2025 Sugary Drinks Distributor Tax (SDDT) Data Brief

About this Data Brief

This data brief is prepared by the Healthy Eating Active Living (HEAL) Team in the Community Health Equity and Promotion (CHEP) Branch and the Center for Data Science (CDS) of the Population Health Division of the San Francisco Department of Public Health to meet Article XXXIII of the SF Administrative Code requirements.

Data sources are not updated annually, and changes in public health outcomes occur over time. An annual brief will highlight key metrics outlined in the legislation, with a comprehensive report every five years. The next full data report will be produced in 2028.

The 2025 data brief uses publicly available data from prior years, as more current data was not available at the time this brief was released. The data sources included in this brief have a one-to-three-year lag between data collection and when the most recent year of data are available for public release. Despite these limitations, the brief provides valuable insights into trends and patterns related to the health impact of sugary drinks.

Introduction

Scientific evidence links the overconsumption of sugary drinks to chronic diseases like type 2 diabetes, heart disease, and tooth decay – health concerns that disproportionately affect low-income communities of color. In 2016, San Francisco voters passed the Sugary Drinks Distributor Tax (SDDT), also known as the soda tax, to reduce sugary drink consumption and help prevent nutrition-sensitive diseases. This brief highlights the most recent data as of 2024 for three metrics: public health impacts, sugary drink consumption and sugary drink sales in San Francisco.

The soda tax is part of a broader strategy to address long-term health outcomes by reducing sugary drink consumption. The current data show small positive changes, highlighting the need for larger investment in key strategies targeting communities most impacted by sugary drinks.

A note regarding obesity as a measure of health:

Research shows that using overweight and obesity as health indicators can perpetuate stigma and harm overall health.[1-4] In line with this evidence, the SDDT focuses on reducing sugary drink consumption and preventing related chronic diseases through nutrition and physical activity initiatives rather than framing efforts around obesity prevention. This brief does not report on obesity and highlights conditions strongly linked to sugary drinks, such as type 2 diabetes, heart disease, and tooth decay.

Sugary Drinks and Public Health Disparities in San Francisco

Sugary drinks contribute significantly to nutrition-sensitive health disparities in San Francisco, impacting chronic disease outcomes, oral health, and food security.

- The **mortality rate among Black or African American adults for most nutrition-sensitive diseases is roughly two to four times higher** than that of White or Asian adults in San Francisco.[5]
- **Asian kindergartners** experienced the **sharpest increase (10%) in untreated dental cavities in 2023, followed by the largest decrease (20%) in 2025**.[6]
- Among adults in San Francisco earning less than 200% of the Federal Poverty Line (FPL), **food insecurity decreased from 67% in 2022 to 37% in 2023; however, disparities persist across geography, race and income**. Among all adults regardless of poverty status, food insecurity is a major problem for neighborhoods like Chinatown (30%), Treasure Island (28%), and Tenderloin (25%) which face rates almost 6 times the prevalence seen in neighborhoods like Marina, Presidio, and Pacific Heights (5%).[7]

Sugary Drink Consumption Remains Highest Among Low-Income and Communities of Color in San Francisco

Sugary drink consumption varies significantly by race/ethnicity and income level, contributing to health disparities across the city.

- A greater proportion of **Hispanic or Latino/a adults (26%) and Black or African American adults (19%) consume at least one sugary drink per day** compared with Asian (5%) and White (7%) adults.[8]
- Adults earning less than $50k per year (i.e. earning less than 200% of the Federal Poverty Line (FPL) consume sugary drinks nearly four times more often as adults earning $100k or more– (19% vs. 5%).[9]

Sugary Drink Sales in San Francisco

Sugary drink sales in San Francisco have plateaued despite ongoing public health efforts of the Sugary Drinks Distributor Tax. Soda taxes are a meaningful step toward improving community health, but they are just one part of a broader, long-term strategy. The revenue helps to provide insight into consumption trends and the scale of sugary drink purchases across the city.

- Since 2018, the SDDT tax has generated over $100 million.[10]
- **In 2023 alone, over 1.2 billion fluid ounces of sugar sweetened beverages were sold in San Francisco - representing about 102 million 12-oz cans of sugary drinks, or 126 cans per resident.** Note, this estimate does not take into account the amount of sugary drinks consumed by non-residents and tourists.[11]

Impact of Sugary Drinks on SF Public Health

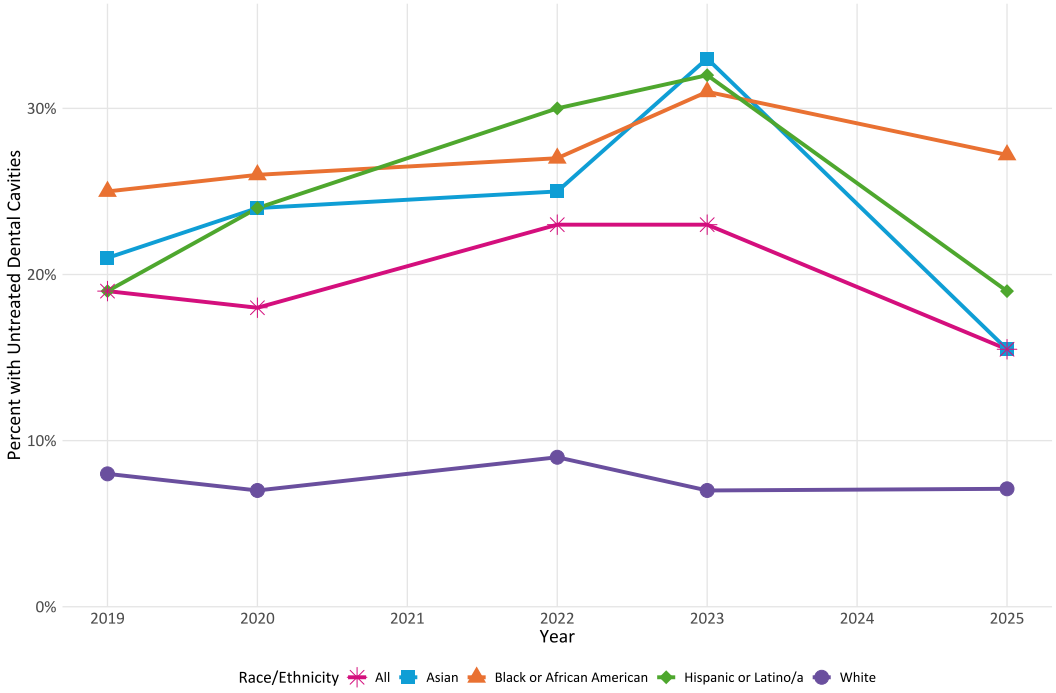
Oral Health Status Among SFUSD Kindergartners

Since 2023, there has been an overall decrease or no change in untreated cavity experiences among SFUSD kindergartners of all race/ethnicities. Citywide, the percentage of kindergartners with untreated cavities declined slightly from 19% in 2019 to 17% in 2020, followed by an increase to approximately 23% in both 2022 and 2023. In 2025, this trend reversed, with the citywide rate dropping sharply to around 16%.

These fluctuations likely reflect the impact of the COVID-19 pandemic, during which disruptions in school-based screenings and access to preventive dental care may have contributed to the rise in untreated cavities. The subsequent decline in 2025 suggests a recovery in access to dental services and preventive care.

Among racial and ethnic groups, **Asian kindergartners experienced the most pronounced changes, with the sharpest increase in untreated cavities observed in 2023, followed by the largest decrease in 2025.**

Prevalence of SFUSD Kindergartners with Untreated Dental Cavities by Race/Ethnicity and School Year, 2019-2025



Source: San Francisco Unified School District (SFUSD), Kindergarten Oral Health Screening Program, 2019-2025

Note: The year refers to the school year, so 2019 refers to the 2018-2019 school year. Estimates for 2020 were based on incomplete data from screenings that finished in the Fall of 2019, before the COVID-19 shelter-in-place orders and were weighted using enrollment data for 2019-2020. Estimates for 2022 and 2023 are not weighted. Estimates from 2020 through 2023 may not be comparable to other years. Estimates among American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander kindergartners are not reported due to too few observations (n<20). Estimates for multiracial and kindergartners that did not report their race or ethnicity are also not reported because the diverse and varied composition of these groups makes meaningful interpretation difficult. Estimates were not available for 2021 and 2024.

Food Security

While oral health reflects one aspect of nutrition-sensitive chronic disease disparities, access to food is another critical factor. Food insecurity not only limits healthy choices but also increases the risk of chronic conditions such as diabetes, heart disease, and hypertension. Limited access to affordable, nutritious foods often leads to greater reliance on low-cost, calorie-dense options—including sugary drinks—which can further exacerbate health risks. The following section examines trends in food insecurity among San Francisco residents and its implications for public health.

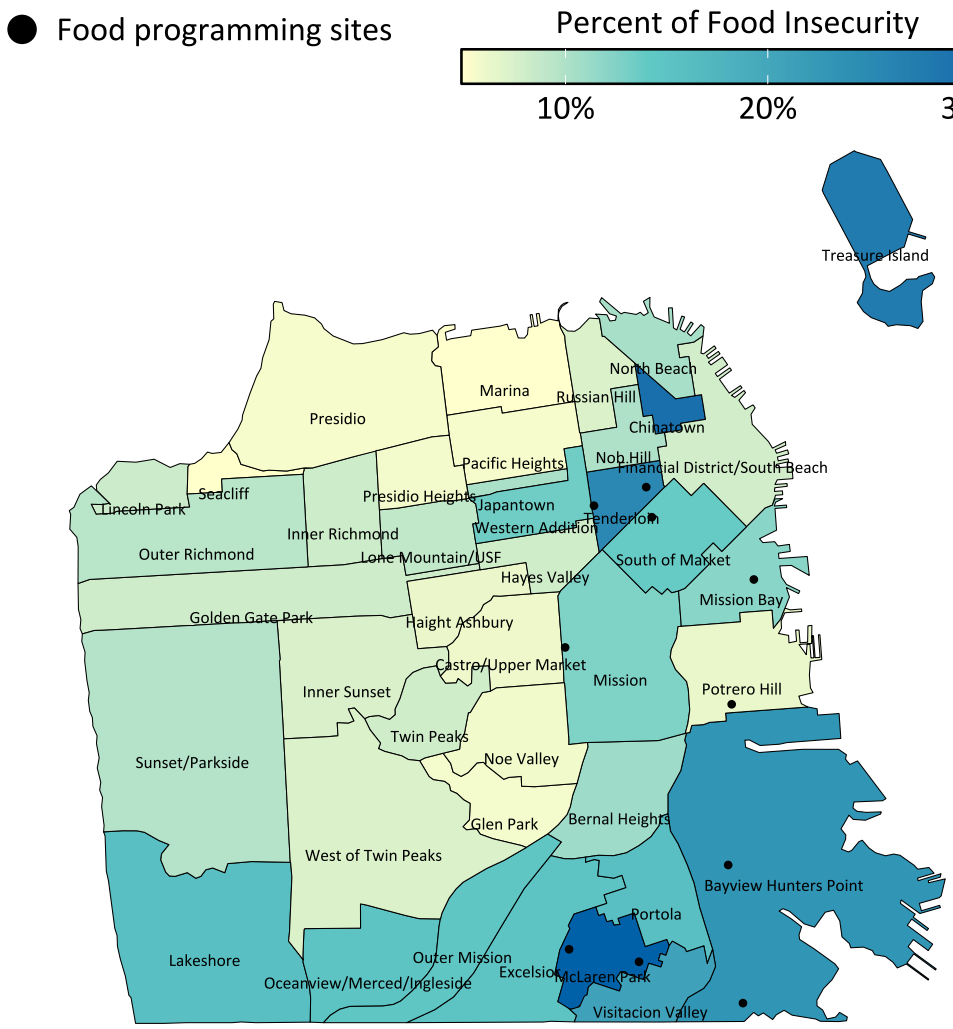
In 2020, food insecurity among San Francisco adults earning less than 200% of the federal poverty line may have declined sharply, though the estimate is statistically unstable. This decline was likely linked to the expanded federal assistance during the COVID-19 pandemic. However, food insecurity rates rose again, to 35% in 2021 and peaked at 67% in 2022. By 2023, the rate fell to 37%, following the all-time high the previous year.

In 2025, cuts to federal Supplemental Nutrition Assistance Program (SNAP) benefits are expected to have a lasting impact on food insecurity, particularly among low-income households. According to the San Francisco Human Services Agency, 110,000 individuals in 82,000 households rely on SNAP benefits in San Francisco. A public-private partnership in San Francisco provided one-time prepaid grocery cards to those who were CalFresh recipients, temporarily and partially filling the gap in November benefits from delays caused by the federal government shutdown. While the federal government has restored SNAP benefits, they eliminated SNAP-ed programs to provide food and nutrition education and this is likely to exacerbate negative public health outcomes. Without access to food and nutrition education, individuals may struggle to make informed choices about healthy eating. This gap can lead to increased rates of nutrition sensitive chronic diseases such as diabetes, heart disease, as well as poor maternal and child health outcomes. Overtime, these factors can widen health disparities,

strain healthcare systems, and undermine efforts to promote long-term wellness in vulnerable communities.

According to data from 2022, there are several neighborhoods where the percentage of adults experiencing food insecurity is more than double or triple the citywide average at 11.7%: Chinatown (29.7%), Treasure Island (27.6%), Bayview Hunter's Point (23.3%), and Visitacion Valley (20.9%). To address food needs, the SDDT tax funds several programs that deliver direct food services in these neighborhoods.

Percent of Adults in San Francisco that are Food Insecure by Neighborhood, 2022



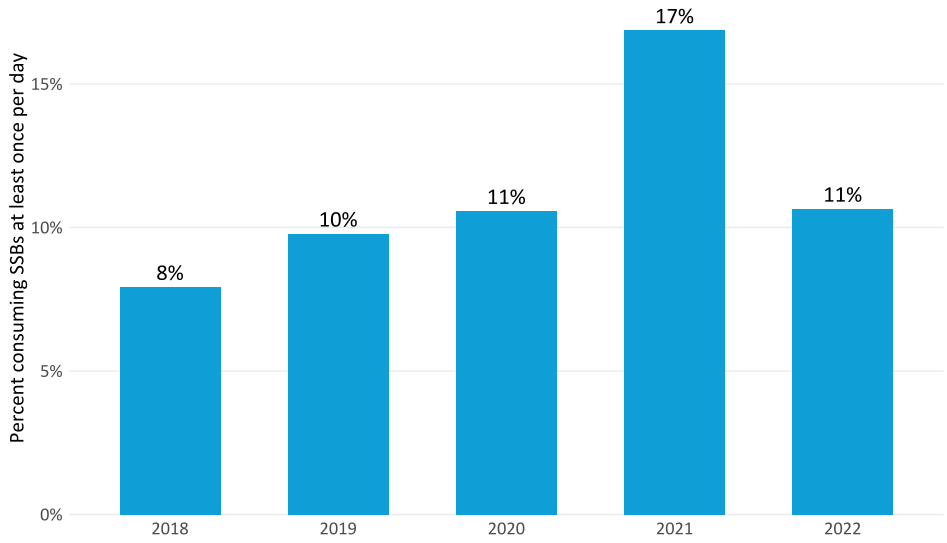
Source: Population Level Analysis and Community Estimates, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, 2022.

Note: Data are the modeled crude prevalence of food insecurity in the past 12 months among all adults at the neighborhood level. Food programming sites are the main addresses for organizations funded by SDDT that provide food directly to residents of San Francisco.

Sugary Drink Consumption Among Adults

From 2018 to 2022, there was a gradual increase in the percentage of adults consuming sugar-sweetened beverages (SSBs) at least once per day, rising from 8% in 2018 to 11% in 2022. A notable spike occurred in 2021, suggesting a sharp rise in daily SSB consumption. However, this estimate carries greater variability compared to other years and should be interpreted with caution. Despite this, **the overall trend indicates a steady upward shift in daily sugary drink consumption among adults over the five-year period**.

Percent of San Francisco Adults Consuming SSBs at Least Once per Day by Year, 2018-2022



Source: Centers for Disease Control and Prevention (CDC). California Department of Public Health. Behavioral Risk Factor Surveillance System Survey Data, 2018-2022.

Note: Data are the percentage of adults that self-reported consuming soda or sugar-sweetened fruit drinks, sweet tea, or sports or energy drinks at least one time per day during the past 30 days.

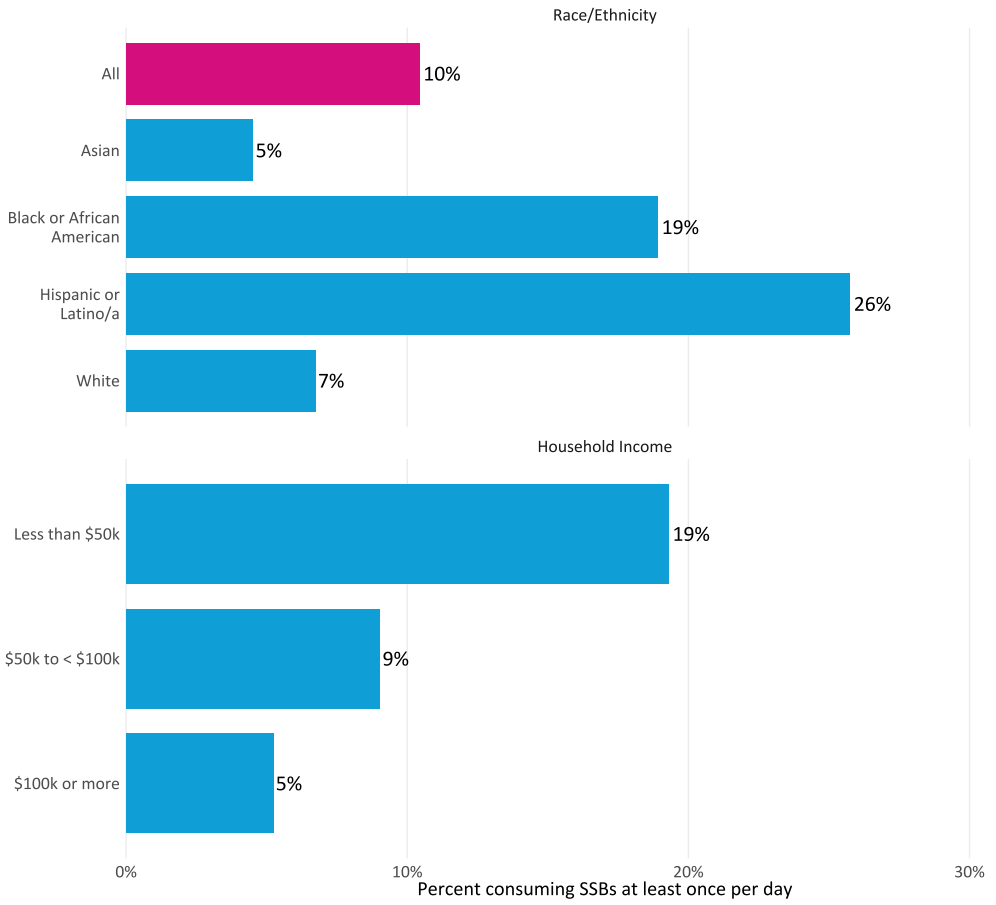
The two bar charts show the percentage of adults that reported consuming sugar-sweetened beverages at least once per day by race/ethnicity and household income. The bar chart data show significant disparities in daily sugar-sweetened beverage consumption among San Francisco adults. White (7%) and Asian (5%) adults reported the lowest rates of consuming at

least one sugar-sweetened beverage per day, while Hispanic or Latino/a adults reported the highest rate at 26%.

Overall, 90% of adults in San Francisco consume less than one sugary drink per day, indicating that daily consumption remains relatively uncommon across the population.

However, consumption patterns vary notably by income. **Nineteen percent of adults earning less than $50,000 per year reported daily sugar-sweetened intake compared to only 5% among those earning $100,000 or more**. This suggests that lower-income adults are disproportionately consuming more sugar-sweetened beverages, highlighting a potential priority area for public health interventions.

Percent of San Francisco Adults Consuming SSBs at Least Once per Day by Demographics, 2018-2022



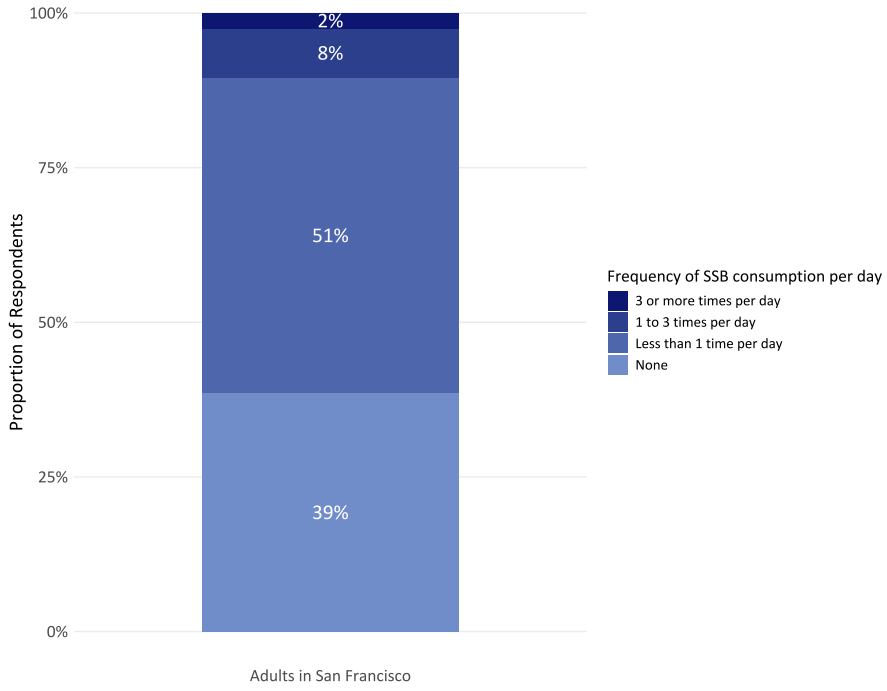
Source: Centers for Disease Control and Prevention (CDC). California Department of Public Health. Behavioral Risk Factor Surveillance System Survey Data, 2018-2022.

Note: Data are the percentage of adults that self-reported consuming soda or sugar-sweetened fruit drinks, sweet tea, or sports or energy drinks at least one time per day during the past 30

days. Data for American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander residents are not shown because too few observations were available. Data are pooled 5-year estimates.

In San Francisco, **about 10.4% of adults consume SSBs one or more times per day**. Approximately half (51%) of SF adults consume SSBs occasionally – more than zero but less than once per day – while 39% report no consumption at all. A very small proportion, just 2.5%, consume SSBs three or more times daily.

Frequency of Sugar Sweetened Beverage (SSB) consumption per day among Adults in San Francisco, 2018-2022



Source: Centers for Disease Control and Prevention (CDC). California Department of Public Health. Behavioral Risk Factor Surveillance System Survey Data, 2018-2022.

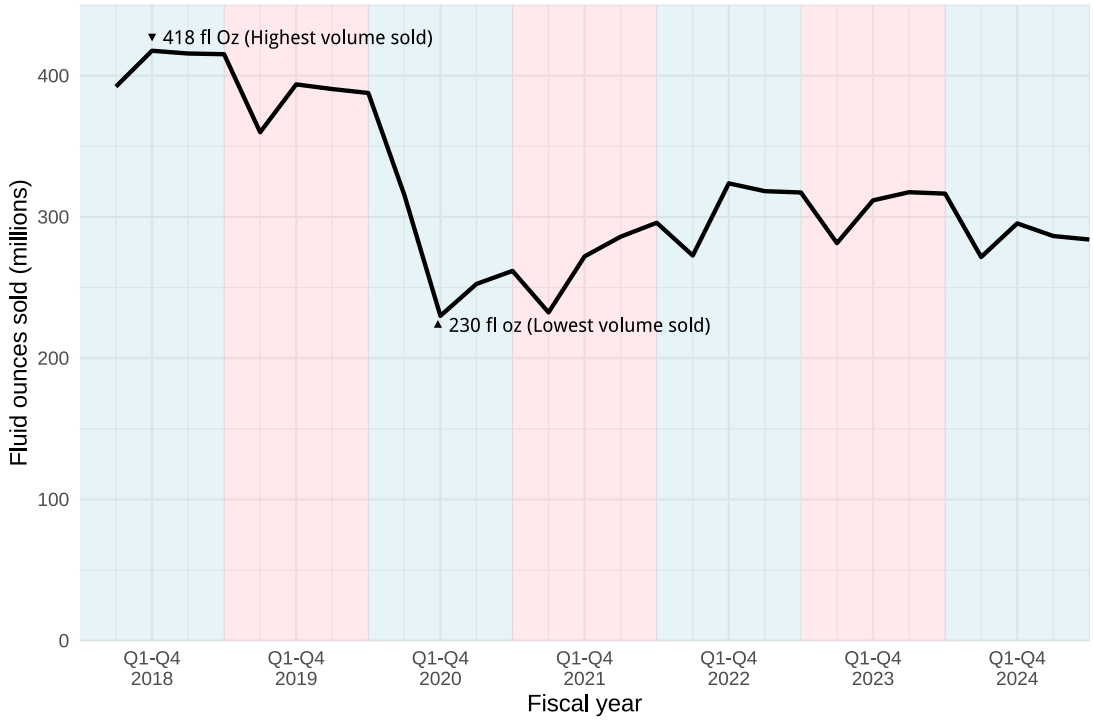
Note: Data are the proportion of adults consuming SSBs none, less than one, one to two, or three or more times per day. SSBs were recorded as soda or sugar-sweetened fruit drinks, sweet tea, or sports or energy drinks during the past 30 days. Data are pooled 5-year estimates.

Sugary Drinks Sales and Consumption in San Francisco

Data from the City Controller show that the total volume of SSBs sold in San Francisco declined from 2019 to 2020, likely due to the COVID-19 pandemic's impact on tourism and daily commuting. Since then, sales have remained noticeably below pre-pandemic levels, possibly reflecting the ongoing shift toward remote work.

In 2023, over 1.2 billion fluid ounces of SSBs were sold in the city – equivalent to approximately 126 twelve-ounce cans per resident. While overall sales are lower than before the pandemic, this figure underscores the continued prevalence of sugary drink consumption and the need for sustained efforts to reduce intake and promote healthier alternatives.

Volume of Sugary Drinks Sold in San Francisco (millions of fluid oz), 2018-2024



Source: San Francisco City Controller, Budget and Analysis Division.

Note: Volume is calculated using the amount of revenue collected for each fiscal quarter where 1 fluid oz equals $0.01. Data for 2024 may be preliminary as businesses can submit and amend their submissions at a later time.

Conclusion

Upstream prevention efforts take time to show measurable impact on chronic diseases, often unfolding over years or even decades. Soda taxes are a meaningful step toward improving community health, but they are just one part of a broader, long-term strategy. Achieving lasting change and reducing chronic disease disparities requires continued investment, time, and a commitment to evaluating outcomes. Data and evidence are essential to understanding what works, measuring progress, and guiding future efforts.

Encouragingly, initiatives funded by soda tax revenues are already driving systemic changes that help create healthier environments for all. However, the disparities highlighted in this data brief make one thing clear: **Black/African American, Latinx, Asian, and Native Hawaiian and Pacific Islander populations continue to experience higher burdens of chronic disease and food insecurity, alongside elevated sugary drink consumption.** These inequities are influenced by structural factors such as targeted marketing of sugary drinks and limited access to affordable healthy foods, which compound health risks over time.

Building healthier communities requires more than soda taxes—it requires long-term investment, rigorous evaluation, and an equity-driven approach to ensure systemic change and measurable impact.

For more information and reports: sf.gov/sddtac
Learn more about the San Francisco Soda Tax: sf.gov/sodatax
Data source notes and limitations: See 2025 SDDT Data Brief Appendix at sf.gov/sddtac

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