San Francisco Sugary Drinks Distributor Tax (SDDT)

FISCAL YEAR 2020-2021 EVALUATION PLAN

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Contents

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Background

Although San Francisco residents are generally healthy, significant health disparities exist and poor health outcomes are concentrated in communities burdened by systemic inequities. Health inequities are a result of structural violence and systemic racism that include policies, practices, and resource allocations that create unequal conditions in which people live. The cumulative impact of living under these oppressive systems can negatively affect physical and mental health outcomes, as well as the well-being of individuals and communities. Specifically, sugary drink consumption is linked to many conditions disproportionately affecting low-income people of color due to predatory marketing by the sugary beverage industry.

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 Drink 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 Drink Distributor Tax Advisory Committee (SDDTAC) made up of 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 receive SDDT funding.

SDDT efforts hold the potential to change the health status of community members most burdened by chronic diseases and the environments in which their health is shaped. The overall grant program is intended to (a) support long-term sustainable changes that are health promoting, community and equity focused; (b) support delivery of chronic disease prevention programs; and (c) help build strong community organizations with financial and technical support so that priority communities can successfully implement innovative, community-driven and community-led initiatives. Thus, SDDT funded work focuses on changing policies, systems, and environments to address:

- Poverty and social exclusion as a root cause of health inequities.
- Social determinants of health, including reducing barriers to housing, healthy food and beverages, education, safe neighborhoods and environments, employment, healthcare, etc.
- Health disparities from holistic approaches such as bio-psycho-social models and mind, body, spirit models that take into account the whole person and the communities in which they live.

SDDT funding in FY 2020-21 has been allocated through the following funding:

- SDDT Healthy Communities Grants, administered by the Department of Public Health and San Francisco Public Health Foundation. In FY 20120-2021, these include both 1) grants for Education, Programs, or Services (FY 2020-21 is Year 2 of grant) and 2) grants for Policy, Systems, and Environmental Interventions (FY 2020-21 is Year 1 of grant).

- Healthy Food Purchasing Supplement Grants administered by the Department of Public Health and San Francisco Public Health Foundation.

- Oral Health Community Task Force Grants, administered by the Department of Public Health.

- Funding to the Department of Public Health to support Oral Health School-Based Education and Case Management and School-Based Sealant Application.

- Funding to the Mayor's Office of Economic and Workforce Development to support the Healthy Retail Initiative.

- Funding to the Recreation and Parks Department to support 1) the Peace Parks initiative, 2) recreation scholarships and programming, and 3) the installation of hydration stations at park facilities.

- Funding provided to the San Francisco Unified School District (via the Department of Children, Youth, & Families) to support 1) the implementation of SFUSD's Wellness Policy and 2) Student Nutrition Services and Student Action.

Additionally, some of the COVID Emergency Food Grants distributed in Fiscal Year 2019-2020 were spent and/or the resources purchased with these funds were distributed during FY 2020-21—those will also be included in the FY 2020-21 evaluation report.

Development of the Evaluation Plan

Alignment with Existing Plans and Work

SDDTAC Strategic Plan

This evaluation plan aligns with the SDDTAC 2020-25 Strategic plan. To develop a roadmap and guide evaluation efforts, the SDDTAC and San Francisco Department of Public Health (SFDPH) contracted with Raimi + Associates to develop a Strategic Plan, including a SDDTAC vision, mission, and values to guide the work. The Strategic Plan also identifies two overarching goals (Healthy People and Healthy Places) and articulates eight key strategies that are being implemented to achieve short-term and long-term outcomes. In alignment with this Strategic Plan, SDDT goals and strategy areas for Fiscal Year 2020-21 include:

Goal 1: Strengthening community leadership to support Healthy People

- Strategy 1: Build community capacity and develop leadership
- Strategy 2: Provide health promoting education, programs, and services
- Strategy 3: Provide job readiness, skills training and career pathways

Goal 2: Mitigating structural, place-based inequities and promoting equity to create Healthy Places

- Strategy 4: Expand access to healthy food, water, and oral health
- Strategy 5: Decrease access and availability to sugary beverages
- Strategy 6: Increase opportunities for physical activity
- Strategy 7: Increase economic opportunities in priority neighborhoods
- Strategy 8: Increase healthy messaging related to nutrition

Priority Populations

Priority populations are members of communities that experience disproportionate levels of diet-related chronic diseases and those targeted by the soda industry. The following populations are distinct and overlapping communities prioritized by the SDDTAC:

- Low-income San Franciscans
- Community members who identify as: Black/African American/African Americans, Pacific Islanders, Native Americans, Latinx, and Asians.
- Children, youth, and young adults 0-24 years old.

The values that the SDDTAC adopted are as follows:

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 be reach their full potential and be healthy. The root causes of structural inequities and health disparities (e.g., systems of oppression, intentionally and unintentionally/implicitly biased policies, resource allocation) need to be addressed in other to achieve equity. 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.

City-Wide Priorities

The SDDTAC, the San Francisco Unified School District's Wellness Policy, and the 2019 San Francisco Community Health Needs Assessment share similar priorities, strategies, and solutions to lift up priority populations in San Francisco – demonstrating city-wide alignment to reduce inequities by focusing on specific topics. This current evaluation takes these city-wide priorities into consideration.

The table on the following page presents highlights from these documents.

	Overview	Priority Outcomes/Focus Areas
SDDTAC Strategic Plan	**Vision:** San Francisco improves health, eliminates health disparities, and achieves equity through effective services and changes to the environment, systems, and policies. **Mission:** The Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) makes funding recommendations that support services and other innovative, community-led work to decrease sugary beverage consumption and related chronic diseases.	**Community + Economic Outcomes** ▪ Increase in hiring and economic opportunity ▪ Increase food security **Health Outcomes** ▪ Decrease in diet-related chronic diseases **Behavioral Outcomes** ▪ Decrease in sugary drink consumption ▪ Increase in tap water consumption ▪ Increase in fruit/vegetable consumption ▪ Increase in breastfeeding ▪ Increase in physical activity
San Francisco Community Health Needs Assessment 2019	The CHNA takes a broad view of health conditions and status in San Francisco. In addition to providing local disease and death rates, this CHNA also provides data and information on social determinants of health — social structures and economic systems which include the social environment, physical environment, health services, and structural and societal factors.	**Foundational Issues** ▪ Racial Health Inequities ▪ Poverty **Health Need** ▪ Access to coordinated, culturally and linguistically appropriate care and services ▪ Food security, healthy eating and active living ▪ Housing security and an end to homelessness ▪ Safety from violence and trauma ▪ Social, emotional, and behavioral health
San Francisco Unified School District, Wellness Policy	SFUSD's Wellness Policy provides all schools with a framework to actively promote the health and wellness of students, staff, and families. SFUSD's Wellness Policy is aligned with the Whole School, Whole Community, Whole Child model. The policy is meant to inspire and empower a shift in culture that will increase healthy eating and physical activity among our students by creating environments that support healthy choices.	▪ Nutrition services, promotion, and education ▪ Food and beverage marketing ▪ Physical education and activity ▪ Staff wellness

National Best Practices

The work of the SDDT is also aligned with national best practices to increase health equity by reducing sugary drink consumption among priority populations, and to achieve policy change as a long-term goal. ChangeLab Solutions, a national organization that advances equitable laws and policies, identified ten common and cutting-edge strategies to reduce consumption of sugary drinks ("Sugary Drink Strategy Playbook"). SDDT is currently funding some of these cutting-edge strategies, which are based on the latest public health science,

and focus on health equity, multi-sector collaboration, and community engagement. These strategies include public awareness campaigns, healthy retail store programs, healthy checkout areas, sugary drink restrictions in youth-oriented settings, restricting marketing of sugary drinks in schools, and eliminating sugary drinks from kids' meals.

Collaborative Approach

This evaluation plan for FY 2020-21 is a living document which will continue to be informed by grantee and stakeholder feedback and updated based on continuous review and improvements.

Stakeholder Engagement. During Spring and Summer 2020, SDDT stakeholders were engaged to provide feedback on the development of this evaluation plan for fiscal year 2020-21. Stakeholders included the SFDPH staff, the Bay Area Wide Evidence Team, SDDT grantees and City Agency partners, and members of the SDDTAC.

Key engagement activities included:

- **Ongoing meetings with SFDPH staff.** SFDPH staff met weekly with the Raimi + Associates' evaluation team to develop and support the development of the evaluation plan.
- **Connection with the SDDT Bay Area Wide EVIDENCE Team** (the EValuating Interventions in Diabetogenic Environments through Natural and Controlled Experiments Team), which consists of researchers at UC San Francisco, UC Berkeley and Stanford University. The SDDT evaluation team connected with individual members of the EVIDENCE Team to learn more about the history of the SDDT funding and research, as well as to identify ways that the SDDT evaluation could fill gaps in current research.
- **Stakeholder webinars with SDDT grantees and City Agency partners.** The evaluation team prepared and facilitated two webinars with grantees and City Agency partners to ensure that the range of funded work was reflected in the evaluation logic model, to gather feedback and recommendations for the evaluation, and to capture work being done in response to the COVID-19 pandemic.

Key themes from the Stakeholder Engagement process included:

- Align SDDT's 2021-20 evaluation with the SDDT strategic plan's cross-cutting approach (focus on social determinants of health, culturally relevant, promotores-led).
- Discuss the impact of SDDT funding on consumption and social norms, while highlighting the impact of mitigating health harms and work towards health equity.
- Specify realistic targets and metrics as progress towards outcomes and desired impact.

- Highlight the grantee and funded agency response to the COVID pandemic, including program modifications and improvements, and new data, knowledge, programs, and collaborations that emerged.
- Lift up workforce development, trauma informed, and policy driven strategies.

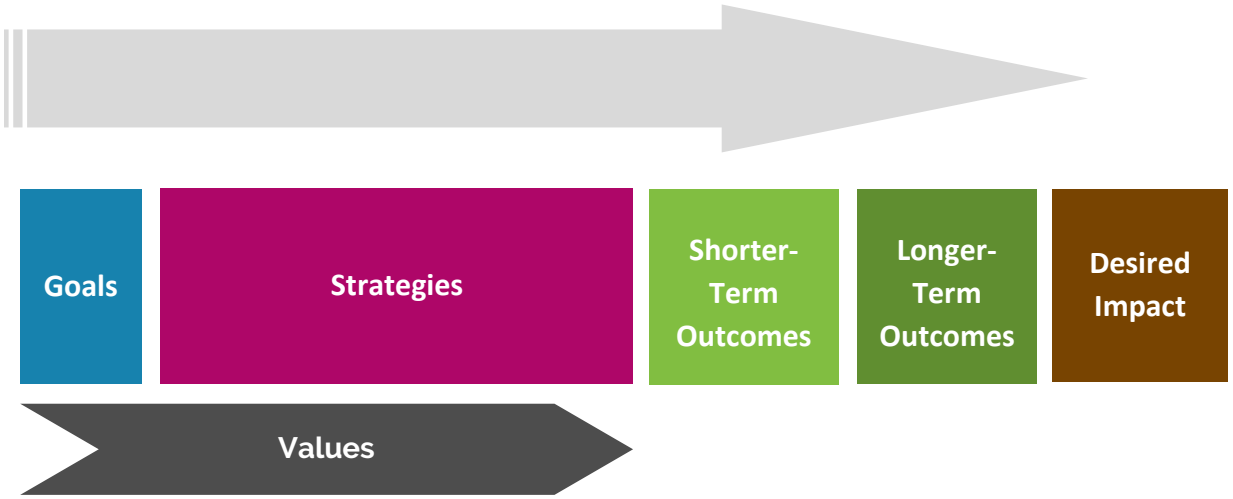
Alignment with Established Reporting Forms with Revisions based on Grantee Feedback. The evaluation team began by updating the biannual reporting form for FY 2020-21 to align with the evaluation logic model, outcomes, and metrics. The team also facilitated two grantee webinars in January 2021 to review the updated biannual reporting form with three-year Healthy Communities grantees and gather their feedback on the reporting form. All eleven grantees for FY 2020-21 participated in the webinars. Participants' feedback gathered during the webinars indicated that grantees found the updates to the reporting forms clear and feasible.

Evaluation Plan

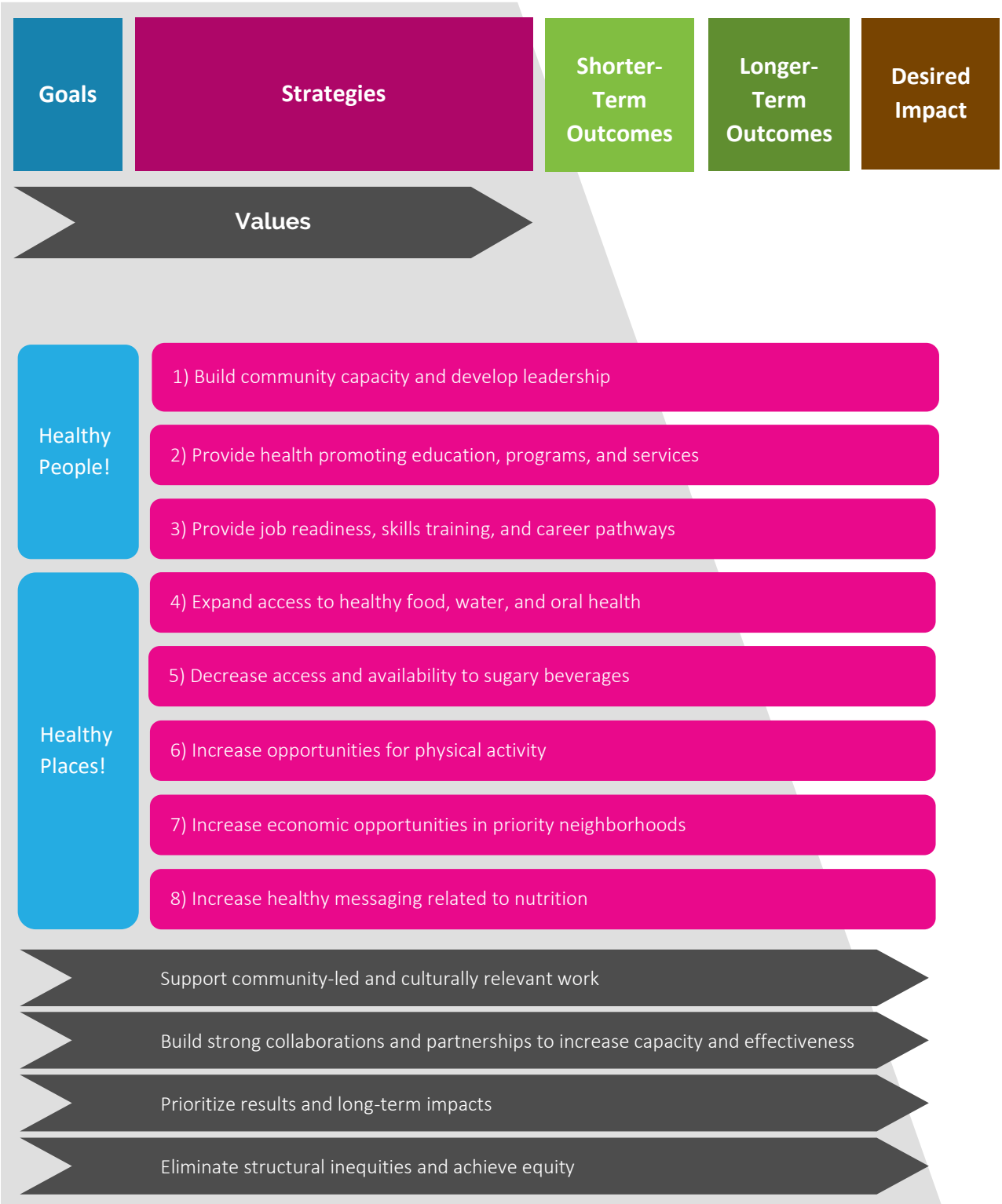
The key components of the SDDT evaluation plan are the evaluation logic model, guiding questions, metrics, and data collection plan.

Evaluation Logic Model

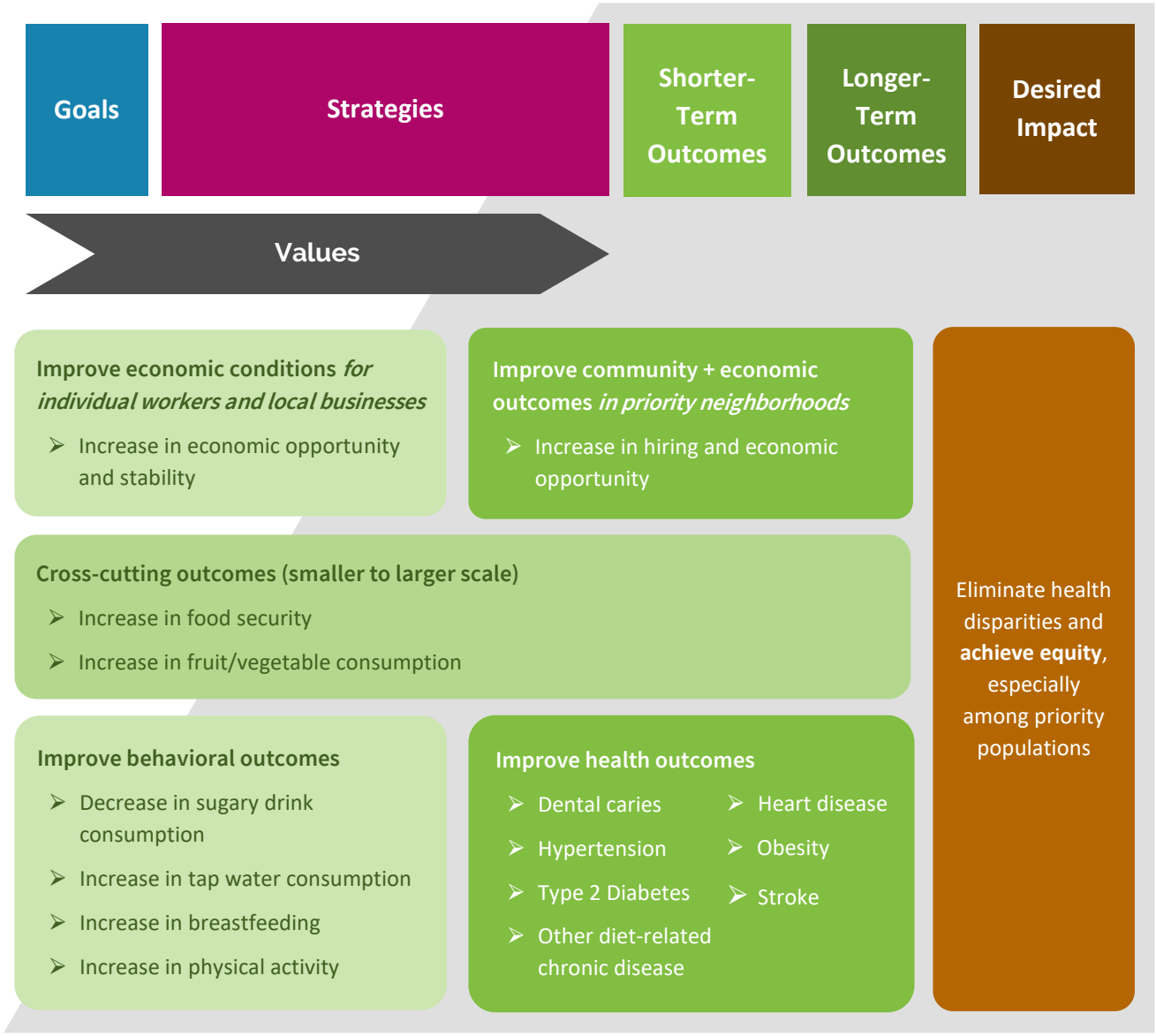
The evaluation logic model is a key component of the evaluation plan. The logic model includes the two goals identified in the strategic plan: (1) Healthy People and (2) Healthy Places, the desired outcomes and impact the SDDTAC aims to achieve through its funding priorities, and related strategies to achieve the outcomes and impact. Shorter-term outcomes include improving economic conditions for individual workers and local businesses, which include increasing economic opportunity and stability; increasing food security; and improving behavioral outcomes such as decreasing sugary-drink consumption and increasing tap water consumption, breastfeeding rates, and opportunities for physical activity. Longer-term outcomes include improving community and economic outcomes in priority neighborhoods, such as increasing hiring and economic opportunity; increasing fruit and vegetable consumption; and improving long-term health outcomes, including reducing community rates of dental caries, heart disease, hypertension, obesity, type 2 diabetes, stroke, and other diet-related chronic diseases. The desired impact of these outcomes is to eliminate health disparities and achieve equity, especially among priority populations. This evaluation plan identifies reliable and meaningful metrics related to these outcomes that are possible to collect to answer the overarching evaluation questions.



SDDT Logic Model: Goals, Strategies, and Values



SDDT Logic Model: Shorter-Term and Longer-Term Outcomes + Desired Impact



Evaluation Questions

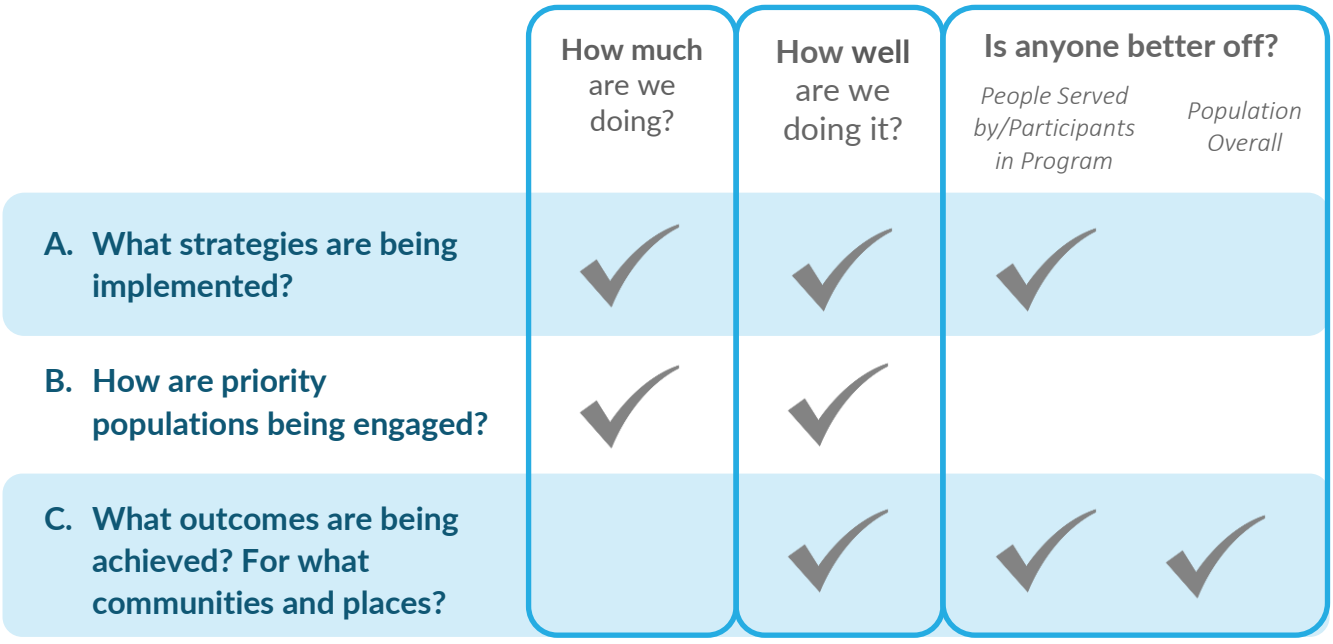
SDDT Evaluation Questions

- What strategies are being implemented?
- How are priority populations being engaged?
- What outcomes are being achieved? For which communities and places?

Relationship to Results Based Accountability

The 2020-21 evaluation seeks to understand the impacts of the overall SDDT Funding Initiative across funded programs and projects taking into consideration questions aligned with a Results Based Accountability (RBA) framework.

- How much are we doing?
    - What strategies are being implemented?
    - What and how many activities did SDDT funding support and how many people were reached by these activities?
- How well are we doing it?
    - How are priority populations being engaged?
    - What roles do people in priority populations have in programs and projects supported with SDDT funds? How do priority populations feel about the opportunities and services offered by funded programs?
- Is anyone better off?
    - What outcomes are being achieved? What communities and places are seeing positive outcomes??



Metrics

Process Metrics Related to Strategies

SDDT Strategies	Process Metrics
Strategy #1: Build community capacity and develop leadership	• Number of people from priority populations engaged and how (e.g., 1-time education event, 1-time service delivered per participant, weekly program, services provided throughout pregnancy) • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #2: Provide health promoting education, programs, and services	• Number of people from priority populations engaged and how (e.g., 1-time education event, 1-time service delivered per participant, weekly program, services provided throughout pregnancy) • Number and type provided in priority neighborhoods • Qualitative: Grantee work plans and report narratives to summarize range of education, programs, and services provided with detail about participation from priority populations and locations/neighborhoods
Strategy #3: Provide job readiness, skills training and career pathway	• Number of participants and people participating in trainings and career pathways • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #4: Expand access to healthy food, water, and oral health	**Access to Healthy Food** • Value of healthy food purchasing supplemental vouchers distributed • Value of healthy food purchasing supplemental vouchers used • Number of households enrolled in WIC and/or CalFresh via funded entities • Number of food units (e.g., meals, grocery bags, produce boxes) distributed • Qualitative: Report narratives, possibly interviews and/or focus groups **Access to Water** • Number and locations of hydration stations installed (and total operating that are maintained by City or SFUSD) **Access to Oral Health Services** • Number of oral health screenings conducted for kindergarteners (and older grades when done) • Number of sealants applied
Strategy #5: Decrease access and availability to sugary beverages	• Number of policies adopted to ban sugary beverages in specific settings • Estimated number of employees, clients/participants/students at setting • Qualitative: Report narratives
Strategy #6: Increase opportunities for physical activity	• Number of park scholarships provided, number of recipients • Number of hours of programming that park scholarships support • Number of programming hours and participants for 3-year HG grantees • Qualitative: Report narratives, possibly interviews and/or focus groups

SDDT Strategies	Process Metrics
Strategy #7: Increase economic opportunities in priority neighborhoods	• Number of healthy retail sites supported • Number of sites accepting WIC, EBT, or healthy food purchasing supplemental vouchers • Number of healthy food purchasing supplemental vouchers used • Qualitative: Report narratives, possibly interviews and/or focus groups
Strategy #8: Increase healthy messaging related to nutrition	• Qualitative: Report narratives, possibly interviews and/or focus groups

Process Metrics Related to Values

SDDT Values	Metrics for SDDT-Funded Work
Expand interventions led by promotores/ community health workers	• Number of funded programs/agencies using SDDT funds to support interventions led by promotores/community health workers • Number of promotores/community health workers employed with SDDT funding (fully or partially) • FTE for promotores/community health workers employed with SDDT funding (i.e., time paid for with SDDT funds) • Qualitative: Report narratives, interviews
Ensure work is culturally responsive, linguistically relevant and trauma-informed	• Number of languages in which SDDT-funded strategies are implemented • Number of bilingual and/or bicultural staff (responsible for implementing SDDT strategies, i.e., not administrative staff) supported with SDDT funds • Qualitative: Report narratives, interviews
Address structural inequities + policies	• Number and types of policies changed to reduce inequities • Qualitative: Report narratives, interviews
Work collaboratively	• Number and types of partnerships in which all funded entities participate • Qualitative: Report narratives, interviews

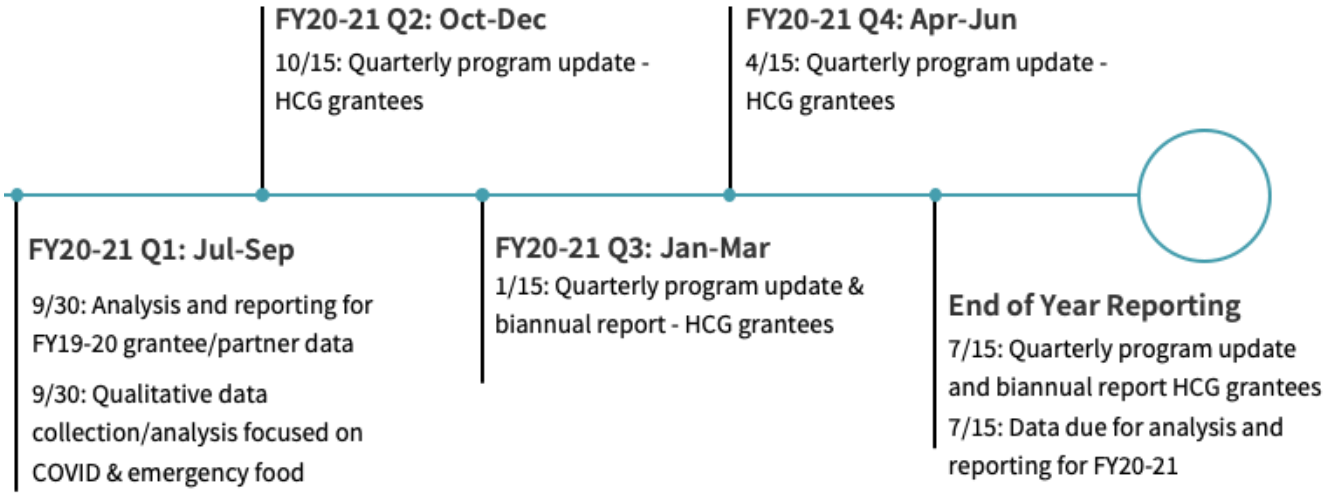
Program Outcome and Population-Level Metrics

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
Community + Economic Outcomes		
Increase in food security	• Dollar value of Healthy Food Purchasing Supplement vouchers redeemed • Self-reported decrease in food insecurity (pre/post survey data from 3-year HC grantees' participants) • Number of people enrolled in CalFresh, WIC, Free/Reduced Price Meals, and other programs that increase food security	• Percent of residents eligible for meal programs and/or eating vouchers served • CHIS data on food insecurity
Increase in economic opportunity and stability	• Dollar value of Healthy Food Purchasing Supplement vouchers redeemed with small, local businesses (local famers and corner stores) • Annual sales data for Healthy Retail stores • Qualitative data on the trajectory/careers of job training participants, paid interns, and promotores/community health workers supported by SDDT funded programs	• Employment rate • Median household income
Behavioral Outcomes		
Decrease in sugary drink consumption	• Percent of students who drank sugary drinks in prior day (YRBSS and SFUSD data) • Self-reported decrease in sugary beverage consumption (pre/post survey data from 3-year HC grantees' participants)	• IRI data • SDDT collected • CHIS data on soda consumption
Increase in tap water consumption	• Self-reported increase in tap water consumption (pre/post survey data from 3-year HC grantees' participants)	• UCB data on middle and high school student consumption
Increase in vegetable/fruit consumption	• Self-reported increase in fruit/vegetable consumption (pre/post survey data from 3-year HC grantees' participants) • Produce sales at Healthy Retail stores	• CHIS data on fruit/vegetable consumption
Increase in physical activity	• Self-reported increase in physical activity (frequency and duration of vigorous physical activity, moderate physical activity, and walking) (pre/post survey data from 3-year HC grantees' participants) • Self-reported decrease in time spent sitting (pre/post survey data from 3-year HC grantees' participants)	• SFUSD data on physical fitness • CHIS data on physical activity
Increase in breastfeeding	• Self-reported increase in breastfeeding (intention to and follow through as well as duration) (pre/post survey data from 3-year HC grantees' participants)	• Maternal and Infant Health Assessment data

Evaluation Methods + Data Collection

Data Collection Timeline

The following timeline outlines estimated key dates for data collection activities and reporting for fiscal year 2020-21.



Data Sources

The table below identifies the **quantitative data sources** for each SDDT funding stream.

	Quarterly Updates	Biannual Reports	Annual Reporting	Participant Pre/Post Surveys
Healthy Communities: Education, Programs, or Services	✓	✓	✓	✓
Healthy Food Purchasing Supplement Grants		✓	✓	
Oral Health Community Grants		✓	✓	
SDDT Funded City Agencies			✓	

Reporting forms provide **both quantitative and qualitative data** for the evaluation.

- **Evaluation Participation Plan:** As part of their grant, all Healthy Communities funded programs are asked to create a brief document stating how they will meet evaluation requirements.

- **Quarterly Program Updates:** Both as part of grant management and program evaluation requirements, Health Communities grantees are required to complete program updates quarterly. Grantees must use the provided template and upload a template as well as all deliverables to their project specific Google drive folder. Quarterly program updates are due every October 15th, January 15th, April 15th and July 15th.

- **Biannual Report:** Grantees are required to complete a biannual report using the template provided. Reports are due every January 15th and July 15th and must be uploaded to their project specific Google drive folder.

- **Annual Reporting:** All funded programs and partners must submit annual data that highlights demographics, numbers reached, COVID specific program updates (e.g., emergency food), qualitative stories and key quotes, and technical assistance received and/or provided. All data that are shared should be clearly identified as follows:
    - For **counts**, make sure the unit is identified (e.g., children, families, attendees).
    - For **percentages**, make sure that the populations and units are both clearly identified
    - Indicate when data were collected (e.g., school year only, January-June).

- **Pre/Post Surveys.** As part of their evaluation plans, Healthy Communities grantees collect pre- and post-surveys from program participants to track changes across four key program areas (healthy eating, physical activity, breastfeeding, and food security). In close partnership with SFDPH staff, the evaluation team is currently reviewing the data collected via these pre/post surveys in FY 19-20 to suggest possible revisions that reduce survey fatigue and participation burden. These recommendations will further clarify requirements for completion and timelines.

Qualitative Data Collection

Personal stories tell powerful narratives of the impact of SDDT funding in and with priority communities. In addition to the quantitative data collection and reporting, the evaluation will include key stories from communities served by grantees to exemplify how the funding is making a difference in the lives of San Francisco residents, as well as how the COVID pandemic continues to disproportionately impact lower-income communities of color and what opportunities may exist to mitigate these effects. For FY 20-21, these qualitative methods will:

- Highlight the strengths of the structure of the SDDT Advisory Committee, as well as learnings, through interviews with members as they complete or continue their service.

- Assess the work of partnerships in the development of a fresh food co-op grocery through interviews with a grantee's coalition members.
- Bring attention to the harmful impacts the COVID pandemic has had on community mental health, such as the impact of Adverse Childhood Experiences/Adverse Community Environments (ACEs), including the increases in violence, on health decisions.