# San Francisco Sugary Drinks Distributor Tax (SDDT)

**EVALUATION HIGHLIGHTS 2019–2023** 





### Where are we now?

Since the SDDT was implemented in January 2018, San Franciscans' purchasing and consumption of sugary drinks has decreased substantially. Additionally, individual programs supported with SDDT funding have begun to demonstrate success in most other outcomes. Green check marks (\*) represent substantial change and orange checkmarks (\*) represent some change.

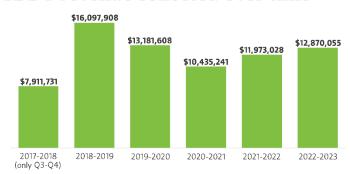
Improve behavioral outcomes	
▼Decrease in sugary drink consumption	~
▲Increase in fruit/vegetable consumption	~
▲ Increase in physical activity	~
▲Increase in breastfeeding	~
▲Increase in tap water consumption	~

Improve economic conditions for individuals, workers/families, and local businesses

▲Increase in food security

▲Increase in economic opportunity and stability ✔

### SDDT revenue collected over time

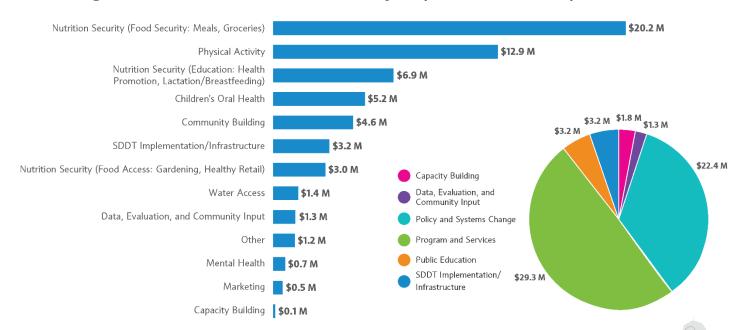




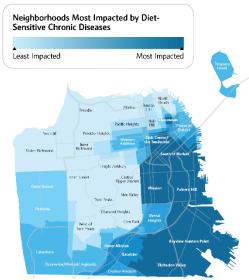


#### SDDT revenue allocations over time

SDDT funding allocations (in millions of dollars) made over the past 5 years (and current fiscal year): 2018-19 to 2023-24

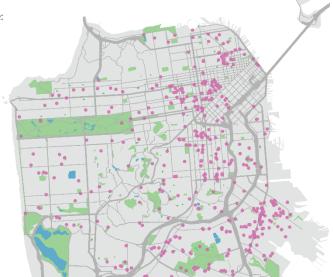


SDDT has funded programming and services throughout the city with a focus on priority neighborhoods



The dots represent places where:

- SDDT-funded entities are located (i.e., main office, clinic) and where SDDTfunded programming and/ or community engagement happened (e.g., classes, oral health services, congregations participating in an SDDTfunded coalition);
- 2. SDDT-funded benefits were distributed and used to purchase produce; or
- 3. SDDT-funded facilities improvements are (e.g., hydration stations, kitchen upgrades).



# **Healthy People**

STRENGTHENING COMMUNITY LEADERSHIP TO SUPPORT HEALTHY PEOPLE

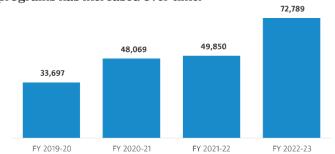




SodaTax-SF.org | SF.gov/sddtag

## Participants in SDDT-funded programs

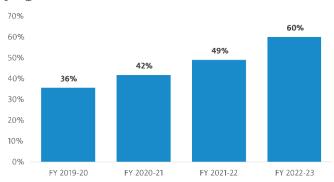
The number of unduplicated participants in SDDT-funded programs has increased over time.\*



**72,789** participants

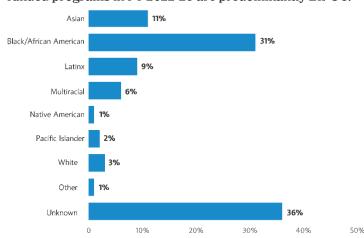


The percentage of participants in SDDT-funded programs who are BIPOC has increased over time.



\*Please note in fiscal years 2019-20 and 2020-21, most (but not all) funded programs reported data on unduplicated participants and people paid with SDDT funds. Therefore, the numbers presented above for participants and people paid with SDDT funds are an undercount.

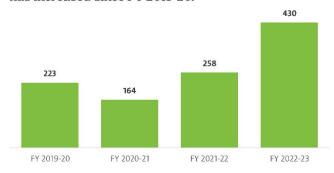
The self-identified race/ethnicity of participants in SDDT-funded programs in FY 2022-23 are predominantly BIPOC.\*\*



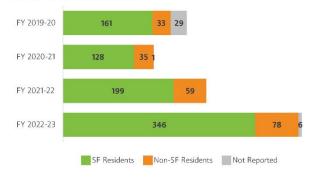
 $^{**}$ The percentage of participants identified as "unknown" has decreased substantially over time.

### People paid with SDDT funds

The number of people paid annually with SDDT funds has increased since FY 2019-20.\*



The vast majority of people paid with SDDT funds live in San Francisco.



## Languages spoken by people paid with SDDT funds

Afaan Oromo • Amharic • Arabic • Cambodian • Cantonese • English • French • Hindi • Hokkien • Ilokano • Japanese • Malay • Mayan-K'iche' • Mayan-Mam • Mayan-Yucateco • Mandarin • Russian • Spanish • Swahili • Tagalog • Toishanese • Vietnamese



86%

of organizations paid promotores/ community health workers with SDDT funds

70-89% of people paid with SDDT funds in each of the last five years are BIPOC

## **Healthy Places**

MITIGATING STRUCTURAL INEQUITIES TO CREATE HEALTHY COMMUNITIES



San Francisco Neighborhoods Most Impacted by Diet-Sensitive Chronic Diseases

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 dietrelated chronic disease burden are: Bayview Hunters Point, Chinatown, Tenderloin/Civic Center, Excelsior, Mission, Outer Mission, Potrero Hill, South of Market, Visitacion Valley.





Within the last four years, SDDT has funded structural interventions to mitigate health inequities and create healthy communities.

During fiscal year 2022-23, Market Match and Vouchers4Veggies provided \$2.4 million of fruits & vegetables to low-income families with 92% supporting mostly BIPOC small business owners and farmers.

When you start a habit, if you keep up with it, then it's easier to stick to that diet... so that's what I'm trying to do. [The vouchers] help me stick to these healthy eating habits."

-Vouchers4Veggies program participant



