



**San Francisco Sugary Drinks Distributor Tax (SDDT)  
FY 2023-24 EVALUATION REPORT**



## Letter of Introduction

**DEAR MAYOR DANIEL LURIE, SAN FRANCISCO BOARD OF SUPERVISORS, AND SAN FRANCISCO RESIDENTS,**

We are pleased to share the evaluation findings from work supported by the Sugary Drinks Distributor Tax (SDDT) during fiscal year 2023-2024. 2023 marked the fifth anniversary of San Francisco's voter-approved penny-per-ounce tax on sugary drinks and since 2018, SDDT has generated \$68,169,038 for the priority populations and places that are most targeted by the sugary drinks industry. In November 2023, San Francisco celebrated the tax's five-year anniversary and recognized the programs, services, and strategies that have made San Francisco the model for the successful implementation of soda taxes worldwide.

This evaluation report highlights the impact of SDDT multi-year funding that is reaching the priority populations that are targeted by the beverage industry and experience the highest rates of chronic diseases such as type 2 diabetes, heart disease, and tooth decay. SDDT funds directly support priority populations and neighborhoods by investing in building community power and capacity to lead efforts to decrease sugary drink consumption, promote healthy eating and active lifestyles, and create healthy environments and policies. For example, in FY 23-24 SDDT programs have:

- Provided culturally relevant community-led direct services to approximately 90,000 participants.
- Trained and supported 87 community members as community health workers, providing both economic and leadership development opportunities.
- Collaborated to ensure access to fresh, affordable healthy foods and clean drinking water by protecting existing and creating new policies.

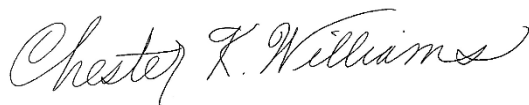
We are thrilled that this report documents the positive outcomes of work supported with SDDT funds over the past year. This report also includes recommendations to sustain and support programs, initiatives, policies, and more.

We would like to strongly support continuing the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC) beyond the 2028 timeframe to ensure the revenue goes back into the community to address health inequities as originally intended by the voter-approved 2016 legislation. It is clear that the multi-layered approach of the SDDTAC is moving the needle in the global effort to reduce sugar sweetened beverage (SSB) consumption, and here in San Francisco, our committee remains committed to making community-informed and results-driven recommendations to ensure the soda tax keeps working for all of us.

Sincerely,



**Abby Cabrera, MPH**



**Chester K. Williams**

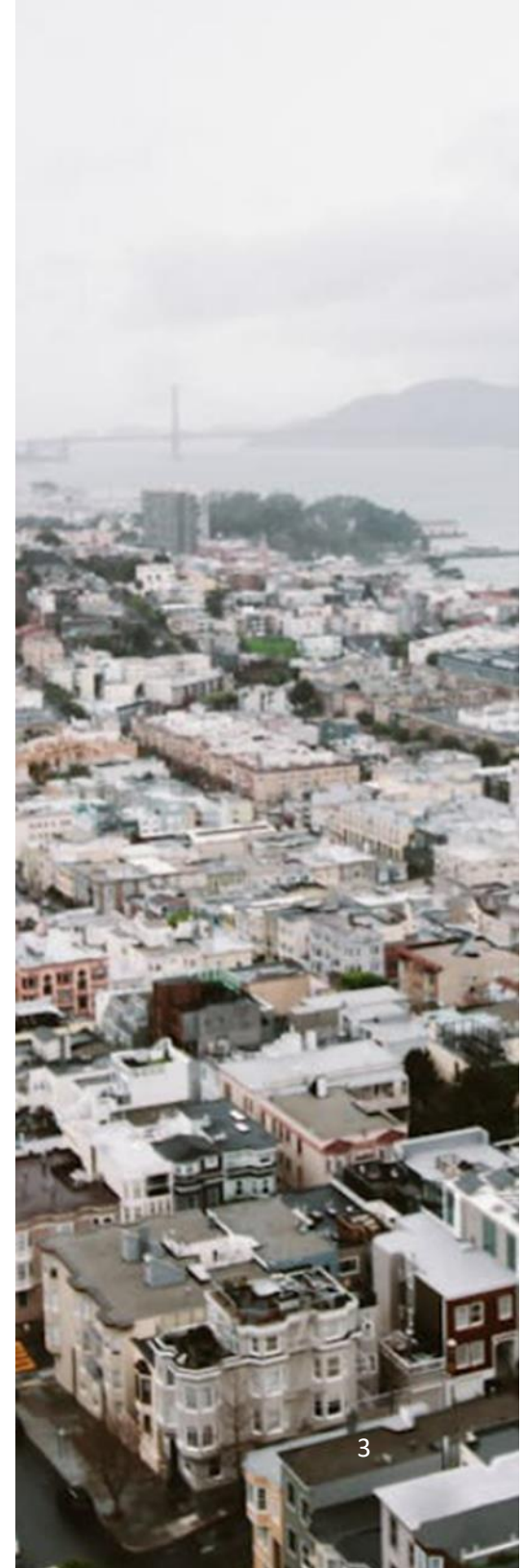
Sugary Drinks Distributor Tax Advisory Committee Co-chairs





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## Executive Summary

### San Francisco's Sugary Drinks Distributor Tax (SDDT)

In November 2016, San Francisco voters passed Proposition V, a tax on the distribution of sugar-sweetened beverages. Proposition V established a one-cent per fluid ounce fee on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. The tax went into effect on January 1, 2018.



#### In FY 2023-24:

Approximately  
**90,000**  
participants

engaged in SDDT-funded programs, of which, over 81,000 were among San Francisco residents.

**9 out of 10 SDDT-funded program participants believed that sugary drinks can harm their health.**

Since participating in an SDDT-funded program, **85% of participants now drink water more often.**

**327 people**

were paid with SDDT funds as staff or stipended-positions

**90% of those paid are BIPOC**

**89 are bilingual and/or bicultural**

**87 are community health workers**

**85% of food insecure participants agreed they worried less about having enough food after participation in an SDDT program.**

**92% of food insecure participants have increased their fruit and vegetable consumption since participating in an SDDT program.**

## Overview of Findings

The following evaluation findings were generated for SDDT funding in Fiscal Year 2023–2024 (FY 2023–24), which includes July 1, 2023 through June 30, 2024.

**Finding 1:** SDDT revenue continues to be invested in priority populations and places most targeted by the beverage industry.

**Finding 2:** SDDT investments have improved healthy behaviors and attitudes related to drinking more water, drinking fewer sugary drinks, and increasing fruit and vegetable consumption and physical activity.

**Finding 3:** SDDT investments have improved food security by: 1) providing direct programs and services and 2) supporting structural and systemic changes that increase access to healthy food.

**Finding 4:** SDDT investments strengthen leadership and connections in communities most impacted by health inequities, leading to long term benefits.

## Recommendations

- 1) Continue to prioritize a community-led, collaborative, and multi-layered approach for SDDT funding to create sustainable change in communities targeted by the sugary drinks industry.
- 2) Invest in long-term benefits to communities by supporting residents from priority populations with economic and leadership opportunities.
- 3) Continue to increase awareness about the negative impacts of sugary drinks and reduce SSB consumption, especially among priority populations.
- 4) Continue to encourage San Franciscans to drink tap water.
- 5) Continue to support SDDT evaluation efforts.
- 6) Ensure that the Mayor's Office allocates per the recommendations and evaluation of the SDDTAC, as voters intended.
- 7) Extend SDDTAC beyond 2028 to preserve the community and data-driven process of informed recommendations and evaluation.



## Overview of Report

San Francisco Department of Public Health (SFDPH)'s Community Health Equity and Promotion (CHEP) Branch Healthy Eating Active Living (HEAL) team and Center for Data Science (CDS) conducted an evaluation of the Sugary Drinks Distributor Tax (SDDT) funded entity data for FY 2023-24. This report provides a comprehensive analysis of the program reach, participant demographics, and health outcomes of SDDT-funded programs across San Francisco. This report aligns with the 2020-2025 SDDTAC Strategic Plan. For more information, please see [sf.gov/sddtac](https://sf.gov/sddtac).

In FY 2023-24, the SDDT evaluation budget was eliminated from the SDDT total budget allocations. Due to significant funding and staffing changes, this report contains several changes in methodology compared to previous years. Therefore, the findings summarized here represent a snapshot of the programs' impact during FY 2023-24 and are not directly comparable to previous years. We wish to express our gratitude to Raimi + Associates, the lead evaluators for this work over the past five years.

**This report is organized into the following main sections:**

**Introduction:** Explains the background and purpose of SDDT and the SDDTAC and describes the people and places more burdened by diet-sensitive chronic diseases.

**Findings #1-4:** Presents the four main evaluation findings and data for FY 2023–24.

**Recommendations:** Outlines recommendations for consideration during future years of SDDT funding allocation.

## Data Sources

### SDDT Grantee Reports and Agency Data Requests

Community-based organizations (CBO) and agencies that receive SDDT funding are required to provide biannual or annual reports that include the following data, if applicable:

1. Program activities and reach
2. Program staff demographics
3. Program participant demographics
4. Breakdown of program funding sources

Limitations of this data source:

All reach and demographic data were self-reported. Many activities conducted were either policy, systems, and environmental changes or indirect education activities. Due to the nature of this type of work, it can be challenging to collect accurate participant counts and demographic data. Therefore, many programs either provided estimates for these data the best they could or were unable to provide these data at all. All reach and participant data provided in this report should be considered estimations which might over or underestimate the true reach of these programs. In future reporting,



alternative methods for estimating participant demographics and reach should be considered such as basing participant demographics on Census estimates for the community in which the activities occurred.

### SDDT Program Participant Surveys

A single-point-in-time survey was administered after participation in an SDDT program. There were three versions of the survey, with questions varying slightly depending on the SDDT program (e.g., a program involving sports and games would ask about the time spent on physical activities, before program participation and after program participation). Surveys were available in English, Spanish, Traditional and Simplified Chinese, Tagalog, and Arabic. SDDT-funded entities were asked to invite program participants to complete the survey in May and June 2024. \$20 to \$25 gift cards were provided as incentives.

Limitations of the participant survey include the following:

- Convenience sample: Recruitment for the survey was a non-random sample, therefore the findings may not be representative of the entire FY 2023-24 as only a small proportion of participants (<1%) completed the survey. Furthermore, non-random samples can introduce selection bias which can limit the validity of findings.
- For behavior change questions, respondents were asked to report on their lifestyles and activities both before and after program participation during the same survey administration. This approach may not accurately capture true behavior change due to potential recall and response bias.

### American Community Survey (ACS)

Population-level demographic data from the U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2018-2022 were used to calculate estimated number of BIPOC residents in San Francisco. This number specifically served as the denominator for calculating the known and estimated proportion of BIPOC individuals in San Francisco for a given fiscal year within the past 5 years.

### PLACES. Centers for Disease Control and Prevention

Population Level Analysis and Community Estimates (PLACES) data represent simulated small-area estimates modelled using data from the 2022 Behavioral Risk Factor Surveillance System (BRFSS), 2020 Decennial Census population counts, and the 5-year ACS survey. Census tract level estimates are provided for adults 18 and older in the United States.

### California Vital Records Business Intelligence System (VRBIS) 2018-2022.

The California Department of Public Health maintains a dataset of all deaths in California. Each death has a recorded and coded primary cause of death. The analysis presented in this document examines only the indicated primary cause of death and cannot consider co-morbid or contributing causes of death. Deaths due to diabetes mellitus were identified based on the World Health Organization Global Burden of Disease and Injury (WHO GBD) and the National Center for Health Statistics 113 Selected and 50 Rankable Causes of Death guidelines.<sup>1,2</sup> Race/ ethnicity was categorized according to San Francisco ethnicity data guidelines.<sup>3</sup> Deaths occurring outside of California are not included.

## Introduction



# 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](http://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.





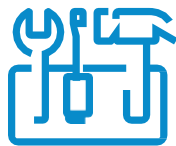
## SDDT Advisory Committee Values



**Supporting community-led and culturally relevant work.** Community-led work should be led by communities that are disproportionately impacted by marketing for and consumption of sugary beverages from the beverage industry and diet-sensitive chronic diseases (i.e., SDDTAC's priority populations), and culturally relevant work should be responsive to these communities and populations. This objective 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 the 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, and resource allocation) need to be addressed in order to achieve equity. This goal 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, and 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

Using public health data and evidence, the SDDTAC identified communities who are targeted by the soda industry, who consume sugary drinks at high rates, and who experience disproportionate levels of diet-sensitive chronic diseases like tooth decay, cavities, type 2 diabetes, hypertension (high blood pressure), and cardiovascular disease.

**Specifically, the SDDTAC identified the following populations as those who should be prioritized in SDDT funding recommendations:**

- Low-income San Franciscans
- Children, youth, and young adults 0-24 years old
- Community members who identify as any of the following:
  - Asian
  - Black/African American
  - Latino(a)
  - American Indian or Alaska Native (AIAN)
  - Native Hawaiian or Other Pacific Islander (NHOPI)

Although these priority populations are distinct, there is also considerable overlap between them, with many community members belonging to more than one of these communities and, thus, experiencing multiple intersecting and cumulative inequities.

Hospitalization rates for type 2 diabetes are highest among NHOPI and Black/African American residents. **NHOPI adults are admitted to the hospital for type 2 diabetes at a rate six times greater than the overall average and Black/African American adults have a rate almost four times greater than the overall average.**<sup>4</sup>

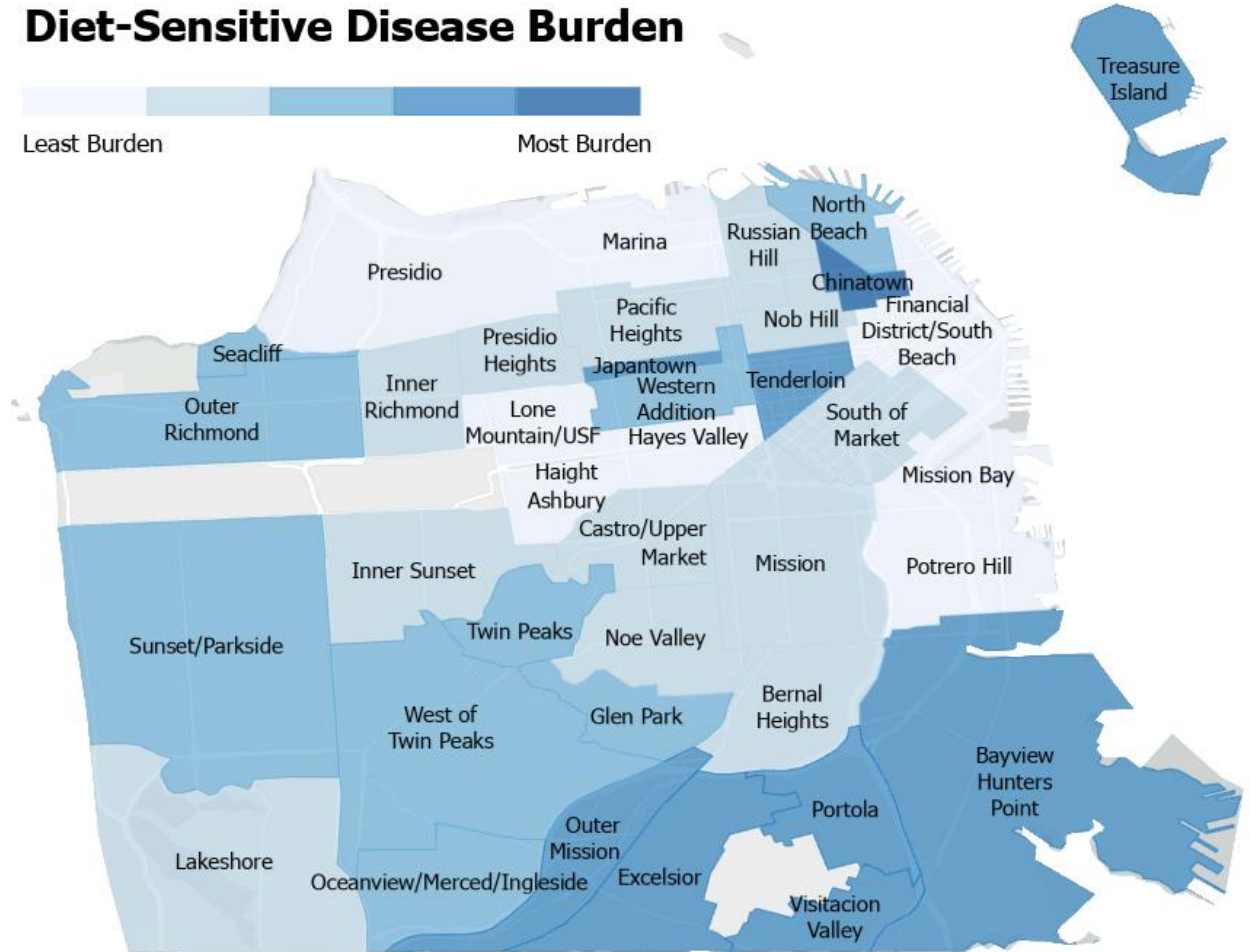
In San Francisco, **Black/African American, Latino(a), and Asian kindergarteners are two to three times more likely to experience dental decay as White kindergarteners.**<sup>4</sup>





## San Francisco Neighborhoods Most Impacted by Diet-Sensitive Chronic Disease

Health inequities exist between neighborhoods in San Francisco in addition to existing between demographic groups. Neighborhoods with the greatest burden of diet-sensitive chronic diseases like diabetes, hypertension, and heart disease were **Chinatown, Tenderloin, Visitacion Valley, Japantown, Portola, Bayview Hunters Point, Treasure Island, Excelsior, Outer Mission, and West of Twin Peaks.** Notably, older populations have greater rates of chronic disease than younger populations, so these neighborhoods represent those with greater proportions of older residents in addition to residents with greater health disparities.



Esri. (2025). *ArcGIS Pro* (Version 3.1) [Computer software]. Environmental Systems Research Institute, Inc. <https://www.esri.com>.

Source: Centers for Disease Control and Prevention. (2024). PLACES: Census Tract Data (GIS Friendly Format), 2024 release. U.S. Department of Health and Human Services. <https://data.cdc.gov/500-Cities-Places/PLACES-Census-Tract-Data-GIS-Friendly-Format-2024-/yjkw-uj5s>

Note: PLACES data represent small area estimates modelled using BRFSS, Census, and ACS data. Estimates for the prevalence of hypertension, coronary heart disease, diabetes and high cholesterol were modelled at the census tract level. These were then weighted to the population of the census tract and aggregated to produce a composite measure for each neighborhood.



# SDDT Evaluation Logic Model

The SDDT evaluation logic model, presented below, aligns with the SDDT Advisory Committee's strategic plan. In 2023, the SDDT evaluation team made some updates to the strategies and values in the SDDT evaluation logic model to address feedback from funded entities that some of the strategies from SDDTAC strategic plan were overlapping and to ensure the intent of the values was clear.



### Long-Term Outcomes

- Improve health outcomes
  - » Decrease in diet-sensitive 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.



Community members celebrate with CARECEN SF

## Government Agencies that Received Funding in FY 2023-24

### San Francisco Department of Public Health

- Children’s Oral Health Community Task Forces (each led by a community-based organization serving as fiscal sponsor) educate parents and other caregivers in marginalized and disenfranchised communities about how to keep their children’s teeth and mouths healthy and how to reduce the risk of children getting caries and improving other oral health outcomes.
- School-Based Sealant Application in public elementary schools with the highest need and greatest burden of disease.
- Healthy Food Purchasing Supplement Grants provide funding for food vouchers that can only be used on healthy foods.
- SDDT Healthy Communities Multi-Year Grants for small community-based organizations provide multiple years of grant funding to support Education, Programs, or Services related to reducing consumption of sugary drinks and other aligned health outcomes. FY 2023-24 was the first year in a multi-year grant cycle for six grantees, two of which were previously funded.
- SDDT Policy, Systems, & Environment (PSE) Multi-Year Grants provide multiple years of grant funding to support the identification and implementation of community-supported ways to improve health equity through changes to policies, systems, and/or physical environments. FY 2023-24 was the fourth year of funding for three PSE grantees.
- SDDTAC Infrastructure and Backbone Support

### San Francisco Recreation and Parks Department

- Peace Parks engages community members and activates space in six sites in neighborhoods that have historically had high rates of violence.
- Requity supports community outreach to and community events for disenfranchised community members (especially foster youth, residents of public housing and community members who are unhoused) and which provides scholarships to enable these community members to register for existing RPD classes and activities at no-cost to them.

### San Francisco Office of Economic & Workforce Development

- The Healthy Retail Initiative, led by a community-based organization, works with corner stores and community ambassadors to improve access to healthier food and beverages in local stores, especially in areas where there may be limited options.\*

### San Francisco Unified School District

- SDDT Healthy Schools Grants to Community-Based Organizations
- Student Nutrition Services: classroom-based health, food, nutrition, and water education, student-led action, and hydration station installation.

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\* Due to delays in the funding process, there has been no implementation of the Healthy Retail Initiative since June 30, 2023. As a result, no evaluation data is currently available.



## Community-Based Organizations that Received Funding in FY 2023-24

### Healthy Food Purchasing Supplement Grants

- EatSF/Vouchers 4 Veggies (UCSF)
- Heart of the City Farmers Market

### Children's Oral Health Community Task Forces

- Chinatown Children's Oral Health Task Force (NICOS Chinese Health Coalition)
- Mission Children's Oral Health Task Force (CARECEN SF)
- District 10 Children's Oral Health Task Force (Dental Robin Hood)

### Healthy Communities Grants Multi-year for Small Community-Based Organizations - Cohort 2

- All My Uso's (AMU) & Fa'atasi Youth Services
- Association of the Ramaytush Ohlone
- Community Awareness Resource Entity (CARE)
- Farming Hope
- Florence Fang Community Farm
- South of Market Community Action Network (SOMCAN)

### Policy, Systems, & Environment (PSE) Change Multi-Year Grants - Cohort 1

- 18 Reasons
- Central American Resource Center (CARECEN)
- Tenderloin Neighborhood Development Corporation (TNDC)

### Healthy Schools Grants – SFUSD Grants to Community-Based Organizations

- Project Commotion
- Ultimate Impact
- Urban Sprouts

### One-time Support Grants for Capacity Building

- Children's Council San Francisco
- Foodwise
- Instituto Familiar de la Raza
- Project Open Hand
- Walk San Francisco

### One-time Event Sponsorships

- Bay Area SCORES
- Chinatown YMCA
- Cultura y Arte Nativa de las Americas (CANA)
- The Healing Well
- Mission Science Workshop
- National Coalition of 100 Black Women
- RAMS, Inc.



SDDT sponsored "Asian American and Pacific Islander Mental Health Day" with RAMS on May 10, 2024.

## Finding 1 – SDDT revenue continues to be invested in priority populations and places most targeted by the beverage industry.

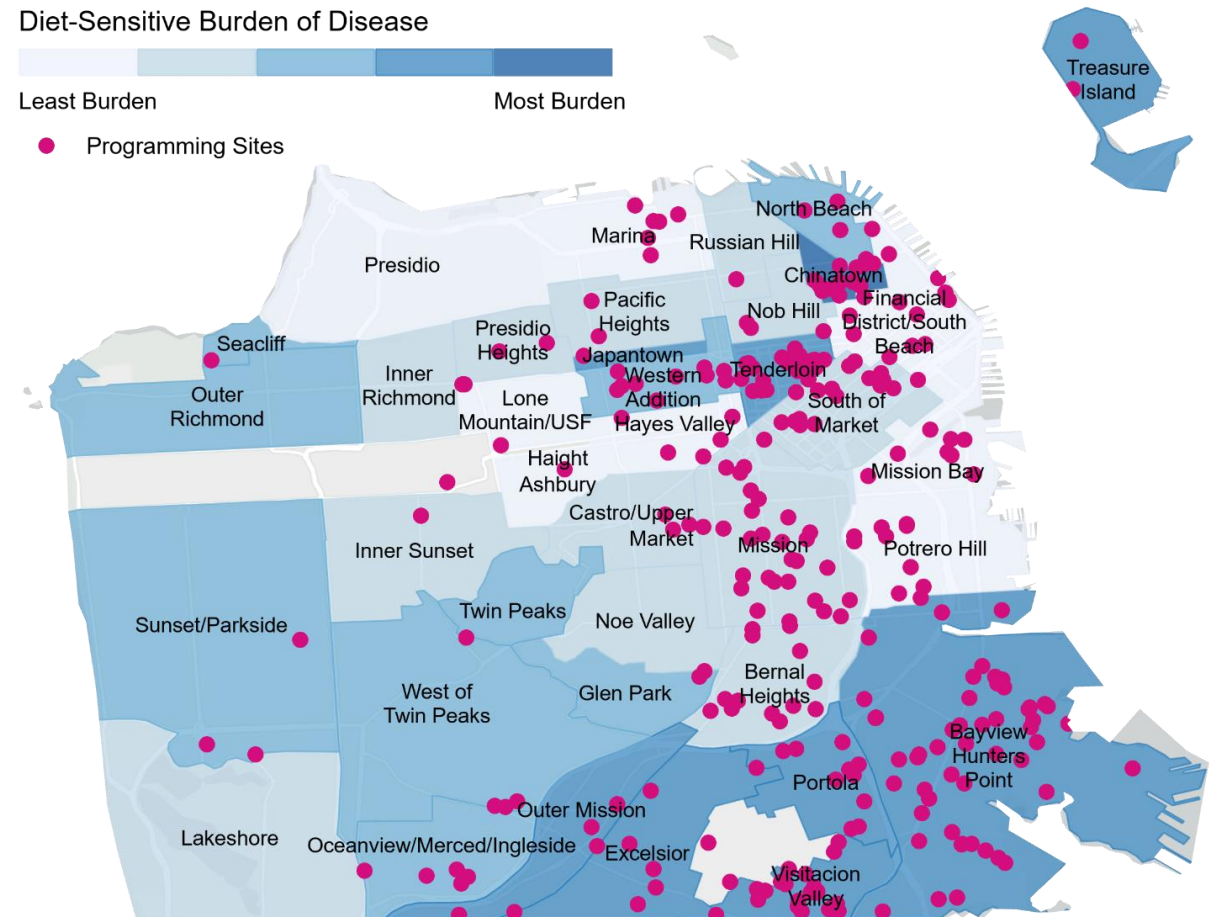
In FY 2023-24, SDDT funds supported programming and benefits across every neighborhood in San Francisco. At the same time, SDDT funds concentrated services, programs, and interventions in the neighborhoods most impacted by diet-sensitive chronic diseases and targeted by the sugar-sweetened beverage industry: Chinatown, Tenderloin, Western Addition, South of Market, Bayview Hunters Point, Visitacion Valley, Mission, and Excelsior.

### Location of Funded Programming and Services in FY 2023-24

The dots represent:

1. Location of SDDT-funded entities and where programming occurred,
2. Sites where SDDT-funded benefits were distributed and used to purchase produce, or
3. Location of SDDT-funded facilities improvements (e.g. hydration stations, kitchen upgrades).

### SDDT-Funded Programming and Services



Esri. (2025). ArcGIS Pro (Version 3.1) [Computer software]. Environmental Systems Research Institute, Inc. <https://www.esri.com>

## In FY 2023-24:

**88,912\***  
**participants**

engaged in SDDT-funded programs, of which, over 81,000 were among San Francisco residents.

SDDT programs provided services in multiple languages including **Mandarin, Cantonese, English, Arabic, Spanish, Vietnamese, Tagalog, and American Sign Language (ASL).**

Programs concentrated services in **Chinatown, Tenderloin, Western Addition, South of Market, Bayview Hunters Point, Visitacion Valley, Mission, and Excelsior** – areas with high prevalence of diet sensitive diseases.

SDDT Grantees provided in-person programming in all of the top 10 neighborhoods with the greatest chronic disease burden, directly supporting residents that lived in these neighborhoods.

Neighborhoods	Neighborhoods where SDDT-funded entities offered in-person programming during FY23-24	Neighborhoods where participants of FY23-24 programming lived	Neighborhoods where people paid with SDDT funds live
<b>Chinatown</b>	✓	✓	
<b>Tenderloin</b>	✓	✓	✓
<b>Visitacion Valley</b>	✓	✓	✓
<b>Japantown</b>	✓	✓	✓
<b>Portola</b>	✓	✓	
<b>Bayview Hunters Point</b>	✓	✓	✓
<b>Treasure Island</b>	✓	✓	
<b>Excelsior</b>	✓	✓	✓
<b>Outer Mission</b>	✓	✓	✓
<b>West of Twin Peaks</b>	✓	✓	

As shown by the table to the left, SDDT-funded **culturally responsive programs and services** are concentrated in the San Francisco neighborhoods with the highest burden of chronic disease.

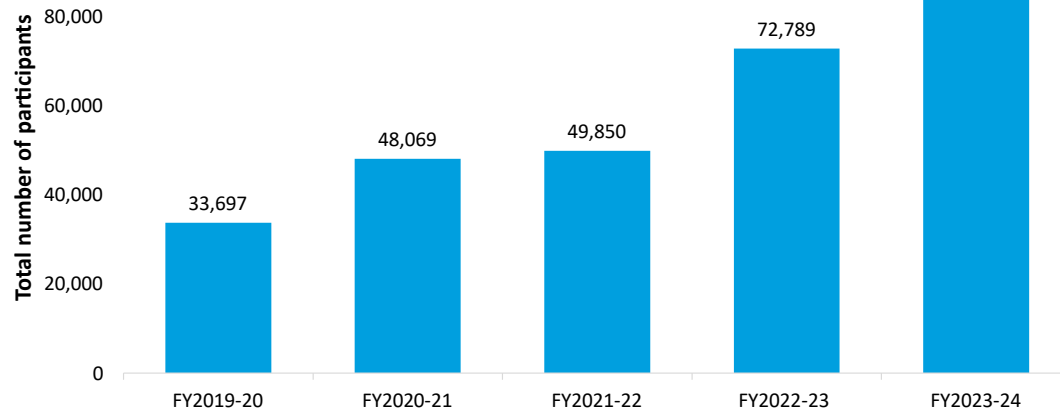
**Culturally responsive** services are those that are shaped and informed by the languages, cultural practices, traditional knowledge, perspectives, and expressions reflective of the communities being served. Additionally, culturally responsive services are often provided by staff with **relevant lived experience** and/or who are residents of the neighborhood they are serving.

\*The number of participants reported in FY23-24 is an estimate based on self-reported data from grantees, which does not reflect the actual number of individuals as the same person could attend multiple events. Furthermore, two programs are excluded from this count due to missing data.



The number of unduplicated participants in SDDT-funded programs continues to increase over time, FY 2019-20 to FY 2023-24.

Number of Unduplicated SDDT Participants FY19-20 through FY23-24



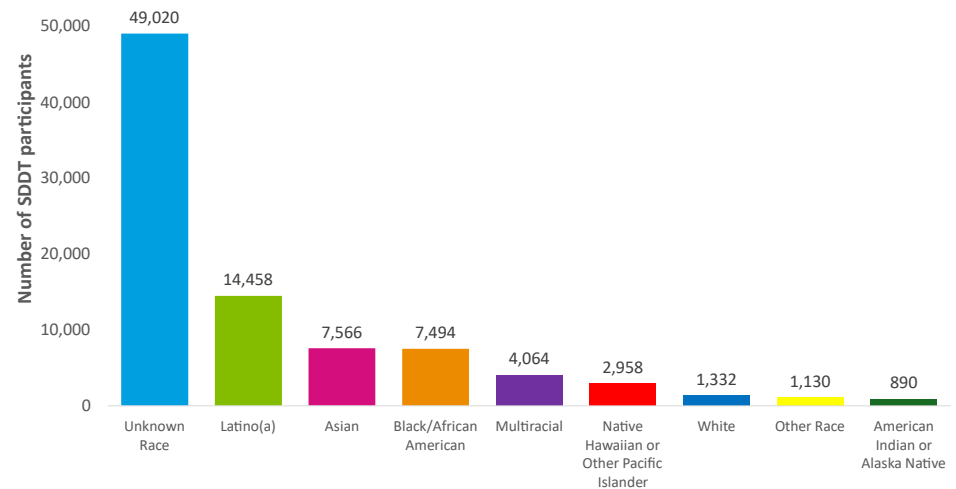
Approximately **90,000\*** participants

Among those who reported their age, the SDDT-funded programs mainly served people between the ages of 24-65.

SDDT investments are successfully engaging BIPOC<sup>†</sup> community members. Among participants with race/ethnicity data, the majority of SDDT participants identified as Latino(a), followed by Asian and Black/African American individuals.

7- 16% of all BIPOC city residents participated in an SDDT-funded program

Race/ethnicity breakdown among SDDT participants (N=88,912)



Note: Capacity Building Grantees did not collect participant data thus were excluded from this analysis.

\*The number of participants reported in FY23-24 is an estimate based on self-reported data from grantees, which does not reflect the actual number of individuals as the same person could attend multiple events. Furthermore, two programs are excluded from this count due to missing data.

<sup>†</sup>BIPOC was defined as any staff who identified as a race/ethnicity other than white. In the data, no staff were identified as unknown race.

## SDDT Programs Emphasize Culturally Responsive Staffing

**327**

people paid with SDDT funds

**18**

programs using SDDT funds to support interventions led by community health workers or promotores

**89**

bilingual and/or bicultural staff supported with SDDT funds

**87**

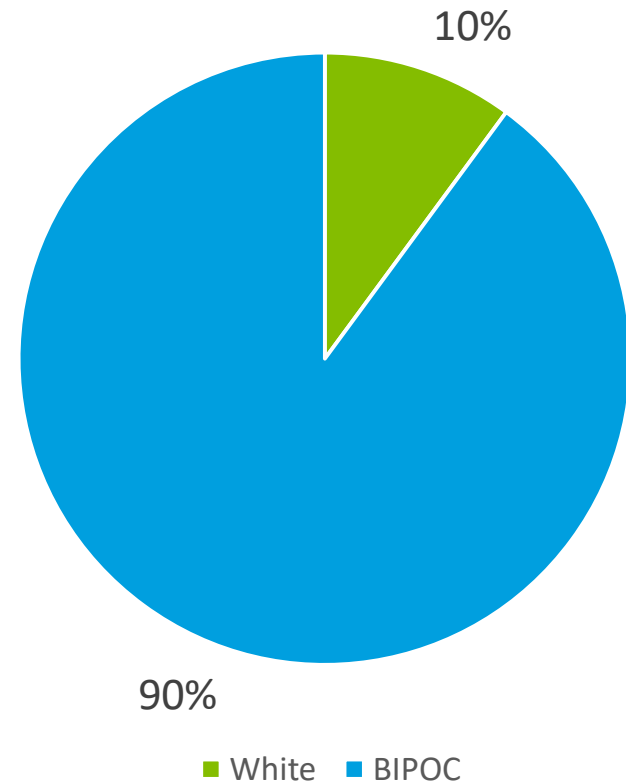
individuals trained as community health workers

Languages spoken by people paid with SDDT funds:

**English, Spanish, Tagalog, ASL, Russian, Arabic, Cantonese, Mandarin, Hakkanese, Ki'che, Toishan, Urdu, Romanian, Hindi, Malayalam, Kannada**

**90% of staff paid through SDDT funding identified as BIPOC.**

**Race/ethnicity of People Paid with SDDT Funds (FY23-24)**



## SDDT Grant Programs Spotlight

FY 2023-24 was the first year in a new multi-year grant cycle for the **Healthy Communities** and **Healthy Schools** grant programs. In alignment with the Sugary Drinks Distributor Tax Advisory Committee (SDDTAC)'s values, the two grant programs support community-led and culturally responsive work that build community capacity and advance equity.

### Healthy Communities Grants

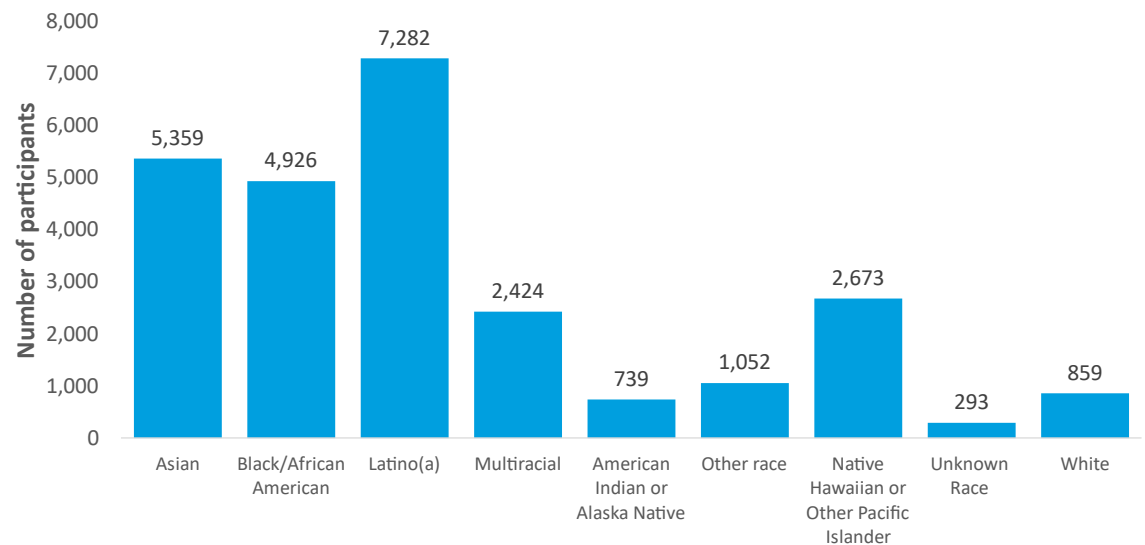
**Healthy Communities Grants** support organizations with annual budgets \$1.5 million or less that serve priority populations including Asian, Black/African American, Latino(a), American Indian or Alaska Native (AIAN), and Native Hawaiian and Other Pacific Islander (NHOPI). Six organizations (see page 15) were funded in the second cohort including the **first ever SDDT funding dedicated specifically to reach the AIAN and NHOPI communities**. The Association of the Ramaytush Ohlone (ARO), serving the AIAN community, is working to transfer a 15-acres in Golden Gate Park to Indigenous stewardship. ARO's traditional and holistic Indigenous approach to land management revitalizes culture and increases the awareness around the importance and benefits of Native Food Sovereignty. All My Usos and Fa'atasi Youth Services have trained San Francisco's first NHOPI cohort of community health workers to serve the NHOPI community (see page 36).

Healthy Communities programs ranged from growing food in the Bayview to advocating for safer streets in SOMA to workforce development trainings to restoring land governance to the original peoples of San Francisco.

**Overall, Healthy Communities programs served 25,607 individuals.**

The greatest number of Healthy Communities Grants program participants identified as Hispanic or Latino(a), followed by Asian and Black/African American individuals.

**Race/ethnicity breakdown among Healthy Communities Grants program participants in FY23-24**



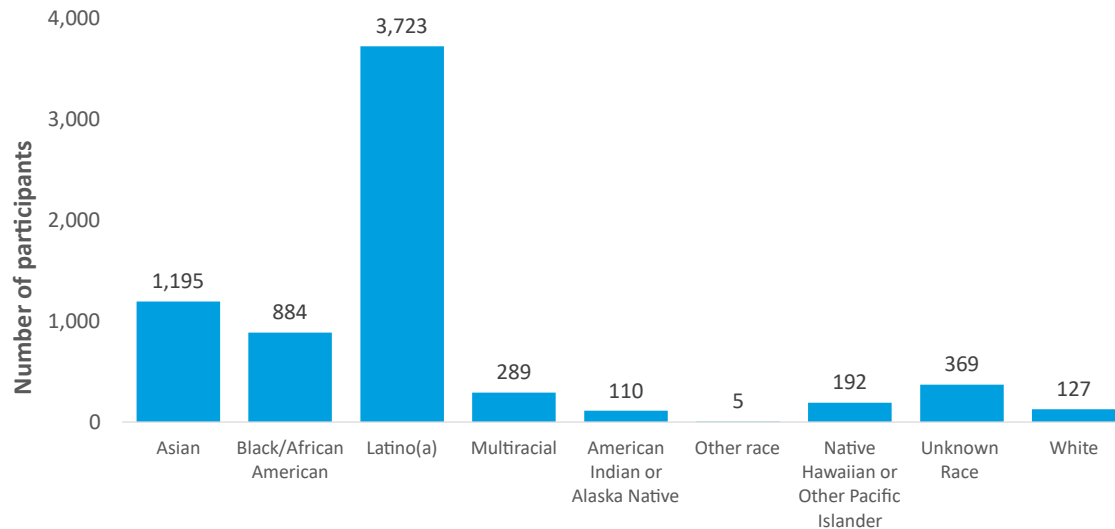
Healthy Communities grantees in FY23-24 were Association of Ramaytush Ohlone, All My Uso's and Fa'atasi Youth Services, CARE, Farming Hope, Florence Fang Community Farm, and SOMCAN.

## Healthy Schools Grants

**Healthy Schools Grants** support organizations implementing programming that serve high-priority San Francisco Unified School District (SFUSD) schools where over 60% of the students qualify for free and reduced school meals. Three organizations were funded to bring movement and sports programming (Project Commotion, Ultimate Impact) and student farm apprentice training (Urban Sprouts). The programs were implemented in schools and sites located in Bayview Hunters Point, Bernal Heights, Castro/Upper Market, Excelsior, Financial District/South Beach, Mission, Oceanview/Merced/Ingleside, Pacific Heights, Portola, Potrero Hill, Tenderloin, and Visitacion Valley.

Overall, **Healthy Schools programs served 6,894 students.**

### Race/ethnicity breakdown among Healthy Schools Grants participants in FY23-24



Note: Healthy Schools grantees in FY23-24 were Project Commotion, Ultimate Impact and Urban Sprouts.



Ultimate Impact participants enjoy a dip in the ocean after competing in an Ultimate tournament.



## SDDT-funded programs strategically concentrate services where their impact will improve health equity.

Following through on the SDDTAC's values, SF Recreation and Parks Department (RPD) and SF Department of Public Health Oral Health are reaching priority populations that are disproportionately targeted by the beverage industry and suffer from health disparities.

### SF Recreation and Parks Department (RPD)

SF Recreation and Parks Department (RPD)'s SDDT-funded programs, **Peace Parks** and **Requity**, promote health, wellness, and community building through fitness and health programs, wellness and life skills programs, and job training opportunities. These programs reach priority populations across **183 locations** in San Francisco.



**Peace Parks** promotes **community wellness and violence prevention** in underserved communities that historically have high rates of violence including **Potrero Hill, Hunter's Point, Sunnydale, Western Addition, and Fillmore**. In FY 2023-24 Peace Parks:

- Served **6515 participants**.
- Provided cooking and nutrition classes, sports and fitness training, life skills trainings for young men and women, and training opportunities in financial literacy, entrepreneurship, barbering, graphic art and design.

In a survey conducted in FY 2023-24: **90% of Peace Parks participants reported feeling a greater sense of safety** in their community since participating in the program.

**75% of participants reported that the program fostered a greater sense of trust** of police officers in their community.

**Requity** serves youth under 18 who live in shelters, foster care, public housing, and housing developments through a combination of onsite and hyper-local programs, coupled with extensive outreach. In FY 2023-24 Requity:

- Served **9,027 total participants**.
- Provided **1,530 scholarships** to public housing residents and community members who are unhoused.



## School Based Dental Sealants

Sugary drink consumption is associated with increased tooth decay, cavities, and tooth loss.<sup>5-8</sup> Tooth decay is the most common chronic disease of childhood and the leading cause for missed school days. Poor oral health can reflect systemic inflammation, which over time may limit growth and development, as well as increase the risk of adverse health outcomes, including hypertension, cardiovascular disease, and cancer.<sup>8</sup>

Racial health inequities are particularly pronounced. **In San Francisco, Black/African American, Latino(a), and Asian kindergarteners have four times the prevalence of untreated dental decay as White kindergarteners.**

**In FY 2023-24**, SDDT-funded SFDPH oral health programs provided dental screenings and sealants to over 1,600 children, particularly reaching Latino(a), Asian, and Black/African American students.

**1,621 students** received oral health screenings

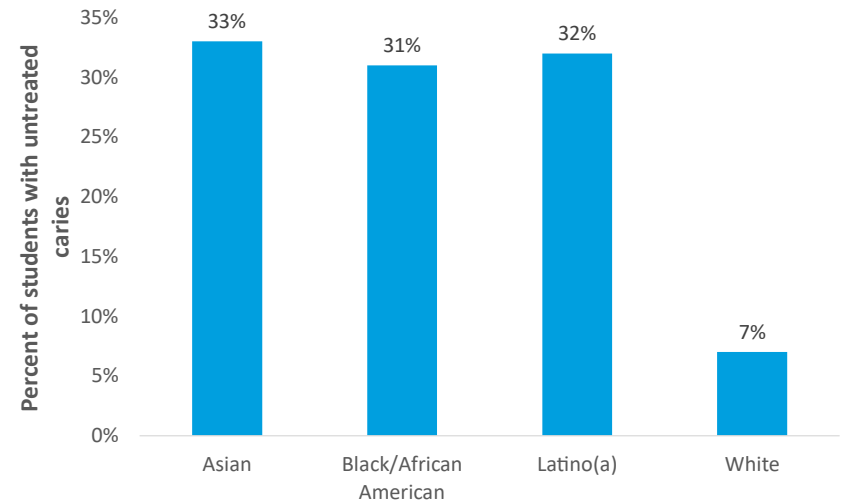
**1,152 students** received one or more dental sealants

**151 students** referred to urgent oral health care



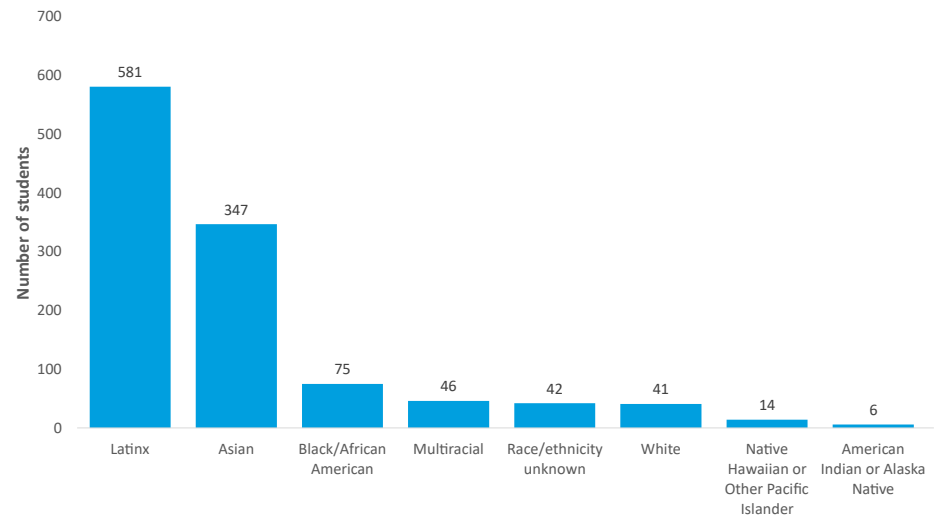
A child receives an oral health screening.

## Percent of SFUSD Kindergarteners with Untreated Caries by Race/Ethnicity, 2022-2023

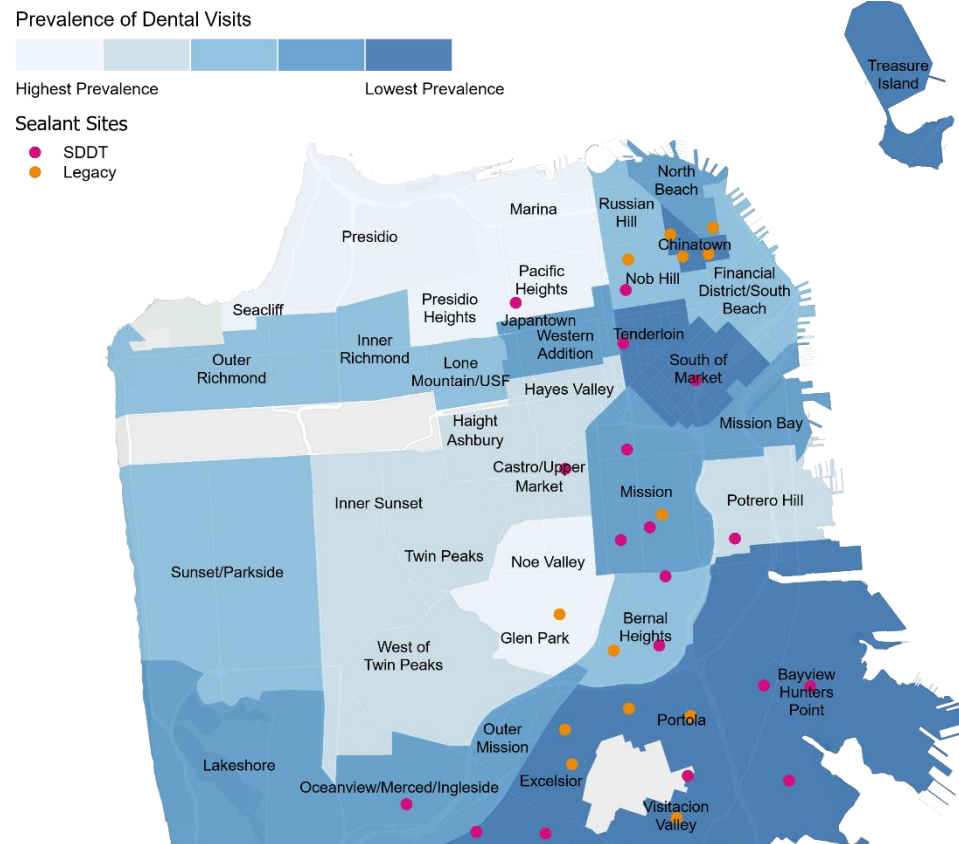


Source: San Francisco Unified School District - San Francisco Department of Public Health Dental Services Kindergarten Oral Health Screening Program.

## Racial/ethnic breakdown of students who received sealants, FY23-24



## SDDT-Funded Dental Sealant Programs at SFUSD Schools



Esri. (2025). ArcGIS Pro (Version 3.1) [Computer software]. Environmental Systems Research Institute, Inc. <https://www.esri.com>.

Source: Centers for Disease Control and Prevention. PLACES: Census Tract Data (GIS Friendly Format), 2024 release. U.S. Department of Health and Human Services. 2024. Accessed February 3, 2025.

<https://data.cdc.gov/500-Cities-Places/PLACES-Census-Tract-Data-GIS-Friendly-Format-2024-/yjkw-uj5s>.

Neighborhood-level data on dental visits are estimates based on models. These estimates represent the prevalence of adults who visited a dentist or dental clinic in the past year. Regular dental visits are associated with fewer dental caries, fewer missing teeth, and greater self-rated oral health status.<sup>9</sup> Studies also indicate that children are significantly more likely to miss dental visits if their parents do not seek dental care, suggesting that adult dental service use can serve as a proxy for children’s access to and utilization of dental care.<sup>10</sup>

Note: Schools where SFPD was already providing sealant services are identified as “legacy” sites while schools that are supported by SDDT funding are identified as “SDDT” on the map.

A key strategy of SDDT funding is to **expand school-based dental sealant programs in neighborhoods with the highest need and greatest burden of disease.**

**Since 2019, SDDT funding expanded the school-based sealant program from 13 to 31 schools, with new sites concentrated in priority neighborhoods.**

Program sites were roughly located in **Bayview, Mission, Visitacion Valley, Excelsior, Chinatown, SOMA and the Tenderloin.**

### Dental sealants prevent cavities for up to 4 years!

Dental sealants are thin coatings that when painted on the chewing surfaces of the back teeth (molars) can prevent cavities and tooth decay) for many years. Sealants protect the chewing surfaces from cavities by covering them with a protective shield that blocks out germs and food. According to the Centers for Disease Control and Prevention, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.<sup>11</sup>





**Finding 2 – SDDT investments have improved healthy behaviors and attitudes related to drinking more water, drinking fewer sugary drinks, and increasing fruit and vegetable consumption and physical activity.**

SDDT funds **culturally responsive programs, services, education, AND structural interventions** that improve healthy behaviors. SDDT program participant surveys **indicated improvements in sugary drink consumption, fruit/vegetable consumption, and physical activity.**

**In FY 2023-24:**

**27 SDDT-funded programs** implemented education around the **harms of sugary drinks** and **benefits of drinking water.**

**12 SDDT grantee organizations** have implemented or strengthened an **organizational wellness policy** since receiving SDDT funds which impacted **117 employees** and touched **69,324 individuals.**

SFUSD sites installed **three new hydration stations.**  
**61 hydration stations** have been installed since 2018 which serve **96% of SFUSD schools.**



Top: An Urban Sprouts Sprout Out participant demonstrates how much sugar is in common beverages at the Farm at June Jordan School for Equity.

Bottom: Students show off their reusable water bottles and a hydration station at MLK Middle School.



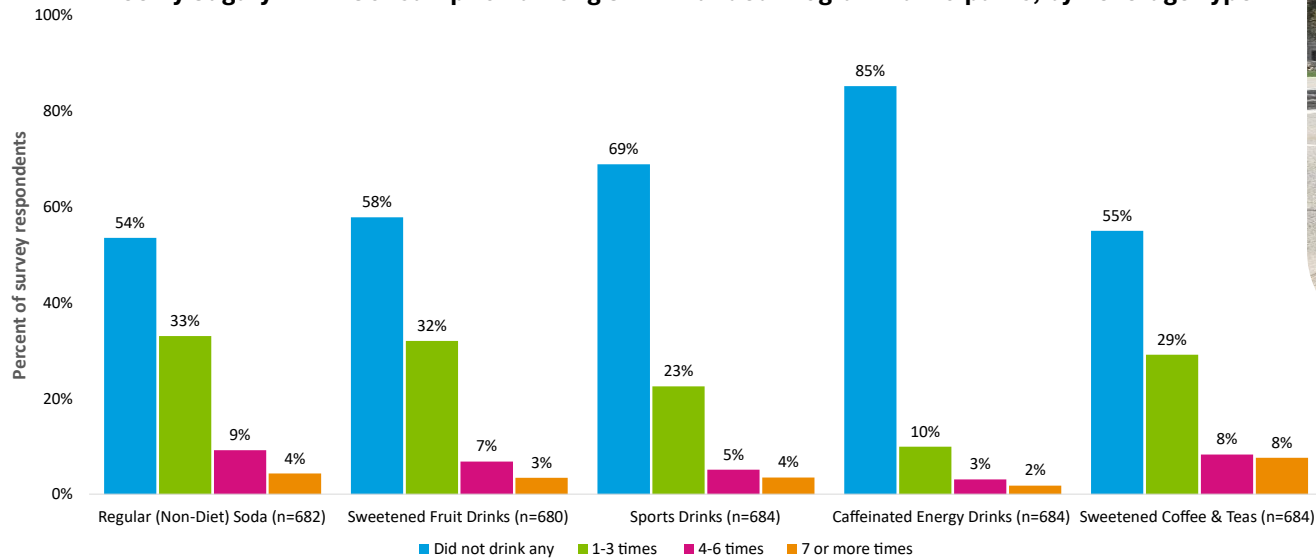
## Sugary Drinks Consumption

SDDT participant surveys indicated that participants consumed a median of 3 sugary drinks in the past 7 days. When all types of sugary drinks were combined, more than 3 out of 10 respondents reported consuming some form of sugary drink, one type or multiple types, 7 or more times in the past week.

The bar chart below shows the number of sugary drinks consumed in the past week, categorized by drink type. The breakdown of regular non-diet soda, sweetened fruit drinks, and sweetened coffee/tea consumption in the past week was similar.

- 30% of respondents did not drink any type of sugary drink in the past week. Nearly 9 out of 10 respondents reported not consuming any caffeinated energy drinks, suggesting that caffeinated energy drinks were the least preferred drink across all types of sugary drinks.
- The majority of SDDT program participants do not drink caffeinated energy drinks (85%) or sports drinks (69%) in a typical week.
- Among sugary drinks, caffeinated energy drinks had the lowest consumption rates (15% of program participants drank at least one per week), while regular soda had the highest consumption rates (46% of program participants drank at least one per week).

**Weekly Sugary Drink Consumption among SDDT-Funded Program Participants, by Beverage Type**



**9 out of 10 participants believed that sugary drinks can harm their health.**



SF youth pose with Canzilla and learn about the health harms of sugary drinks.

## SDDT-funded Programs Increased Access to Fresh Fruits and Vegetables.

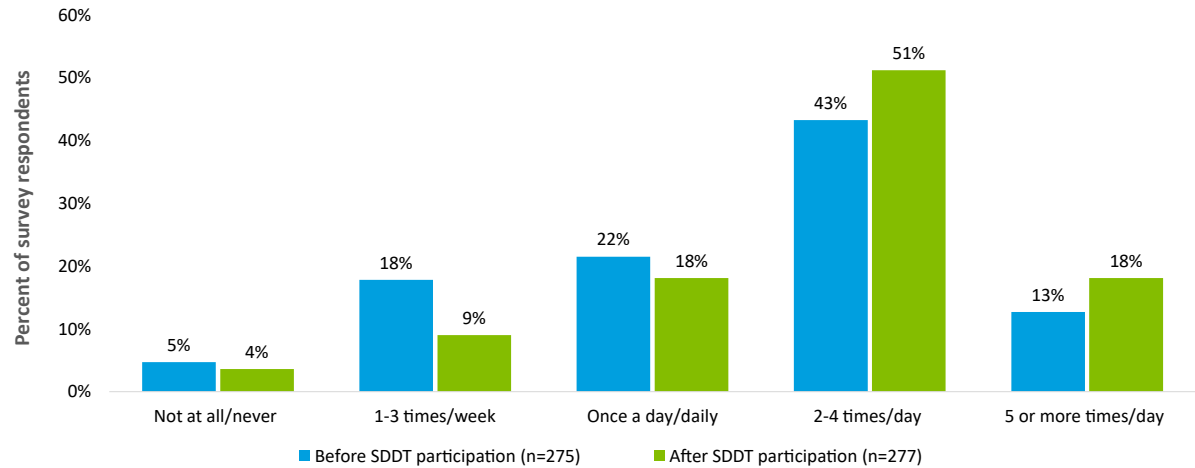
After participating in SDDT programs, more survey respondents ate vegetables and fruits at least twice a day. 79% of respondents reported consuming vegetables at least twice per day and 69% reported consuming fruits at least twice per day after participating in an SDDT program. At the same time, the percentage of participants who reported eating fruit and vegetables once a day or less decreased after participation, suggesting that the SDDT program may **positively impact overall vegetable and fruit consumption.**

**91% of participants** reported that their families were able to **eat more fruits and vegetables** after participating in an SDDT-funded program.

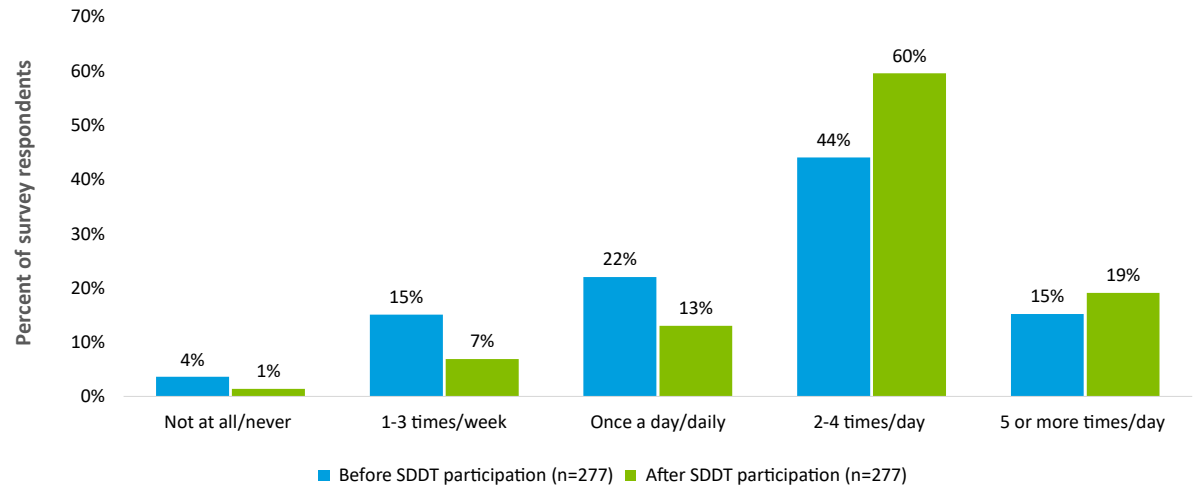


An 18 Reasons Cooking Class participant created a fruit kabob.

### Fruit Consumption Before and After SDDT Participation



### Vegetable Consumption Before and After SDDT Participation



## SDDT-funded Programs Promote Water Consumption

**85% of the survey respondents started drinking water more often,** indicating the effectiveness of the educational programs offered by SDDT.

*"I was at SF General Hospital waiting for my medical appointment and realized I was so thirsty. I saw a water fountain and normally I would not drink from it, but because of these community meetings and all the information I've received about the quality of San Francisco's water I decided to drink from the water fountain. And the water even tasted good!"*

CARECEN SF Program Participant



A participant tastes a sample of fruit and herb-infused water at Florence Fang Community Farm.



A student passes a frisbee during an Ultimate Impact event.

## SDDT-funded Programs Promote Active Lifestyles

In FY 2023-24, six SDDT-funded programs **incorporated fitness and movement classes, sports, or active transportation, including two newly funded organizations (Project Commotion and Ultimate Impact)** which provided physical activity opportunities to **2,172 SFUSD students**.

After participating in an SDDT program, **36% of participants met CDC guidelines for physical activity**, compared to 22% before the program.

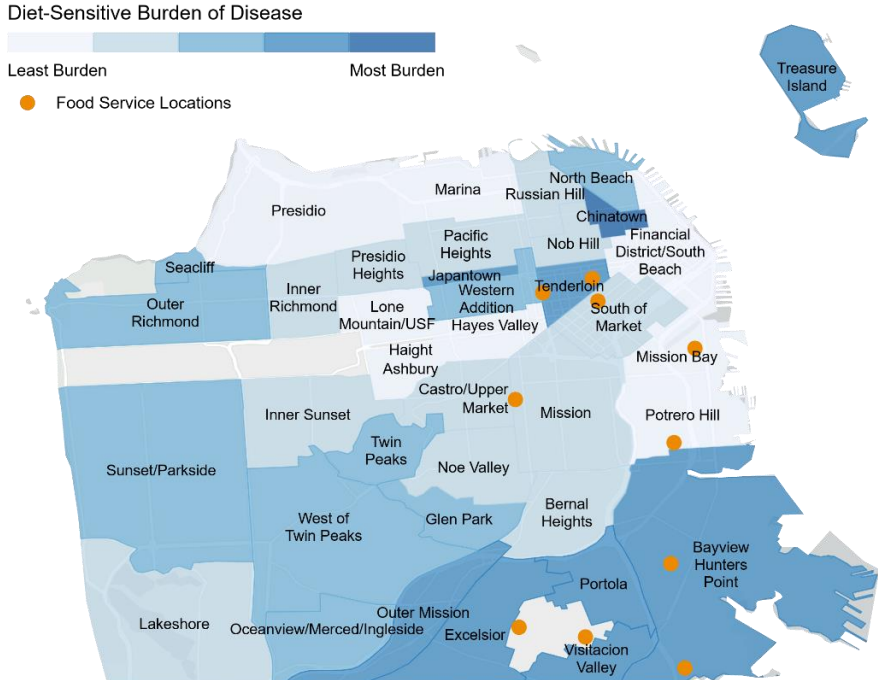
*"My students always loved the lessons! Project Commotion Teachers always provided great opportunities for movement. They were receptive to their interests and would put on music that students enjoyed. In particular, I loved when they were using things such as the dance scarves or navigating cones to learn new skills."*

SFUSD Teacher

\* According to the Centers for Disease Control and Prevention, adults need at least 150 minutes of moderate-intensity physical activity a week.<sup>10</sup>

# Finding 3 – SDDT investments have improved food security by 1) providing direct programs and services and 2) supporting structural and systemic changes that increase access to healthy food.

## SDDT Direct Food Distribution Programs



Esri. (2025). ArcGIS Pro (Version 3.1) [Computer software]. Environmental Systems Research Institute, Inc. <https://www.esri.com>.

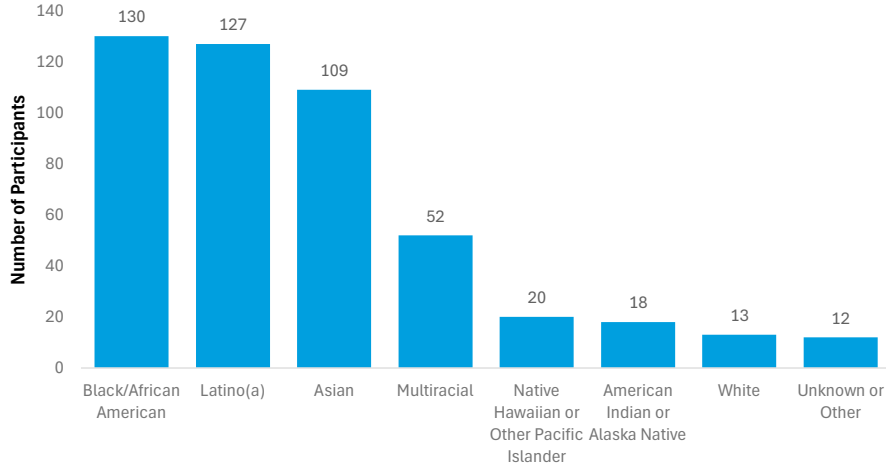
Note: SDDT-funded organizations that provided direct food services in FY23-24 were 18 Reasons, All My Usos/Fa’atasi Youth Services, CARE, Farming Hope, Florence Fang Community Farm, SOMCAN, TNDC (Kain Na and Healthy Retail), Urban Sprouts, and RPD (Peace Parks).

Among the **481 food insecure participants** the largest racial/ethnic group was **Black/African American**, followed by **Latino(a)** and **Asian**.

According to the 2023 San Francisco Biennial Food Security and Equity Report, city-wide food insecurity is at an all-time high.<sup>13</sup> Food insecurity increases risk of multiple chronic conditions including diabetes, heart disease and hypertension, and exacerbates physical and mental health conditions. SDDT funding takes a comprehensive approach to improving food security by supporting community-led services that directly help residents facing food insecurity, while also working to create long-term changes in systems and structures that contribute to the problem.

**In FY 2023-24, 10 SDDT-funded programs offered community-led and culturally responsive direct food distribution services, such as groceries and meals, feeding nearly 24,000 participants in the neighborhoods with highest need.**

Race/ethnicity breakdown among SDDT participants experiencing food insecurity





Participant survey results suggest **participation in an SDDT-funded program improves food security and increases fruit and vegetable consumption.**

Nearly **70% of participants surveyed reported experiencing food insecurity** in the past year.

Approximately **2 out of 3 SDDT participants reported having issues accessing healthy food** in the past year.

**85% of food insecure participants** agreed they **worried less about having enough food** after participation in an SDDT program

**92% of food insecure participants** reported they had **eaten more fruits and vegetables** after participation in an SDDT program



Left: Farming Hope apprentices prepare healthy meals to be delivered to partner nonprofit service providers and supportive housing facilities.  
Right: Community members make a connection at the weekly grocery distribution at Florence Fang Community Farm.

## Healthy Food Purchasing Supplement Grants

The Healthy Food Purchasing Supplement (HFPS) is a grant program that increases the food budget for participating low-income San Franciscans while simultaneously incentivizing fruit and vegetable consumption. In FY 2023-24, the two HFPS grantees are Heart of the City Farmers Market (HOCFM), which manages the Market Match program, and EatSF, which manages San Francisco's Vouchers4Veggies (V4V) program.

### Market Match

Heart of the City Farmers Market (HOCFM) operates Market Match\* to provide up to \$30 per month in incentives to match participants' use of their CalFresh nutrition assistance benefits at HOCFM.

- **19,761 unduplicated participants received Market Match incentives/ supplements.**
- **\$30 per month/participant (12 months) = \$360 per year/per participant**

In January 2024, Governor Gavin Newsom proposed a \$35 million cut to Market Match. Market Match is a 15-year-old program funded through the California Nutrition Incentive Program (CNIP) that matches CalFresh spending dollar-for-dollar for fresh food at the local level, drives health equity, and economic development in rural areas. CNIP funds are matched by federal grant dollars. SDDT Grantees including the Heart of the City Farmers Market, Tenderloin Neighborhood Development Corporation (TNDC), and the Tenderloin Food Policy Council (FPC) joined the Save Market Match campaign. Amplifying voices of a community that would be directly affected by the proposed cut, Tenderloin FPC members, a Tenderloin resident-led group, held meetings with state legislators in Sacramento and SF Supervisors at City Hall. Their efforts resulted in the SF Board of Supervisors passing a resolution urging Governor Newsom to preserve the funding. Ultimately, Governor Newsom signed the joint budget bill that included \$35 million for Market Match, **preserving a critical resource for healthy food for low-income Californians.**

\* Market Match is a program of the Ecology Center and is funded in part through the California Department of Food and Agriculture and the USDA's National Institute of Food and Agriculture and is a lifeline for food-insecure families and California farmers that incentivizes CalFresh recipients to spend their benefits at farmers markets.

### Vouchers4Veggies (V4V)

Vouchers4Veggies (V4V) is a fruit and vegetable voucher program operated by EatSF. Vouchers are redeemable at local food retailers including corner stores, grocery stores, and farmers markets. In FY 2023-24, EatSF partnered with SF Department of Public Health and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to provide WIC participants with \$40 per month in fruit and vegetable vouchers for nine to twelve months.

- **2,458 pregnant people** received Vouchers4Veggies.
- **54,408 produce vouchers distributed with a total value of \$544,080**
- **\$40 per month (9 to 12 months – starting November 2023)**
- **86% of V4V recipients were BIPOC**

**Pregnancy is a critical period** for supporting food security and maternal nutrition, because of the long-term impacts on the developing fetus. **Food insecurity among pregnant women in San Francisco<sup>17</sup>**

- 26.5% among Latino(a) women
- 19.5% among Black/African American women
- 6.6% among Asian and Pacific Islander women
- Almost no White women in San Francisco report food insecurity during pregnancy.

SDDT PSE Grantee, **18 Reasons**, also serves pregnant people through the Nourishing Pregnancy Program which offers up to 16 weeks of home-delivered groceries and online cooking, nutrition, prenatal, and postpartum health classes for Black and Latino(a) birthing parents and families.

Both HFPS programs are examples of **structural interventions** that increase access to healthy food options for low-income residents in San Francisco. By helping these residents incorporate more fruits and vegetables into their diet, HFPS programs have been shown to change long-term healthy nutritional behaviors and, thus, reduce health inequities.<sup>17,18</sup>

In addition to helping low-income residents access fresh produce and stretch their household budgets, the HFPS grantees also make a significant contribution to the local economy, especially supporting small and BIPOC-owned businesses. These grants offer a strong return on investment: a 2021 economic analysis found every dollar invested in Vouchers4Veggies programs leads to an additional \$3 in local economic activity.

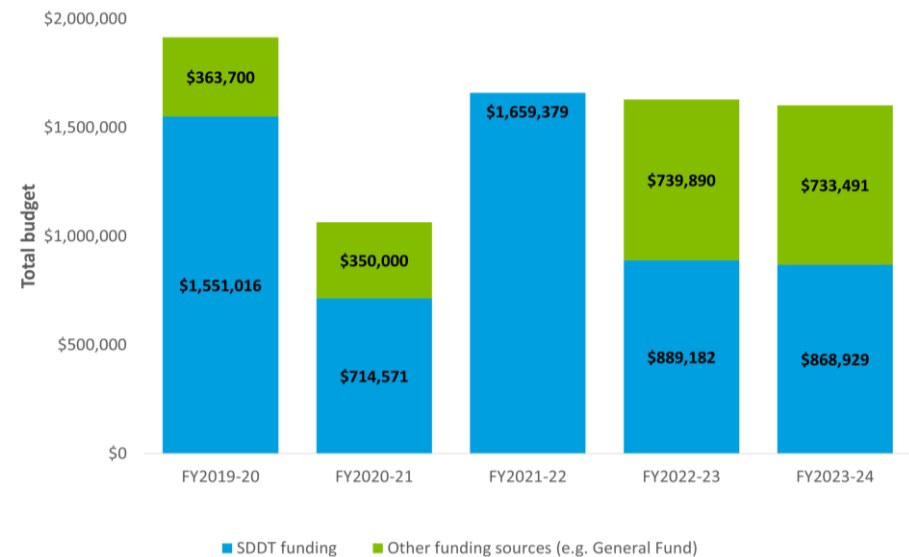
**Structural interventions** change the policies and systemic practices that shape where we live, learn, work, and play—and therefore have the potential to interrupt inequities and create healthier opportunities.<sup>14</sup> Decades of public health research have demonstrated that structural changes that address the social determinants of health also improve health outcomes for communities, resulting in much larger and more sustainable impacts than individually-focused health promotion or medical interventions.<sup>15,16</sup> Despite their large impact, structural changes that increase equity often require significant effort to implement and also typically require longer periods of time to see measurable health improvements (relative to individually-focused health promotion or medical interventions).<sup>14</sup>

In FY 2023-24, HFPS funds directly supported local, small, and primarily BIPOC-owned corner stores and BIPOC farmers.

- **69% of V4V redemption sites** were small and/or **BIPOC-owned corner stores or farmers**
- **82% (roughly \$421,634)** for HFPS funds went to **BIPOC vendors**
- **83% (roughly \$1,413,341)** of all Market Match dollars (funded through SDDT, USDA, and California Nutrition Incentive Partnership) went to **BIPOC famers**
- **50% of HOCFM vendors** speak a **language other than English at home**

Although the amount of funding sources other than SDDT (primarily the General Fund) has varied each fiscal year, SDDT funds have been the primary source of support for HFPS programs. However, the proportion of funding from SDDT has decreased over time, from 81% in 2019-2020 to 54% in 2023-24. This trend highlights the instability of SDDT funding and underscores the need for SDDT funds to remain a core, stable source of support for this work.

**Funding Sources Distributed to Healthy Food Purchasing Supplement (HFPS)**





## SF Unified School District Student Nutrition Services

SFUSD’s Student Nutrition Services (SNS) department provides over **37,000 meals per day at 136 schools** across San Francisco during the 2023-24 school year.<sup>20</sup> As a result of SDDT investments in kitchen facility upgrades and staff development during FY 2019-20 and FY 2020-21, SFUSD middle and high schools began the transition from pre-made Heat & Serve meals to **Refresh** meals, which are **freshly prepared on site from scratch with fresh and mostly local ingredients**.

**21,008 SFUSD students (42%)** attended schools **servicing daily freshly made meals (Refresh)**

**85% of all middle school** students in SFUSD are served by Refresh kitchens

**90% of all high school** students in SFUSD are served by Refresh kitchens



In school year 2023-24, SDDT funds supported **classroom-based education, the student-led Student Nutrition Advocacy Crew Kids (SNACK) Club, and the installation of hydration stations.**

**24,000 students across 72 SFUSD elementary schools** participated in **classroom-based nutrition and water education**

**1,103 students across 5 elementary schools** participated in **hands-on food education classes and taste tests with FoodCorps**

**7,000 students across 8 middle schools** participated in the **student-led Student Nutrition Advocacy Crew Kids (SNACK) Club**

**Three new hydration stations** were installed. **61 hydration stations** have been installed since 2018 which serve **96% of SFUSD schools**



Left: A Buena Vista Horace Mann student chops a tomato with the SNACK Club.

Right: MUNI ad art contest winner. Through the SNACK Club, over 5,000 SFUSD middle school students competed in the Tasty Routes Art Competition to have their art depicting California fruits and vegetables featured on Muni bus posters in 2024.



## Impact of SDDT Funding on SFUSD Students' Fruit/Vegetable Consumption and Food Security

When food-insecure and low-income students choose not to participate in the free school lunch program, it means either 1) they are not eating (which negatively impacts academic performance and achievement)<sup>21,22</sup> and/or 2) their parents/caregivers are spending limited funds on alternative lunch options instead of housing, transportation, medicines, and other essential needs.

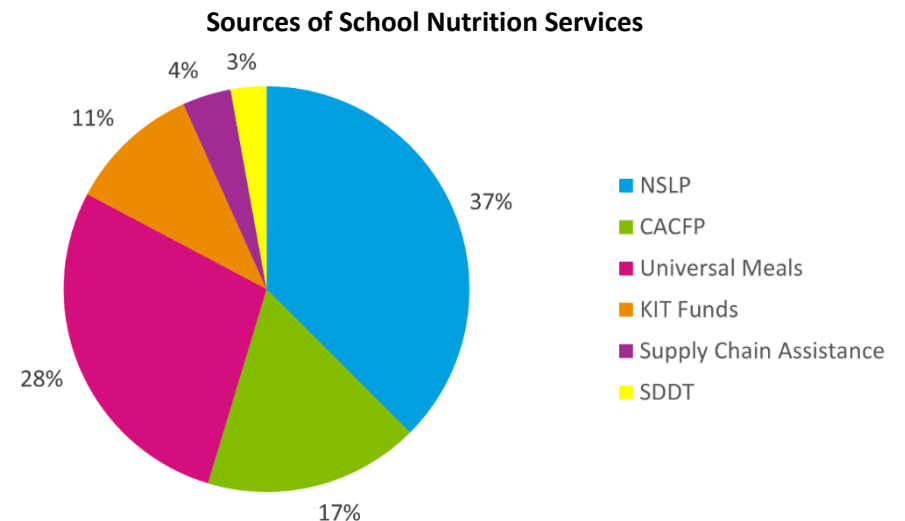
SDDT's ongoing investments in **structural and environmental changes at SFUSD schools** have helped increase student participation in school meals. **Since Fall 2019, student participation in school lunch has increased from 38% to 42%.**

This increased school lunch participation has led to positive nutritional benefits through **increased fruit/vegetable consumption and reduced food insecurity.**

While SFUSD food is funded through federal and state government reimbursements, local sales, and the SF General Fund, the district's innovation projects are funded in part by the SDDT, which make up 3% of the budget. SDDT funds go towards the professional development of teachers; and therefore, **all SFUSD students benefit from SDDT investments.** Though a small percentage of the School Nutrition Services budget, this funding is essential from a sustainability perspective.



Visitacion Valley Middle School SNACK Club students in the school garden.



*"The Sugary Drinks Distributor Tax has allowed San Francisco Unified School District's Student Nutrition Services to create and implement new student approved menus by focusing on procurement strategies and providing professional development opportunities for Dining Staff. This coupled with California's Meals for All has resulted in increased participation in our meal program. This is an excellent example of how school meal programs must leverage resources to create an equitable meal program our students deserve."*

Jennifer LaBarre, Senior Executive Director, Student Nutrition Services, SFUSD

# Finding 4 – SDDT investments strengthen connections and leadership in communities most impacted by health inequities leading to long term benefits.

## SDDT-funded Programs Build Community Connections

In FY 2023-24:

**90% of participants** surveyed agreed with the statement that they **felt more connected with others** after participating in an SDDT program.

**90% of participants** surveyed reported having a **positive outlook on their future** since participation in an SDDT program.

*"We really enjoyed visiting Ultimate Impact's program at Starr King Elementary School in my district. It was great to see the kids having so much fun! Having the opportunity to enjoy a sport that includes participation from everyone is what youth development is all about. Every student had fun and that means a lot."*

Shamann Walton, District 10 Supervisor San Francisco Board of Supervisors

## SDDT-funded Programs Develop Community Leaders

In FY 2023-24:

**87 community members** were trained as **community health workers**

CHWs represented the **Latino(a), Filipino(a), NHOPI, and Black/African American communities**

**18 SDDT-funded organizations** trained and supported CHWs

SDDT funding invests in San Francisco's community health worker workforce by **proving career development, job opportunities, and other skills that support self-sufficiency**. It also builds community capacity by increasing access to health resources and education and **developing community leaders who can advocate for their communities**.

According to the American Public Health Association (APHA) **Community Health Workers (CHWs) or Promotores** are trusted members of and possess a close understanding of the community served. CHWs serve as the link between health and social services and the community.<sup>23</sup>



Top: Polynesian youth dance group, Mixed Persuasion, performs at the Soda Tax 5 Year Community Celebration.

Bottom: OLAGA Project Peer Health Leaders and staff at Community Health Worker Graduation, May 2024

## All My Usos and Fa'astasi Youth Services Opportunities to Live and Grow for our Aiga (Family) (OLAGA) Project

Native Hawaiian and Other Pacific Islanders (NHOPI) make up less than one percent of San Francisco's population.<sup>24</sup> However, they experience the most significant health burden and highest death rates from diet-related chronic diseases. For example, NHOPI adults are admitted to the hospital for type 2 diabetes at a rate six times greater than San Franciscans overall.<sup>4</sup>

In FY 2023-24, All My Usos and Fa'atasi Youth Services were awarded the first SDDT grant dedicated to reaching the NHOPI community. The Opportunities to Live and Grow for our Aiga (Family) (OLAGA) Project aims to decrease prevalence of type 2 diabetes, hypertension, and heart disease in San Francisco's NHOPI community. In year one of the multi-year grant, they recruited and hired seven NHOPI peer health leaders, six of whom (one already obtained their certificate) enrolled in and graduated from City College of San Francisco's (CCSF) Community Health Worker (CHW) Certificate Program in May 2024. This newly trained cohort of community health workers will increase capacity within the NHOPI community to tackle health disparities and promote health from NHOPI perspectives. Furthermore, it provided valuable educational and career development opportunities for the peer health leaders. In the upcoming years, the peer health leaders will lead culturally relevant chronic disease prevention and support classes and fitness camps.

*"As a CHW working for All My Usos, I live and was raised in this community, so I am continuously building, learning and listening to the real needs and wants of the community, not assuming what they need"*

Community Health Worker, All My Usos and Fa'atasi Youth Services OLAGA Project



## Children's Oral Health Task Forces are Addressing Oral Health Inequities through Collaboration

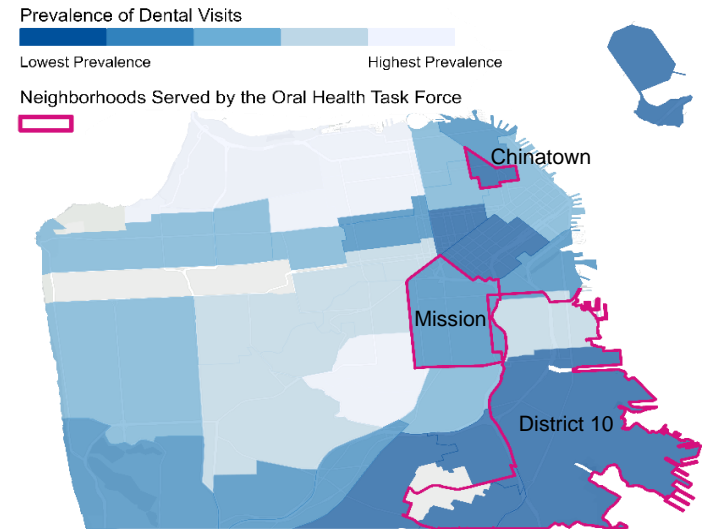
The Children's Oral Health Task Forces are community health collaboratives in Chinatown, the Mission, and District 10, areas with some of the poorest children's oral health outcomes in San Francisco. The task forces aim to increase access to dental and oral healthcare, provide culturally and linguistically responsive oral health education, and collaborate with other oral health stakeholders through the CavityFree SF initiative. As the primary funder of these task forces, SDDT plays a critical role in addressing oral health inequities in the city.

In FY 2023-24, SDDT-supported task forces collectively reached **7,183 participants**

### Chinatown Task Force on Children's Oral Health (CTFCOH) (partial list)

- NICOS Chinese Health Coalition (lead agency)
- APA Family Support Services
- Asian Health Caucus
- Asian Resource Inc.
- Asian Women Resource Center
- Cameron House
- CavityFree SF
- Chinatown Community Development Center
- Chinese Hospital
- Chinatown Public Health Center
- Community Youth Center
- Chinese Immersion School of DeAvila
- Kai Ming Head Start
- Kaiser Permanente
- Magic ToothBus
- Mercy Housing
- North East Medical Services
- On Lok
- SFDPH
- SFUSD - Gordon J. Lau Elementary School, Garfield Elementary, Moscone Elementary
- Self-Help for the Elderly
- SF Livable City
- SF-Marin Food Bank
- SFSU Future Dentist
- Project Smile Global
- UCSF School of Dentistry
- University of the Pacific, Arthur A. Dugoni School of Dentistry
- Wu Yee Children's Services

## Neighborhoods Served by Children's Oral Health Task Forces



Esri. (2025). ArcGIS Pro (Version 3.4) [Computer software]. Environmental Systems Research Institute, Inc. <https://www.esri.com>. Source: See map on page 24.

*"In FY 23-24, the Chinatown Task Force on Children's Oral Health (CTFCOH) continued its collective impact approach to addressing community oral health. This collaborative approach continued to prove to be invaluable as task force members provided diverse viewpoints and expertise that no one person or organization could alone provide, from cultural insights to language nuances to dental expertise to access to populations and venues."*

Kent Woo, Executive Director, NICOS





### District 10 Children's Oral Health Task Force

- Dental Robin Hood (lead agency)
- MAGIC
- Rise Prep
- San Francisco Dental Society
- SFUSD
- Wu Yee Children's Services
- YMCA Urban Services

### Mission Children's Oral Health Task Force

- CARECEN (lead agency)
- CavityFree SF
- Chicano Latino Family Resource System
- Family Connections Center
- Mission Neighborhood Centers
- Mission Neighborhood Health Center
- San Francisco Public Library
- SFUSD - Moscone Elementary and Buena Vista Elementary
- SFDPH
- St. Peter's Parish School
- University of the Pacific, Arthur A. Dugoni School of Dentistry



Top: CTFCOH staff provide oral health education in underserved schools. Sessions were conducted in English and/or Chinese and customized by grade level, including education on proper brushing and flossing as well as foods/drinks that help or harm teeth.  
 Bottom: Mission Children's Oral Health Task Force staff engage the community at a health fair demonstrating proper oral hygiene techniques.

*"By uniting different neighborhoods and backgrounds the Children's Oral Health Task Forces exemplify how collaboration can bridge gaps in care and empower underserved families with the resources and knowledge they need for healthier smiles. Together, we're fostering a citywide commitment to oral health equity, ensuring that every child, regardless of background, has access to critical dental resources."*

Gabriela Castellanos Rumbo, Mission Children's Oral Health Task Force Coordinator, CARECEN SF



Promotoras participate in a training with CARECEN SF.

## Amplifying Community Voices – CARECEN SF's Approach to Policy, Systems, and Environmental Change

**SDDT Policy, Systems, and Environmental (PSE) Grants** provide multiple years of grant funding to support community-driven policy, system, and environmental-level change that prevent and mitigate diet-sensitive chronic diseases.

**CARECEN SF**, a PSE grantee since 2020, provides vital direct services and advocacy to help create a vibrant and thriving Latino(a) immigrant community in San Francisco. To develop a PSE change strategy, in FY 2022-23, CARECEN SF completed a community-based assessment with over 200 Spanish-speaking Latino(a) San Francisco residents and 15 community leaders which gathered perspectives on sugary drinks, tap water consumption, and top health concerns for the Latino(a) community. It revealed the need for more

### CARECEN's multi-layered strategies for Policy, System, Environmental Change

#### Influence Policy Change

- Collaborate with city agencies such as SFPUC and SFDPH to integrate authentic community engagement into agency operations and implement strategies to remove the cost barrier to water testing.

#### Build Partnerships

- Build partnership with SFPUC
- Connect with coalitions including Shape Up San Francisco and the Children's Oral Health Task Forces to expand work beyond the Latino(a) community.

#### Develop Community Leadership

- Train 10 Promotores (Community Health Workers) to share health information and resources with community and lead advocacy work.

#### Amplify Community Voices

- Conduct community assessment with over 200 Latino(a) community members
- Facilitate monthly community meetings where residents get information and share feedback.

#### Deliver Direct Services & Education

- Provide direct connections to social services and culturally relevant health education.



community education on the dangers of sugary drink consumption and ongoing concerns about the perceived safety of tap water. In monthly community meetings held in FY 2023-24, the community clearly expressed a strong desire to prioritize increasing confidence in and consumption of San Francisco tap water.

CARECEN SF built upon their foundation of providing access to services and education to employ multi-layered strategies advocating for policy and system-level change. Their approach included increasing community leadership and capacity by training a new cohort of 10 promotoras and partnering with San Francisco Public Utilities Commission (SFPUC) to explore solutions leading to the development of a pilot program to increase access to free water testing and a commitment to improving communications with the Latino(a) community on the safety of San Francisco tap water, changes that will last for years to come.

**Concerns related to water quality** are a nationwide trend, and they partially originate from the well-publicized stories of contaminated water in public water systems as a result of structural racism and inequities in public investments. Peer-reviewed research using data from the Centers for Disease Control and Prevention has found persistent disparities in tap water consumption by race/ethnicity that have grown since the Flint Water Crisis that started in 2014.<sup>25</sup>

**CARECEN SF's work is already shifting attitudes around drinking water.**

*"I'm grateful to be part of these community meetings. I take the information I learn about the importance of drinking tap water and the dangers of drinking soda and share it with my family back at home in Guatemala. They don't know the dangers and I tell them so that they can be healthier."*

CARECEN SF Community Meeting Participant



CARECEN SF staff promote SF tap water with a custom-made water bottle piñata at the Soda Tax 5 Year Community Celebration.

## Five Years Strong: Celebrating the Success of the Soda Tax

To celebrate five years of San Francisco's soda tax, SFPDPH and partners hosted a series of events in November 2023, focusing on the key pillars that make San Francisco's soda tax a success: **Community, Science, Youth, and Policy**. For more information, please see [sodatax-sf.org/5yr/](https://sodatax-sf.org/5yr/).



### Community

On November 4, 2023, soda tax grantees and partners gathered at the Florence Fang Community Farm to recognize achievements, enjoy healthy, delicious foods, and participate in family-friendly activities and performances.



### Youth

On November 9, 2023, students, staff, and partners celebrated at Urban Sprouts' Farm and Kitchen at June Jordan School for Equity with activities including education on sugary drinks, a bike-powered smoothie station, and infused water tastings with student-grown herbs.



### Science

On November 7, 2023, Dr. Dean Schillinger hosted a hybrid Grand Rounds at Zuckerberg San Francisco General Hospital to discuss the partnerships that made San Francisco's soda tax a success and its positive health impacts, including reduced soda consumption and new public health programs.



### Policy

On November 9, 2023, the American Heart Association (AHA) and the SDDTAC co-chairs hosted a virtual panel to discuss lessons from the soda tax and the future of sugary drink policies. The event emphasized the strength and power of community in shaping policy.



## Recommendations

- 1) Continue to prioritize a community-led, collaborative, and multi-layered approach for SDDT funding to create sustainable change in communities targeted by the sugary drinks industry.**

This includes direct services, programming, outreach and education as well as policies and structural changes that address healthy eating, active living, and the social determinants of health.

- 2) Invest in long-term benefits to communities by supporting residents from priority populations with economic and leadership opportunities.**

Increasing job training and economic opportunities is critical to developing resident leaders and strengthening overall community capacity given the many structural inequities they experience in securing jobs and accessing decision-makers and government systems.

- 3) Continue to increase awareness about the negative impacts of sugary drinks and to reduce SSB consumption, especially among priority populations.**

Based on the results of the SDDT participant survey, regular soda and sweetened coffee/tea have the highest levels of daily consumption among SSB types and, therefore, SDDT should invest in greater levels of education on the health harms of excessive consumption of these types of SSBs and the beverage industry's continued financial exploitation of BIPOC communities. All SDDT-funded programs and interventions should include information about the health harms of SSBs in interactions with community members.

- 4) Continue to encourage San Franciscans to drink tap water.**

SDDT-funded entities have made progress in encouraging community members to increase their consumption of water with culturally responsive health promotion. Continue to utilize SDDT funded entities to address perceptions and beliefs of reported concerns with the safety of drinking tap water due aging infrastructure. Continue to work on environmental and systems changes (e.g., hydration stations, and institutional policies and practices around serving drinking water) that support tap water consumption.

- 5) Continue to support SDDT evaluation efforts.**

Evaluation is critical to demonstrate the SDDT's impact in addressing health inequities and make data-driven recommendations. To ensure SDDT funding is informed by data and evidence, it is important to continue evaluating SDDT-funded programs and structural interventions.

Support SDDT-funded entities to increase their capacity to collect demographic participant data. Demographic data is critical to understand who is participating in SDDT-funded programming and services, which allows the evaluation to assess SDDT's reach in advancing health equity.

**6) Ensure that the Mayor’s Office allocates per the recommendations and evaluation of the SDDTAC, as voters intended.**

The SDDTAC spends over 500 hours annually to develop budget recommendations that support the health and well-being of San Franciscans by evaluating and analyzing data, listening and uplifting the community’s needs, and supporting the decrease of the consumption of sugary beverages. To amplify these efforts and community-informed budget recommendations, it is strongly encouraged that the Mayor’s Office allocate the budget recommendations as submitted.

**7) Extend SDDTAC beyond 2028 to preserve the community and data-driven process of informed recommendations and evaluation.**

The SDDTAC is made up of key leaders and community members that represent priority populations and who ensure that SDDT funding is equity-focused and responsive to emerging community needs. The SDDTAC is slated to sunset in 2028 and intends to make changes to the legislation to be a dedicated tax and composition of the public body. Consider options and best practices to extend the committee or create a dedicated tax.

## Contributor Biographies

### Christopher Lee, MPH

Christopher Lee is an epidemiologist on the Health Equity team in the Center for Data Science - Population Health Division at the San Francisco Department of Public Health (SFDPH). Before working with the Health Equity team at SFDPH Christopher worked on the COVID-19 response for San Francisco and Santa Clara County where he co-led the development and maintenance of both internal and public reporting systems. Prior to Santa Clara County Christopher worked at the UCLA Center for Health Policy Research where he helped evaluate the efficacy of public health policy work.

**Contribution:** Data cleaning and analysis, results interpretation and editing of final report.

### Melinda Martin, MPH

Melinda Martin, MPH, Healthy Eating Active Living Team in the Community Health Equity and Promotion Branch of SFDPH. She is the backbone staff for the Sugary Drinks Distributor Tax Advisory Committee. The advisory committee makes recommendations to the Mayor and the Board of Supervisors on the effectiveness of the Sugary Drinks Distributor Tax (SDDT), evaluates the impact of SDDT and funding recommendations regarding potential establishment of programs to reduce the consumption of sugar-sweetened beverages in San Francisco.

**Contribution:** Report review and editing.

### Kaela Plank, MS, MPH

Kaela Plank is the Health Equity Program Manager in the Center for Data Science - Population Health Division at SFDPH. In this role, she supports SFDPH in using data to inform public health practice and advocating for policy, systems, and environmental changes that support health. Prior to joining SFDPH, Kaela worked at the Nutrition Policy Institute where her research focused on food security, school meal access, and evaluation of the CalFresh Healthy Living Program.

**Contribution:** Data cleaning and analysis, results interpretation and editing of final report.

### Marianne Szeto, MPH

Marianne Szeto, MPH, is the Chronic Disease Prevention Programs Manager in the Community Health Equity and Promotion Branch of SFDPH. Marianne leads the Healthy Eating Active Living (HEAL) Team and provides backbone support for the Shape Up SF Coalition and the Sugary Drinks Distributor Tax Initiative. Marianne's efforts have been instrumental in laying the foundation for the San Francisco soda tax by implementing education and awareness campaigns and training community partners and health equity coalitions on the health impacts of sugary drinks and industry tactics. She holds a Master of Public Health from San Jose State University and a Bachelor's in Classics from UCLA.

**Contribution:** Results interpretation, report review, and editing.

### Kim Wong, MPH

Kim Wong, MPH, Healthy Eating Active Living (HEAL) Team in the Community Health Equity and Promotion Branch of SFDPH. As the Soda Tax Grants Coordinator, Kim oversees request for proposals (RFP) processes to distribute SDDT funds per SDDTAC recommendations, manages contracts with SDDT grantees, and provides technical assistance and capacity building support to SDDT funded entities. Prior to joining SFDPH, she managed nonprofit wellness, nutrition, and healthy food access programming in New York City (BronxWorks) and San Francisco (SF Marin Food Bank). Kim earned her Bachelor's from UC Davis and MPH from CUNY School of Public Health at Hunter College.

**Contribution:** Results interpretation, report writing, editing, design, and formatting.

### Cathleen Xing, PhD, MPH, CPH

Cathleen Xing, PhD, MPH, CPH is an epidemiologist on the Health Equity Team within the Center for Data Science - Population Health Division of SFDPH. She contributes to data analysis and reporting initiatives, including SDDT, Gender Health, and Vision Zero SF. Before joining the Health Equity Team, Cathleen worked at SFDPH's Tuberculosis Control Branch, where she was also activated to support the COVID-19 pandemic response. Cathleen graduated from Rutgers University in 2019, where she conducted breast cancer research at the Rutgers Cancer Institute of New Jersey, focusing on health disparities among Black/African American women.

**Contribution:** Data cleaning and analysis, results interpretation, and editing of final report.

### Raimi + Associates

Raimi + Associates is a mission-driven planning, urban design, and research firm that were contracted to lead the SDDT evaluation in partnership with SFDPH from FY 2019-20 through FY 2022-23. Due to the elimination of the evaluation budget in the SDDT allocations in FY 2023-24, Raimi + Associates were not involved in FY 2023-24 data analysis and evaluation report writing.

**Contribution:** Development of the evaluation plan, data collection of annual reports and participant surveys.

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