



San Francisco Sugary Drinks Distributor Tax Advisory Committee

March 2022 Annual Report and Recommendations



San Francisco Sugary Drinks Distributor Tax Advisory Committee

March 1, 2022
Annual Budget Recommendations and Report



March 1, 2022

**Sugary Drinks
Distributor Tax
Advisory
Committee**

Vanessa Bohm
Health Equity –
Latino/Chicano/Indigena

Maysha Bell
Health Equity –
Asian/Pacific Islander

Marna Armstead*
Health Equity –
Black/African American

Frances Abby Cabrera
Research/Medical
Institutions

Diana Lau
Research/Medical
Institutions

Kiana K. Sezawar
Youth Seat

Larry McClendon
Office of Economic and
Workforce Development

Saeeda Hafiz
San Francisco Unified
School District

Jennifer Lebarre
San Francisco Unified
School District

Rita Nguyen
Chronic Disease

Irene Hilton
Oral Health

Veronica Shepard
Food Access/Security

Michelle Kim*
Children Youth and Their
Families

Linda Barnard
Recreation and Parks

Diana Cavagnaro
SFUSD Parent Advisory
Council

Maureen Guerrero
Children 0-5 Years Old

***Committee Co-Charis**

Dear Mayor London Breed, San Francisco Board of Supervisors and San Francisco Residents,

As we enter our third year of the COVID-19 pandemic, the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) has remained committed to our mission - making funding recommendations that support services and other innovative, community-led work to decrease the consumption of sugary beverages and related chronic diseases. The SDDTAC and our community partners continue to see the devastating impacts of the pandemic, including the exacerbation of food insecurity and many other existing health disparities specifically for communities of color and our most vulnerable populations. COVID-19 and its impacts remain a focal point in our conversation to make funding recommendations that benefit our community during these unprecedented times and honor the intent of the tax set forth by voters of Proposition V.

For Fiscal Year 2022-2023, SDDTAC recommends investing sugary drinks distributor tax (SDDT) dollars to issues communities care most about including:

- Equitable access to healthy food for low-income people and students
- Food security
- Access to safe and affordable physical activity
- Oral health
- A built environment that ensures access to the aforementioned, including
 - An awareness/educational outreach campaign, and
 - a one-time infrastructure and capacity building grants for community-based food organizations to prepare them to access Medi-Cal funding for meals and groceries, and other nutrition services rendered.

More details of our recommendations and supporting evidence can be found in the annual report attached to this letter. Highlights of our annual report and updates from this past year include:

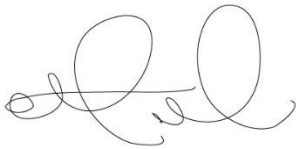
- Our Evaluation Report features how funds were used in Fiscal Year 2020-2021 to support healthy people and health places within San Francisco
- This past year, we welcome several new committee members:
 - Maysha Bell (Seat 2: Health Equity, Co-Chair of Community Input Subcommittee 2021-present)
 - Marna Armstead (Seat 3: Health Equity, SDDTAC Co-Chair 2021-present)
 - Abby Cabrera (Seat 4: Research/Medical Institutions, Co-Chair of Data & Evaluation Subcommittee 2021-present)
 - Diana Lau (Seat 5: Research/Medical Institutions)

SDDTAC Staff:
Melinda Martin
Christina Goette
sddt@sfdph.org

- Kiana Sezawar (Seat 6: Youth Seat, Co-Chair of Community Input Subcommittee 2021-present)
- Veronica Shepard (Seat 12: Department of Public Health – Food Access/Security)
- Dianna Cavagnaro (Seat 15: SFUSD Parent Advisory Council)
- Maureen Guerrero (Seat 16: Children 0-5 Years Old)

As new co-chairs of the committee, we thank Mayor London Breed, San Francisco Board of Supervisors and San Francisco Residents, as well as the San Francisco Department of Public Health (SFDPH) Staff, our Research Evaluators (Raimi & Associates), our SDDTAC colleagues, and the community voices we hear for their tireless efforts and commitment to this important work. Together, we can use the Sugary Drinks Distributor Tax to truly benefit those San Francisco's communities who are most impacted by the marketing and consumption of sugary drinks.

Thank you.



Marna Armstead
Executive Director
SisterWeb



Michelle Kim
Health and Nutrition Services Coordinator
SF Dept of Children Youth & Their Families



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I. BACKGROUND

a. Sugary Drinks Distributor Tax Legislation

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

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

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

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

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



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

b. Report Requirements and Process

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

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

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

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

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

Diseases connected to sugary drinks are also found to disproportionately impact ethnic minority and low-income communities – the very communities that are found to consume higher amounts of sugary drinks. Diabetes hospitalizations are approximately three times as high in low-income communities as compared with higher income communities. African American death rates from diabetes are two times



higher than San Francisco's overall rate. In San Francisco, approximately 42% of adults are estimated to be obese or overweight, including 66% of Latinx and 73% of African Americans. With respect to oral health, the data indicate that Asian and Pacific Islander children suffer from cavities at a higher rate than other populations; but Latinx and African American children also have a higher prevalence than the average for cavities.

The Sugary Drinks Distributor Tax is intended to discourage the distribution and consumption of sugary drinks in San Francisco by taxing their distribution. Preliminary analysis of sales data indicates that the SDDT is successful in decreasing consumption: purchases of sugar-sweetened beverages at supermarkets in San Francisco decreased by more than 50% in the two years following the implementation of the tax^{xiii}.

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

d. Sugary Drinks Distributor Tax Advisory Committee

The Committee shall consist of the following 16 voting members:

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

Seats 4 and 5 shall be held by individuals who are employed at medical



institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic, and other diseases linked to the consumption of Sugar-Sweetened Beverages, appointed by the Board of Supervisors.

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

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

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

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

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

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

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

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

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

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



Sugary Drinks Distributor Tax Advisory Committee 2021-2022

Seat 1	BOS Appointment - Health Equity- Latino/Chicano/Indigena	Vanessa Bohm
Seat 2	BOS Appointment - Health Equity – Asian/Pacific Islander	Maysha Bell
Seat 3	BOS Appointment - Health Equity – Black/African American	Marna Armstead
Seat 4	BOS Appointment - Research/Medical Institutions	Frances Abby Cabrera
Seat 5	BOS Appointment - Research/Medical Institutions	Diana Lau
Seat 6	BOS Appointment - Youth Seat	Kiana Sezawar Keshavarz
Seat 7	Office of Economic and Workforce Development Appointment	Larry McClendon
Seat 8	Board of Education Appointment - SF UnifiedSchool District	Saeeda Hafiz
Seat 9	Board of Education Appointment - SF UnifiedSchool District	JenniferLebarre
Seat 10	Department of Public Health Appointment - SFDPH – Chronic Disease	Rita Nguyen
Seat 11	Department of Public Health Appointment - Oral Health	Irene Hilton
Seat 12	Department of Public Health Appointment – Food Access/Security	Veronica Shepard
Seat 13	Department of Children Youth and Their Families Appointment	Michelle Kim
Seat 14	Recreation and Parks Department - Appointment	Linda Barnard
Seat 15	BOS Appointment - SFUSD Parent Advisory Council	Dianna Cavagnaro
Seat 16	BOS Appointment - Children 0-5 Years Old	Maureen Guerrero





e. Sugary Drinks Distributor Tax Revenue & Revenue Projections

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

SDDT Revenues

The Treasurer and Tax Collector collects the revenue and the Controller's office reports the revenues as indicated in the "Actual" column below (to track revenues go to www.sfdph.org/sddtac). The Controller's office also projects expected revenue, shown in the "Projected" column in the table below.

Tax collection began January 1, 2018. Between January 2018 – February 22, 2022 a total of \$53,494,811 has been collected.

SDDT Revenue	Projected	Actual
FY 2017- 2018 Actual figure represents 6 months, Jan-Jun2018	\$8,000,000	\$7,911,731
FY 2018-2019 represents updated figure from 2019 Annual Report	\$16,000,000	\$16,097,908
FY 2019 – 2020	\$16,000,000	\$13,181,608
FY 2020- 2021	\$16,000,000	\$10,400,000
FY 2021 – 2022 *This figure represents 8 months: Jul 2021–Feb 2022	\$12,200,000	\$5,903,564*
FY 2022-2023	\$14,000,000	-
FY2023-2024	\$13,700,000	-
FY2024-2025	\$13,400,000	-
FY2025-2026	\$13,200,000	-
TOTAL		\$53,494,811

The amount available to the SDDTAC to recommend is determined after voter-mandated set asides (about 22%), additionally, the Board of Supervisors appropriated \$1.2 million of the \$11.6million in ongoing "Healthy Addbacks" during the FY2017-18 budget process.

In January 2022, the Controller's Office projected that the SDDTAC make recommendations for \$10,620,000 for both FY2022-23 and FY2023-24.



II. Sugary Drinks Distributor Tax Advisory Committee Recommendations

a. SDDT Advisory Committee Process

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

The Co-Chairs also conducted meetings with the Mayor's Office to describe the process for developing recommendations and to describe the Committee's strategies in more depth. The Committee is tasked with making two-year budget recommendations to coincide with the City's two-year budget cycle every year. The Committee expects new information will emerge during the course of the year from funded organizations, ongoing community input, new data and evidence, etc. that will inform potential changes to its second year budget recommendations. For example, this year the Committee is making recommendations for expenditures in FY22-23 and FY23-24. The Committee will re-evaluate its FY22-23 recommendations at the end of 2022 and may make changes, if deemed appropriate, for its final FY23-24 recommendations in early 2023.

Given the Committee's legislative mandate to evaluate the impact of the SDDT and Mayor London Breed's commitment to accountability ("Make every dollar count") of public dollars, the Committee continues to recommend that revenue generated from the SDDT be indicated in such a way that City Departments know that they have received funding that was generated from SDDT revenue. Such notation makes it possible for the committee to fulfill its legislative mandate with respect to documenting the impact the SDDT is having in San Francisco.

The Committee voted on February 16, 2022, to make the funding recommendations for FY2022-23 and FY2023-24 as described in the recommendations section.



Subcommittee Reports

Data and Evidence Subcommittee

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

The duties of the Data and Evidence subcommittee are to:

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

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

- Saeeda Hafiz (Seat 8: San Francisco Unified School District) *Data & Evidence Subcommittee Co-chair*
- Abby Cabrera (Seat 4: research/medical institution) *Data & Evidence Subcommittee Co-Chair*
- Marna Armstead (Seat 3: Health equity Black/African American) SDDTAC Co-Chair
- Diana Lau (Seat 5: research/medical institution)
- Irene Hilton (Seat 11: DPH oral health)

The Data and Evidence Subcommittee met monthly with a total of 10 meetings between March 2021 – February 2022:

March 2021 – Meeting Cancelled	October 13, 2021
April 14, 2021	November 10, 2021
May 2, 2021	December 8, 2021
June 9, 2021	January 12, 2022
July 2021 – Meeting Cancelled	January 18, 2022
August 11, 2021	February 9, 2022
September 2021 – Meeting Cancelled	

The Data and Evidence Subcommittee accomplishments include:

1. Voted on a new subcommittee co-chair



2. Updated a work plan that identifies subcommittee tasks in alignment with the goals of the SDDTAC.
3. Invited former SDDTAC co-chairs to speak on values of SDDT and how the subcommittee's work supports SDDTAC's efforts.
4. Provided critical feedback on SDDT Evaluation Review – Raimi & Associates shared logic model: goals, strategies, outcomes, impact and metrics regarding the evaluation plan.
5. Approved Raimi & Associates evaluation report FY 2020-2021
6. D&E discussed focusing on COVID 19 expanding SDDT to go beyond emergency food, especially since COVID may be here for some time. Possibly shift priorities to COVID response with the same identified communities that suffer from diet-related health disparities. These communities are still being disproportionately burdened.
7. Discussed keeping a database of current and relevant evidence based literature including blogs, op eds, etc.
8. Discussion on potential data and evidence content for SDDTAC newsletter.
9. Continued to discuss, from SDDTAC request for reviewing data and evidence on pipeline pathway development for young people into health career pathways, hearing from local experts and reviewing literature on the subject to make recommendations on SDDTAC support for health career pathways
10. The Data and Evidence committee supports local economic development and states that it is okay to broaden funded activities and what and how investments are being made for now. This enables further collaborative learning and an opportunity to design how our soda tax efforts could do better toward creating healthier communities for low-income and populations of color, who are hardest hit by COVID and soda industry marketing and the health impacts of their products.
11. Reviewed and commented on FY 21-22 & FY 22-23 budget and made recommendations for the SDDTAC
12. Members agreed for FY 22-23 and FY 23-24 budget recommendations allocated with recommended percentages.

Future Considerations for the Data & Evidence Subcommittee:

The Committee has requested the data and evidence subcommittee to research and provide recommended strategy for mental health, health career pathways and public health education (including COVID guidelines) and to propose percentage of investments as a committee.

Subcommittee requests revisiting “Priority communities are those that experience disproportionate burden of diet-related chronic diseases and those targeted by the soda industry, these same communities are also disproportionately impacted by COVID, and we understand that diet-related chronic disease is a risk factor for



illness and death for COVID”

In addition, the Data and Evidence Subcommittee will continue to update research/evidence database with respect to the economic impact of the sugar sweetened beverage tax, racism and health disparities research, mental health, social determinants of health and the impact of COVID 19 on priority populations.

The Data and Evidence Subcommittee remains committed to helping inform the Committee recommendations guided by data and evidence, relying on DPH staff for latest data and relying on the network of scientific community for the latest evidence in the context of community through the remaining time of the SDDTAC on behalf of all the residents of the City and County of San Francisco.

Community Input Subcommittee

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

The duties of the Community Input subcommittee are to:

1. Evaluate the funding process and extent to which the intent of the original recommendations are implemented through community input;
2. Make recommendations to full committee for any needed improvements to next round of recommendations/funding process based on community input;
3. Advocate for SDDT funded organizations to get the support they need; as well those who may need support responding to calls for proposals;
4. Solicit input from the community about SDDTAC recommendations and related processes;
5. Advocate for community engagement activities such as Town Hall meetings, be present at such events, and report back to the committee;



6. Recommend the addition of public engagement component be a part of the funding process:
7. In collaboration with the Infrastructure Subcommittee, develop a process for some funded organizations to report out to the Committee and the public what they have done or what they intend to do; and
8. Oversee strategic outreach to communities.

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

- Kiana Sezawar Keshavarz, (Seat 6: Youth Seat) *Community Input Subcommittee Co-Chair as of September 2021*
- Maysha Bell (Seat 2: Health equity - Asian/Pacific Islander), *Community Input Subcommittee Co-Chair as of May 2021*
- Vanessa Bohm, (Seat 1: Health equity – Latino/Chicano/Indigena)
- Marna Armstead, (Seat 3: Health equity - Black/African American), SDDTAC Co-Chair
- Jennifer Lebarre, (Seat 9: San Francisco Unified School District)
- Veronica Shepard, (Seat 12: DPH Food Access/Food Security)
- Dianna Cavagnaro (Seat 15: SFUSD Parent Advisory Council)

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

The Community Input Subcommittee met 11 times between March 2021 – Feb 2022:

March 21, 2021 – Meeting Cancelled	September 14, 2021
April 13, 2021	October 12, 2021
May 11, 2021	November 9, 2021
June 8, 2021	December 14, 2021
July 13, 2021	January 11, 2022
August 2021 – Meeting Cancelled	January 18, 2022
	February 8, 2022

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

- (1) developing recommendations to the full committee on utilization of this year's funds for community engagement.
- (2) Review legislation amendments and identify community outreach/ input strategy
- (3) Amending current SDDTAC process to define community seat representation and increase youth seats



- (4) Developing an accountability tracker and framework for the full committee to identify how each member is gathering input and reporting back to communities they represent;
- (5) Review subcommittee workplan: quarterly cadence to ensure alignment and assess impact
- (6) providing input to Raimi & Associates for the evaluation plan reporting;
- (7) Discuss subcommittee content for SDDTAC newsletter
- (8) reviewing and discussing subcommittee FY 22-23 and FY 23-24 funding recommendations; and
- (9) discussion and review of the subcommittee's report for the Committee's 2022 Annual Report.

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

2021 -2022 Community Input Accomplishments

- Community engagement with members of the Joint Health Equity Coalition
- Discussions on Mayor's final budget allocations
- Feedback and support to Raimi & Associates on evaluation report
- Provided feedback to Raimi & Associates on creation of 1-2 pager summary of evaluation report geared toward community audience

The committee continued to emphasize the importance of making all our meetings accessible and open to the public and to developing meaningful and creative mechanisms to communicating how SDDT funds are being utilized to support those communities most targeted by the beverage industry. These items can be uplifted into agenda items as they have each been discussed at this year's meetings.

Considerations for Future Community Input Opportunities

The Community Input Subcommittee continues to be committed to ensuring the bidirectional flow of information between communities most impacted by the harms of sugary drinks and SDDTAC. Our work for 2021-2022 includes the following:

- Youth Seat Legislative Amendment Process
- Process for seating members and revisiting the process, specifically on the committee imbalance of power of city appointed seats and community seats
- Continue SDDTAC accountability tracker
- Continued efforts to ensure community engagement
- Continued discussions on emergency expenditures for emergency food funding



Infrastructure Subcommittee

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

The duties of the Infrastructure subcommittee are to:

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

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

- Larry McClendon (Seat 7 – Office of Economic and Workforce Development), *chair of Infrastructure Subcommittee*
- Rita Nguyen (Seat 10 - Department of Public Health, Chronic Disease) – excused absence due to activation for COVID-19 related work
- Michelle Kim (Seat 13, Department of Children Youth & Their Families)
- Linda Barnard (Seat 14, Recreation and Parks Department)
- Maureen Guerrero (Seat 15, Children 0-5 Years Old)



Since the release of the last year's annual report, the Infrastructure subcommittee met monthly between March 2021-February 2022 for approximately 2 hours each. Some meetings were cancelled due meeting conflicts or lack of quorum.

March 2021 - cancelled	September 7, 2021
April 6, 2021	October 5, 2021
May 4, 2021	November 2, 2021
June 1, 2021	December 7, 2021
July 13, 2021 – meeting cancelled	January 4, 2022
August 3, 2021	February 1, 2022

Topics for these meetings consisted of the following:

- (1) Reviewed and revised Infrastructure subcommittee workplan
- (2) reviewed BOS and Mayor's Office SDDT Budget Recommendations for FY21-22
- (3) reviewed and provided feedback for SDDT evaluation report
- (4) SDDT budget recommendation process and timeline
- (5) Reviewed list of SDDT funded grantees and identified potential CBOs to present at the SDDTAC meetings
- (6) Discussed protocol and requirements for community letter of support requests
- (7) Discussed infrastructure subcommittee content of SDDTAC newsletter
- (8) Discussed options for SDDT legislation revisions
- (9) discuss the emerging needs resulting from the COVID-19 pandemic such as
 - food insecurity
 - support for small business – reviewed BOS economic mitigation report
 - violence prevention – discussed strategies to levitate tensions in community and domestic violence in public housing as a result of COVID-19 and the shelter in place restrictions
 - mental health – discussion of a new priority area as a result of COVID-19 needs and its impact on mental health
- (10) the Infrastructure Subcommittee has also dedicated time to prepare for the March 2022 report by reviewing FY 22-23 and FY 23-24 funding recommendations.

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



Future Considerations for Infrastructure Subcommittee

In general, existing data sources for 1) beverage prices, 2) consumer purchasing behavior, and 3) public health (particularly diet-sensitive chronic disease which the Committee is particularly interested in given the impact of sugary beverages on these conditions) are not robust. It can be difficult to recognize changes in nutrition, food security, physical activity, and diet-sensitive chronic disease. Thus the Committee has made recommendations to support data and evaluation infrastructure to better understand the impact of the SDDT especially on the communities most affected by the impact of sugary beverages. In addition, infrastructure subcommittee will ensure the completed versions of strategic plan is incorporated in future work plans. The Infrastructure Subcommittee will continue to explore a process or a policy around how the SDDTAC Committee can address emerging needs, such as the COVID-19 pandemic.



b. SDDTAC Budget Recommendations FY2022-23 and 2023-24

SDDTAC recommends investing in strategies that support mental health and well-being and workforce pathways for impacted/priority populations.

Budget descriptions follow on subsequent pages.

SDDTAC Budget Recommendations	FY 2022-23	%	FY 2023-24	%	Department Rx
COMMUNITY BASED GRANTS					
Health education, food security, physical activity	\$3,000,000	28%	\$3,000,000	28%	DPH
Food As Medicine MediCal Waiver Program	\$250,000	2%	\$0	0%	DPH
CBOs working with SFUSD	\$305,000	3%	\$300,000	3%	DPH
TOTAL COMMUNITY BASED GRANTS	\$3,555,000	33%	\$3,300,000	31%	
SFUSD					
School Food, Nutrition Ed	\$1,170,000	11%	\$1,000,000	9%	DCYF/SFUSD
Student Led Action	\$535,000	5%	\$500,000	5%	DCYF/SFUSD
College Scholarships in Health Field for Priority Populations	-	0%	\$100,000	1%	DCYF/SFUSD
TOTAL SFUSD	\$1,705,000	16%	\$1,600,000	15%	
FOOD ACCESS					
Healthy Food Purchasing Supplement	\$1,540,000	15%	\$1,540,000	15%	DPH
Healthy Retail	\$190,000	2%	\$190,000	2%	OEWD
TOTAL FOOD ACCESS	\$1,730,000	17%	\$1,730,000	17%	



SDDTAC BUDGET RECOMMENDATIONS	FY 2022-23	%	FY 2023-24	%	Department Rx
ORAL HEALTH					
Community Oral Health Task Forces	\$455,000	4%	\$455,000	4%	DPH
School-based Sealant Application	\$350,000	3%	\$350,000	3%	DPH
School-based education and case management	\$200,000	2%	\$200,000	2%	DCYF/ SFUSD
TOTAL ORAL HEALTH	\$1,005,000	9%	\$1,005,000	9%	
WATER ACCESS					
Water Access - SFUSD	-	-	\$360,000	3%	DCYF/SFUSD
Water Access – Public Spaces	-	-	-	-	RPD/PUC
TOTAL WATER ACCESS			\$360,000	3%	
RECREATION & PARKS PHYSICAL ACTIVITY & WELLNESS					
Peace Parks	\$650,000	6%	\$650,000	6%	RPD
SVIP Funding – Peace Parks Transportation	\$225,000	2%	\$225,000	2%	DPH
REQUITY: Outreach, scholarships, equity in recreation	\$800,000	8%	\$800,000	8%	RPD
TOTAL REC & PARKS PHYSICAL ACTIVITY & WELLNESS	\$1,675,000	16%	\$1,675,000	16%	
BREASTFEEDING	-	0%	\$150,000	1%	DPH
INFRASTRUCTURE					
Marketing/Promotion/Outreach	\$150,000	1%	-	-	DPH
Staffing/Research Support	\$800,000	8%	\$800,000	8%	DPH
TOTAL INFRASTRUCTURE	\$950,000	9%	\$800,000	8%	
Total Proposed	\$10,620,000	100%	\$10,620,000		

budget descriptions follow on next pages



SDDTAC BUDGET DESCRIPTIONS

SDDTAC recommends investing in strategies that support mental health and well-being and workforce pathways for priority populations.

COMMUNITY-BASED GRANTS

COMMUNITY-BASED GRANTS Health education, food security, physical activity	City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health. CBG should support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies: Health Education activities including, chronic disease prevention, healthy eating and active living, tap water promotion, oral/dental health; Physical Activity opportunities, including a) Dance and movement, sports, yoga, walking groups, biking, etc.; b) Changes to the built environment (i.e. sidewalks, streets, parks, buildings, etc.) or safety of the built environment that facilitates increased physical activity and active transportation). 3. Food Security, including a) Community-based pantries, community-based hot meals, community kitchens and community home delivery services; b) Increased financial resources (i.e. wages, income, government nutrition supplements, vouchers, etc.); c) Changes to the built environment that facilitate food security; d) Pursuit of institutional or local policies that facilitate food security; and e) Food Access, including community-based food systems, approaches, community-based pantries, community-based hot meals, community kitchens and community home delivery services, etc. 4) Water Promotion, such as support for Spa Water Supplies, station maintenance and beautification, refillable water bottles to distribute to communities, water testing. 5) Community Based Participatory Research.
Food As Medicine MediCal Waiver Program	One time infrastructure and capacity building grants for community based food organizations to prepare them to contract with health plans, use medical coding and billing, share confidential patient information, and other areas needed to access Medi-Cal funding for meals and groceries and nutrition services rendered
CBOs working with SFUSD	Recommend 3% of all CBO funding should go towards CBOs implementing programs/initiatives that take place in school settings. Funding to issue grants to CBOs should follow the guidelines above.

SFUSD

School Food, Nutrition Education	To improve the quality and appeal of school meals and support nutrition education to increase participation in school meal programs (for example: cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food). Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.
Student LedAction	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action. Funding to also support adequate staffing for implementation.
College Scholarships for Priority Populations	Educational investments across lifespan. Scholarships and other supports in higher education in health field for Priority Populations.



FOOD ACCESS	
Healthy Food Purchasing Supplement*	Support programs that increase financial resources to purchase healthy food such as vouchers and food purchasing incentives. These funds should be RFP'd out to CBOs and FBOs. Funding should support programs and services that increase financial resources to purchase healthy food; access to healthy fruits and vegetables while minimizing processed foods for high-risk communities; foods that are affordable and convenient; and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated increased ability of food insecure residents to purchase, access, and consume consumption of healthy, fresh, low-to-no cost and culturally appropriate foods, including but not limited to food vouchers/ incentives, transportation and delivery and prepared foods.
Healthy Retail SF	Supporting small business to increase healthy food access in high risk, impacted communities and neighborhoods by: 1) supporting business operations; 2) promoting community engagement; and 3) improving the retail environment.
ORAL HEALTH	
Community Oral Health Task Forces	Support development of community infrastructure such as oral health community task forces that incorporate diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations.
School-based Sealant Application	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. This also supports SFUSD dedicated oral health staffing.
School-based ed & case mgmt	
WATER ACCESS	
Water Access - SFUSD	SFUSD water station installation. Also, invest in signage and art to 3 stations to pilot evidence-based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with artwork/education and those without
Water Access - Public Spaces	Public water station installation. Also, invest in signage and art to 3 stations to pilot evidence-based community informed model for what designs should be and water education. Allows for comparison of usage between pilot stations with artwork/education and those without.
RECREATION & PARKS PHYSICAL ACTIVITY & WELLNESS	
Peace Parks	To support staffing and supplies, including healthy food, for Peace Parks programs in target populations.
SVIP: Peace Parks Transportation	Transportation for Peace Parks participants
REQUITY: Outreach, Scholarships, recreation equity	Requity offers free dynamic, engaging, and culturally-relevant recreation programming to youth under 18 living in shelters, foster care, public housing, or in housing developments. Through a combination of onsite and hyper-local program, coupled with extensive outreach, Requity increases access to and participation in RPD's existing programs and scholarships by educating and informing families on what RPD can offer them.



BREAST-FEEDING	<p>To fund a breastfeeding coalition to organize collective efforts across San Francisco to enable increased breastfeeding among Priority Populations. This coalition will mobilize action on policy, systems, and environmental (PSE) changes to increase breastfeeding rates and duration, leveraging community strengths and tackling structural barriers to reduce inequities to breastfeeding support. This would include funding for backbone support to: engage community stakeholders in a strategic planning and engagement process to develop a framework for short and long term goals embedded in principles of equity; help align breastfeeding support services in San Francisco including hospital, outpatient, and community based services to improve access to breastfeeding support; and provide technical assistance to partnering agencies (such as child care centers and businesses with less than 50 employees) to operationalize and implement breastfeeding friendly policies and practices. Funding will also support community-based organizations that are already supporting breastfeeding.</p>
DPH INFRASTRUCTURE	
Marketing/ Promotion/ Outreach	<p>Funds to DPH/CBOs/Private media firms to support media and communications that include 1) grassroots, community-driven awareness campaigns about the intent of the SDDT and the impact of the allocated funds; 2) city-wide communications campaign highlighting the impact and importance of the SDDT; 3) communications materials for merchants; and 4) and communicate the harmful impact of sugary drinks and healthy alternatives. Examples include community-driven, messaging, print, online, and social media campaigns. This also includes regular communication to SF Board of Supervisors, Mayor's Office, Board of Education and other elected officials via newsletters and other mechanisms.</p>
Infrastructure (Staffing/ Research Support)	<p>A. Personnel: 1) Backbone staffing to support SDDTAC a. A program manager to provide backbone staffing to the SDDTAC, including: i) Staffing full committee and 3 subcommittees in compliance with Sunshine and Brown Acts; ii) Coordinating among city agencies and funded CBOs to promote collective impact; iii) Help guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline; and iv) Work with evaluation team to establish shared measurement practices b. Manage citywide/soda tax impact media c. Manage development/production of SDDTAC Annual Report d. Manage SDDTAC bi-ennial nominations process. 2) Staffing to support DPH SDDT implementation of community-based grants a. Manage work of contractors, including: i) develop and implement CBO RFP process; ii) provide technical assistance for CBOs and merchants; iii) promote collective impact in coordination with SDDTAC backbone staff and City Agencies; and iv) work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance.</p> <p>3) Staffing to support research/evaluation of SDDT impact, including data purchases as necessary a) At least 1.0 FTE epidemiologist; b) Support data analysis for annual report; c) Manage data purchases; d) participate in development and implementation of SDDT evaluation.</p> <p>B. Professional services: i) technical assistance for funded CBO and FBO; ii) evaluation to develop framework and evaluate city agencies, CBO and FBO, and process evaluations from applicants, etc.; iii) city attorney to provide ongoing technical consultation; iv) project management agency to offset fiscal intermediary costs.</p> <p>C. Materials/Supplies for meetings and printing costs.</p> <p>D. Training to support staff development</p> <p>E. Data for collection (pricing), analysis (Nielsen) and purchase (IRI)</p>



III. Impact on Beverage Prices and Consumer Purchasing Behavior & Public Health

a. IRI Beverage Sales Data

The EVIDENCE project, an interdisciplinary academic research team, shared the following findings from 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. Purchases of sugar-sweetened beverages at supermarkets in San Francisco decreased by more than 50%.

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 sugary drinks in neighboring areas (within 3 miles of San Francisco), compared with neighboring areas of Richmond, after the SDDT was implemented. This suggests that SF residents are not crossing into Daly City or South San Francisco to purchase sugary drinks.

Because there has been a decrease in sugary drink sales in San Francisco, the tax collected from sugary drink distributors in San Francisco decreased from prior years, totaling \$10.4 million in 2020-2021. This downward turn may also have been impacted by COVID-19.

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 report was finalized in February 2022.

b. Public Health Data Fall 2020 Data Report

Public health data change minimally from year to year, thus, we refer readers to the Fall 2019 Data Report which can be found at <https://sf.gov/public-body/sugary-drinks-distributor-tax-advisory-committee>. The SDDT epidemiologist was activated as a disaster service worker to support COVID-19 response, therefore no other data were updated.

Assuming COVID-19 continues to decline, DPH expects to release a comprehensive



SDDT data report in Summer 2022.



IV. Impact of SDDT

a. SDDT Funding Distribution

SDDT funds support a wide range of programs, services and organizations. The charts below help describe which city agencies receive funds and what types of programs and services are being provided. The Appendices include more information about funded organizations and their programs (SDDT Funded Initiatives and Annual Evaluation Report)

Any SDDT revenue that is allocated is first allocated to a city department. That department then determines whether those funds will be utilized within the department or will be disbursed to community for implementation. Chart A depicts the total SDDT funding that was allocated to city agencies by fiscal year (FY).

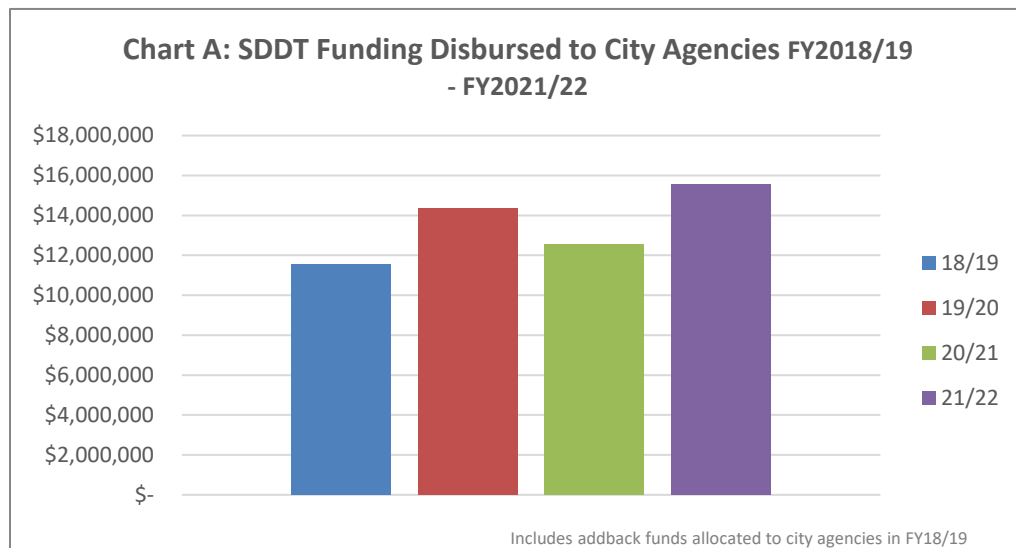


Chart B describes the total SDDT funds allocated to city agencies by fiscal year:

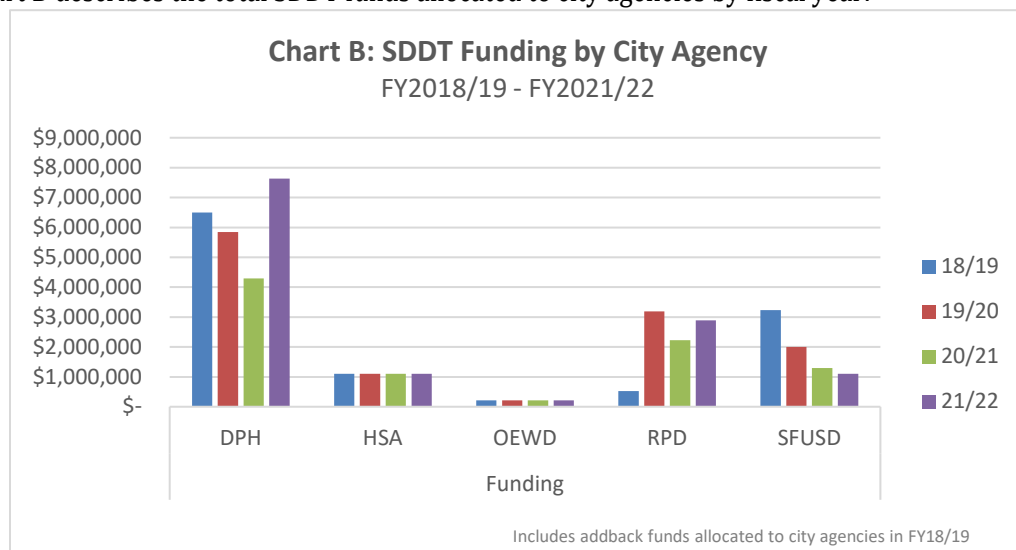


Chart C describes the funds that were implemented either by city agencies or contracted to community based organizations.

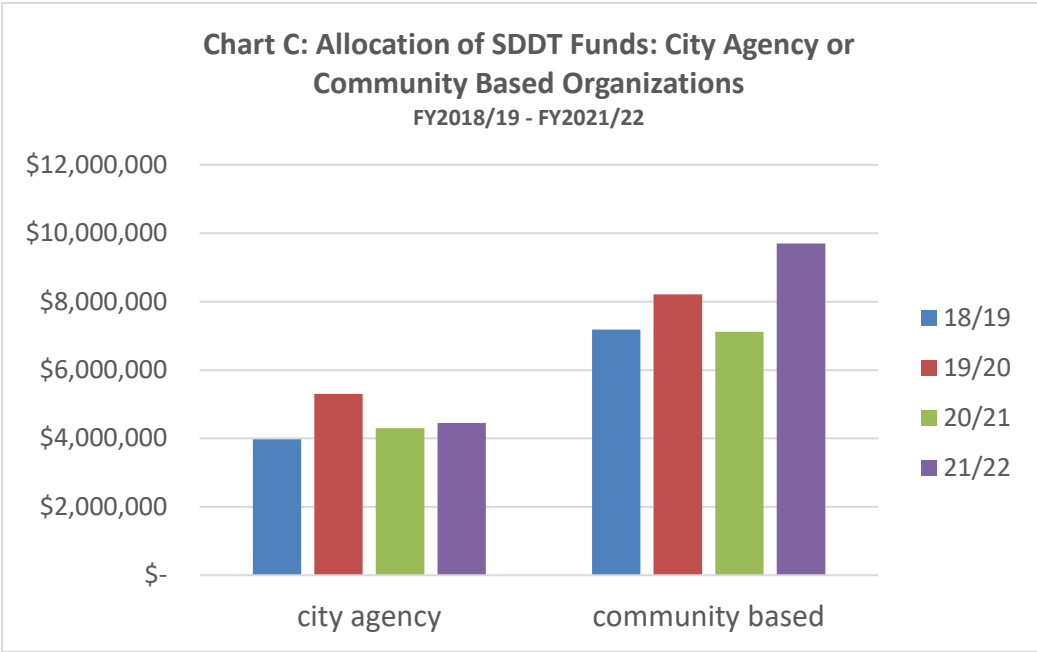
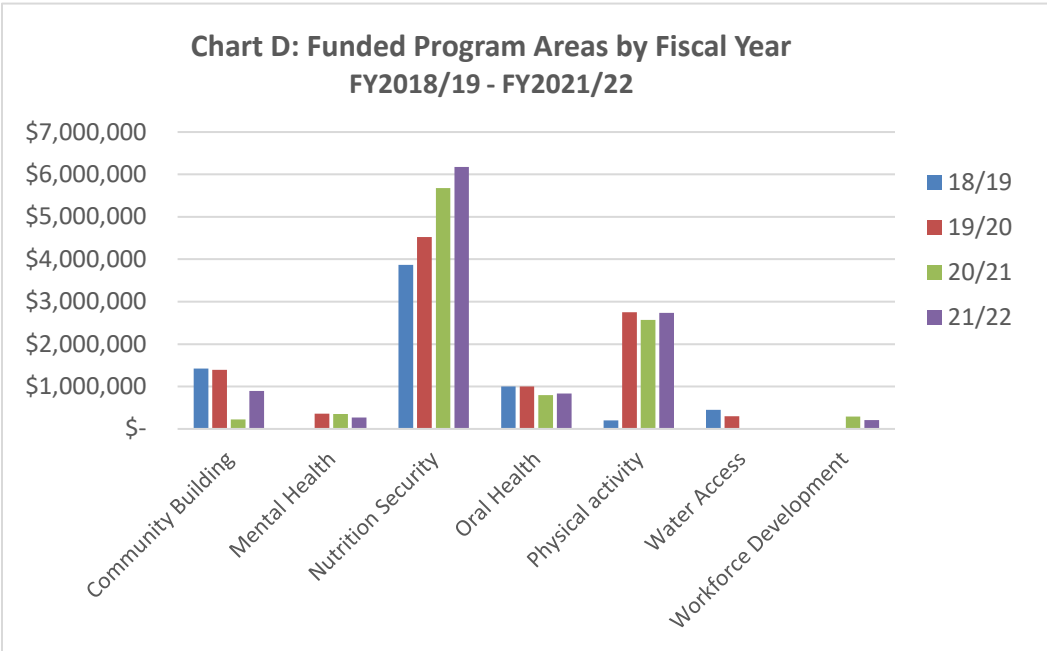
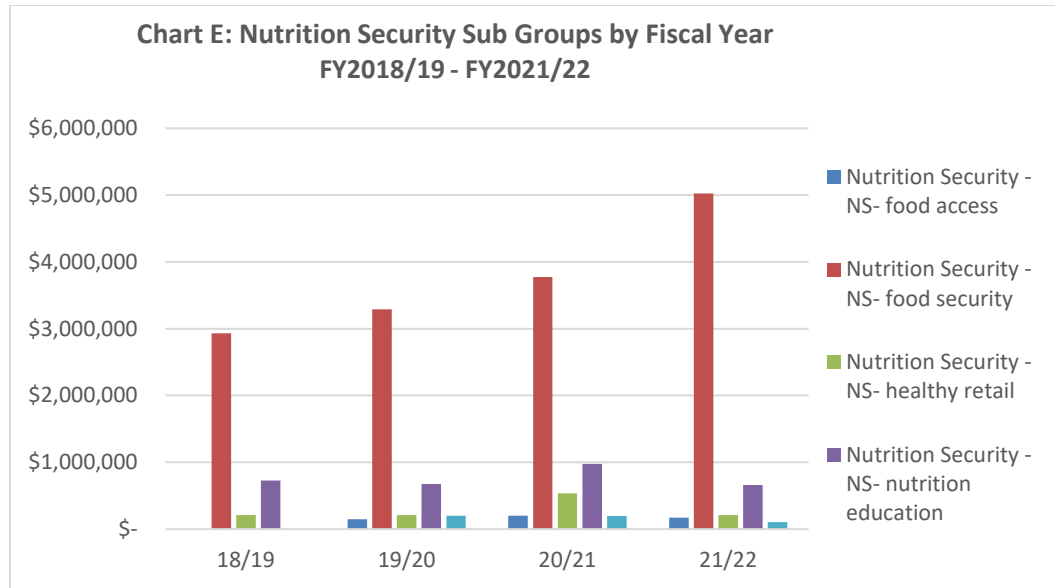


Chart D describes how SDDT funds were utilized, regardless of whether implemented by CBO or city agency. Nutrition Security encompasses many subcategories: food access (making food more accessible), food security (subsidized food, e.g. vouchers, school food), healthy retail (supporting small stores to carry fresh produce), breastfeeding, nutrition education, and urban agriculture. Chart E breaks down the Nutrition Security program area by fiscal year.





b. SDDT Fiscal Year 20-21 Evaluation Report

SF Department of Public Health partnered with Raimi & Associates to conduct the evaluation of SDDT funded city agencies, community-based organizations and initiatives. The impact of the SDDT is captured in the evaluation report which can be found in the appendices or at <https://sf.gov/public-body/sugary-drinks-distributor-tax-advisory-committee>



V. Endnotes

- ⁱ Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
- ⁱⁱ Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
- ⁱⁱⁱ Johnson, R.K., Appel, L., Brands, M., Howard, B., Lefevre, M., Lustig, R., Sacks, F., Steffen, L., & Wyllie-Rosett, J. (2009, September 15). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation* , 120(11), 1011-20. doi:10.1161/CIRCULATIONAHA.109.192627. Retrieved from <http://circ.ahajournals.org/content/120/11/1011.full.pdf>
- ^{iv} Sohn W, Burt BA, Sowers MR. Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*. Mar 2006;85(3):262- 266.
- ^v Sohn W, Burt BA, Sowers MR. Carbonated Soft Drinks and Dental Caries in the Primary Dentition. *J Dent Res*. 2006; 85(3): 262– 266.
- ^{vi} Zheng, M. (2014, February). Liquid versus solid energy intake in relation to body composition among Australian children. *J Hum Nutr Diet* . doi:10.1111/jhn.12223
- ^{vii} U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Page 28. Retrieved from [\[LINK\]](#)
- ^{viii} Wang, J. (2014, April). Consumption of added sugars and development of metabolic syndrome components among a sample of youth at risk of obesity. *Applied Physiology, Nutrition, and Metabolism* , 39(4), 512. doi:10.1111/jhn.12223. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24669994>
- ^{ix} Trust for America's Health and Robert Wood Johnson Foundation. F as in Fat: How Obesity Threatens America's Future – FastFacts: Obesity and Health. 2013. Accessed January 15, 2014 at <http://fasinfat.org/facts-on-obesity-and-health/>
- ^x Malik, V.S. (2012, January 31). Sweeteners and Risk of Obesity and Type 2 Diabetes: The Role of Sugar-Sweetened Beverages. *Curr Diab Rep* , 12, 195-203. doi:10.1007/s11892-012-0259-6. Retrieved from <http://link.springer.com/article/10.1007/s11892-012-0259-6>
- ^{xi} Sánchez-Romero LM, Penko J, Coxson PG, Fernández A, Mason A, Moran AE, et al. (2016) Projected Impact of Mexico's Sugar-Sweetened Beverage Tax Policy on Diabetes and Cardiovascular Disease: A Modeling Study. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002158#abstract0>
- ^{xii} Lee M, Falbe J, Schillinger D, Basu S, McCulloch C, Madsen KA. Sugar-Sweetened Beverage Consumption 3 Years After the Berkeley, California, Sugar-Sweetened Beverage Tax. *Am J Pub Health*, epub ahead of print February 21, 2019: e1–e3. doi:10.2105/AJPH.2019.304971
- ^{xiii} This analysis 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 report was finalized in February 2022



VI. Appendices

- A. SDDT Funded Initiatives
- B. SDDT FY 20-21 Evaluation Report
- C. ARTICLE 8: Sugary Drinks Distributor Tax Ordinance (San Francisco Business and Tax Regulations Code)
- D. ARTICLE XXXIII: Sugary Drinks Distributor Tax Advisory Committee (San Francisco Administrative Code)
- E. Sugary Drinks Distributor Tax Advisory Committee Bylaws



Appendix A

A. SDDT Funded Initiatives



Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Bayview Hunters Point Community Advocates	\$172,859	Bayview Hunters Point	Black/African American (B/AA), Immigrants	Nutrition Security PSE change strategy	Bayview Hunters Point Community Advocates aims to provide healthy, and quality food, that reaches all communities in our diverse neighborhood, through a cooperative owned and operated by and for Bayview-Hunters Point residents. Funding will support a community-owned co-op grocery store in the Bayview Hunters Point neighborhood to provide affordable healthy, high-quality food for vulnerable populations in southeast SF who suffer from a burden of chronic disease. <i>Tony Kelly: tonykelly@astound.net</i>
BMAGIC	\$199,529	Bayview Hunters Point	Black/African American (B/AA), Latinx, Low income families	Physical Activity Nutrition Security PSE change strategy	BMAGIC's mission is to help create and maintain a deeper unified roadmap to social change while addressing the health and wellness needs of Bayview children, youth and their families. Funding will support the Bayview Park Rx Program will help us engage approximately 500 residents interested in chronic disease prevention and intervention through health and wellness activities, programs and park services. <i>Lyslynn Lacoste: lyslynn@bayviewmagic.org</i>
Bounce Back and Healthy Generations Project	\$97,125	Potrero Terraces and Annex public housing, (+influence local schools)	Black/African American (B/AA), Latinx, API children, families, individuals	Community Building Nutrition Security Pgrrm/Srvc Delivery Capacity Building-workforce development	Bounce Back Generation has promoted resilience to trauma in children since 2011. Our mission involves communities in their own healing. Funding will support community hiring to create and implement a wide public awareness campaign directed toward 300 Potrero/Bayview children to recognize the origins of negative coping behaviors and adopt resilient-building habits instead. <i>Jennifer Dhillon: jennifer@bouncebackgeneration.org</i>

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Community Grows	\$171,105	Western Addition, Bayview-Hunters Point	Low-income youth and youth of color: Black/African American (B/AA); Latinx, API, teens age 14-19 and TAY 19-25	Nutrition Security Physical Activity Pgmr/Svc Delivery Capacity Building-youth leadership, workforce development	Community Grows' mission is to cultivate healthy youth through growing gardens in low-income, diverse communities, co-powering children to become healthy, eco-literate leaders. Funding will support our BEETS (Band of Environmentally Educated and Employable Teens) program will help employ 10 low-income youth of color to learn and lead health-focused workshops for 130 children and adults in the Western Addition and Bayview about nutrition, gardening and mindfulness, while building and maintaining edible gardens to increase access to fresh produce in their communities. <i>anna@communitygrows.org</i>
Community Well	\$170,179	District 11-Excelsior	Asian, Latinx	Nutrition Security Physical Activity Pgmr/Svc Delivery	Community Well's mission is to connect residents with high-quality holistic services supporting self-care and overall wellness. Funding will support program delivery of weekly classes on food as medicine, movement and emotional wellness. We aim to serve 1,285 historically underserved residents of southern SF districts, promoting healthy behaviors and reduced rates of chronic illness. <i>Jennifer Moran: jenmoran@communitywellsf.com</i>
Farming Hope	\$113,972	Tenderloin, Mid-Market, and Mission	Very low-income; People experiencing homelessness	Nutrition Security Capacity Building-workforce development	Farming Hope's culinary apprentice program provides workforce development to formerly incarcerated and homeless neighbors. Funding will employ trainees at Farming Hope's social enterprise restaurant and urban garden, supporting 20+ apprentices annually from Mission, SoMa and Tenderloin neighborhoods. This support will help feed 18,000 customers, while raising awareness about veggie-forward diets. <i>Jamie Stark: jamie@farminghope.org and team@farminghope.org</i>
Instituto Familiar de la Raza Inc.	\$190,695	Mission	Latino Indigenous	Physical Activity Nutrition Security Capacity Building-workforce development	The goal of "Nuestras Raíces Saludables" (Our Healthy Roots) program is to educate the Latino Indigenous community in the prevention of chronic diseases, healthy living and wellness. Through a series of community workshops and educational programming we plan to further develop a group of Latino Indigenous community members/leaders in culturally appropriate interventions and best practices. "Nuestras Raíces Saludables" will incorporate community health promoters in peer to peer education and capacity building to positively impact the nutritional and physical activity behaviors of the Latino Indigenous community of San Francisco. <i>Carlos.Izaguirre: carlos.Izaguirre@IFRSF.org</i>

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Healthy Communities Grants – through San Francisco Public Health Foundation



ORGANIZATION	FY21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
San Francisco African American Faith Based Coalition	\$170,053	Western Addition, Bayview-Hunters Point, OMI	Black/African American (B/AA)	Nutrition Security Pgrm/Svc Delivery Capacity Building	The SF African American Faith Based Coalition is committed to advocating and serving the needs of the underserved Black/African American (B/AA) community (primarily in the Bayview District) while promoting better and healthier living. Funding will aid in building capacity for the Coalition to provide services and serve at least 450 people over the three-year cycle with healthy food training and food security. <i>Pastor Joseph Bryant Jr : pastorbryant@calvaryhillsf.com</i>
SisterWeb	\$144,500	Bayview Hunters Point, District 10(southeast)	Black/African American (B/AA), Latinx, and Pacific Islander communities	Nutrition Security Physical Activity Pgrm/Svc Delivery Capacity Building- workforce development	San Francisco Community Doula Network cultivates a network of peer doulas for women most impacted by adverse birthing experiences. Funding will pair 60 Black/African American (B/AA), Latinx, and Pacific Islander mothers and families with a doula from their community and provide them with specialized prenatal, peripartum, and postpartum care that includes one-to-one and group Healthy Eating and Active Living (HEAL) skills-building and coaching. <i>Marna Armstead: m.armstead@sisterweb.org</i>
SoMa Community Action Network (SOMCAN)	\$143,855	SOMA, Tenderloin, Excelsior	Filipino American	Physical Activity, Nutrition Security PSE change strategy Capacity Building –leadership development	SOMCAN serves low-income, immigrant youth and families in SOMA, Excelsior, and the greater SF. Funding will support “Our Health/Kalusugan, Our Community/Bayan” project, which aims to empower, and build the leadership and civic engagement of SF Filipino residents to attain healthier lifestyles while advocating for healthier neighborhoods. <i>Angelica Cabande: acabande@somcan.org</i>
Urban Sprouts	\$106,000	Excelsior, Sunnydale-public housing, Mission Bay June Jordan	Low income of all ages, including youth	Nutrition Security Pgrm/Svc Delivery Capacity Building -workforce, youth leadership	Urban Sprouts seeks to restore cultural connections to health and wellness; reduce health disparities among chronically under-resourced communities of color in Southeast SF; and ready our community for meaningful and gainful employment. Funding will support our annual work with 1600 low-income individuals of all ages through garden-based education, job-readiness, and community health & nutrition education programs in the Excelsior, Sunnydale, and Mission Bay communities. <i>Ileana Mar: ileana@urbansprouts.org</i>
TOTAL	\$1,679,872				

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

SDDT Community Based Grants



School Based Community Grants – through San Francisco Public Health Foundation

ORGANIZATION	FY21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Health Initiatives for Youth	\$272,000	City wide schools	Public school age youth	Nutrition Security Pgrrm/Svc Delivery (Health Education, Healthy Eating/ Cooking, Water Promotion)	Snack Squad is an adaptable healthy eating and food justice program offered by HIFY in San Francisco high schools that combine practical experience cooking fresh produce with education on nutrition, the cultural and emotional role of food, and food justice, including discussion of food deserts and the labor and environmental systems impacted by injustice. The program provides youth with local produce vegetable boxes (most recently from CUESA) and supplies curated to help them learn to cook. Students also learn safety skills for the kitchen including knife skills and cooking tips. The program can be offered over the course of a semester with 3-4 cooking opportunities or condensed into as few as 3 sessions with one cooking opportunity. Hundreds of San Francisco youth each year have benefited from this opportunity to understand and relate to food in new ways. <i>Saeeda Hafiz: hafizs@sfusd.edu</i>

Oral Health Community Task Force Grants – through San Francisco Department of Public Health

ORGANIZATION	YEAR 1 BUDGET	NEIGHBORHOOD(S)	FOCUS AREA(S)	INTERVENTION (S)	MISSION AND PROGRAM
Chinatown Children's Oral Health Task Force	\$150,000	Chinatown / citywide	Parents/guardians, other caregivers, as Asian American and Chinese-speaking low-income families	Oral Health Education/ awareness	The Chinatown Task Force on Children's Oral Health is led by NICOS Chinese Health Coalition. This task force targets parents/guardians and other caregivers living in Chinatown, as well as Asian American and Chinese-speaking low-income families living throughout San Francisco. <i>Andrea Zhou: andreazhou@nicoschc.org</i>
Mission Children's Oral Health Task Force	\$150,000	Mission /citywide	Parents/guardians and other caregivers, Latinx and Spanish-speaking low-income families	Oral Health Education/ awareness	The Mission Children's Oral Health Task Force is led by CARECEN SF (Central American Resource Center). This task force targets parents/guardians and other caregivers living in the San Francisco Mission District, but also Latinx and Spanish-speaking low-income families living throughout San Francisco. <i>Kati Barahona-López: kbarahona@carecensf.org</i>
District 10 Children's Oral Health Task Force	\$150,000	Visitacion Valley/Bayview Hunters Point / citywide	Parents/guardians and other caregivers, Black/African American (B/AA) and other low-income families	Oral Health Education/ awareness	The District10 Children's Oral Health Task Force is led by APA Family Support Services. This task force targets parents/guardians and other caregivers living in the District10 area of San Francisco, but also Black/African American (B/AA) and other low-income families living throughout San Francisco. <i>Justin Adeyanju: justin.adeyanju@apafss.org</i>
TOTAL	\$450,000				

Sugary Drinks Distributor Tax (SDDT) Funded Initiatives

Healthy Food Purchasing Supplement Funding



Healthy Food Purchasing Supplement Grants – through SF Public Health Foundation

ORGANIZATION	FY 21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
EatSF/ Vouchers 4 Veggies (San Francisco General Hospital Foundation)	\$900,000	City wide	Very low income Pregnant People, Families, and Single Adults	Nutrition Security Prgm/Svc Delivery PSE change strategy	EatSF will increase food security and increase fruit and vegetable consumption. EatSF is a fruit and vegetable voucher program designed to make healthy food in neighborhood supermarkets, grocery stores and farmers markets affordable for low-income families and individuals. EatSF partners with the SFDPH Women, Infants, and Children (WIC) program to provide vouchers to pregnant WIC clients for 9 months. EatSF also partners with community-based organizations, social service agencies and safety net clinics in low-income neighborhoods to provide vouchers to their clients. Serves 2,835 unique families. <i>Cissie Bonini Cissie.Bonini@ucsf.edu</i>
Heart of the City Farmers Market	\$700,000	City wide, especially Tenderloin, Mid Market, SOMA, Chinatown	Low income CalFresh clients	Nutrition Security Prgm/Svc Delivery PSE change strategy	Heart of the City Farmers Market is a farmer-operated market open every Sunday, Wednesday at the UN Plaza in San Francisco's Civic Center. Heart of the City Farmers Market will increase food security and increase fruit and vegetable consumption through their Market Match program. Heart of the City Farmers Market has the distinction of being the largest farmers' market to be part of the CalFresh/Electronic Benefit Transfer (EBT) program in California, and one of the five largest in the nation. The "Market Match" incentive program provides a dollar-for-dollar match of up to \$5 when an EBT purchase is made. This program allows CalFresh clients to expand their purchases of fresh, locally grown produce from California farmers. also matches Pandemic EBT transactions. It also directly supports local farmers through direct sales to consumers. HOCFM also accepts EatSF Vouchers. Serves over 6,000 unique families each month. <i>Kate Creps Kate@hotcfarmersmarket.org</i>

Healthy Food Purchasing Supplement Funding – City Agency

ORGANIZATION	FY 21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	INTERVENTION(S)	MISSION AND PROGRAM
Alemanya Farmers Market (overseen by SF Real Estate Dept/ Admin Services)	\$110,000	City wide, especially District 9,10, 11	Low income CalFresh clients	Nutrition Security Prgm/Svc Delivery PSE change strategy	Alemanya Farmers Market (AFM) is the oldest farmers market in California. Since 2009, AFM has operated a Market Match incentive program for market shoppers using CalFresh/Electronic Benefit Transfer (EBT). This program allows CalFresh clients to expand their purchasing power to purchase fresh, locally grown produce from California farmers. AFM also matches Pandemic EBT transactions. AFM's Market Match program now operates year-round. AFM also accepts EatSF Vouchers. Serves 1,500 each month. <i>Claudia Gorham Claudia.Gorham@sfgov.org</i>
TOTAL	\$1,710,000				

Sugary Drinks Distributor Tax Funded Initiatives

Healthy Community Policy Systems & Environmental Change Grants – through SF Department of Public Health



ORGANIZATION	FY21-22 Budget	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Central American Resource Center-CARECEN	\$210,993	Mission	Low income, Latinx, immigrants	Nutrition security Physical Activity PSE change strategy	CARECEN will work with consultant and use the CAM model to work on PSE changes to increase access to health information, while engaging ALL San Francisco families in activities aimed at reducing consumption of sugary drinks, and increasing water consumption, healthy nutrition, and physical activity to manage chronic disease/obesity. Reduce systemic, environmental, and other barriers to health through community informed policy recommendations. <i>Vanessa Bohm: vanessa@carecensf.org</i>
Marin City Health and Wellness Center, DBA Bayview Clinic	\$343,588	Bayview	Low income, Black/African American (B/AA)	PSE change strategy	The goal of Transforming Care: Volume to Value is to improve health care coordination and mitigate the impact of chronic diseases for San Francisco residents, with an emphasis on those disproportionately impacted by the consumption of sugary drinks. The program includes: 1) Deliver Policy, System and Environmental Level Strategies (PSE) 2) Patient Centered Medical Home (PCMH) Accreditation and Implementation <i>Kerry Weddington: kweddington@marincityclinic.org</i>
18 Reasons	\$294,427	City Wide, Bayview	Low income	Nutrition security PSE change strategy	The goal of this project is to work with priority populations to develop policy, systems, and/or environmental programs that increase consumption of healthy food and decrease consumption of sugar-sweetened beverages. <i>Sarah Nelson: sarah@18reasons.org</i>
Tenderloin Neighborhood Development Corporation	\$224,000	Tenderloin Mission Bay	Low income	Nutrition security PSE change strategy	The goal of the Promoting Health Equity Program is two-fold; one is Kain Na meaning “Let’s Eat!”, will provide a space for low-income Mission Bay community members who are facing food insecurity to have access to weekly groceries, engage in family-friendly food & nutrition activities and second the Healthy Corner Store Coalition (HCSC) will convert corner stores into healthy food retailers to empower low-income San Franciscans of all ethnicities to have access to affordable healthy food. <i>Tom Georgevits: tgeorgevits@tndc.org</i>
Southeast Asian Development Center	\$102,992	Tenderloin	Low income, Southeast Asian	Nutrition security PSE change strategy	Southeast Asian Development Center will work with consultant and use the CAM model to work on PSE changes to increase access and consumption of healthy foods and reduce consumption of sugary food and drinks among low income Southeast Asian communities and other communities of color living in Tenderloin neighborhood and greater San Francisco. <i>Thomas Gregory: tgregory@seadcenter.org</i>
TOTAL	\$1,447,316				

Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies



ORGANIZATION	FY 21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
SF Unified School District	\$0	City Wide	SFUSD Students	Nutrition Security Eductn/Awareness Capacity Building – leadership dvlpmnt	SFUSD did not spend down FY20-21 funds, used carryforward/other funds to support programs in FY21-22 Student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. <i>Saeeda Hafiz: hafizs@sfusd.edu</i>
SF Unified School District	\$0	City Wide	SFUSD Students	Nutrition Security PSE change strategy Eductn/Awareness Capacity Building – leadership dvlpmnt	SFUSD did not spend down FY20-21 funds, used carryforward/other funds to support programs in FY21-22 To improve quality and appeal of school meals to increase participation in school meal programs and support nutrition education. Funding to target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. <i>Jennifer LeBarre: lebarrej@sfusd.edu and Saeeda Hafiz: hafizs@sfusd.edu</i>
SF Unified School District	\$0	City Wide	SFUSD Students in K-5	Oral Health Prgm/Svc Delivery	Support school-based and school-linked preventive oral health programs within SFUSD schools serving high risk target populations. Case management and education. <i>Irene Hilton: Irene.hilton@sfdph.org</i>
Dept Public Health – MCAH and Health Network	\$210,000	City Wide	SFUSD Students in K-5	Oral Health Prgm/Svc Delivery	Sealant application, within SFUSD schools serving high risk target populations <i>Irene Hilton: Irene.hilton@sfdph.org</i>
Dept Public Health – MCAH and Health Network	\$175,000	City Wide	Low income mothers	Nutrition Security Eductn/Awareness, Capacity Building	Support breastfeeding coalition, stakeholder engagement and other services including breastfeeding support and Technical Assistance. <i>Priti Rane: Priti.Rane@sfdph.org</i>
Office of Economic & Workforce Development	\$150,000	City Wide	Neighborhoods with limited healthy food	Nutrition Security PSE change strategy	Support small business to increase healthy food access in high risk and impacted communities/neighborhoods by 1) supporting business operations; 2) promoting community engagement; 3) improving retail environment. <i>Larry McClendon: Larry.Mcclendon@sfgov.org</i>
Recreation and Parks Department	\$2,000,000	City Wide	Low Income youth	Physical Activity Prgm/Svc Delivery	Initiative to expand recreation scholarships and outreach to youth under 18 and living in public and low-income subsidized housing. <i>Linda Barnard: linda.barnard@sfgov.org</i>
Dept Public Health – Behavioral Health Sys.	\$225,000	City Wide	Low Income Transitional Age Youth	Community Building Pgm/Svc Delivery Transportation	Transportation for Peace Parks participants through Street Violence Intervention Project <i>Linda Barnard: linda.barnard@sfgov.org</i>

Sugary Drinks Distributor Tax Funded Initiatives

SDDT Funded City Agencies



ORGANIZATION	FY 21-22 BUDGET	NEIGHBORHOOD(S)	POPULATION(S)	FOCUS AREA(S)	MISSION AND PROGRAM
Recreation and Parks Department	\$670,000	Visitacion Valley, BVHP, Potrero Hill	Low Income Transitional Age Youth	Community Building Pgm/Svc Delivery	Peace Parks provide opportunities for recreation to underserved communities during times when youth don't have such opportunities. PP serves youth 18-25 years old, but anyone is welcome to join this program. Goal is to make communities safer, feel more together and to use the parks in SF more often. <i>Linda Barnard: linda.barnard@sfgov.org</i>

Appendix B

B. SDDT FY 20-21 Evaluation Report



San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2020–2021



PREPARED BY:



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 of 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



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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.	
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The San Francisco SDDT values have ensured that SDDT funded programming focus on and effectively engage communities most burdened by inequities.	
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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.	
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SDDT funded entities are beginning to achieve desired outcomes.	
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An aerial photograph of San Francisco, showing the city's dense urban landscape, including residential neighborhoods, commercial areas, and the downtown skyline with prominent skyscrapers like the Transamerica Pyramid. The entire image is overlaid with a semi-transparent green filter.

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.



Sugary Drinks Distributor Tax (SDDT): How it Works

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.

Learn more at
www.SodaTax-SF.org

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.



SDDT Advisory Committee (SDDTAC) Values



Farming Hope Training Garden



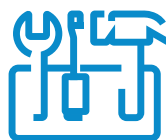
Supporting community-led and culturally relevant work.

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.



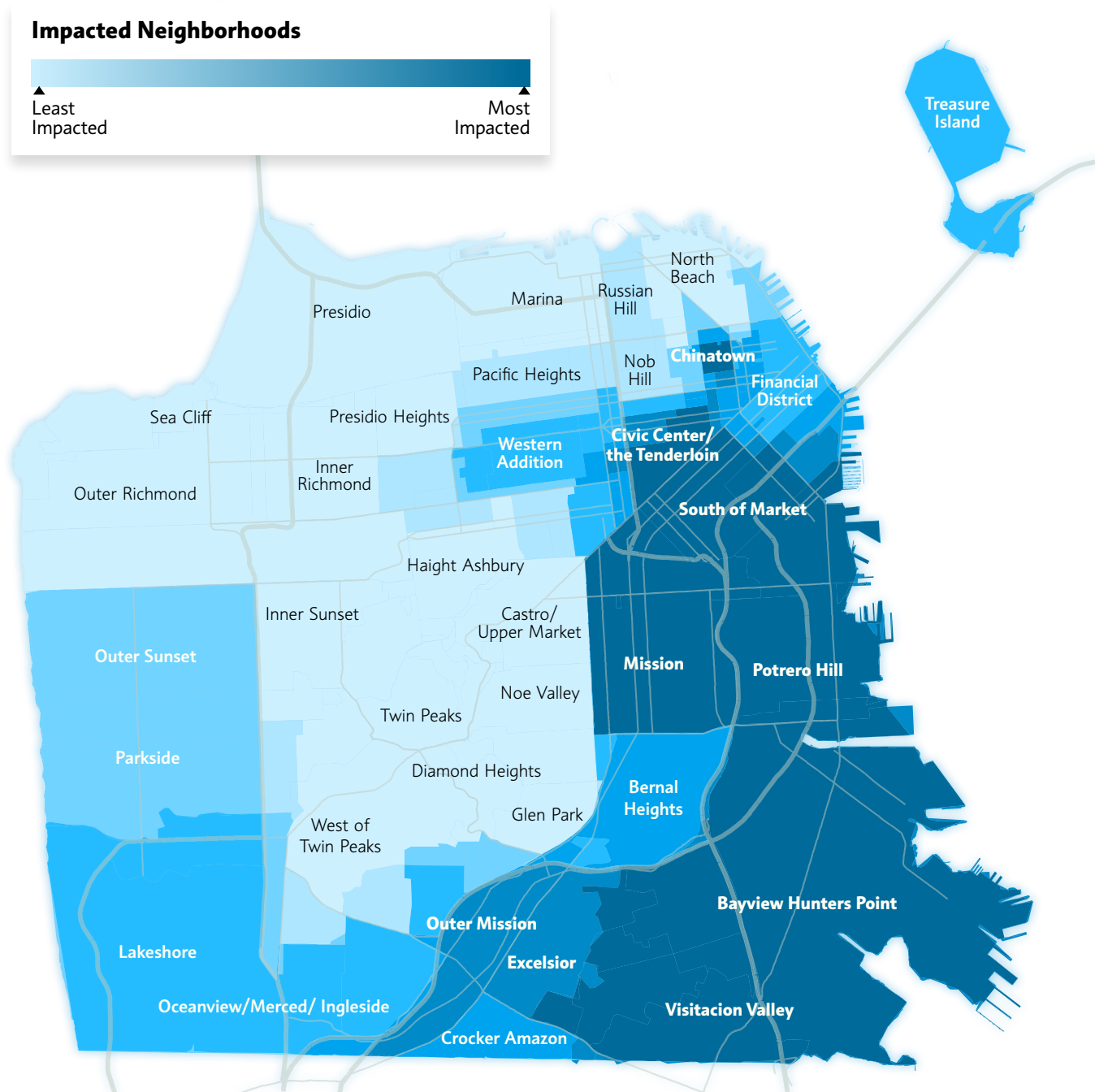
Requity Programming

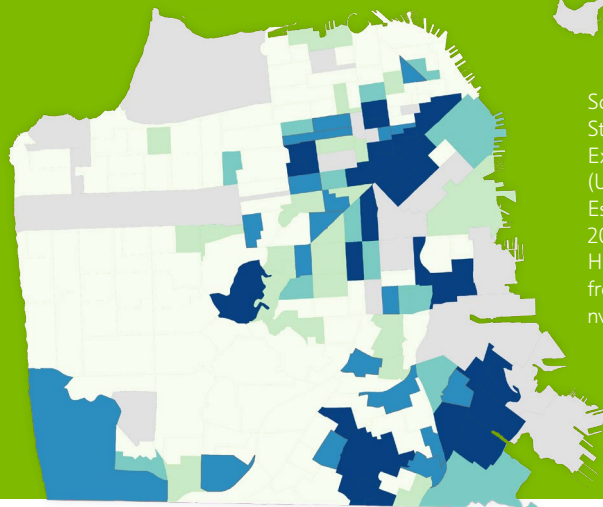
San Francisco Neighborhoods Most Impacted by Diet-Related Chronic Disease

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.**

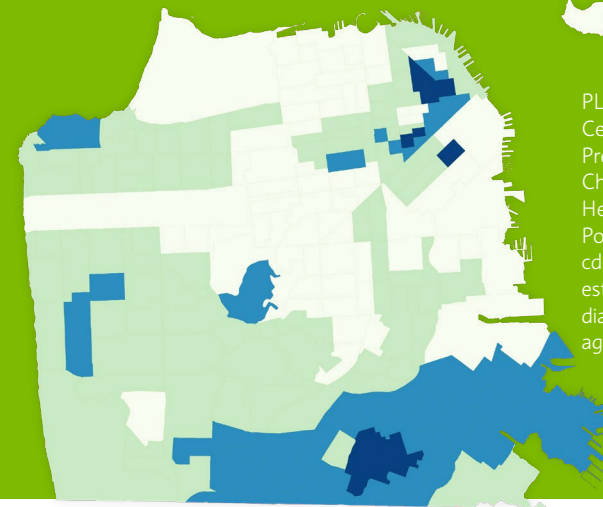
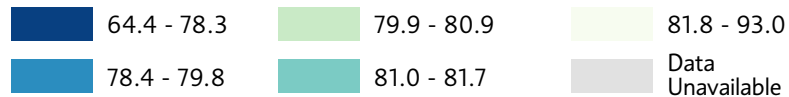
Although Seacliff also has higher prevalence of diet-related chronic diseases, it has considerably lower rates of hospitalizations for diet-related chronic diseases.





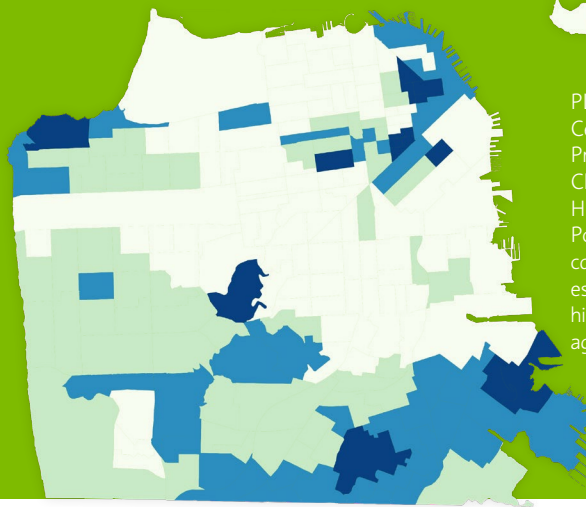
Source: National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for California, 2010-2015]. National Center for Health Statistics. 2018. Available from: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>.

Life Expectancy at Birth (years)



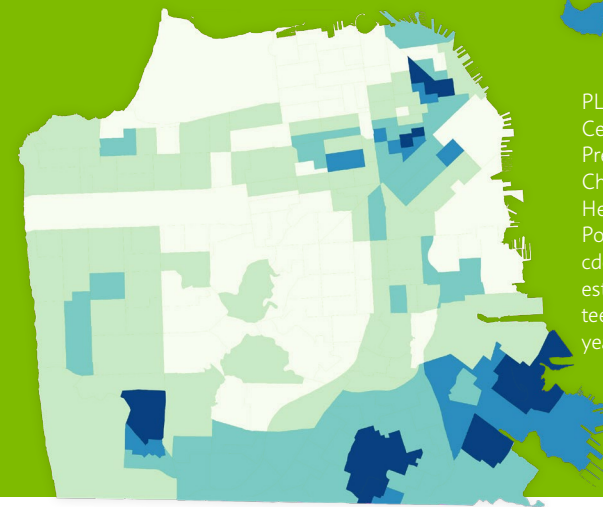
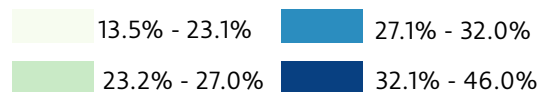
PLACES County Data. (2021) Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/places>: Model-based estimate for crude prevalence of diagnosed diabetes among adults aged ≥ 18 years, 2019

Residents Diagnosed with Diabetes



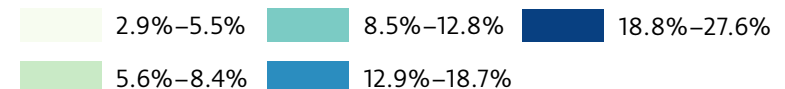
PLACES County Data. (2021) Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/places>: Model-based estimate for crude prevalence of high blood pressure among adults aged ≥ 18 years, 2019

Residents Diagnosed with Hypertension (High Blood Pressure)



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

Residents 65 and Older who have Lost All Their Teeth



SDDT Evaluation Logic Model

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.



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

View from City Hall



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

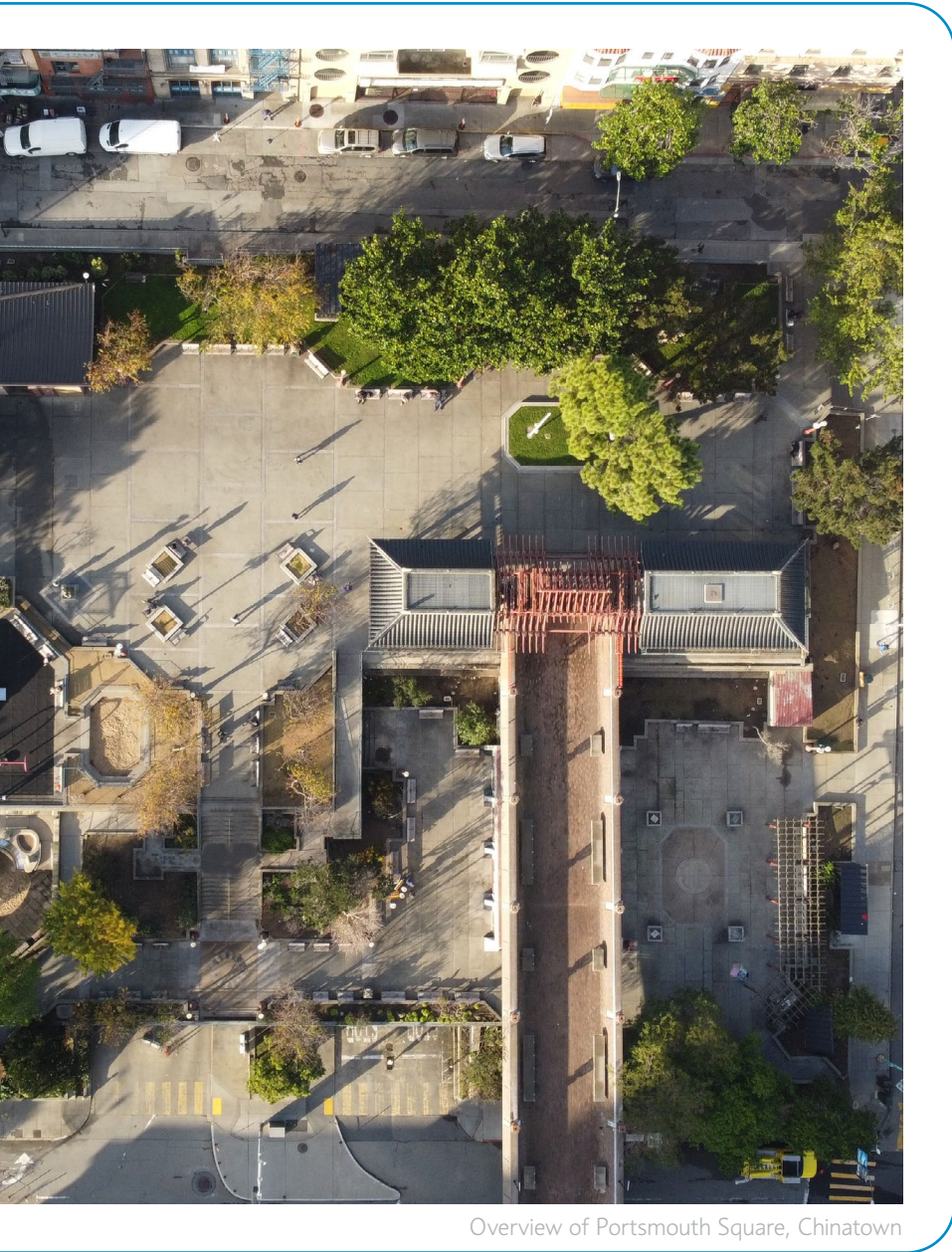
- Bayview Hunters Point Community Advocates
- BMAGIC
- Bounce Back and Healthy Generations Project
- Community Grows
- Community Well
- Farming Hope
- Instituto Familiar de la Raza
- San Francisco African American Faith Based Coalition
- SisterWeb San Francisco Community Doula Network
- SoMa Community 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 Portsmouth Square, Chinatown

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.

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.

2

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

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

¹ Krieger, J. et al. (2021). "How sugar-sweetened beverage tax revenues are being used in the United States." *Preventive Medicine Reports*, Volume 23, September 2021, 101388 <https://doi.org/10.1016/j.pmedr.2021.101388>

² Altman, E.A., Madsen, K.A., and Schmidt, L.A. (2021) "Missed Opportunities: The Need to Promote Public Knowledge and Awareness of Sugar-Sweetened Beverage Taxes." *International Journal of Environmental Research and Public Health*, 18, 4607 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8123585/pdf/ijerph-18-04607.pdf>

³ Krieger, J. et al. (2021). "How sugar-sweetened beverage tax revenues are being used in the United States." *Preventive Medicine Reports*, Volume 23, September 2021, 101388 <https://doi.org/10.1016/j.pmedr.2021.101388>

⁴ Ibid.

⁵ Ibid.



IFC Promotores Diploma

What the beverage industry says:



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.



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



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



⁶ Scott, Larry. (2016) "Gatorade Print Ads." <http://www.larry-scott.com/filter/Print-Ads/Gatorade-Print-Ads>

⁷ "Kathryn Bernardo Talks Hydration as Newest Face of Gatorade Ion." *Rank Magazine*, 25 June 2020. <http://www.rankthemag.ph/brand-kathryn-bernardo-hydration-face-gatorade-ion/>

⁸ Fleming-Milici, F. and Harris, J.L. (2020). "Adolescents' engagement with unhealthy food and beverage brands on social media." *Appetite*, Volume 146. <<https://doi.org/10.1016/j.appet.2019.104501>>

⁹ Gatorade. (1987) <https://www.flickr.com/photos/slantedenchanted/14637729151/in/photostream/>

What they don't say:

26% Just 1 serving per day of SSBs increases the risk of developing type 2 diabetes by 26%¹⁰

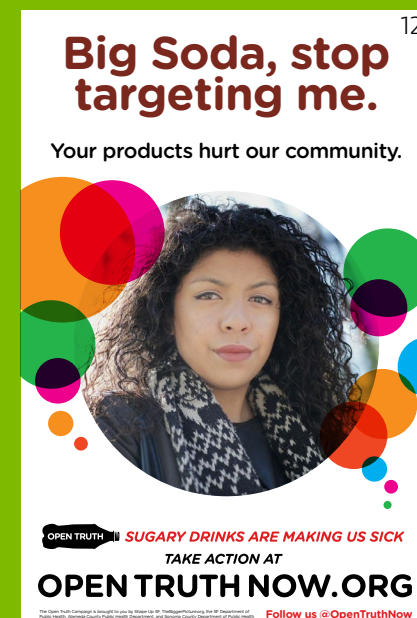
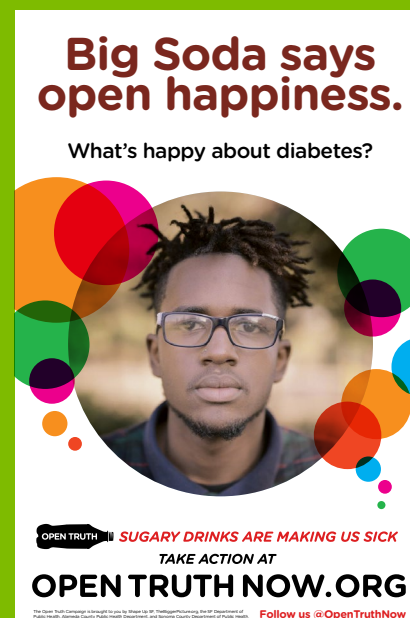
Food and beverage companies almost exclusively target advertising for nutritionally poor products (e.g., sugary drinks, candy, fast food) to Latinx and Black/African American consumers, and disproportionately target Latinx and Black/African American children and teens. The same companies are also less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

10. Neuenschwander, M., et al. (2019). "Role of diet in type 2 diabetes incidence: umbrella review of meta-analyses of prospective observational studies." *British Medical Journal* (Clinical research ed.), 366, l2368. <https://doi.org/10.1136/bmj.l2368>

11. Harris, J.L., Frazier, W., Kumanyika, S., and Ramirez, A.G. (2019). "Increasing disparities in unhealthy food advertising targeted to Hispanic and Black youth." Rudd Center for Food Policy and Obesity, University of Connecticut; Council on Black Health, Drexel University; Salud America! University of Texas Health Science Center at San Antonio. <<https://uconnruddcenter.org/wp-content/uploads/sites/2909/2020/09/TargetedMarketingReport2019.pdf>>

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>

13. Shape Up San Francisco (2014). ChooseHealthyDrinks.org. <http://shapeupsfcoalition.org/projects/ryd/ssb-poster-english_soda-4/>



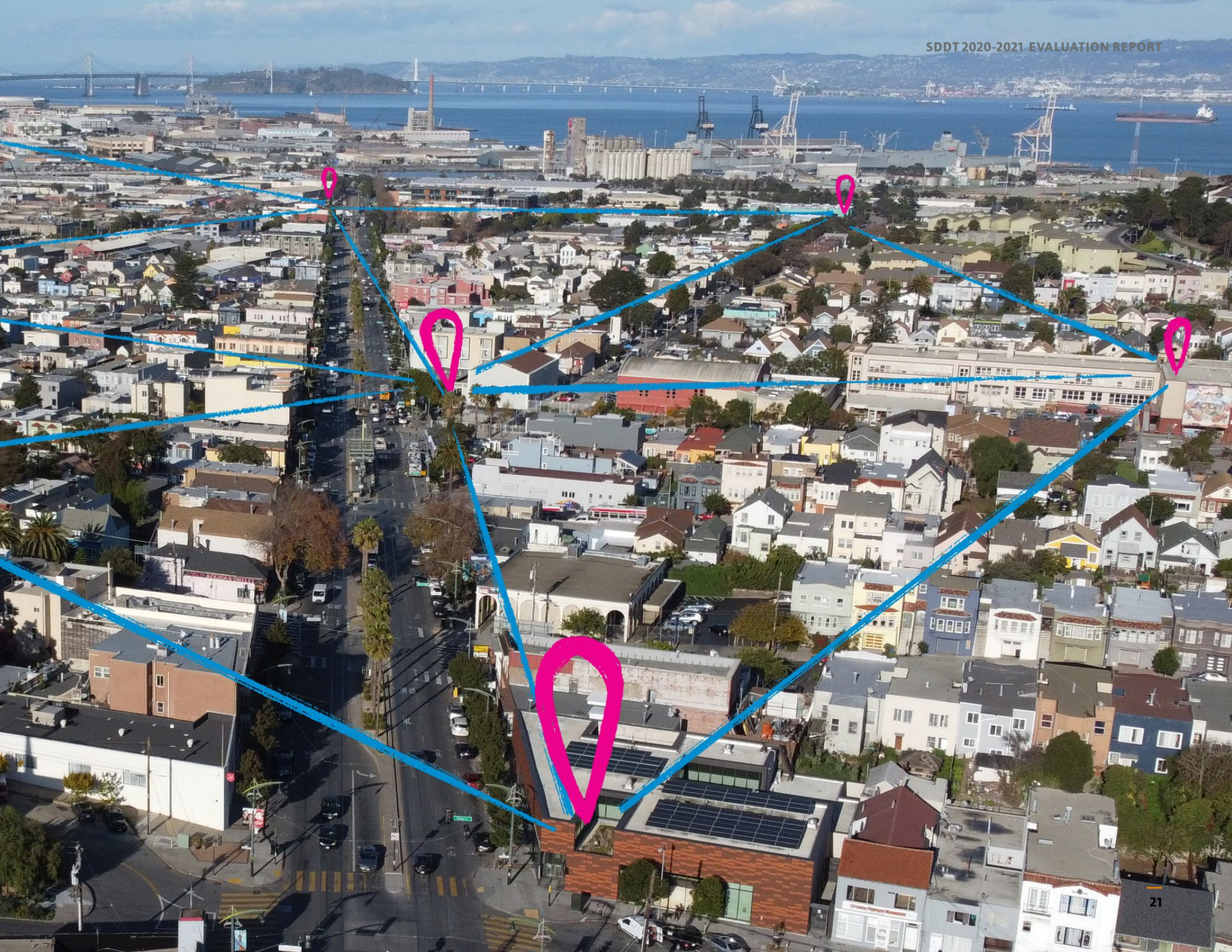



FINDING 1

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.



An aerial photograph of San Francisco, California, featuring the city's dense urban landscape, the San Francisco City Hall with its prominent dome, and the surrounding hills. The entire image is covered with a semi-transparent green filter. The text is overlaid on the left side of the image.

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.^{14, 15} 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.

14. Bennet, S., Draper, N., Farnsworth, I., and McBride, F. (2019) "Bay Area Sugar-Sweetened Beverage Taxes: An Evaluation of Community Investments." The Praxis Project, Berkeley Food Institute, and Goldman School of Public Policy at University of California Berkeley. <<https://static1.squarespace.com/>>

15. Sugary Drink Tax Equity Workgroup (2020). "Centering Equity in Sugary Drink Tax Policy: Elements of Equitable Tax Policy Design." Healthy Food America and The Praxis Project. <https://d3n8a8pro7vbm.cloudfront.net/healthyfoodamerica/pages/439/attachments/original/1613144730/SSB_Tax_Equity_Policy_Report_FINAL.pdf?1613144730>



Instituto Familiar de La Raza in Mission District



Community Grows Activity

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

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

Implementing an Equitable Policy	Reflected in SDDT Ordinance and/or SDDTAC Strategic Plan
» Informing the community about how the tax is working, revenues raised, and use of revenues through public awareness campaigns*	✓*
» Collect and share stories from the community that show how the tax is working and disseminate them through community influencers and respected messengers*	✓*
» Develop structures and processes for community engagement in setting priorities for revenue allocation and monitoring use of tax funds	✓
» Engage businesses from impacted communities in designing tax enforcement policies and processes	
» Require evaluation of tax impacts on equity and involve community members from impacted communities to determine evaluation outcomes	✓

* 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



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.

26 | Finding 1

The intentional and representative guidelines for the selection of the Advisory Committee membership resulted in centering the voices, assets, and needs of San Francisco's diverse communities to address the impacts of sugary drinks by focusing on the social determinants of health. Interviewees highlighted that outlining specific membership requirements for the Advisory Committee membership through City legislation (i.e., each defined Advisory Committee seat) built the foundation to successfully support the goals of representation among Advisory Committee members. As an interviewee elaborated, the membership was strategically formulated to create a committee that included people who are "doing the work" in the community, and people who are doing work within institutions, striking the "right public-private balance". The diversity of perspectives and experiences informed the development of shared guiding principles, values, and resulted in explicitly advocating for populations that are disproportionately impacted by the sugary beverage industry in San Francisco, as well as identifying well-informed best practices related to strategies and desired health outcomes.

“ 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

”



City Hal from Tenderloin Perspective

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

”

Meal Donation from Compass Family Services



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.”



An aerial photograph of San Francisco, showing the city's dense urban landscape, including the Golden Gate Bridge and the city skyline, is visible in the background. The entire image is overlaid with a semi-transparent green filter.

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

“ 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

”

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.

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.





An aerial photograph of a city, likely San Francisco, showing a dense urban landscape with various buildings, including some with solar panels on their roofs. Palm trees are visible in the foreground. A curved blue line separates the image from the text area.

+40,100

More than 40,100 people participated in SDDT-funded grant programs during FY2020-2021.

Victoria Manalo Draves Park, SoMa

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.

SISTERWEB PROFILE:

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.

SisterWeb Pre COVID-19 Pandemic



Funding for SW aligns with the following SDDT strategies:

- Build community capacity and develop leadership
- Provide health promoting education, programs, and services
 - Related to healthy eating (including beverages)/making nutritious choices
 - Related to breastfeeding
 - Related to physical activity
 - Related to trauma/adverse childhood experiences (ACEs)
- Provide job readiness, skills training and career pathways
- Increase opportunities for physical activity
- Increase economic opportunities in priority neighborhoods
- Increase healthy messaging related to nutrition

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.

“ [The SDDT] investment helped SisterWeb address structural racism, implicit bias, and inequity embedded in the U.S. maternity care system

and advance diversity, equity, and inclusion for the organization... Black, Latinx, and Pacific Islander doulas benefited employment as well as employing leadership and support staff who come from the same communities served.

SisterWeb Staff

”

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.



SisterWeb Doula

To track progress, SW is implementing a robust evaluation plan that aligns with the Results Based Accountability framework and uses Comply software. The organization has identified goals, outcomes, and metrics that are used to report on their work, identify lessons learned, and make program and organizational improvements to grow and become sustainable.




Group Photo Pre COVID-19 Pandemic

“ 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

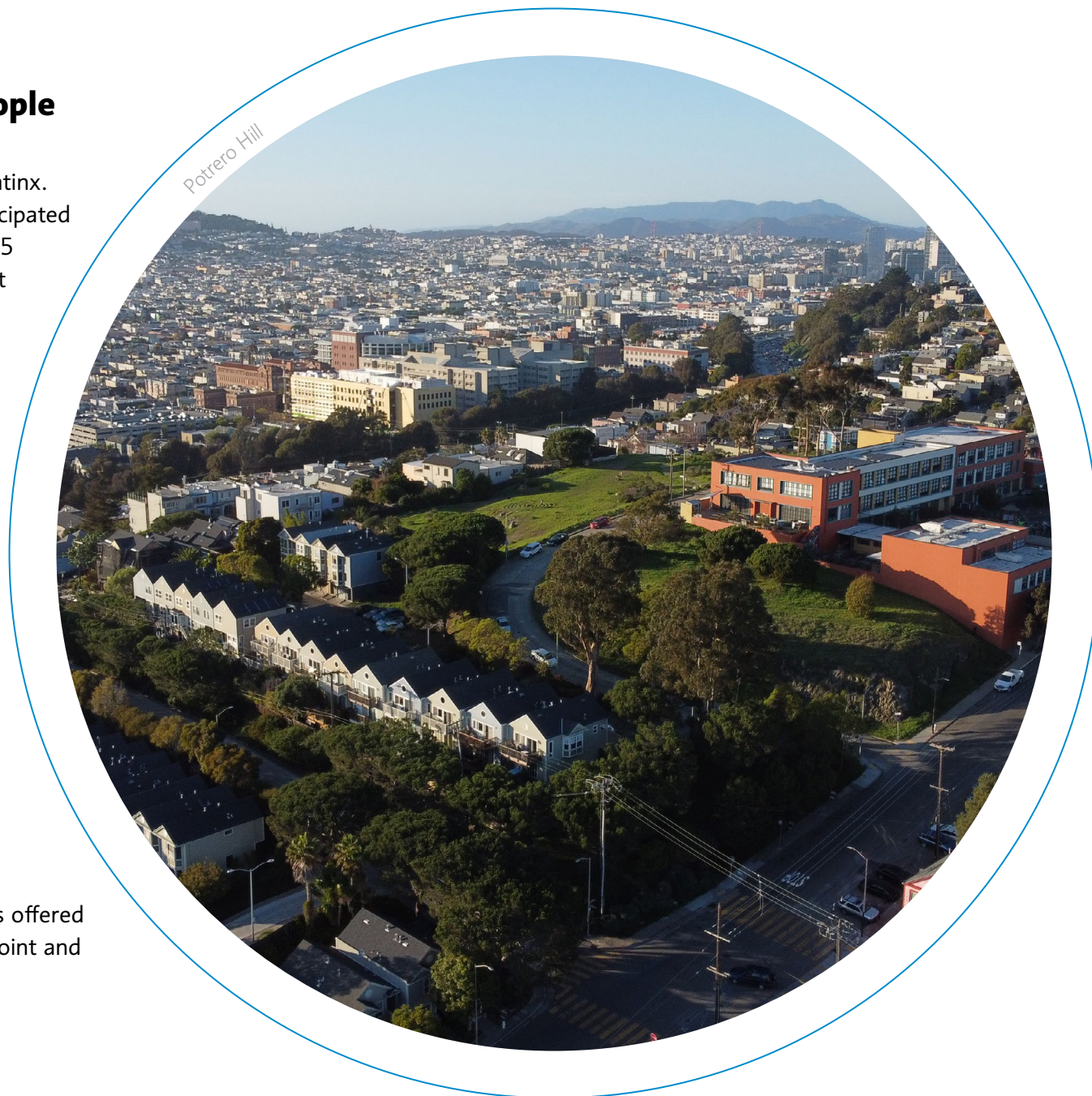
Participants in SDDT grantee programs were predominantly Black/African American and Latinx. Additionally, the majority of people who participated in SDDT-funded grant programs were under 25 years old and more than 3,000 were pregnant when they participated.

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.**

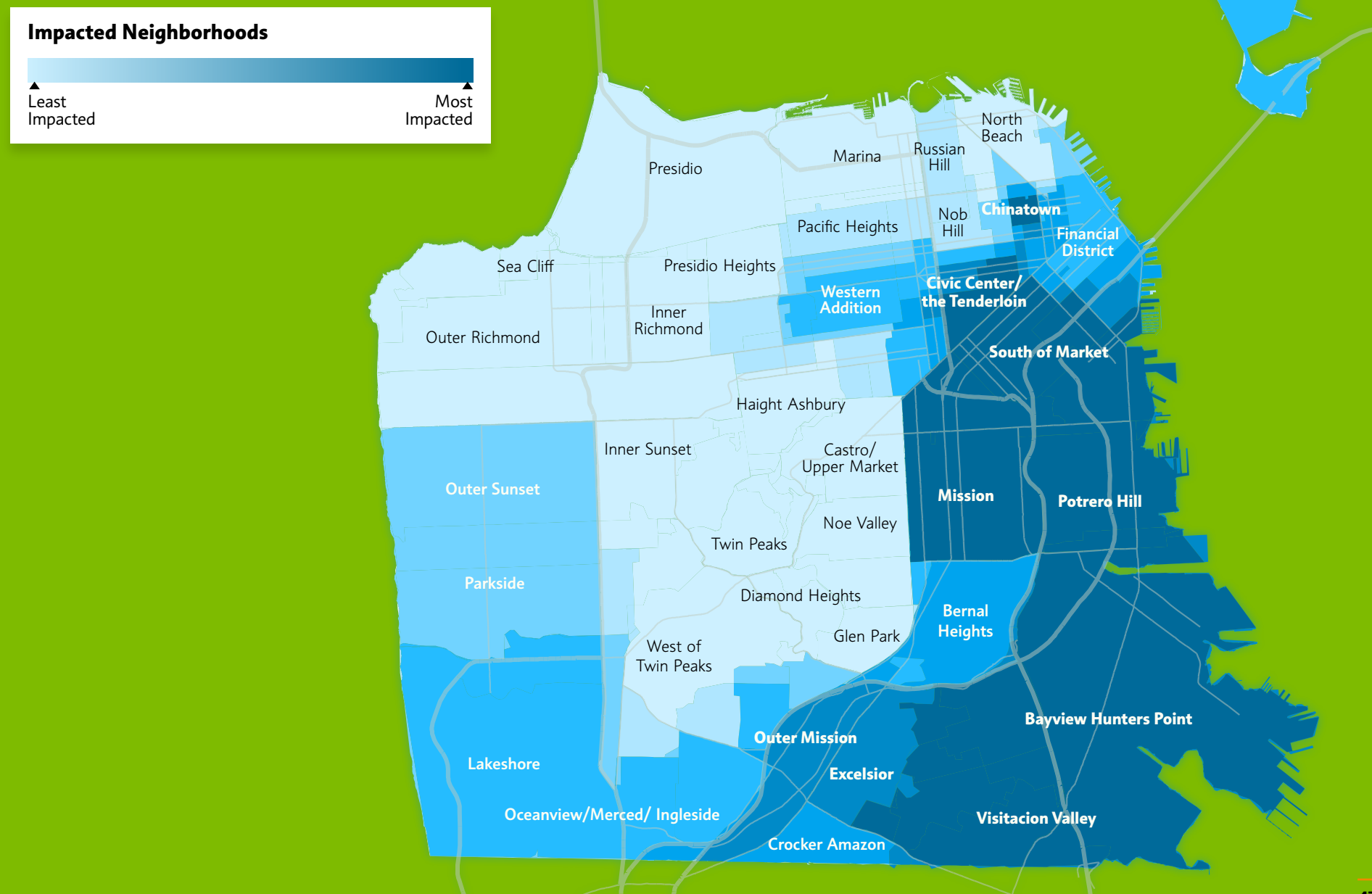
The majority of SDDT grantees also served participants who lived in the Outer Mission. Additionally, more than half of SDDT grantees offered in-person programming in Bayview Hunters Point and the Tenderloin.



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

Neighborhoods	Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021	Neighborhoods where participants in FY2020-2021 SDDT grantee programming live	Neighborhoods where SDDT-funded program staff lived
Bayview Hunters Point	✓	✓	✓
Chinatown	✓	✓	
Civic Center/the Tenderloin	✓	✓	✓
Excelsior	✓	✓	✓
Mission	✓	✓	✓
Outer Mission	✓	✓	✓
Potrero Hill	✓	✓	✓
South of Market	✓	✓	✓
Visitacion Valley	✓	✓	✓

San Francisco Neighborhoods Most Impacted by Diet-Related Chronic Disease



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

Neighborhoods	Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021	Neighborhoods where participants in FY2020-2021 SDDT grantee programming live	Neighborhoods where SDDT-funded program staff lived
Bernal Heights	✓	✓	✓
Crocker Amazon	✓	✓	✓
Financial District		✓	
Lakeshore	✓		
Oceanview/Merced/ Ingleside	✓	✓	✓
Outer Sunset		✓	✓
Parkside	✓		
Treasure Island	✓		✓
Western Addition	✓	✓	✓

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

Neighborhoods	Neighborhoods where SDDT grantees offered in-person programming during FY2020-2021	Neighborhoods where participants in FY2020-2021 SDDT grantee programming live	Neighborhoods where SDDT-funded program staff lived
Castro/Upper Market		✓	
Diamond Heights	✓	✓	
Glen Park	✓	✓	
Golden Gate Park	✓		
Haight Ashbury	✓	✓	✓
Inner Richmond	✓	✓	
Inner Sunset		✓	✓
Outer Richmond		✓	
Presidio	✓		✓
Twin Peaks	✓	✓	
Other neighborhoods in San Francisco*			✓

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

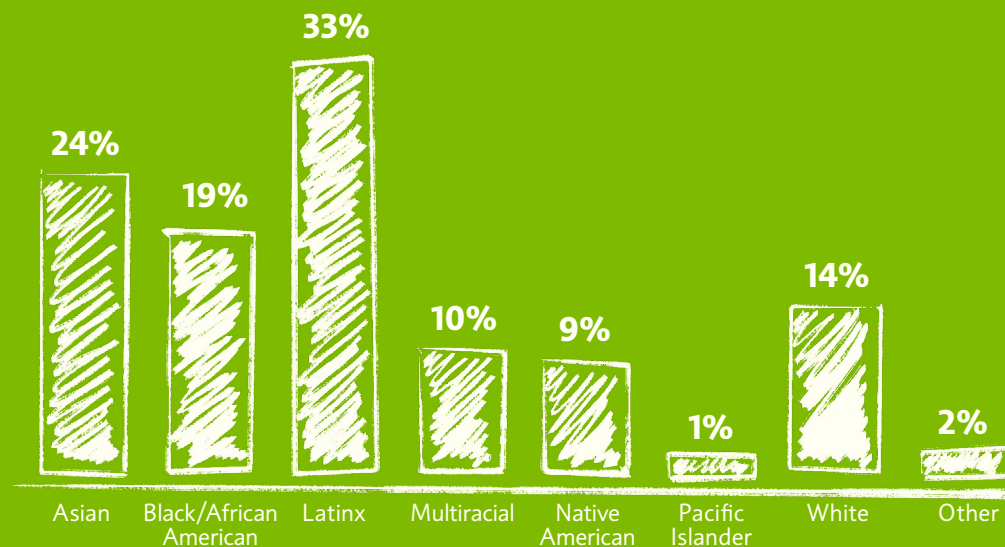
Languages Spoken by Grantee Staff Paid Using SDDT Funds

- | | |
|-------------|-----------------|
| • Amharic | • Mandarin |
| • Arabic | • Mayan K'iche |
| • Cantonese | • Mayan-Mam |
| • English | • Maya-Yucateco |
| • Filipino | • Spanish |
| • Ilokano | • Russian |
| • Japanese | • Tagalog |
| • Malay | • Vietnamese |

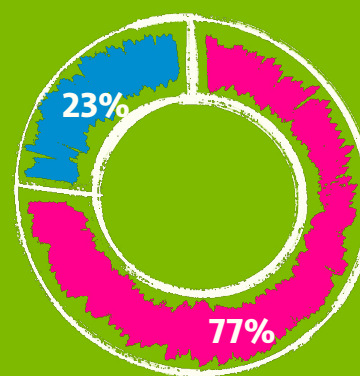
Languages in which Grantees Offered Activities

- | | |
|--------------------|-----------------|
| • Arabic | • Mayan K'iche |
| • Chinese | • Mayan-Mam |
| • English | • Maya-Yucateco |
| • Filipino/Tagalog | • Spanish |

Race/Ethnicity of Grantee Employees Paid with SDDT Grant Funds (n=169)

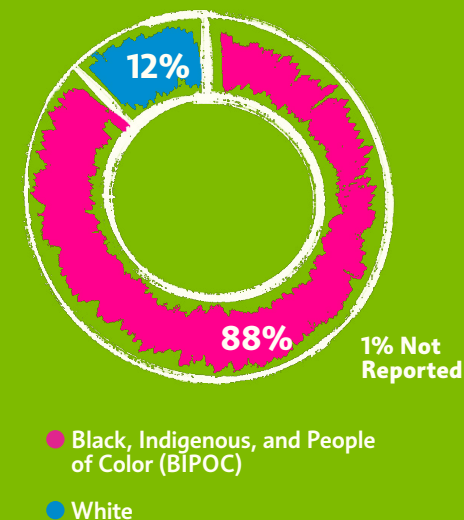


Where Grantee Staff Supported with SDDT Funds Live (n=169)



- San Francisco resident
- Not a San Francisco resident

Race/Ethnicity of Grantee Employees Paid with SDDT Grant Funds (n=169)



- Black, Indigenous, and People of Color (BIPOC)
- White

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.



Natoma Block Party Pre COVID-19 Pandemic

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 Meditation,
- Kapwa Fitness, and Twin Hearts loving-kindness meditation.

These health classes had over 871 participants.

SOMCAN Representative Speaking with Resident Pre COVID-19 Pandemic

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.



Community Health Assessment

KALUSUGAN NG BAYAN

ILANG KAALAMAN TUNGKOL SA KARAMDAMAN NG ILANG MGA FILIPINO SA SAN FRANCISCO.

FILIPINO AMERICANS

Ang mga Filipino-American ay nakakaranas ng hindi nababagabag na datos ng ilang talamak na karamdaman tulad ng mataas na presyon, sakit sa puso, type 2 diabetes, at labis na timbang kumpara sa mga Puti at ibang Asyano. Kulang ang pagsusuri at datos ng kalusugan ng mga Filipino sa SF.

PAGSUSURI NG DATOS:

DALAWANG FOCUS GROUP AT TATLONG-DAANG SURVEY ang sinuri sa pamamagitan ng epektibong pagtatantisa at mahusay na paraan para ibahagi ang kanilang sariling datos, pagkikilos at pananaw tungkol sa kalusugan.



DEMOGRAPIKO:

TATLONG PANGUNAHING ZIP CODES SA SAN FRANCISCO

Tenderloin 94102

South of Market 94103

Excelsior 94112

Karamihan sa mga sumagot ng pagsusuri ay naninirahan sa mga zip codes ng 94102, 94103 at 94112. Kabilang dito ang Tenderloin, South of Market at Excelsior.


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.

An aerial photograph of San Francisco, California, featuring the city skyline, the Golden Gate Bridge, and various residential neighborhoods. The image is overlaid with a semi-transparent green filter. The text 'Finding 2.2' is prominently displayed in white on the left side.

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)

**TRAUMA IS FELT
INDIVIDUALLY, BUT WE
HEAL COMMUNALLY.**

**RESILIENCE-BUILDERS
LEARN SELF CARE FIRST
SO THEY CAN BECOME
RESILIENCE-BUILDERS
FOR OTHERS.**



Trauma Resilience Post from Bounce Back Generation

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

16. Sylvetsky, A.C. et al. (2020) "Beyond Taste and Easy Access: Physical, Cognitive, Interpersonal, and Emotional Reasons for Sugary Drink Consumption among Children and Adolescents." *Appetite*. 155: 104826. doi:10.1016/j.appet.2020.104826.

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.

"I Am a Hero" BBG Facebook Post



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.

6 BUILDING BLOCKS for RESILIENCE

The 6 Building Blocks for Resilience pinpoint the essential things that help us face hard times. They are the foundation upon which we build our resilience muscles.

1



Protection

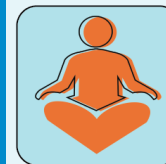
A sense of safety from trauma and toxic stress. Protection can be a physical place, a reliable person, an emotional boundary, or a moment of rest in the midst of chaos.

2



Relationship

Someone who is there for you providing care, affection, safety, or support. This is vital for children. One caring person can make all the difference.

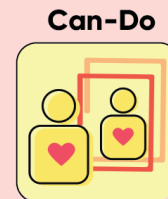


Coping Skills

Tools and techniques to handle difficult situations and emotions. A sustainable coping skill is one that feels good today, and makes us stronger for tomorrow.

3

4



Can-Do

Building confidence comes by doing things we love and are good at. Every time we accomplish things, even small achievements, we remind ourselves we're capable.

5

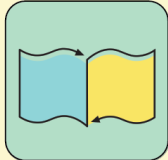
Belonging

A place where we are accepted and valued for who we are. A reminder that even if we are different, we can be different together.



6

Storytelling



We define what happened to us, draw our own meaning from our stories, and when we're ready, share how we bounce back so we can be a light to others.

bouncebackgeneration.org
info@bouncebackgeneration.org



BBGTV.ORG
Feel Good. Learn More. Bounce Back.

“ 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

”

BBG Social Media Post

SOMETIMES,
IT'S DIFFICULT TO SEE
THE **EXTENT** TO WHICH
WE LIVE OUR LIVES
BASED ON ANOTHER
PERSON'S DEFINITION
OF **SUCCESS**.
FIND YOUR OWN
DEFINITION.

@THEMINDGEEK

An aerial photograph of San Francisco, showing the city's dense urban landscape and the San Francisco skyline in the background. The image is overlaid with a semi-transparent green filter. In the foreground, there is a large, modern building with a flat roof and a colorful mural on its side. To the right of the building, there is a street with parked cars and a row of colorful, multi-story houses. In the background, the city skyline is visible, including the Transamerica Pyramid and other skyscrapers.

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.

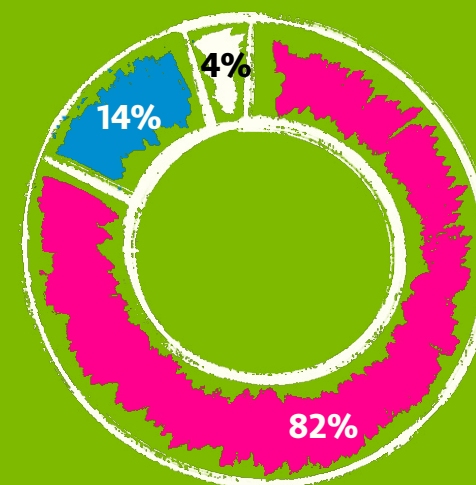
SDDT grantees reported having an average of 8.2 active partnerships related to their SDDT-funded programming—with one grantee identifying 30 active partners!

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!

Number of Partners of SDDT-Funded Grantee Programs (n=139)



- Partner identified by 1 SDDT grantee
- Partner identified by 2 SDDT grantees
- Partner identified by 3 or 4 SDDT grantees

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 2020-20201, 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.

健康從口開始
HEALTH STARTS FROM THE MOUTH

媽媽, 爸爸, 公公, 婆婆
你知不知道...?
健康從口開始!

要預防兒童蛀牙, 應該幫小朋友問牙醫或
兒科醫生做一個氟化物塗層用來保護牙齒。

想了解更多資訊,
電(415)788-6426來查詢。

此資訊由CavityFree SF和華人健康組織聯會提供, 並由加州公共衛生部, 三藩市公共衛生部和第56號提案 (即2016年加州醫療保健通過的研究和預防煙草稅法案) 支持贊助。

NICOS
Chinese
Health
Coalition
CavityFree

Chinatown Children's Oral Health Taskforce (NICOS)

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.



The poster features a young girl with dark hair, wearing a white shirt and blue overalls, holding a clear plastic water bottle with a red Hello Kitty logo. Above her, the text '健康從口開始' (Health Starts from the Mouth) is written in orange, with 'HEALTH STARTS FROM THE MOUTH' in blue below it. To the left of the text is a circular icon of a mouth. To the right is a circular icon of a person. Below the main text, it says '媽媽, 爸爸, 公公, 婆婆 你知不知道...?' (Mom, Dad, Grandpa, Grandma, do you know...?) and '健康從口開始!' (Health Starts from the Mouth!). At the bottom, a white box contains the text: '要預防兒童蛀牙, 應該給小朋友喝多點自來水, 因為這樣有助於他們的牙齒變得更堅固。' (To prevent children's cavities, you should give children more tap water, because this helps their teeth become stronger.) Below this, it says '想了解更多資訊, 電(415)788-6426來查詢。' (For more information, call (415) 788-6426 to inquire.) At the bottom right, there are logos for NIOS (National Oral Infection and Oral System) and CavityFree.

健康從口開始
HEALTH STARTS FROM THE MOUTH

媽媽, 爸爸, 公公, 婆婆
你知不知道...?
健康從口開始!

要預防兒童蛀牙, 應該給小朋友喝多點自來水,
因為這樣有助於他們的牙齒變得更堅固。

想了解更多資訊,
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此資訊由CavityFree SF和華人健康組織聯合提供, 並由加州公共衛生部, 三藩市公共衛生部和第56號提案 (即2016年加州醫療保健通過的研究和預防煙草稅法案) 支持贊助。

NIOS
National Oral Infection and Oral System
CavityFree

Health Starts from the Mouth Campaign Poster

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 Staff

”

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.

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



NICOS Chinatown Office

“ 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.

BVHPCA PROFILE:

Building Power and Stability through a Neighborhood-Owned Co-Op

“ 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.

BVHPCA Staff

”



Bayview Co-op Grocery

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.



Bayview Grocery

“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, BVHPCA 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.



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

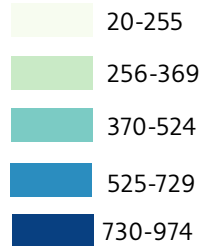
FINDING 3

Background

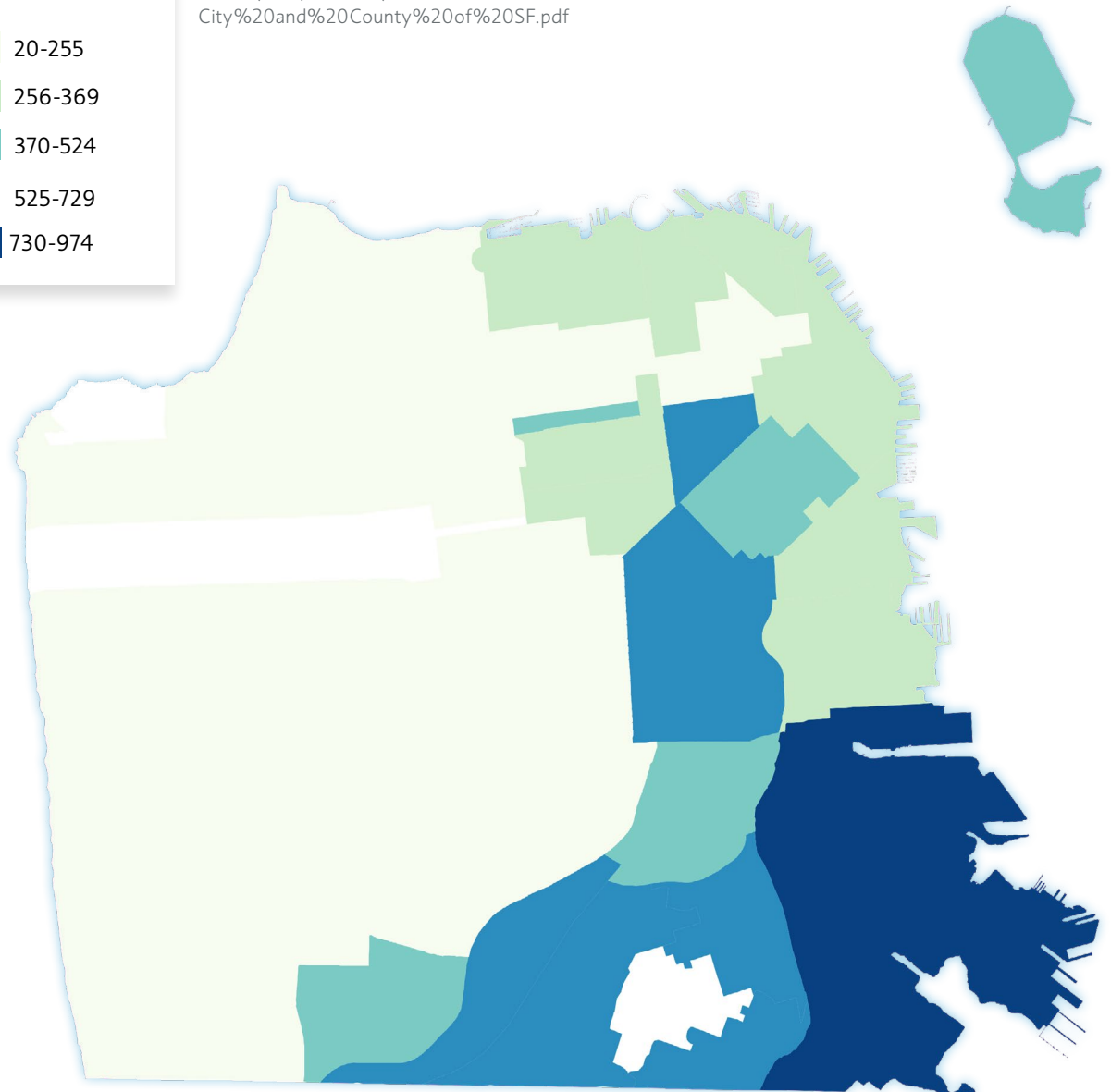
Health and Economic Impacts of the COVID-19 Pandemic Have Widened Existing Inequities

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.

Cases per 10,000 Residents



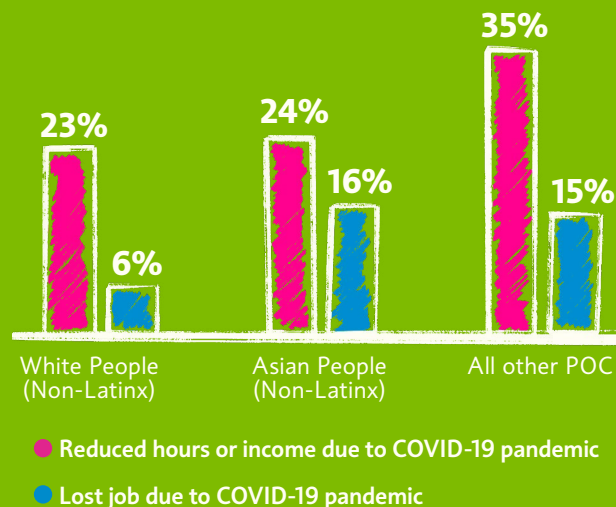
San Francisco Department of Public Health & COVID Command Center.
(2021) "San Francisco COVID-19 Vaccination Plan." <https://sf.gov/sites/default/files/2020-12/COVID-19%20Vaccination%20Plan%20-%20City%20and%20County%20of%20SF.pdf>



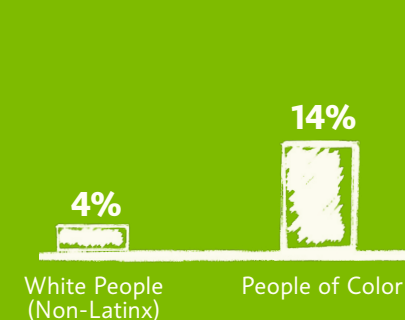


Ambassador Hotel, Tenderloin

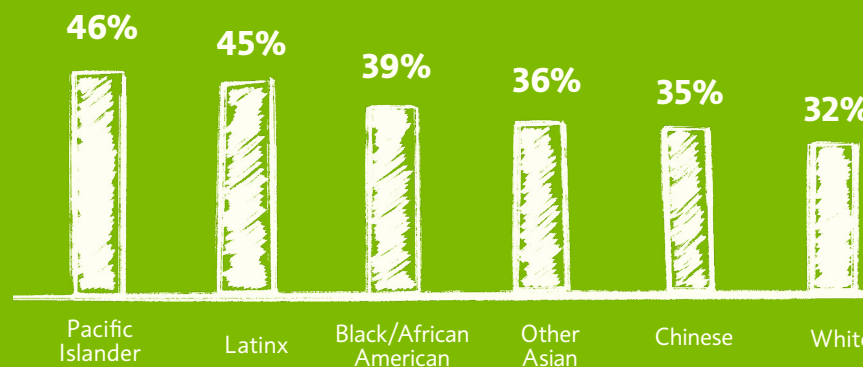
San Franciscans experiencing reduced income in 2020 due to the COVID-19 pandemic¹⁷



San Franciscans who had difficulty paying for basic necessities due to the COVID-19 pandemic¹⁸



San Francisco Human Services Agency Clients Reporting They Needed Food Support Following Shelter-in-Place¹⁹



17. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2020. "Reduced hours or income due to COVID-19 pandemic compared by Race - OMB/Department of Finance" and "Lost job due to COVID-19 pandemic compared by Race - OMB/Department of Finance" (San Francisco). Available at <http://ask.chis.ucla.edu>.

18. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2020. "Difficulty paying for basic necessities due to COVID-19 pandemic compared by Race - OMB/Department of Finance" (San Francisco). Available at <http://ask.chis.ucla.edu>.

19. Data from SF-HSA Post Shelter-in-Place Client Survey (conducted in May and June 2020, per https://www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/SF-HSA_Pandemic_Survey_overview_FSTF_5_August_2020_final.pdf) presented in the San Francisco COVID-19 Command Center (CCC) Food Coordination Group's "Food Support Gaps Analysis | High Need Populations and Systems Level Gaps." https://www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/GapsAnalysis_12_08_2020.pdf.

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



Economic Recovery Task Force Report

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 Economic Justice:** 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).²¹

21. City & County of San Francisco. "Press Release: New milestone for SF Latinx community: 70% have received at least 1 COVID-19 vaccine dose." 28 June 2021. <https://sf.gov/news/new-milestone-sf-latinx-community-70-have-received-least-1-covid-19-vaccine-dose>

“ 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

”

An aerial photograph of San Francisco, showing the dense urban landscape with various building heights and styles. The Transamerica Pyramid is a prominent feature in the background. The entire image is covered with a semi-transparent green filter.

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.

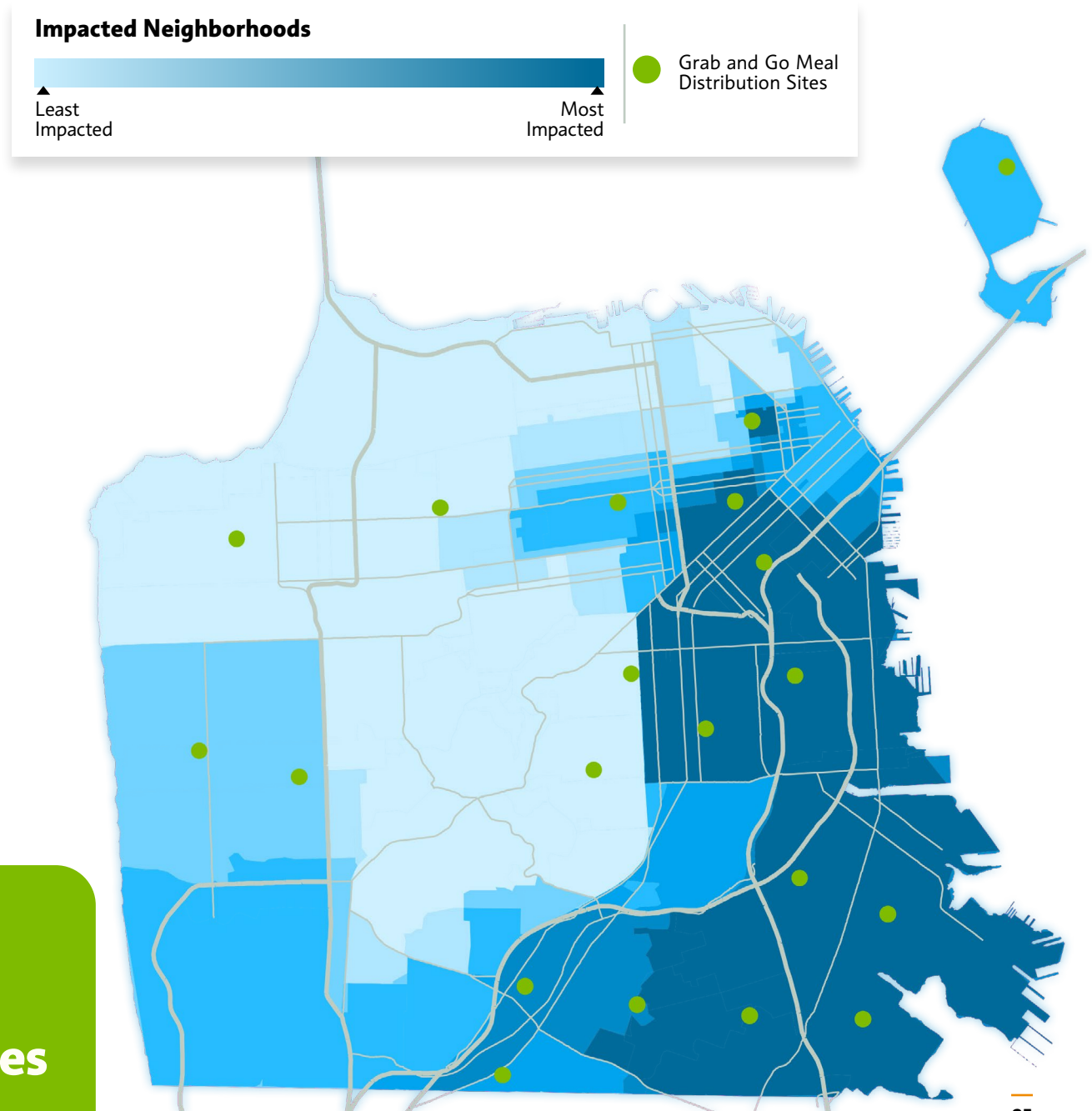
Nutritious Meals for Students

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 Student Nutrition Services provided more than 7.5 million meals to SFUSD families during 2020-2021!

SFUSD Food Distribution



STUDENT NUTRITION SERVICES PROFILE:

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.



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).

300+ **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

10,356 toothbrushes were distributed to SFUSD students!

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.

SF DPH DENTAL TEAM PROFILE:

SFDPH Dental Staff coordinated with Community Learning Hubs and Summer Programs sites to provide oral health screenings.

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

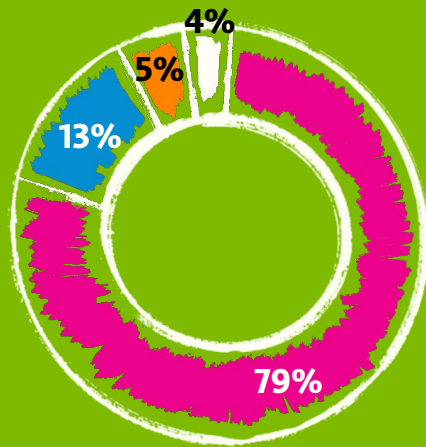
oral health preventive service) and care coordination for urgent dental needs. Services were offered to all Community Learning Hub managers. Ultimately events were held outdoors at the 9 hubs which had managers who felt it would be feasible to host (e.g., given physical space and staffing) and to obtain 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.

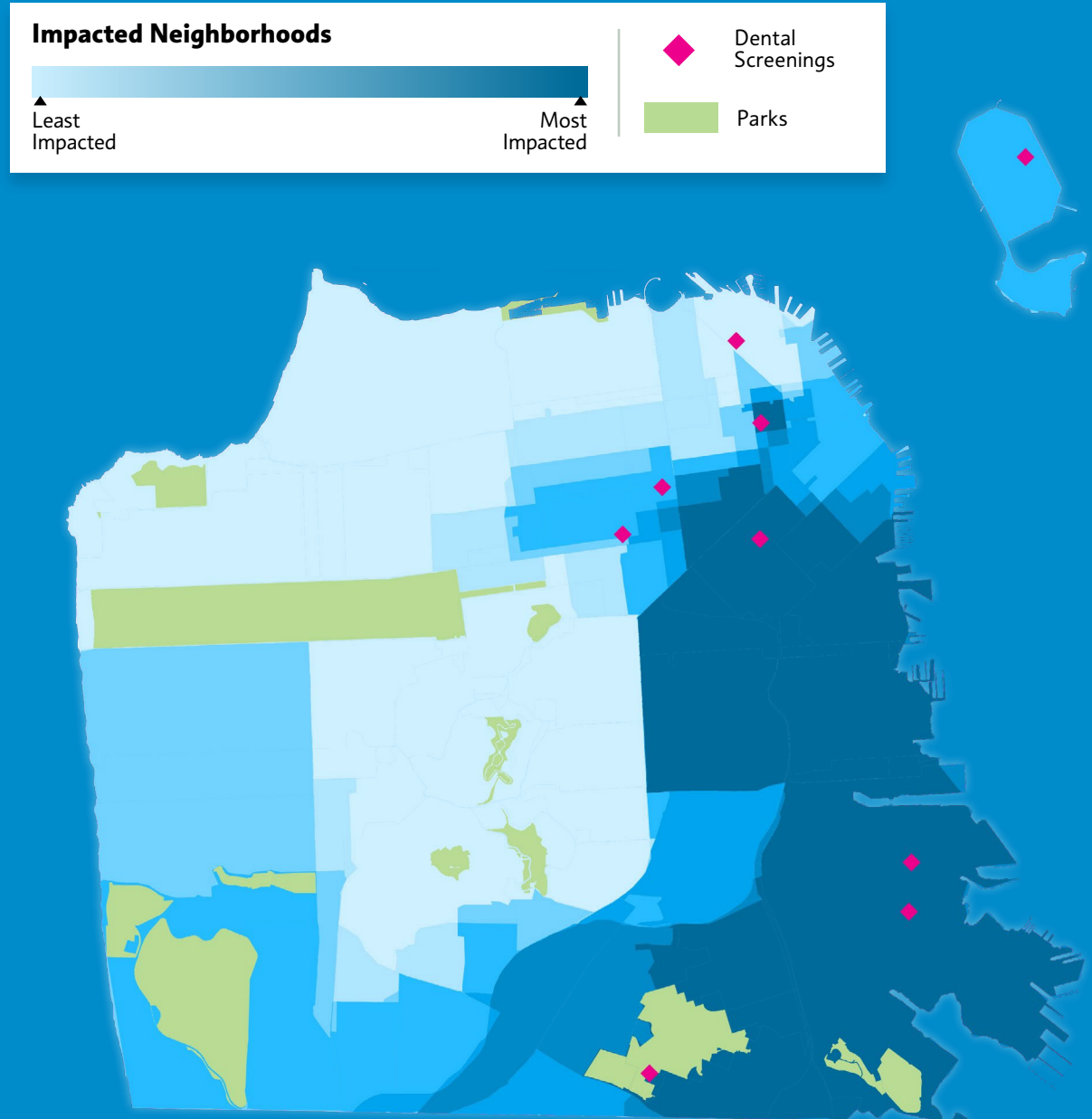


Oral Health Screenings with DCYF Summer Programs Sites

Dental Screening Results from 2021
DCYF Summer Program (n=198)



- No visible cavities
- Mild cavities
- Urgent/big cavities without mouth pain
- Emergency dental care needed; mouth pain





Vouchers4Veggies Participant, Eat SF

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 orders 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.

- Normalizing Mental Health Series - Finding Joy & Self-Love

Park Rx in collaboration with MAT Team from Bayview Hunters Point Clinic. With Jamie Aguas as our special guest



DATE & TIME

Friday, December 18, 2020 | 5:30pm Via Zoom

Register Today by Clicking Here



Or use the QR code to register

(Open your Camera app and point it steadily for 2-3 seconds towards the QR Code you want to scan.)

This year has faced us with many challenges and for some people, this time of the year carries its own challenges. The goal of this workshop is to learn how to find joy and self-love, set boundaries for yourself and others, learn about the importance of speaking about your mental health, and how to cope with unsettling emotions during this time.

Be prepared with:


- A notebook & pen
- Yoga Mat (optional)
- Water and Snacks
- And your best self to learn something new!

Webinar/workshop Speakers:

- Josette Rojo (MAT Case Manager @Bayview Hunters Point Clinic)
- Mariana Mendez (Health Outreach Coordinator @ParkRx and 3rd Street Youth)
- Jamie Aguas (Pinay Yoga + Journaling Teacher)



Event flyer for "Normalizing Health Series" from ParkRx Program

An aerial photograph of a city, likely San Francisco, showing a large green field in the foreground, a large industrial or commercial building in the middle ground, and a densely populated hillside in the background. The image is overlaid with a semi-transparent green filter.

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

BVHPCA was able to distribute more than 110,000 items of personal protective equipment donated by UCSF (including disposable masks, single use gloves, and packages of hand sanitizer) through the Bounty Bag packages as well as in bulk to eight corner stores in the Bayview neighborhood for free distribution to customers and local community members passing by.

San Francisco African American Faith Based Coalition Social Media Post

SAN FRANCISCO COVID 19 TESTING SITES

Southeast Health Center 2401 Keith Street 8am - 5pm	M	T	W	TH	F
Potrero Hill Health Center 1050 Wisconsin St. 9 - 3:15pm	M	T	W	TH	F
Treasure Island 749 9th St. 7am - 7pm	M	T	W	TH	F
Bayview Opera House 4705 3rd St. 9am - 4pm	M			TH	
Tenderloin Glide SF 330 Ellis St. 10am - 4pm		T	W		
Hunters Point 90 Kiska Rd 10am - 3pm		T			
Bayview NOW HP 155 Jennings St. 9am-4pm	F	S			
OMI 50 Broad Street 9am-4pm	F				

MEGABLACK-SF
COVID 19
TASK FORCE

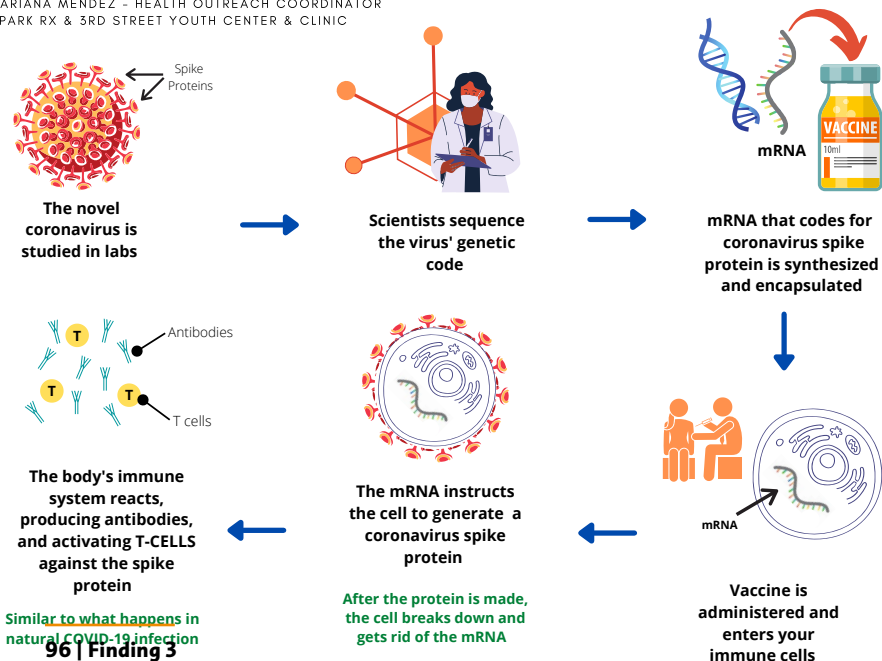
SDDT Healthy Communities grantee BMAGIC collaborated with the Third Street Youth Clinic to develop English and Spanish infographics about COVID-19 mRNA vaccines. These materials presented information published by the U.S. Centers for Disease Control (CDC) in a visually engaging way with streamlined text 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

BMAGIC COVID-19 mRNA Vaccine Factsheet (English)

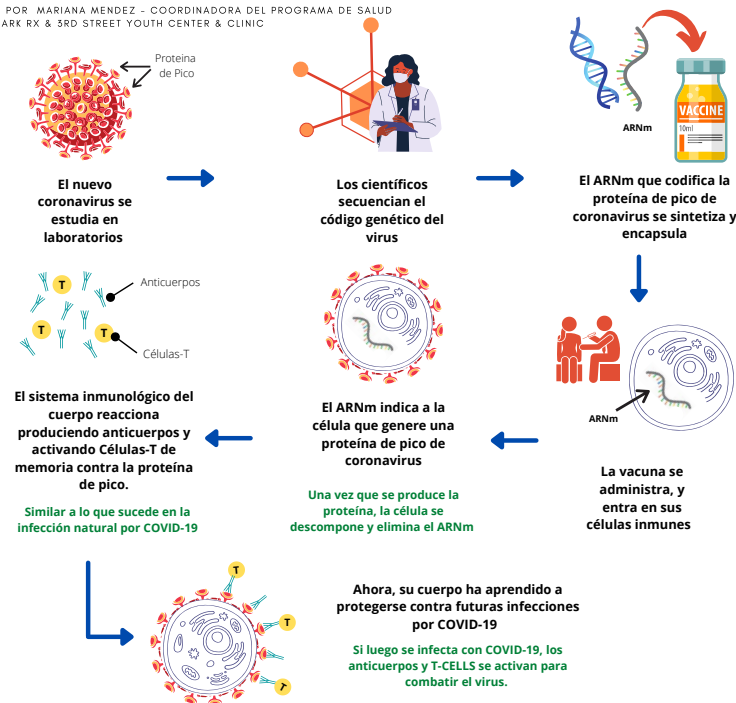
Messenger RNA vaccines—also called mRNA vaccines—are some of the first COVID-19 vaccines authorized for use in the United States.



Explicación de la vacuna de ARNm COVID-19

HECHO POR MARIANA MENDEZ - COORDINADORA DEL PROGRAMA DE SALUD
PARA PARK RX & 3RD STREET YOUTH CENTER & CLINIC

Las vacunas de ARN mensajero, también llamadas vacunas de ARNm, 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

Las vacunas de ARNm no usan el virus vivo que causa COVID-19

No afectan ni interactúan con nuestro ADN de ninguna manera.

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](https://www.cdc.gov) para aprender mas)
Park Rx & 3rd Street Youth Center & Clinic



BMAGIC COVID-19 mRNA Vaccine Factsheet (Spanish)

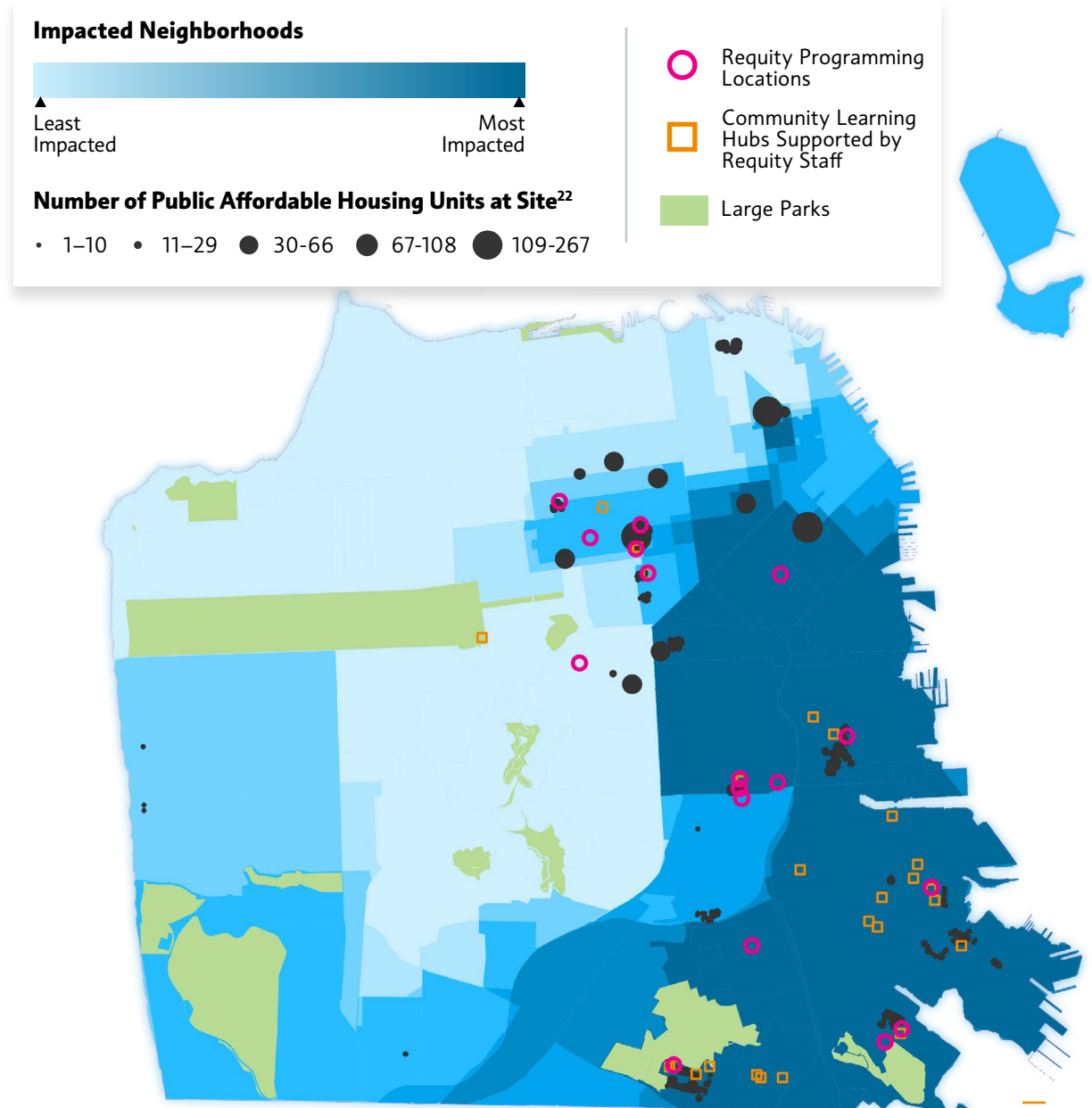
Reducing Opportunity Gaps + Expanding Employment Opportunities

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.

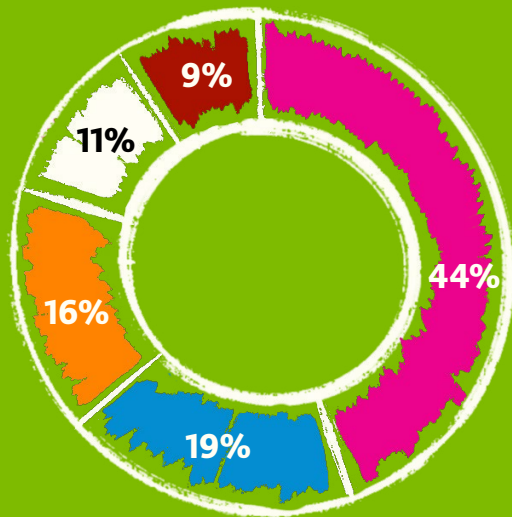
Of the 2,188 San Franciscans who received Requity scholarships in 2020-2021, 82% live in public or affordable housing. All other recipients were unhoused or in the child welfare/foster care system during 2020-2021.

22. U.S. Department of Housing and Urban Development. (2017) "Public Housing Buildings." Data downloaded from UrbanFootprint.

Requity Programming + Staff Support



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



- 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

Economic Recovery Task Force Priorities	Examples of Aligned Requity Programming and Activities Offered in 2020-2021
Meet the Basic Needs of the Vulnerable: ensure San Franciscans have access to food, shelter, mental health, and other services	<ul style="list-style-type: none"> • Food distribution events • Zoom workshops on mental health resources
Job Connections: facilitate and improve connections to jobs and explore programs that hire local workers	<ul style="list-style-type: none"> • Workrecreation 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	<ul style="list-style-type: none"> • Support for Art Walk, Western Addition Reactivation Plan, Fillmore Mural Dedication, District 10 community meetings and town halls, and many more

Economic Recovery Task Force Priorities

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

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.

- 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 consumption²³
- Increase in fruit/vegetable consumption²⁴
- Increase in physical activity²⁵
- Increase in breastfeeding²⁶
- Increase in tap water consumption²⁷

Improve economic conditions for individual workers/families and local businesses

- Increase in food security²⁸
- Increase in economic opportunity and stability²⁹



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

Improve community + economic outcomes in priority neighborhoods³⁰

- » Increase in hiring and economic opportunity

Improve health outcomes³¹

- » 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. Outcome data for SDDT-funded program

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

³². Krieger, J., Bleich, S.N., Scarmo, S., and Ng, S.W. (2021) "Sugar-Sweetened Beverage Reduction Policies: Progress and Promise." *Annual Review of Public Health*, 42:439-61. <<https://doi.org/10.1146/annurev-publhealth-090419-103005>>

An aerial photograph of San Francisco, showing a dense urban landscape with numerous high-rise buildings and residential structures. The Transamerica Pyramid is prominent on the right side. The entire image is covered with a semi-transparent green filter. On the left side, there is a white text box containing the text 'Finding 4.1: Sales of sugary drinks and youth consumption of sugary drinks in San Francisco have both decreased annually.'

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 team³³ 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.

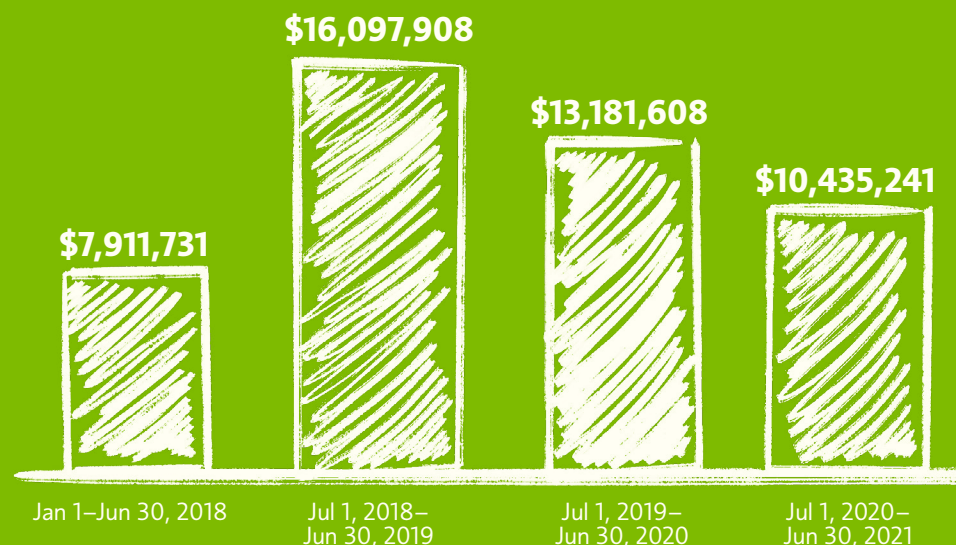
There were no statistically significant changes in purchases of untaxed beverages or sweet snacks following implementation of the SDDT. Additionally, there was no statistically significant change in purchases of sugar-sweetened beverages in neighboring areas (within 3 miles of San Francisco), compared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

↓20% Following SDDT implementation, the volume of sugar-sweetened beverages purchased in San Francisco declined by more than 20% compared to Richmond, California.

↓50% Purchases of sugar-sweetened beverages at supermarkets in San Francisco decreased by more than 50%!

Total Sugary Drinks Distributor Tax Collected Per Fiscal Year



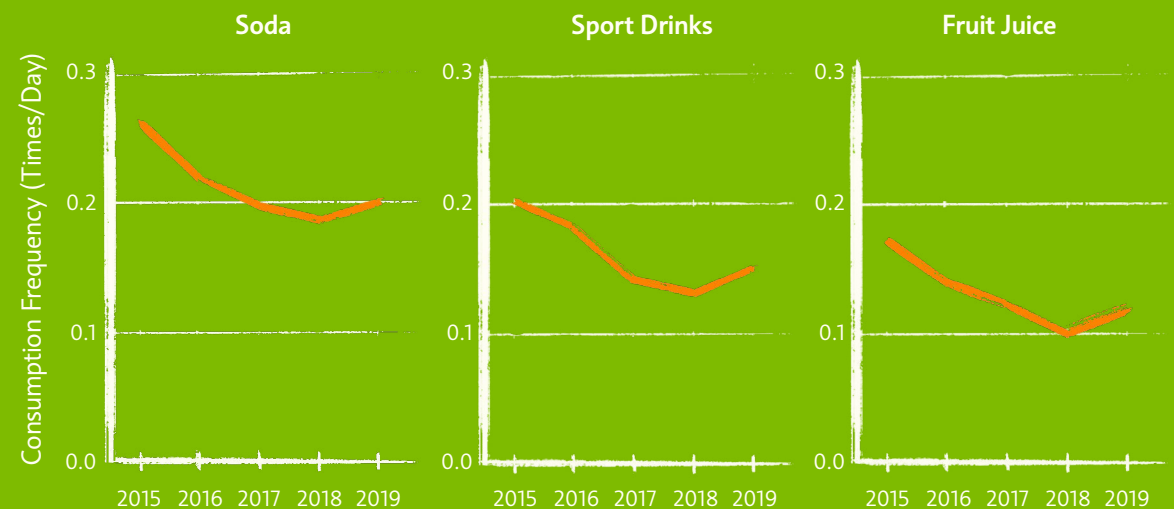
³³. This research was conducted by Justin White and Dean Schillinger at the University of California, San Francisco, Sofia Villas-Boas and Kristine Madsen at the University of California, Berkeley, Scott Kaplan at the U.S. Naval Academy, and Sanjay Basu at Waymark Health. These findings have been submitted 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 2019.³⁴ 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.

³⁴. Altman, E. et al. (2021). "Sugar-sweetened beverage consumption declined among 7-10th grade students in San Francisco, California, from 2015-2019." Madsen Research Group, University of California Berkeley Public Health. <<https://live-madsenresearch.pantheon.berkeley.edu/wp-content/uploads/2021/04/SSB-Adolescent-Report-1.pdf>>

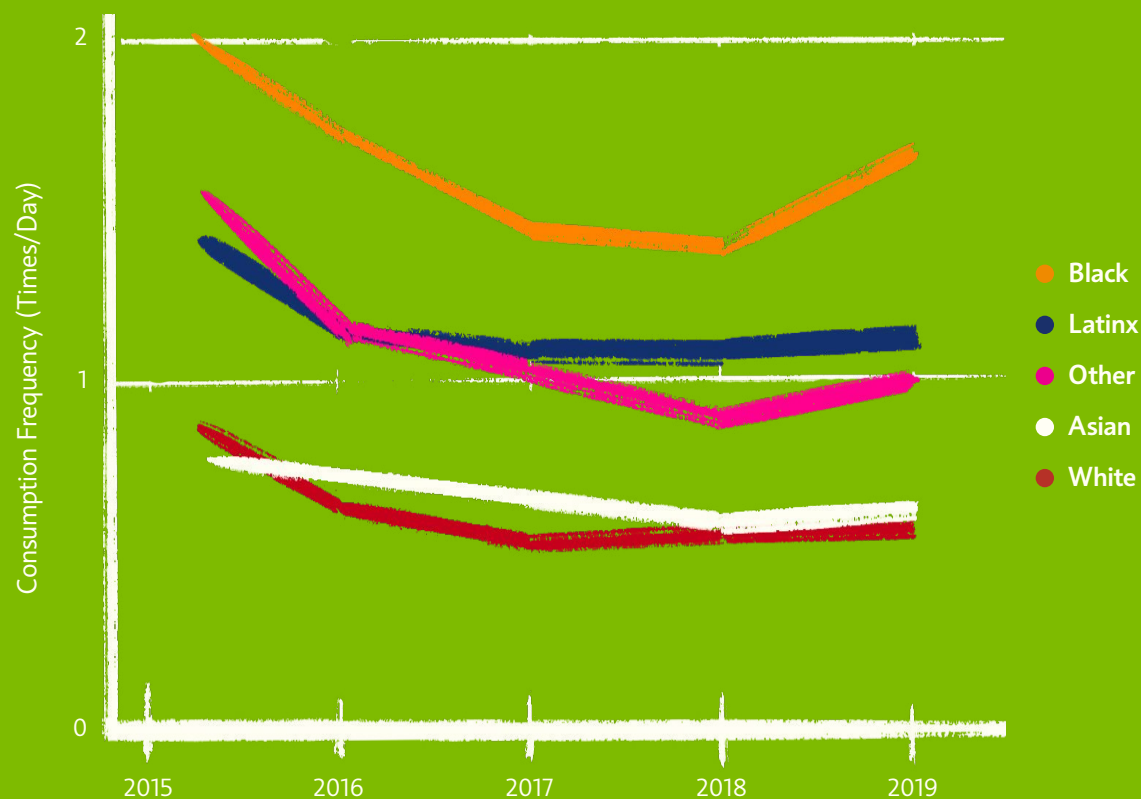
Adjusted Marginal Predicted Daily Frequency of Sugar-Sweetened Beverage Consumption Among 7-10th Grade Students in San Francisco

(By Beverage Type, 2015-2019, All SSBs)



Adjusted Marginal Predicted Daily Frequency of Sugar-Sweetened Beverage Consumption Among 7-10th Grade Students in San Francisco

(By Race/Ethnicity, 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

35. Lee MM, Altman E, Madsen KA. (2021) "Secular Trends in Sugar-Sweetened Beverage Consumption Among Adults, Teens, and Children: The California Health Interview Survey, 2011–2018. SSB consumption among adults, teens, and children: California Health Interview Survey 2011–2018. Supplemental Materials." Preventing Chronic Disease: Public Health Research, Practice, and Policy; 18:200399. <www.cdc.gov/pcd/issues/2021/20_0399.htm>



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.

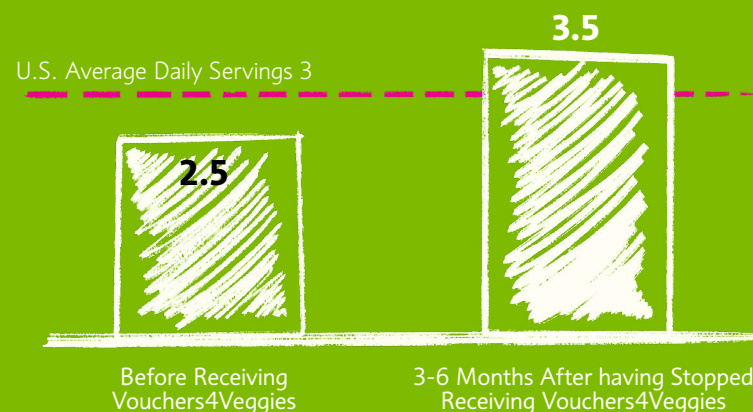
“ [Participating] helped me to realize that veggies and fruits are really good for you, and the more you eat, the better you feel.

-Vouchers 4 Veggies Program Participant

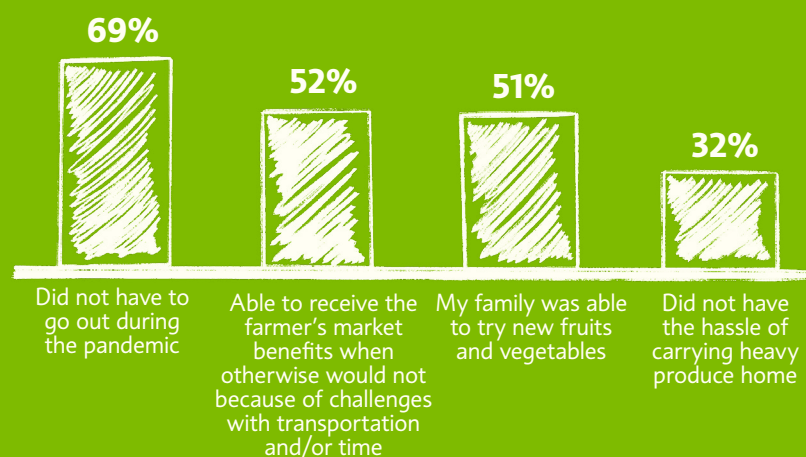
36. Ridberg, R.A. et al (2020). “Fruit and Vegetable Vouchers in Pregnancy: Impact on Diet and Food Security.” Journal of Hunger and Environmental Nutrition. <<https://doi.org/10.1080/19320248.2020.1778593>>

Serving of Fruits and Vegetables Consumed per Day

USDA Recommended Daily Servings 5



What people liked most about the delivery of produce boxes through SDDT-supported Healthy Food Purchasing Supplement Grants (n=276)



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.

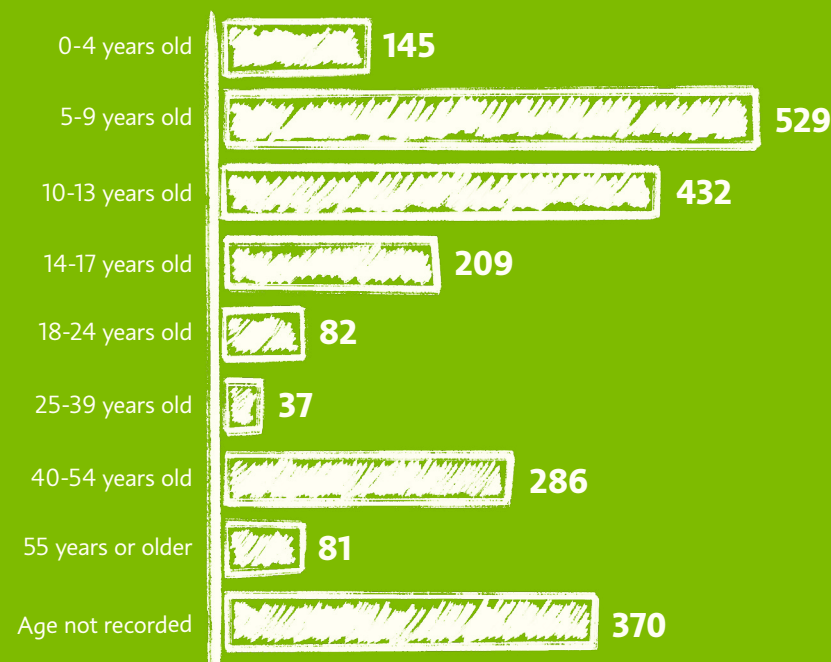
The Requity program provided 2,188 scholarships to participate in San Francisco Recreation and Parks Department programming in 2020-2021, with 467 scholarships used by participants who pre-registered (i.e., did not attend a drop-in event or class). The vast majority of scholarship recipients (75%) who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

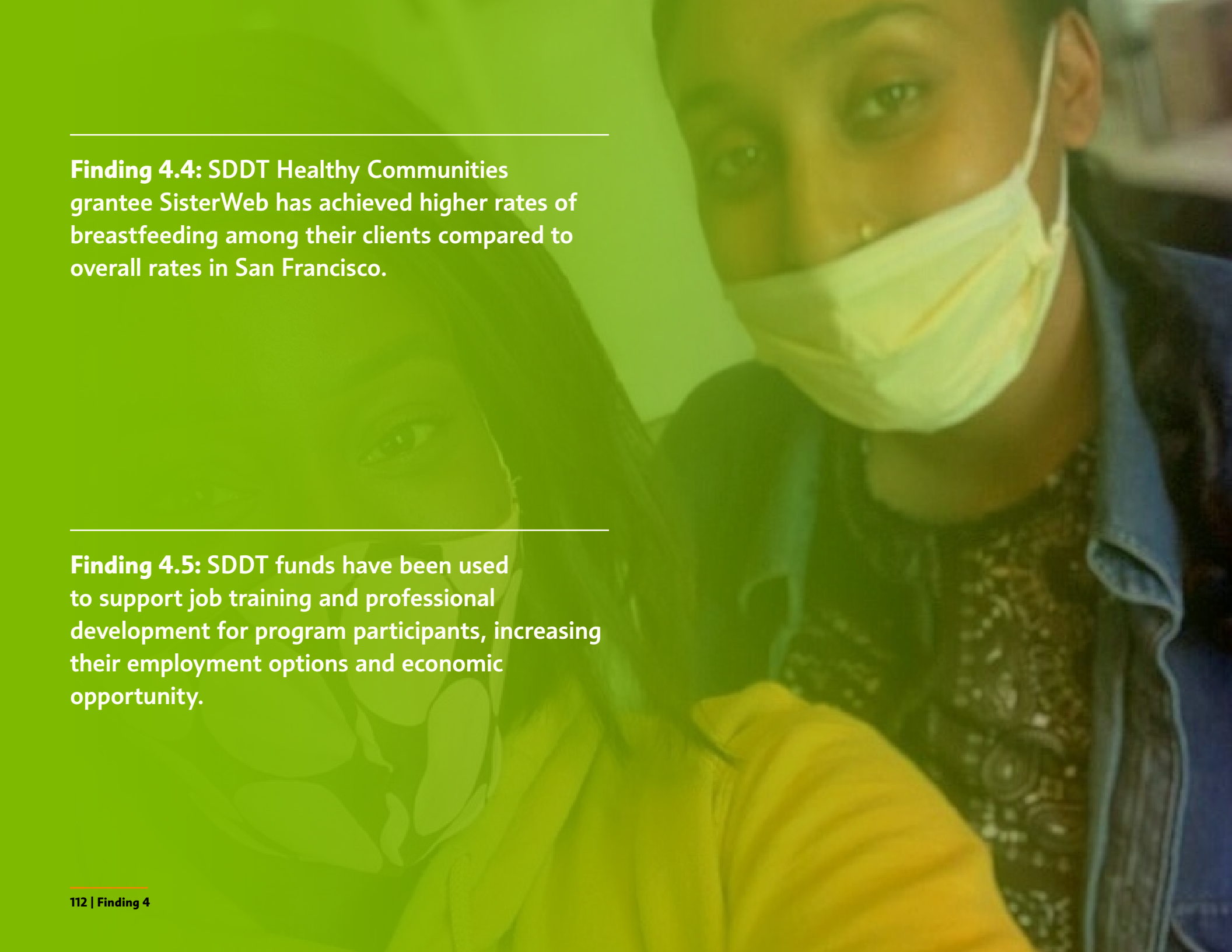
Between July 1, 2020 and June 30, 2021, Requity staff organized more than 229 programming events and more than 652 hours of programming.

2,188 RECIPIENTS

In 2020-2021, 2,188 community members received Requity scholarships!

Requity 2020-2021 Scholarship Recipients by Age Group





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.



Short-term SDDT Outcome: Increase in breastfeeding

Finding 4.4: Percent of Birthing People who Initiate Breastfeeding in the Hospital



Short-term SDDT Outcome: Increase in economic opportunity

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



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.³⁷

³⁷. Thilmany, D., Bauman, A., Love, E., and Jablonski, B.B.R. (2021) "The Economic Contributions of Healthy Food Incentives." Colorado State University. <https://fairfoodnetwork.org/wp-content/uploads/2021/01/Economic_Contributions_Incentives_2_2_21.pdf>



Short-term SDDT Outcome:

Increase in economic opportunity + stability

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.

Every \$1 spent on the Vouchers4Veggies program contributes \$2.10 dollars to the local economy!





City Hall

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.

6

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.

7

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.

8

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).

9

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.





SodaTax-SF.org
SfDph.org/sddtac

San Francisco Sugary Drinks Distributor Tax (SDDT)

EVALUATION REPORT 2020-2021

Appendix C

C. ARTICLE 8: Sugary Drinks Distributor Tax Ordinance (San Francisco Business and Tax Regulations Code)



[Print](#)

San Francisco Business and Tax Regulations Code

ARTICLE 8:

SUGARY DRINKS DISTRIBUTOR TAX ORDINANCE

Sec. 550.	Short Title.
Sec. 551.	Findings and Purpose.
Sec. 552.	Definitions.
Sec. 553.	Imposition of Tax; Deposit of Proceeds.
Sec. 554.	Registration of Distributors; Documentation; Administration.
Sec. 555.	Credits and Refunds.
Sec. 556.	Technical Assistance to the Tax Collector.
Sec. 557.	Municipal Affair.
Sec. 558.	Not a Sales and Use Tax.
Sec. 559.	Severability.
Sec. 560.	Amendment.

SEC. 550. SHORT TITLE.

This Article shall be known as the “Sugary Drinks Distributor Tax Ordinance.”

(Added by Proposition V, 11/8/2016)

SEC. 551. FINDINGS AND PURPOSE.

The U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the World Health Organization, based on a summary of the available evidence linking intake of added sugar and sugar-sweetened beverages (SSBs) to adverse health outcomes including obesity and diabetes, have recommended that Americans consume no more than 10% of their daily calories in the form of added sugar. Yet, standard single serving sizes of SSBs provide all (in a 20-ounce serving of many SSBs) or nearly all (in a 12-ounce serving) of the recommended maximum daily added sugar amount for most adults, and generally exceed the recommended maximum daily added sugar amount for children.

Numerous organizations and agencies, including the American Heart Association, American Diabetes Association, American Academy of Pediatrics, Institute of Medicine of the National Academies, American Medical Association, and the Centers for Disease Control, recommend limiting intake of added sugar and SSBs to improve health. Sugary beverages, though they can contain hundreds of calories in a serving, do not signal “fullness” to the brain and thus facilitate over-consumption.

Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this “sugar rush” over time leads to fat deposits and metabolic disturbances that cause diabetes, cardiovascular disease, and other serious health problems. Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. For example, diabetes hospitalizations are more than triple in low-income communities as compared with higher income areas. African American death rates from DM2 are five times higher than San Francisco’s overall rate. DM2 is the fifth leading

cause of death in SF (which is an underestimate, since heart disease, the leading killer, is often a result of DM2); DM2 reduces the lifespan of San Franciscans by eight to ten years.

As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight; and in San Francisco, 46.4% of adults are obese or overweight, including 61.7% of Hispanics and 51.3% of African Americans. Nationally, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years; in 2010, more than one-third of children and adolescents were overweight or obese. Every additional sugary beverage consumed daily can increase a child's risk for obesity by 60%; and one or two sugary beverages per day increases the risk of Type II diabetes by 26%.

Sugary beverages, including sweetened alcoholic drinks, represent nearly 50% of added sugar in the American diet, and, on average, 11% of daily calories consumed by children in the U.S.

Seven percent of San Franciscans are diagnosed with diabetes, and it is estimated that the City and County of San Francisco pays over \$87 million for direct and indirect diabetes care costs.

This Article 8 is intended to discourage the distribution and consumption of sugar-sweetened beverages in San Francisco by taxing their distribution. Mexico, where an average of 163 liters of sugar-sweetened beverages are consumed per person each year, enacted an excise tax on sugary drinks, with the result that the purchase of taxed sugar sweetened beverages declined by 12% generally and by 17% among low-income Mexicans. The Mexico data indicate that, when people cut back on SSBs, to a significant extent they choose lower-caloric or non-caloric alternatives. This body of research demonstrates that taxation can provide a powerful incentive for individuals to reduce their consumption of SSBs, which in turn will reduce obesity and DM2.

The City of Berkeley became the first city in the United States to follow in Mexico's footsteps, by passing a one-cent-per-ounce general tax on distributors of SSBs within the city limits. It is estimated that the City of Berkeley, which began implementing the tax in March 2015, will collect at least \$1.2 million from the tax annually.

(Added by Proposition V, 11/8/2016)

SEC. 552. DEFINITIONS.

Unless otherwise defined in this Article 8, terms that are defined in Article 6 of the Business and Tax Regulations Code shall have the meanings provided therein. For purposes of this Article, the following definitions shall apply.

“Beverage for Medical Use” means a beverage suitable for human consumption and manufactured for use as an oral nutritional therapy for persons who cannot absorb or metabolize dietary nutrients from food or beverages, or for use as an oral rehydration electrolyte solution formulated to prevent or treat dehydration due to illness. “Beverage for Medical Use” also means a “medical food” as defined in Section 109971 of the California Health and Safety Code. “Beverage for Medical Use” shall not include beverages commonly referred to as “sports drinks,” or any other similar names.

“Bottle” means any closed or sealed container regardless of size or shape, including, without limitation, those made of glass, metal, paper, plastic, or any other material or combination of materials.

“Bottled Sugar-Sweetened Beverage” means any Sugar-Sweetened Beverage contained in a Bottle that is ready for consumption without further processing, such as, and without limitation, dilution or carbonation.

“Caloric Sweetener” means any substance or combination of substances that is suitable for human consumption, that humans perceive as sweet, and that adds calories to the diet of any human who consumes it. “Caloric Sweetener” includes, but is not limited to, sucrose, fructose, glucose, other sugars, and high fructose corn syrup.

“City” means the City and County of San Francisco.

“Distribution” includes:

(a) The transfer in the City, for consideration, of physical possession of Sugar- Sweetened Beverages, Syrup, or Powder by any person other than a common carrier. “Distribution” also includes the transfer of physical possession in the City by any person other than a common carrier, without consideration, for promotional or any other commercial purpose.

(b) The possession, storage, ownership, or control in the City, by any person other than a common carrier, of Sugar-Sweetened Beverages, Syrup, or Powder for resale in the ordinary course of business, obtained by means of a transfer of physical possession outside the City or from a common carrier in the City.

“Distribution” does not include:

(a) The return of any Sugar-Sweetened Beverages, Syrup, or Powder to a person, if that person refunds the entire amount paid in cash or credit.

(b) A retail sale or use.

“Distributor” means any person engaged in the business of Distribution of Bottled Sugar- Sweetened Beverages, Syrup, or Powder. A Distributor does not include a common carrier. Where a common carrier obtains physical possession of Sugar-Sweetened Beverages, Syrup, or Powder outside the City and transfers physical possession of the Sugar-Sweetened Beverages, Syrup, or Powder in the City, the transferee of the Sugar-Sweetened Beverages, Syrup, or Powder is a Distributor.

“Milk Product” means: (a) any beverage whose principal ingredient by weight is natural liquid milk secreted by an animal. “Milk” includes natural milk concentrate and dehydrated natural milk, whether or not reconstituted; and (b) any plant-based substance or combination of substances in which (1) water and (2) grains, nuts, legumes, or seeds constitute the two greatest ingredients by volume. For purposes of this definition, “Milk Product” includes, but is not limited to, soy milk, almond milk, rice milk, coconut milk, hemp milk, oat milk, hazelnut milk, or flax milk;

“Natural Fruit Juice” means the original liquid resulting from the pressing of fruit, the liquid resulting from the complete reconstitution of natural fruit juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural fruit juice.

“Natural Vegetable Juice” means the original liquid resulting from the pressing of vegetables, the liquid resulting from the complete reconstitution of natural vegetable juice concentrate, or the liquid resulting from the complete restoration of water to dehydrated natural vegetable juice.

“Nonalcoholic Beverage” means any beverage that is not subject to tax under California Revenue and Taxation Code sections 32001 *et seq.* as “beer, wine or distilled spirits.”

“Powder” means any solid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Powder with one or more other ingredients.

“Sugar-Sweetened Beverage” means any Nonalcoholic Beverage intended for human consumption that contains added Caloric Sweetener and contains more than 25 calories per 12 fluid ounces of beverage, including but not limited to all drinks and beverages commonly referred to as “soda,” “pop,” “cola,” “soft drinks,” “sports drinks,” “energy drinks,” “sweetened ice teas,” or any other similar names. “Sugar-Sweetened Beverage” does not include:

(a) Any beverage sold for consumption by infants, which is commonly referred to as “infant formula” or “baby formula,” or any product whose purpose is infant rehydration.

(b) Any Beverage for Medical Use.

(c) Any beverage designed as supplemental, meal replacement, or sole-source nutrition that includes proteins, carbohydrates, and multiple vitamins and minerals (this exclusion does not include beverages commonly referred to as “sports drinks,” or any other similar names, which are defined as Sugar-Sweetened Beverages).

(d) Any Milk Product.

(e) Any beverage that contains solely 100% Natural Fruit Juice, Natural Vegetable Juice, or combined Natural Fruit Juice and Natural Vegetable Juice.

“Sugary Drinks Distributor Tax” or “Tax” means the general excise tax imposed under Section 553.

“Syrup” means any liquid mixture, containing one or more Caloric Sweeteners as an ingredient, intended to be used, or actually used, in making, mixing, or compounding a Sugar-Sweetened Beverage by combining the Syrup with one or more other ingredients.

(Added by Proposition V, 11/8/2016)

SEC. 553. IMPOSITION OF TAX; DEPOSIT OF PROCEEDS.

(a) Effective January 1, 2018, for the privilege of engaging in the business of making an initial Distribution within the City of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder, the City imposes a Sugary Drinks Distributor Tax, which shall be a general excise tax, on the Distributor making the initial Distribution of a Bottled Sugar-Sweetened Beverage, Syrup, or Powder in the City.

(b) The Tax shall be calculated as follows:

(1) One cent (\$0.01) per fluid ounce of a Bottled Sugar-Sweetened Beverage upon the initial Distribution within the City of the Bottled Sugar-Sweetened Beverage; and

(2) One cent (\$0.01) per fluid ounce of a Sugar-Sweetened Beverage that could be produced from Syrup or Powder upon the initial Distribution of Syrup or Powder. The Tax for Syrups and Powders shall be calculated using the largest volume of Sugar-Sweetened Beverage that would typically be produced by the amount of Syrup or Powder based on the manufacturer’s instructions or, if the Distributor uses the Syrup or Powder to produce a Sugar-Sweetened Beverage, the regular practice of the Distributor.

(c) The Tax is a general tax. Proceeds of the Tax are to be deposited in the General Fund.

(Added by Proposition V, 11/8/2016)

SEC. 554. REGISTRATION OF DISTRIBUTORS; DOCUMENTATION; ADMINISTRATION.

(a) Each Distributor shall register with the Tax Collector according to rules and regulations of the Tax Collector, but no earlier than 30 days after the effective date of Article 8.

(b) Each Distributor shall keep and preserve all such records as the Tax Collector may require for the purpose of ascertaining compliance with Article 8.

(c) Except as otherwise provided under Article 8, the Tax shall be administered pursuant to Article 6 of the Business and Tax Regulations Code.

(Added by Proposition V, 11/8/2016)

SEC. 555. CREDITS AND REFUNDS.

The Tax Collector shall refund or credit to a Distributor the Tax that is paid with respect to the initial Distribution of a Bottled Sugar- Sweetened Beverage, Syrup, or Powder: (a) that is shipped to a point outside the City for Distribution outside the City; or (b) on which the Tax has already been paid by another Person; or (c) that has been returned to the Person who Distributed it and for which the entire purchase price has been refunded in cash or credit.

(Added by Proposition V, 11/8/2016)

SEC. 556. TECHNICAL ASSISTANCE TO THE TAX COLLECTOR.

(a) The Department of Public Health shall provide to the Tax Collector technical assistance to identify Bottled Sugar-Sweetened Beverages, Syrups, and Powders subject to the Tax.

(b) All City Departments shall provide technical assistance to the Tax Collector to identify Distributors of Bottled Sugar-Sweetened Beverages, Syrups, and Powders.

(Added by Proposition V, 11/8/2016)

SEC. 557. MUNICIPAL AFFAIR.

The People of the City and County of San Francisco hereby declare that the taxation of the distribution of Sugar-Sweetened Beverages, Syrups and Powders, and that the public health impact of Sugar-Sweetened Beverages, separately and together constitute municipal affairs. The People of the City and County of San Francisco hereby further declare their desire for this measure to coexist with any similar tax adopted at the local or state levels.

(Added by Proposition V, 11/8/2016)

SEC. 558. NOT A SALES AND USE TAX.

The tax imposed by this measure is a general excise tax on the privilege of conducting business within the City and County of San Francisco. It is not a sales tax or use tax or other excise tax on the sale, consumption, or use of sugar-sweetened beverages.

(Added by Proposition V, 11/8/2016)

SEC. 559. SEVERABILITY.

If any provision of this measure, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this measure are severable. The voters hereby declare that this measure, and each portion and part, would have been adopted irrespective of whether any one or more provisions or parts are found to be invalid or unconstitutional.

(Added by Proposition V, 11/8/2016)

SEC. 560. AMENDMENT.

The Board of Supervisors may by ordinance amend or repeal Article 8 of the Business and Tax Regulations Code without a vote of the people except as limited by Article XIIC of the California Constitution.

(Added by Proposition V, 11/8/2016)

Appendix D

D. ARTICLE XXXIII: Sugary Drinks Distributor Tax Advisory Committee (San Francisco Administrative Code)



San Francisco Administrative Code

ARTICLE XXXIII: SUGARY DRINKS DISTRIBUTOR TAX ADVISORY COMMITTEE

- Sec. 5.33-1. Creation of Advisory Committee.
- Sec. 5.33-2. Membership.
- Sec. 5.33-3. Organization and Terms of Office.
- Sec. 5.33-4. Powers and Duties.
- Sec. 5.33-5. Meetings and Procedures.
- Sec. 5.33-6. Sunset.

SEC. 5.33-1. CREATION OF ADVISORY COMMITTEE.

There is hereby established the Sugary Drinks Distributor Tax Advisory Committee (the “Advisory Committee”) of the City and County of San Francisco.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-2. MEMBERSHIP.

The Advisory Committee shall consist of the following 16 voting members.

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

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

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

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

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

- (f) Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health.
- (g) Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health.
- (h) Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health.
- (i) Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department.
- (j) Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department.
- (k) Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again.
- (l) Seat 16 shall be held by a person with experience or expertise in services and programs for children five and under, appointed by the Board of Supervisors.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-3. ORGANIZATION AND TERMS OF OFFICE.

- (a) Members of the Advisory Committee shall serve at the pleasure of their respective appointing authorities, and may be removed by the appointing authority at any time.
- (b) Appointing authorities shall make initial appointments to the Advisory Committee by no later than September 1, 2017. The initial term for each seat on the Advisory Committee shall begin September 1, 2017 and end December 31, 2018. Thereafter, the term for each seat shall be two years. There shall be no limit on the number of terms a member may serve. A seat that is vacant on the Advisory Committee shall be filled by the appointing authority for that seat.
- (c) Members of the Advisory Committee shall receive no compensation from the City, except that the members in Seats 4, 5, 7, 10, 11, 12, 13, and 14 who are City employees may receive their respective City salaries for time spent working on the Advisory Committee.
- (d) Any member who misses three regular meetings of the Advisory Committee within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee 10 days after the third unapproved absence. The Advisory Committee shall inform the appointing authority of any such resignation.
- (e) The City Administrator shall provide administrative and clerical support for the Advisory Committee, and the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-4. POWERS AND DUTIES.

The general purpose of the Advisory Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax in Business Tax and Regulations Code Article 8. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the

Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco. Within 10 days after the submission of the report, the City Administrator shall submit to the Board of Supervisors a proposed resolution for the Board to receive the report.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-5. MEETINGS AND PROCEDURES.

(a) There shall be at least 10 days' notice of the Advisory Committee's inaugural meeting. Following the inaugural meeting, the Advisory Committee shall hold a regular meeting not less than four times each year.

(b) The Advisory Committee shall elect officers and may establish bylaws and rules for its organization and procedures.

(Added by Proposition V, 11/8/2016)

SEC. 5.33-6. SUNSET.

Unless the Board of Supervisors by ordinance extends the term of the Advisory Committee, this Article XXXIII shall expire by operation of law, and the Advisory Committee shall terminate, on December 31, 2028. In that event, after that date, the City Attorney shall cause this Article XXXIII to be removed from the Administrative Code.

(Added by Proposition V, 11/8/2016)

Appendix E

E. Sugary Drinks Distributor Tax Advisory Committee Bylaws



City and County of San Francisco



Sugary Drinks Distributor Tax Advisory

Committee Bylaws

I. Name and Membership:

In accordance with the provisions of Article XXXII of the San Francisco Administrative Code, there shall be a Sugary Drinks Distributor Tax Advisory Committee ("Committee") composed of 16 voting members, appointed as follows:

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

Seats 4 and 5 shall be held by individuals who are employed at medical institutions in San Francisco and who have experience in the diagnosis or treatment of, or in research or education about, chronic and other diseases linked to the consumption of Sugar- Sweetened Beverages, appointed by the Board of Supervisors. (2 Members)

Seat 6 shall be held by a person who is under 19 years old at the time of appointment and who may be a member of the Youth Commission, nominated by the Youth Commission and appointed by the Board of Supervisors. If the person is under legal voting age and unable to be an elector for that reason, the person may hold this seat, but upon reaching legal voting age, the person shall relinquish the seat unless he or she becomes an elector, in which case the person shall retain the seat. (1 Member)

Seat 7 shall be held by a person appointed by the Director of the Office of Economic and Workforce Development or any successor office. (1 Member)

Seats 8 and 9 shall be held by persons appointed by the Board of Education of the San Francisco Unified School District. If at any time the Board of Education declines to appoint a member to Seat 8 or 9 and leaves the seat vacant for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until such time as the Board of Education appoints a member. (2 Members)

Seat 10 shall be held by an employee of the Department of Public Health who has experience or expertise in the field of chronic disease prevention or treatment, appointed by the Director of Health. (1 Member)

Seat 11 shall be held by a person with experience or expertise in the field of oral health, appointed by the Director of Health. (1 Member)

Seat 12 shall be held by a person with experience or expertise in the field of food security or access, appointed by the Director of Health. (1 Member)

Seat 13 shall be held by an employee of the Department of Children, Youth & Their Families, appointed by the Director of that Department. (1 Member)

Seat 14 shall be held by an employee of the Recreation and Park Department, appointed by the General Manager of that Department. (1 Member)

Seat 15 shall be held by a parent or guardian of a student enrolled in the San Francisco Unified School District at the time of appointment, nominated by the San Francisco Unified School District's Parent Advisory Council, and appointed by the Board of Supervisors. If at any time the Parent Advisory Council declines to nominate a member to a vacant seat for 60 days or longer, the Board of Supervisors may appoint a member of the public to fill the seat until the seat becomes vacant again. (1 Member)

Seat 16 shall be held by a person with experience or expertise in services and programs for children five years old and under, appointed by the Board of Supervisors. (1 Member)

II. Purpose

The purpose of the Committee is to make recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax, as established by Article 8 of the San Francisco Business Tax and Regulations Code. Starting in 2018, by March 1 of each year, the Advisory Committee shall submit to the Board of Supervisors and the Mayor a report that (a) evaluates the impact of the Sugary Drinks Distributor Tax on beverage prices, consumer purchasing behavior, and public health, and (b) makes recommendations regarding the potential establishment and/or funding of programs to reduce the consumption of Sugar-Sweetened Beverages in San Francisco.

III. Attendance

Committee members are expected to attend each regular or special meeting of the Committee. Committee staff shall maintain a record of members' attendance.

Any member who misses three regular Committee meetings within any 12-month period without the express approval of the Advisory Committee at or before each missed meeting shall be deemed to have resigned from the Advisory Committee.

If any member cannot attend a meeting of the Committee, the member shall notify the Committee Staff in writing of the member's intent to be absent and the reason for the absence, and shall indicate whether the member seeks approval of the absence from the Advisory Committee. Such notice shall be given not less than 72-hours in advance of the meeting. Any request for approval of the absence shall be placed before the Committee at its next meeting for review and possible action.

A Committee member's absence shall be approved if the member has shown good cause for the absence. For purposes of attendance, good cause exists where the absence is due to

unforeseen circumstances, such as illness or emergency. Good cause shall not extend to planned vacations or professional or personal scheduling conflicts.

IV. Election of Officers and Terms of Offices

The Committee shall elect Co-Chairs annually in March or after adopting the annual report, whichever is later.

The election of Co-Chairs may be held at a regular or special meeting of the Committee. The Co-Chairs or any two members may call a special meeting for the election of officers, if needed, or call for such an election at a regular Committee meeting.

V. Duties of the Co-Chairs

The duties of the Co-Chairs are to:

Preside at all meetings of the Committee, and perform all other duties necessary to ensure a productive body that is engaged in all facets of the Committee's work;

Set the agenda for Committee meetings in consultation with other members and with Committee staff; and

Prior to each meeting, decide who will facilitate and lead the meeting.

VI. Committee Meetings

a. Regular Meetings

Regular Meetings of the Committee shall be open and public. The Committee shall hold its regular meetings on the third Wednesday of every month at 5 PM. Please check the meeting notice for location at www.sfdph.org/sddtac. If a recommendation is made by DPH that a Regular Meeting be canceled or changed, the Committee or the Co-Chairs may cancel the Regular Meeting or fix another time therefor. Written notice of cancellation or of a change in a Regular Meeting time must be given at least seventy-two (72) hours before the scheduled time of such Regular Meeting. The Committee must hold a minimum of 4 meetings per year.

b. Special Meetings

Special Meetings of the Committee shall be open and public. Special Meetings shall be held at such times as the Committee may determine, or may be called by the Co-Chairs at any time. Written notice of a Special Meeting must be given at least seventy-two (72) hours before the scheduled time of such Meeting. Special Meetings shall be held at the regular meeting place except that the Committee may designate an alternate meeting place provided that the notice designating the alternate meeting place is issued 15 days prior to the date of the Special Meeting.

c. Public Comment

Members of the public are entitled to comment on any matter on the calendar prior to action being taken by the Committee on that item or prior to calling the next item on the agenda. In addition, the agenda shall provide an opportunity for members of the public to address the Committee on items within the subject matter jurisdiction of the Committee and have not been the subject of public comment on other items on the agenda. Upon the

specific findings of the Committee and support thereof, the presiding Co-Chair may set a reasonable time limit for each speaker, based on such factors as the complexity and nature of the agenda item, the number of anticipated speakers for that item, and the number and anticipated duration of other agenda items. Individual Committee members and Committee staff should refrain from entering into any debates or discussion with speakers during public comment.

d. Minutes of Meetings

DPH shall maintain written minutes of Committee meetings. A draft copy of the minutes of each meeting shall be provided to each member before the next regular meeting of the Committee. Approved Committee minutes shall be made available at the San Francisco Main Library, posted on the DPH website and by email ten (10) days after the meeting approving the minutes.

VII. Subcommittees

a. Standing Subcommittees

Upon approval by a majority of the members of the Committee, standing subcommittees may be formed to advise the Committee. The Chair of the Committee shall name the Chair and members of each subcommittee.

b. Special Subcommittees

Upon approval by a majority of the members of the Committee, special or ad-hoc subcommittees may be formed. Special subcommittees shall be formed for a specific purpose and cease to exist after completion of that purpose.

VIII. Quorum

The presence of a majority of members is required to conduct a meeting and shall constitute a quorum for all purposes. The only official business that can be transacted in the absence of a quorum is: (1) to take measures to obtain a quorum; (2) to fix the time to which to adjourn; (3) to take a recess; or (4) to adjourn.

IX. Rules of Order and Compliance with Open Meeting Requirements

a. All meetings shall be conducted in accordance with Robert's Rules of Order.

b. The Committee and its subcommittees shall perform its duties in compliance with all applicable provisions of the San Francisco Charter, California's Ralph M. Brown Act (California Government Code §§54950 et seq.), and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67).

X. Voting

Each member present at Advisory Committee meetings must vote on all motions and questions put before the Committee by voting "for" or "against," unless abstaining from the vote.

XI. Technical Assistance

Under Chapter 5 of the Administrative Code, the City Administrator is charged with providing administrative and clerical support to the Committee. The City Administrator has

delegated this function to the Department of Public Health (DPH). In addition, the Controller's Office shall provide technical support and policy analysis for the Advisory Committee upon request. All City officials and agencies shall cooperate with the Advisory Committee in the performance of its functions.

XII. Order of Business

The order of business at any Regular Meeting shall be as follows:

- a. Call to Order/Roll Call
 - Approval of Absences
- b. Approval of Minutes
- c. Review and Consideration of Regular Agenda
- d. General Public Comment
- e. DPH Staff Report
- f. Funding Update
- g. New Business
- h. Subcommittee Update
- i. Committee Members' Proposed Future Agenda Items
- j. Announcements
- k. Adjournment

These Bylaws were adopted by the Sugary Drinks Distributor Tax Advisory Committee on February 6, 2019.