Start
• Magic Tooth Bus Dentistry
• North East Medical Services
• San Francisco Department of Public Health
• San Francisco Unified School District
• Self-Help for the Elderly
• SF Hep B Free
• SF Livable City
• SF-Marin Food Bank
• UCSF School of Dentistry
• University of the Pacific Arthur A. Dugoni School of Dentistry
• Wu Yee Children’s Services

CTFCOH partnered with 19 organizations or groups through membership in the task force, ongoing collaboration and coordination, and reflective evaluation and learning. NICOS hosted six monthly CTFCOH meetings, facilitating the participation of 10 task force members per meeting on average.
While the Bay Area experienced some relaxation of the stay-at-home orders and re-opening of certain in-person practices during the early part of the summer, subsequent COVID-19 surges in the latter part of the summer and later in December nevertheless created ongoing challenges for NICOS/CTFCOH in conducting in-person work. In addition, wildfires and poor air quality issues in September and October created additional barriers for us to reach the community effectively. However, NICOS/CTFCOH made the best of the situation and continued to conduct in-person outreach whenever possible to provide educational grab-n-go bags at food pantry sites and at outdoors community-based events such as Walkway Weekends. In addition, NICOS/CTFCOH expanded our presence online by providing several web-based workshops on oral health-related topics to our partner organizations and community groups.

CTFCOH Staff
Finding 2.4: SDDT grant funds are helping to establish community-driven efforts to change inequitable policies, systems, and environments in San Francisco.

There are a range of ways that SDDT grants fund organizations and agencies to make changes to policies, systems, and environments. One way includes explicitly directing SDDT funds to support interventions that make policy, systems, and environmental (PSE) changes to prevent and mitigate diet-sensitive chronic disease. PSE-specific strategies have the potential to reach, and therefore impact, large numbers of community members.
Five grant projects focused on policy, systems, and environmental (PSE) changes were funded beginning in January 2021. These three-year grants use the model which the San Francisco Department of Public Health’s tobacco control programs have used for more than a decade to identify and prioritize PSE changes based on community research, and then to advocate for those PSE changes most important to community members.

In addition to the PSE-specific funded grantees, all SDDT-funded grantees are encouraged to address structural inequities by focusing on effecting change through policies, systems, and environmental changes. Many of the organizations and agencies funded by the SDDT Healthy Communities grants also focus part of their work on changing policies, systems and the environment. One example is the work that Bayview Hunters Point Community Advocates is doing to improve economic and workforce development opportunities and systems so that historically marginalized community members have access to meaningful jobs. In other cases, organizations are focusing on implementing organizational wellness policies (which include requiring water be served at meetings and events), creating videos and recipes for no sugar beverages, providing training and videos about how to break the habit of drinking soda and other sugary beverages, explaining the health benefits of drinking water, and improving eating habits.

**PSE DEFINITIONS**

**Policy Change:** The creation of written statement of an organizational position which helps an organization change its course of action that will address health, health equity, and social determinants of health that impact health outcomes. The organization can be in the public, non-profit, or business sectors.

**System Change:** A change in how organizations or multiple agencies conduct business, such as changing ongoing organizational decisions or outcomes that will address health, health equity, and social determinants of health that impact health outcomes.

**Environmental Change:** Observable changes to the built and physical environment, as well as changes to the economic, social, or media environments that will address health, health equity, and social determinants of health that impact health outcomes.
Bayview Hunters Point Community Advocates is a Black-led, multiracial organization, and DEI principles have always been at the core of its mission... In addition to providing affordable, healthy food, our community co-op grocery (and SDDT investment in our food programs) is also helping us deliver important services in health/wellness education, workforce development, and employment for Bayview Hunters Point. That in turn helps build neighborhood power and stability for the current residents of the neighborhood, one of the most diverse (and vulnerable) in San Francisco. Community-based social/economic developments like this are necessary if we are going to defend our neighborhoods against the pressures of displacement and gentrification.
Bayview Hunters Point Community Advocates (BVHPCA) began in 1994 as a grassroots organization, founded, governed, and operated by members of the Bayview Hunters Point neighborhood in San Francisco. Since its beginning, the organization has combined community organizing with education, advocacy and direct services, with a specific focus on environmental and economic justice. Bayview Hunters Point (BVHP) is a racially diverse and predominantly low-income community with approximately 35,890 residents and is located in the southeast corner of San Francisco. BVHP has had a history of community organizing to address long-standing environmental issues related to the decommissioned Hunters Point Naval Shipyard, and to ensure access to healthy foods. BVHP has been described as a food swamp: a neighborhood in which fresh, healthy produce is hard to find, but alcohol outlets, fast food, and highly processed foods are common.

In 2019, BVHPCA renewed its organizational commitment to environmental justice advocacy, and established the Southeast Community Council (SECC). BVHPCA began recruiting local leaders and community members to become SECC council members, with the aim of providing leadership opportunities, and trainings related to environmental issues and advocacy, as well as providing a stipend of $200-$500 a month to participating community members. Hosted and led by BVHPCA, the SECC established subcommittees on policing and injustice; emerging technology; finance and economics; health and wellness; transit and transportation; air, soil, water and pollution; education; and outreach and research. The SECC also covered topics such as displacement, economic development, and workplace diversity as regular agenda items.

In 2019, BVHPCA also received a 3-year SDDT Healthy Community grant to address the historic and structural inequities that BHVP residents have inherited from decades of racist environmental, economic, and social policies. The SDDT grant outlined support for building community capacity, developing local leadership, providing health promoting education and services, expanding access to healthy food, and increasing local workforce development and economic opportunities in the neighborhood. Specifically, the SDDT grant was dedicated to creating a much needed grocery co-operative in this southeast neighborhood of San Francisco. With the grant, BVHPCA identified key steps toward creating the grocery co-operative including: incorporating the grocery co-operative with an ongoing non-profit partner (BVHPCA) for food education and workforce development; developing a community survey to gather input and test interest in the co-op; creating a business plan or capital plan for the co-op; identifying a location for the co-operative grocery store; and implementing an evaluation.
Structural change typically takes years and is often incremental. This project was no exception, and surprisingly, both benefited from and was delayed because of the pandemic. BVHPCA had established the Southeast Community Council (SECC) in early 2020 when the pandemic began. The SECC served to build community leadership (and included providing incentives to participants) and created an opportunity to effectively and efficiently identify and meet emerging community needs, especially those hardest hit by this crisis. Immediate community needs included access to food and personal protective equipment (PPE), and BVHPCA was poised to help. SDDT provided additional funds to address pandemic-related needs, and BVHPCA was able to quickly establish the Bayview Bounty Bags free food and PPE program.

As BVHPCA Development Director, Tony Kelly explained, the Bounty Bags program was able to "leverage BVHPCA's deep community connections and expertise", and at the same time take advantage of a unique opportunity for the organization. He continued, "Six months later, we had extensive experience in space management, produce buying, and food box preparation, and a network of vendors, suppliers, and national allies—including the San Francisco Wholesale Produce Market—our new landlord—informing our plans for a neighborhood-owned cooperative grocery." The lease at the SF Wholesale Produce Market also allowed for BVHPCA to establish an office and community space for longer-term use.
Cooperative economics is a pathway to local food sovereignty. The research and development of our community-owned grocery cooperative is designed to work in concert with our alliances with non-profit and for-profit food distributors, potential partners in the South and North Bay, and retail small-grocery associations and food vendors in the region to create a stronger supply chain—extending from Black and Brown farms in central California to food-insecure households throughout the Bay Area that deserve access to farm-to-table food quality. This sustainable supply chain can help cure food insecurity for many years to come.

BVHPCA Staff

The Bounty Bags program not only provided weekly access to healthy food to low-income diverse community members throughout the southeast neighborhoods of San Francisco, but also created work experience and income-earning opportunities for local community members. In great part because of the program’s success, BVPHCA recently obtained a Community Hub grant by OEWD (starting in late 2021), and is discussing additional food security and neighborhood outreach partnership opportunities with OEWD, SFDPH and SF HSH. The organization anticipates that the community market study survey will finally be launched in the fall/winter of 2021, and is offering survey respondents a discount on co-op boxes as an incentive to complete the survey. Further indicating broad recognition of the many successes of the Bounty Bags program, BVHPCA has also recently signed a 4-year lease with the Produce Market, secured a MOU with Mandela Partners for the co-op box supply, and has received additional foundation support to launch a co-op box program along with the produce market, further expanding the network between farms run and owned by Black and Brown farmers and underserved customers and constituencies. The co-op is now in sight and—despite the hardships experienced by so many during the pandemic—brings the hope of fulfilling a long-time community vision.
FINDING 3

Organizations and agencies used SDDT funding to help those communities experiencing the worst health and economic impacts of the COVID-19 pandemic meet basic needs while simultaneously supporting the structural changes necessary to promote equity.

KEY FINDINGS

• 3.1. Having already developed positive, trusting relationships with SDDT priority communities, the organizations and programs supported with SDDT funds were able to effectively address immediate nutrition and healthcare needs while continually modifying how they provided this support to best meet community needs.

• 3.2. SDDT-funded work established prior to (and maintained since) the COVID-19 pandemic has aligned with local priorities to support an equitable recovery for San Franciscans in both the shorter- and longer terms.
FINDING 3

Background

Health and Economic Impacts of the COVID-19 Pandemic Have Widened Existing Inequities

Driven by the root causes of structural racism and other systemic inequities, the COVID-19 pandemic has done the most harm to those neighborhoods and communities that are also targeted by the beverage industry and experience high rates of diet-sensitive chronic diseases.

COVID-19 Prevalence by Neighborhood:
All Cases per 10,000 Residents as of February 19, 2021

San Franciscans experiencing reduced income in 2020 due to the COVID-19 pandemic

- 23% White People (Non-Latinx)
- 24% Asian People (Non-Latinx)
- 35% All other POC

San Franciscans who had difficulty paying for basic necessities due to the COVID-19 pandemic

- 4% White People (Non-Latinx)
- 14% People of Color

San Francisco Human Services Agency Clients Reporting They Needed Food Support Following Shelter-in-Place

- 46% Pacific Islander
- 45% Latinx
- 39% Black/African American
- 36% Other Asian
- 35% Chinese
- 32% White


Work Supported by SDDT Funds Even Prior to the COVID-19 Pandemic Has Aligned with Local Recovery Priorities

SDDT-funded programs contributed to broader efforts to strengthen economic stability and local recovery from the early and ongoing impacts of the COVID-19 pandemic. The San Francisco Economic Recovery Task Force’s October 2020 report identified 8 policy priorities and corresponding strategies to support immediate and long-term economic recovery in the wake of the COVID-19 pandemic.

The Economic Recovery Task Force identified timely interventions to sustain businesses and protect vulnerable populations as well as bold, creative solutions to address longstanding societal challenges to ultimately achieve greater racial and social equity. The eight policy priorities are listed to the right with a checkmark indicating those that align with the work that SDDT funded programs and agencies have engaged in even before the COVID-19 pandemic began.20

---

20 For more information about the San Francisco Economic Recovery Task Force, see www.onesanfrancisco.org/covid-19-recovery
San Francisco’s Economic Recovery Task Force Policy Priorities

1. **Local Economic Stimulus**: explore policies and investments that encourage economic development and activity in San Francisco, such as funding public infrastructure projects, streamlining permitting processes, advocacy for state and federal resources, and more.

2. **Job Connections**: facilitate and improve connections to jobs and explore programs that hire local workers.

3. **Promote Safe Reopening**: provide clear and accessible information to businesses and workers on reopening requirements and provide tools and strategies to keep workers, customers, and residents safe.

4. **Preserve Operations and Lessen Regulatory Burdens**: create flexibility for businesses to operate and consider reducing or eliminating regulatory burdens.

5. **Pursue EconomicJustice**: narrow the wealth gap and bridge the digital divide for low-income residents and communities of color.

6. **Invest in Housing**: incentivize the construction of affordable housing, an immediate and long term need.

7. **Meet the Basic Needs of the Vulnerable**: ensure San Franciscans have access to food, shelter, mental health, and other services.

8. **Imagine and Build Stronger Neighborhoods**: activate and draw upon San Francisco’s unique neighborhood and cultural assets.
Prioritizing Equity in COVID-19 Vaccinations

San Francisco’s vaccination strategy was developed to prioritize equity, speed, and partnerships. It was designed to make receiving the COVID-19 vaccine as convenient and comfortable as possible for as many people as possible and has focused resources on communities and neighborhoods disproportionately affected by the pandemic. San Francisco’s vaccination strategy has focused on the neighborhoods that have been most impacted by COVID-19: those in the Southeast sector of the city including the Mission, Bayview Hunters Point, Excelsior, and Visitacion Valley. Vaccinating communities with the highest prevalence of COVID-19 is one of the fastest ways to decrease the spread of the disease. Furthermore, given disparate COVID-19 prevalence across neighborhoods and communities within San Francisco, concentrating vaccination efforts in communities most heavily impacted by the disease will significantly bend the disease curve, while also saving more lives. COVID-19’s impact has reinforced nationwide health inequities, as the pandemic has disproportionately impacted low-income communities and communities of color—but the COVID-19 vaccine rollout has been an important opportunity to address some of these inequities.
At the end of June 2021 (also the end of the 2020-2021 fiscal year), San Francisco celebrated a huge milestone: **70% of San Francisco’s Latinx residents 12 and older had received at least one dose of the COVID-19 vaccine**! That translated to more than 93,000 community members protected.

It was also more than double the state and national vaccination rate at the time for Latinx residents (28% of Latinx Californians 12 and older had then received at least 1 vaccination dose, and 30% of Latinx residents in the U.S. had).\(^\text{21}\)

---

"When the COVID-19 pandemic began, we knew that strong community partnerships would be the key to keeping all residents safe and healthy... with low barrier access to vaccines and a strong network of trusted community partners on the ground, we have reached the important milestone of 70% of the eligible Latino population in San Francisco receiving at least one vaccine dose."

---

London Breed  
*Mayor of San Francisco*

---

Finding 3.1: Having already developed positive, trusting relationships with SDDT priority communities, the organizations and programs supported with SDDT funds were able to effectively address immediate nutrition and healthcare needs while continually modifying how they provided this support to best meet community needs.

As Finding 1.1 presents (see pg 26), the San Francisco Sugary Drinks Distributor Tax Advisory Committee has been comprised of members of those communities most impacted by beverage marketing and by diet-related chronic diseases. The combination of these relationships and those with organizations and agencies which have received multiple years of SDDT funding has meant that funded programs began the 2020-2021 fiscal year with established relationships and having established themselves as a trusted source of information and resources.
**Nutritious Meals for Students**

The San Francisco Unified School District’s Student Nutrition Services (SNS) used SDDT funding in 2019-2020 to improve their capacity to prepare healthy and appealing meals, to make these meals available at all SFUSD schools, and to educate SFUSD students and their families about school meals (specifically with a focus on increasing students’ participation in school meals). This investment in physical infrastructure and communications has served the program well since SFUSD closed schools in response to shelter-in-place orders.

In March 2020, SNS established 17 Grab and Go meal sites at SFUSD sites throughout San Francisco and continued to operate these throughout the 2020-2021 fiscal year. SFUSD students and families enrolled in the Free and Reduced Price Meal program could pick up 1 week of meals per week, and single meals were also provided for all SFUSD community members on other days of the week. SNS also coordinated delivering meals to families of students with disabilities and other families with barriers to getting meals from the Grab and Go sites.

**SFUSD Food Distribution**

SFUSD Student Nutrition Services provided more than 7.5 million meals to SFUSD families during 2020-2021!
Student Nutrition Services designed, implemented, and continually improved a meal delivery program to ensure that the most vulnerable students received meals.

Initially this program was targeted to get meals to students with disabilities, recognizing that some families would not be able to leave the house or get to Grab and Go sites because of their children’s disabilities and barriers to accessibility. However, once the program was established SNS staff collaborated with other SFUSD employees and stakeholders to review and expand the eligibility criteria for receiving meal deliveries to ensure that meals were delivered to reduce inequities.
PARTNERING WITH SFUSD MEAL DISTRIBUTION EVENTS TO ENCOURAGE GOOD AT-HOME ORAL HEALTH PRACTICES

Toothbrushes should be replaced every 3 months. To support good oral health practices and to help ensure that brushing was as effective as possible, SFDPH dental services collaborated with SFUSD’s Student Nutrition Services to include oral health maintenance supplies and educational materials in meal bags distributed to students enrolled in the Free & Reduced Price Meal program. The SFDPH Dental Services team participated in 1 meal distribution day at each of the 17 sites between Jan and Jun 2021, including these materials in every grocery bag given out on that day. DPH dental staff were on-site to provide information about Medi-Cal Dental and other resources and to answer questions while families picked up meals.

The SFUSD SNS Meal Delivery Program provided meals to more than 300 families (including both eligible students and their siblings) throughout 2020-2021.

10,356 toothbrushes were distributed to SFUSD students!

The meal delivery program rapidly grew in scale (starting by delivering meals to 12 students on April 1, 2020, then 95 students the following week, and quickly grew to serve more than 300 students every week. For the first 9 months of the pandemic, SFUSD employees and volunteers made the program a reality, but a partnership with a delivery logistics organization and an external meal vendor in January 2021 enabled the program to expand to serve even more students. SNS employees conducted phone surveys in June 2020 to increase participation in the program, and used what they heard to identify systems-level solutions to issues that families had experienced with the program by that point in time. One major change to the program was to increase how many meals were delivered to families based on the number of siblings in the household (since if a family could not get to a Grab and Go site because of one child’s access needs and/or health concerns, they still needed meals for all children).
COORDINATING WITH COMMUNITY LEARNING HUBS TO PROVIDE ORAL HEALTH SCREENINGS AND IDENTIFY URGENT AND EMERGENCY ORAL HEALTH NEEDS

Although most San Francisco Unified School District students and teachers spent most of the school year engaged in distance learning, the Community Learning Hubs supported students with significant challenges through a hybrid model so they were able to participate in distance learning. The San Francisco Department of Children, Youth, and Families (DCYF) established more than 70 Community Learning Hubs throughout San Francisco at library branches, recreational facilities, and trusted community-based organizations. Students experiencing homelessness, in the child welfare/foster care system, and living in public housing could utilize these hubs to access high-speed and reliable internet, get help with technology, and get other supports.

The SFDPH Dental Team collaborated with the Community Learning Hubs and then DCYF’s Summer Programs to plan for in-person oral health care services for students: dental screenings, fluoride varnish (an oral health preventive service) and care coordination for urgent dental needs. Services were offered to all Community Learning Hub managers. Ultimately events were held outdoors at the 9 hubs which had managers who felt it would be feasible to host (e.g., given physical space and staffing) and to obtain signed consent forms from students’ parents/guardians prior to the event.

All children at the program sites received toothbrushes. SFDPH dental staff also provided each hub manager with a follow up email listing every child screened with visible dental problems and recommendations for how the child’s parent/guardian could address the issue. For those children screened with urgent dental issues who had consented to have care coordination, SFDPH health workers contacted and worked with the families to link them to dental care. For any child screened with urgent dental issues who did not have consent for care coordination, detailed follow-up recommendations were provided for program staff on the day of the screening and again in the follow up email.
Dental Screening Results from 2021 DCYF Summer Program (n=198)

- No visible cavities: 79%
- Mild cavities: 13%
- Urgent/big cavities without mouth pain: 5%
- Emergency dental care needed; mouth pain: 4%

Oral Health Screenings with DCYF Summer Programs Sites
Fresh Produce for Low-Income Adults

Both the City and County of San Francisco and the Sugary Drinks Distributor Tax Advisory Committee have consistently recognized food security as a priority outcome for work funded by the Sugary Drinks Distributor Tax. SDDT funds have helped increase the capacity of programs that have addressed food insecurity in San Francisco for decades and which are experts in the opportunities and barriers to increasing food security for specific populations.

This organizational expertise and familiarity with the landscape of food and nutrition resources enabled the Healthy Food Purchasing Supplement grantees (EatSF’s Vouchers4Veggies, the Heart of the City Farmers Market, and A Better Course) to effectively and creatively respond to the dramatic increase in food insecurity overall, while also making improvements to their inventory and redemption systems to reduce processing and wait times.

**Systems changes made during 2020-2021 included:**

- Moving from a daily distribution model of a daily limit of $5 in Market Match incentives/supplements per person to a monthly distribution model with a monthly limit of $30 in Market Match per person

  » This change dramatically reduced wait times for people getting Market Match incentives/supplements. The increased need resulting from the COVID-19 pandemic’s economic impacts dramatically increased the number of unduplicated people participating in the program – which also meant that people had to wait up to 45 minutes to get their $5 Market Match supplements in fall and winter 2020. Once the model was shifted to a monthly distribution, wait times decreased to less than 5 minutes per participant to access $30 in Market Match incentives/supplements.
• Implementing $5 Market Match vouchers that utilize bar codes instead of the prior model of $1 tokens and tracking supplement distribution using Square at the point of sale
  » This shift eliminated the difficulty of maintaining a sufficient inventory of Market Match tokens given the rapid increase in people receiving tokens and the varied timeframes in which participants redeemed the tokens.

• Switching from an “opt-in” to an “opt-out” approach to enroll eligible WIC participants
  » This change increased the number of WIC clients participating in the Vouchers4Veggies program – however, clients who did not decide to opt-out but who were less interested in the program received vouchers but did not consistently redeem them. This both created challenges for budgeting how many vouchers to distribute (and how many active participants to maintain in the program) and meant that those participants did not access the fresh and free produce available to them.

• Distributing Vouchers4Veggies to participants via mail instead of in-person at WIC offices became necessary once shelter-in-place orders were issued.
  » Mailing vouchers made participating in the voucher program more convenient and safe, allowing the program to reach more low-income pregnant people – yet this also resulted in some vouchers not arriving to their intended recipients (some vouchers were lost in the mail, some participants did not update their address after moving or establish a forwarding address, and some participants did not have reliable access to mail).

The Heart of the City Farmers’ Market (HOCFM) uses the Healthy Food Purchasing Supplement grant to distribute Market Match incentives/supplements to low-income households that qualify for CalFresh based on income and choose to make a purchase at Heart of the City Farmers’ Market using their Electronic Benefit Transfer (EBT) card. This includes seniors and people with disabilities who also receive SSI. During this period, HOCFM also distributed supplements to households who qualify for Pandemic EBT, including families with children between the ages of 0-6.

  » More than 12,378 unduplicated people received Market Match incentives/supplements in fiscal year 2020-2021. This included 6,293 unduplicated people who received supplements supported with SDDT funds, while other supplements were funded by the Gus Schumacher Nutrition Incentive Program.
During the 2020-2021 fiscal year, EatSF's Vouchers4 Veggies program focused primarily on serving San Francisco residents enrolled in WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). In response to shelter-in-place ordered issued in March 2020, WIC offices closed and client services were conducted remotely at the beginning of the 2020-2021 fiscal year. To continue the program, EatSF switched from distributing vouchers in-person to mailing vouchers to low-income pregnant people.

» The waitlist to participate in EatSF’s Vouchers4Veggies program grew to more than 9,000 households in 2020-2021, a testament to the increased demand for this program.

» 75% of Vouchers4Veggies distributed were redeemed in 2020-2021

Some community-based organizations that received SDDT funds in May-June 2020 to provide emergency food distributed emergency food early in the 2020-2021 fiscal year, including more than 15,251 grocery bags and 23,982 prepared meals.
Mental Health Resources

The economic impacts of the COVID-19 pandemic, the impacts that shelter-in-place orders issued to slow transmission of COVID-19 have had on people’s relationships and social support, and the cumulative physical and mental health stressors exacerbated by the pandemic have all taken their toll on people’s mental health.

Although SDDT Healthy Communities grantee BMAGIC was funded primarily to support its work on the ParkRx program for residents of Bayview Hunters Point, the pandemic made it clear how important it is to holistically support community members’ health and the program developed a webinar series on “Normalizing Mental Health.” This three-part series highlighted healthy coping mechanisms, provided local resources for mental health issues, and modeled the practice of “naming it to tame it” by facilitating a conversation about the stigma of mental health issues and accessing mental health services. The final event in the series, a Meet and Greet with a Therapist, was held in-person, with participants signing up for time slots prior to the event.
Finding 3.2: SDDT-funded work established prior to (and maintained since) the COVID-19 pandemic has aligned with local priorities to support an equitable recovery for San Franciscans in both the shorter- and longer terms.
Reducing COVID-19 Transmission

Although the state of the pandemic and health guidance evolved throughout the 2020-2021 fiscal year, the organizations and agencies receiving SDDT funds were constant and committed partners in the effort to reduce COVID-19 transmission. Leveraging long-term relationships as well as more recently developed ones, partners shared health information and helped communities understand updated regulations and best practices. As trusted messengers, these programs have been essential to establishing social norms around social distancing, masking, hand-washing, and other best practices; to distributing personal protective equipment; and to encouraging (and removing barriers to) testing and vaccination.

“San Francisco [has] support[ed] grassroots vaccine outreach and education efforts. Trusted partners delivered vaccine information and resources in a culturally appropriate and relevant manner to a community that was disproportionately impacted by the virus... When we lead with community, we ensure greater equity.

Mary Ellen Carroll, Executive Director
San Francisco Department of Emergency Management

88% of participants at the March 2020 SDDT Convening learned more about the current COVID vaccine status from the presentation—enabling them to in turn share this information with their communities, clients, and colleagues.
SDDT Healthy Communities grantee BMAGIC collaborated with the Third Street Youth Clinic to develop English and Spanish infographics about COVID-19 mRNA vaccines. These materials presented information published by the U.S. Centers for Disease Control (CDC) in a visually engaging way with streamlined text that would be more appealing to community members and easier to understand—while also coming directly from trusted community organizations! These infographics were reviewed by the San Francisco Department of Public Health to ensure that the presentation and explanations were completely accurate.

**COVID-19 mRNA Vaccine Explained**

**BY MARIANA MENDEZ | HEALTH OUTREACH COORDINATOR FOR PARK RX & 3RD STREET YOUTH CENTER & CLINIC**

**Messenger RNA vaccines—also called mRNA vaccines—are some of the first COVID-19 vaccines authorized for use in the United States.**

1. **The novel coronavirus is studied in labs**
   - Scientists sequence the virus’ genetic code
   - mRNA that codes for coronavirus spike protein is synthesized and encapsulated

2. **The body's immune system reacts, producing antibodies, and activating T-CELLS**
   - After the protein is made, the cell breaks down and gets rid of the mRNA
   - Vaccine is administered and enters your immune cells

**Facts about COVID-19 mRNA Vaccines**

- They cannot give anyone COVID-19
- mRNA Vaccines do not use the live virus that causes COVID-19

**Explicación de la vacuna de ARNm COVID-19**

**MECHO POR: MARIANA MENDEZ | COORDINADORA DEL PROGRAMA DE SALUD PARA PARK RX & 3RD STREET YOUTH CENTER & CLINIC**

**Las vacunas de ARNm, también llamadas vacunas de ARN mensajero, son algunas de las primeras vacunas COVID-19 autorizadas para su uso en los Estados Unidos.**

**Datos importantes sobre las vacunas de ARNm de COVID-19**

- No pueden darle a nadie COVID-19
- No afectan ni interactúan con nuestro ADN de ninguna manera.
- Las vacunas de ARNm no usan el virus vivo que causa COVID-19
- El ARNm nunca ingresa al núcleo de la célula, que es donde se guarda nuestro ADN (material genético)
- La célula se descompone y se deshace del ARNm poco después de que termina siguiendo las instrucciones.

Fuente: Centers of Disease Control and Prevention (visite la pagina cdc.gov para aprender mas)

Park Rx & 3rd Street Youth Center & Clinic
Reducing Opportunity Gaps + Expanding Employment Opportunities

Four of the Economic Recovery Task Force’s eight policy priorities align with work that the San Francisco Recreation and Parks Department’s Peace Parks and Requity programs began and have sustained with SDDT funding since before the COVID-19 pandemic began. The table on the following page presents examples of Requity programming offered in fiscal year 2020-2021 that align with the Economic Recovery Task Force’s recommendations.

Of the 2,188 San Franciscans who received Requity scholarships in 2020-2021, 82% live in public or affordable housing. All other recipients were unhoused or in the child welfare/foster care system during 2020-2021.

---

Closing opportunity gaps and inequities

Education and/or career focused

Health focused (includes COVID education, injury prevention, food security, and physical activity)

Not specified

Community-building, neighborhood development, and social cohesion

Primary Focus of Requity Activities in 2020–2021 (n=592)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing opportunity gaps and inequities</td>
<td>9%</td>
</tr>
<tr>
<td>Education and/or career focused</td>
<td>11%</td>
</tr>
<tr>
<td>Health focused</td>
<td>16%</td>
</tr>
<tr>
<td>Meet the Basic Needs of the Vulnerable: ensure San Franciscans have access to food, shelter, mental health, and other services</td>
<td>44%</td>
</tr>
<tr>
<td>Job Connections: facilitate and improve connections to jobs and explore programs that hire local workers</td>
<td>19%</td>
</tr>
<tr>
<td>Not specified</td>
<td>9%</td>
</tr>
<tr>
<td>Community-building, neighborhood development, and social cohesion</td>
<td>11%</td>
</tr>
</tbody>
</table>

Economic Recovery Task Force Priorities

- Meet the Basic Needs of the Vulnerable: ensure San Franciscans have access to food, shelter, mental health, and other services
  - Food distribution events
  - Zoom workshops on mental health resources

- Job Connections: facilitate and improve connections to jobs and explore programs that hire local workers
  - Workreation Summer Program
  - Support for Requity and Peace Parks participants to apply to be hired as San Francisco civil servants (e.g., Recreation Leaders, Public Service Trainees)

- Imagine and Build Stronger Neighborhoods: activate and draw upon San Francisco’s unique neighborhood and cultural assets
  - Support for Art Walk, Western Addition Reactivation Plan, Fillmore Mural Dedication, District 10 community meetings and town halls, and many more
Pursue Economic Justice: narrow the wealth gap and bridge the digital divide for low-income residents and communities of color

- **Invest in BIPOC and immigrant communities.**
  The **Issue**: Decades of structural discrimination in housing and employment has contributed to an intergenerational wealth gap between BIPOC and immigrant families and their white peers. These disparities have contributed to lower housing ownership rates, increased impacts from gentrification/displacement, and reduced employment opportunities. Before COVID-19, the Black/African American community was hardest hit by the Great Recession and the foreclosure crisis that came with it. In addition, BIPOC communities and immigrants are more likely to be working in industries decimated by COVID-19 or in jobs that cannot be done at home. Another major factor affecting the wealth of Black/African American and immigrant communities especially is policing. Black/African American people have been subject to disproportionate arrests, use-of-force, and incarceration, and immigrant communities have faced targeted attacks from the Trump Administration.

- **Ensure low-income school children have access to educational programming**
  The **Issue**: To adapt to COVID-19, the San Francisco Unified School District (SFUSD) moved to distance learning in March and started the school year in fall 2020 distanced as well. Existing racial and socioeconomic achievement gaps are expected to widen due to disparities in access to computers, home internet connections, the loss of direct instruction from teachers, and/or an inability to financially supplement SFUSD learning plans. Low-income parents are the most likely to report that their kids are doing little or no remote learning in San Francisco.

- **Build technology capacity of new users, small businesses, and nonprofits**
  The **Issue**: Many of San Francisco’s most vulnerable residents lack basic digital literacy skills and require additional support to participate in digital society. Similarly, many small businesses and nonprofits need assistance to navigate unfamiliar technological waters as they seek to pivot their businesses models to survive reduced activity under safe reopening regulations. Without the ability to provide in-person support, alternative means are needed to support residents in finding services online and to support businesses and nonprofits in adjusting their operations.

Examples of Aligned Requity Programming and Activities Offered in 2020-2021

• Series of Classes on Entrepreneurship and Job Readiness
• Financial Literacy Classes
• Supporting community members engaged in the criminal justice system, including through collaboration with Juvenile Probation and with the Clean Slate Program
• Staff support for Community Learning Hubs co-located at Recreation and Park Department facilities and coordinated with public housing sites
• Staff support to families in public housing around navigating distance learning and to get needed support around technology challenges and other needs and coordination with SFUSD and/or DCYF contacts working with specific families
• Tech Dojo classes teaching basic filmmaking and other technology skills
FINDING 4

SDDT funded entities are beginning to achieve desired outcomes.

KEY FINDINGS

- **4.1:** Sales of sugary drinks and youth consumption of sugary drinks in San Francisco have both decreased annually.
- **4.2:** SDDT-supported Healthy Food Purchasing Supplement grantees have demonstrated statistically significant increases in participants’ food security and consumption of fruit and vegetables. Data from these grantees are also a reliable proxy for increasing both food security and fruit/vegetable consumption for Market Match participants.
- **4.3:** SDDT funds have been used to create opportunities for physical activity that result in participants being physically active when they would otherwise not be as active or active at all.
- **4.4:** SDDT Healthy Communities grantee SisterWeb has achieved higher rates of breastfeeding among their clients compared to overall rates in San Francisco.
- **4.5:** SDDT funds have been used to support job training and professional development for program participants, increasing their employment options and economic opportunity.
- **4.6:** In addition to helping participating individuals and families stretch their household budget, the Vouchers 4 Veggies program makes significant contributions to the local economy.
FINDING 4

Background

SDDT revenues are dedicated to funding programs, services, policies, and environmental interventions that result in positive changes—or improved outcomes—that take place over time. Behavior changes usually require less time to achieve than systems changes. However, even for behavior change to be successful, there must be a combination of personal interest in making the change in the behavior as well as a change in the conditions that support or allow the behavior change to take place. Programs, services, policies, and environmental changes are even more complex, and typically require longer periods of time for change to occur, often because these changes involve modifying the systems in which they exist.

Given that SF SDDT began distributing funding to organizations and agencies in 2018/2019, we would not yet expect the population-level, longer-term health outcomes and community and economic outcomes to show important changes. We would, however, expect to see data that demonstrate that SDDT funding is contributing to positive changes in shorter-term outcomes and that San Francisco is moving in the right direction toward longer-term outcomes. In fact, organizations and agencies supported by SDDT funds have now begun to demonstrate some success for many of the behavioral outcomes and economic conditions for individual workers/families.
The shorter-term outcomes identified in the SDDT evaluation logic model include the following:

**Improve behavioral outcomes**
- Decrease in sugary drink consumption\(^{23}\)
- Increase in fruit/vegetable consumption\(^{24}\)
- Increase in physical activity\(^{25}\)
- Increase in breastfeeding\(^{26}\)
- Increase in tap water consumption\(^{27}\)

**Improve economic conditions for individual workers/families and local businesses**
- Increase in food security\(^{28}\)
- Increase in economic opportunity and stability\(^{29}\)

The longer-term outcomes identified in the SDDT evaluation logic model include the following:

**Improve community + economic outcomes in priority neighborhoods\(^{30}\)**
- Increase in hiring and economic opportunity

**Improve health outcomes\(^{31}\)**
- Decrease in prevalence of dental caries
- Decrease in prevalence of heart disease
- Decrease in prevalence of hypertension
- Decrease in obesity
- Decrease in prevalence of Type 2 Diabetes
- Decrease in rate of stroke
- Decrease in prevalence and rates of other diet-related chronic diseases

It is important to remember that existing population-level data sources are not robust reflections of the burden of disease for communities of color in San Francisco (particularly among Black/African Americans, Pacific Islanders, and Asian ethnicities). Additionally, population-level data are usually made available to the public one to three years after they are collected, resulting in a time-lag related to assessing if and how outcome data are changing and to identifying trends. Furthermore, it is not yet possible to account for the impact of the COVID-19 pandemic and corresponding economic insecurity on outcome measures prioritized by the SDDTAC.

Notably, no single policy will reduce [sugar-sweetened beverage] consumption to healthy levels, so an integrated policy approach that adapts to changing market and consumption trends; evolving social, political, and public health needs; and emerging science is critical.\(^{32}\)

---

\(^{23}\) Population outcome data included in evaluation
\(^{24}\) Outcome data for SDDT-funded program
\(^{25}\) Outcome data for SDDT-funded program
\(^{26}\) Evaluation data not yet available
\(^{27}\) Evaluation data not yet available
\(^{28}\) Outcome data for SDDT-funded program
\(^{29}\) Outcome data for SDDT-funded programs
\(^{30}\) Evaluation data not yet available
\(^{31}\) Evaluation data not yet available
Finding 4.1: Sales of sugary drinks and youth consumption of sugary drinks in San Francisco have both decreased annually.
Short-term SDDT Outcome: Decrease in sugary drink consumption

An interdisciplinary academic research team has identified the following findings through their analysis of retail sales data from San Francisco, Oakland, and Richmond, California between January 1, 2015 and December 31, 2019.

There was a statistically significant decrease in the volume of sugar-sweetened beverages purchased in San Francisco, compared to Richmond, California, in the 2 years after the Sugary Drinks Distributor Tax (SDDT) was implemented.

There were no statistically significant changes in purchases of untaxed beverages or sweet snacks following implementation of the SDDT. Additionally, there was no statistically significant change in purchases of sugar-sweetened beverages in neighboring areas (within 3 miles of San Francisco), compared with neighboring areas of Richmond, after the SDDT was implemented.

Because there has been a decrease in sugary drink consumption in San Francisco, the tax collected from sugary drink distributors in San Francisco decreased again from prior years, totaling $10.4 million in 2020-2021.

33 This research was conducted by Justin White and Dean Schillinger at the University of California, San Francisco, Sofia Villas-Boas and Kristine Madsen at the University of California, Berkeley, Scott Kaplan at the U.S. Naval Academy, and Sanjay Basu at Waymark Health. These findings have been submitted to a journal for publication and were in the peer-review process when this evaluation report was finalized in February 2022.
The Madsen Research Group at the University of California at Berkeley’s School of Public Health conducted a repeated cross-sectional study of sugar-sweetened beverage consumption among youth in San Francisco between 2015 and 2019. This study surveyed 7th-10th graders attending San Francisco Unified School District (SFUSD), achieving a diverse sample of 31,396 student surveys. Half (50%) of students in the sample identified as Asian, 22% as Latinx, 14% as multiethnic or other, 11% as White, and 4% as Black. Students were asked how often they drank different kinds of beverages, and all responses were converted to a number of times per day students consumed each kind of beverage.


<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>Consumption Frequency (Times/Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soda</td>
<td>0.0 0.1 0.2 0.3</td>
</tr>
<tr>
<td>Sport Drinks</td>
<td>0.0 0.1 0.2</td>
</tr>
<tr>
<td>Fruit Juice</td>
<td>0.0 0.1</td>
</tr>
</tbody>
</table>

Adjusted Marginal Predicted Daily Frequency of Sugar-Sweetened Beverage Consumption Among 7-10th Grade Students in San Francisco (By Beverage Type, 2015-2019, All SSBs)
While consumption of sugary beverages overall and by type steadily decreased from 2015 to 2018, reported consumption frequency in 2019 was slightly higher than 2018 data. Most of these increases were not statistically significant—the only significant increase in consumption was of sports drinks. At the same time, the frequency of youth consuming soda and sports drinks has both been lower and decreased more rapidly in San Francisco compared to youth in California overall.

Black students in 7th-10th grade in SFUSD reported the largest increase in consumption of sugary beverages between 2018 and 2019 in addition to already consuming sugary beverages more frequently than their peers in other racial/ethnic groups.³⁵

---

Finding 4.2: SDDT-supported Healthy Food Purchasing Supplement grantees have demonstrated statistically significant increases in participants’ food security and consumption of fruit and vegetables. Data from these grantees are also a reliable proxy for increasing both food security and fruit/vegetable consumption for Market Match participants.
Statistically significant correlations found in a peer-reviewed study, “Fruit and Vegetable Vouchers in Pregnancy: Impact on Diet and Food Security”³⁶

Participants in the Vouchers 4 Veggies program:
• Were 17% more likely to be food secure
• Consumed 0.73 additional servings of fruits and vegetables daily
• 6,293 unduplicated participants received Healthy Food Purchasing Supplements at the Heart of the City Farmers’ Market (HOCFM) during FY2021
• 98% of distributed Market Match incentive supplements were spent during Fiscal Year 2021, reflecting how much participating low-income households benefit from this resource

The Healthy Food Purchasing Supplement program also implemented a pilot program to explore delivery options. Through this pilot, boxes containing $56 worth of fresh produce were delivered to 1,500 low-income San Francisco families with young children during the COVID-19 pandemic. The delivery ensured that program participants received fresh produce, and more than half of participants reported that their families were able to try new fruits and vegetables from these deliveries.

“[Participating] helped me to realize that veggies and fruits are really good for you, and the more you eat, the better you feel.”

-Vouchers 4 Veggies Program Participant

Finding 4.3: SDDT funds have been used to create opportunities for physical activity that result in participants being physically active when they would otherwise not be as active or active at all.
Short-term SDDT Outcome: Increase in physical activity

Being physically active requires an understanding that physical activity is important for overall well-being, as well as having a personal interest, sufficient time, and a safe place to be physically active—in other words, there are many conditions that allow and support physical activity. To engage community members who have not been physically active before in their lives is often very challenging, but a number of SDDT funded programs have found effective ways to do this.

The Requity program provided 2,188 scholarships to participate in San Francisco Recreation and Parks Department programming in 2020-2021, with 467 scholarships used by participants who pre-registered (i.e., did not attend a drop-in event or class). The vast majority of scholarship recipients (75%) who registered for classes participated in multiple programs throughout the year.

Between July 1, 2020 and June 30, 2021, Requity staff organized more than 229 programming events and more than 652 hours of programming.

In 2020-2021, 2,188 community members received Requity scholarships!
Finding 4.4: SDDT Healthy Communities grantee SisterWeb has achieved higher rates of breastfeeding among their clients compared to overall rates in San Francisco.

Finding 4.5: SDDT funds have been used to support job training and professional development for program participants, increasing their employment options and economic opportunity.
Finding 4.4: Percent of Birthing People who Initiate Breastfeeding in the Hospital

- SisterWeb Clients (Black, Latinx, and Pacific Islander) in 2020: 95%
- All White births in San Francisco (2016): 89%
- All Black, Latinx, and Pacific Islander births in San Francisco (2016): 83%
- All Asian births in San Francisco (2016): 69%

Finding 4.5: Grantee Staff Supported with SDDT Funds (n=169)

- Received job training: 31%
- Did not receive job training: 69%
Finding 4.6: In addition to helping participating individuals and families stretch their household budget, the Vouchers 4 Veggies program makes significant contributions to the local economy.\textsuperscript{37}

EatSF's Vouchers 4 Veggies program was one of twelve healthy food incentive programs operating in nine U.S. states that were included in an economic analysis published in 2021.

This analysis assessed the economic impacts for each program included in the study, using the most current data available when the study began (2018 data for Vouchers 4 Veggies). During 2018, Vouchers 4 Veggies provided $458,000 in incentives that were spent in San Francisco: $164,000 used at farmers’ markets, farm stands, or community-supported agriculture (CSAs) and $294,000 at brick and mortar food retailers. In just 2018, this was estimated as contributing $958,000 to California’s economy, including 5.4 jobs and $284,000 in labor income.

» Every $1.00 of Vouchers 4 Veggies used for direct sales with farmers contributed $3.90 to the local economy, while $1.00 used at food retailers contributed $1.60 to the local economy. Overall, each dollar of Vouchers 4 Veggies generates $2.10 or more for the local economy.
Recommendations

1. **Increase community input into decision making related to tax allocation.** Consider incorporating participatory budgeting as part of the process of making funding decisions.

2. **Increase culturally responsive awareness/educational campaigns about SDDT.** Educational campaigns should focus on why the tax is important, as well as the purpose and uses of SDDT funds to ensure that those communities most impacted by the SSB industry have access to this information. Campaigns should be most visible and widespread where low-income communities of color live.

3. **Create ongoing community engagement opportunities related to SDDT** to 1) increase transparency about SDDT allocation and effects of funds; 2) share evaluation findings and recommendations with community members; 3) gather community feedback and input about evaluation findings and recommendations; 4) gather community input related to funding allocation. While community meetings with impacted communities were facilitated in 2018-2019 to inform the initial work of the SDDTAC, they should continue to take place annually.

4. **Extend the SDDTAC beyond 2028** and add more youth seats to ensure young people are able to participate in decision making in SF. Supports capacity building and leadership development among young people. Offer a stipend for youth seats.

5. **Establish a robust onboarding and orientation process for all SDDTAC members.** Provide new SDDTAC members with information about the soda tax as well as information about their role in developing recommendations for the Mayor and about San Francisco’s budgeting process.
The SF SDDTAC should continue to identify funding recommendations that align with the SF SDDTAC values. The values identified by the SF SDDTAC have informed funding recommendations that focus on organizations and agencies that engage communities most burdened by inequities.

Other SDDT advisory bodies across the nation could also benefit from articulating key values to inform funding recommendations. Given the success demonstrated in SF from funding recommendations that align with values and implement strategies, SDDT advisory bodies across the US could also benefit from articulating values to inform funding recommendations.

Continue to rely on organizations and agencies that work directly with marginalized communities in SF to identify and meet emerging needs (like those identified and addressed during the COVID-19 pandemic).

Focus health messaging on the negative health impacts of all sugary drinks, including sports drinks, fruit drinks, and bubble tea/boba, given that SF community members are drinking slightly less soda since 2016.