



San Francisco Sugary Drinks Distributor Tax (SDDT)

FISCAL YEAR 2023-2024
EVALUATION PLAN

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Updated August 2024

Background

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

In 2016, San Francisco voters took a stand against the soda industry and passed a tax on the distribution of sugar-sweetened beverages, known as the Sugary Drink Distributor Tax (SDDT) or “soda tax”. Rather than taxing consumers, the tax imposes a one-cent per fluid ounce tax on the distribution of sugar-sweetened beverages, syrups, and powders within the City and County of San Francisco. In addition to the tax, the legislation also established the Sugary Drink Distributor Tax Advisory Committee (SDDTAC) made up of 16 diverse voting members. The SDDTAC is charged with 1) making recommendations to the Mayor and Board of Supervisors about how to distribute the funds generated by the tax; and 2) evaluating the effectiveness of those programs and agencies that receive SDDT funding.

SDDT-supported work has the potential to improve the health status of community members most burdened by diet-sensitive chronic diseases. Funds are intended to a) support long-term sustainable changes that are health promoting, and community- and equity- focused; b) support delivery of chronic disease prevention programs; and c) help build strong community organizations with financial and technical support so that priority communities can successfully implement innovative, community-driven and community-led initiatives. Thus, SDDT-funded work focuses on changing policies, systems, and environments to address:

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

SDDT-Funded Programs

In FY 2023-24, SDDT funding was allocated to support the following work:

San Francisco Mayor's Office of Economic and Workforce Development

- Funding for the **Healthy Retail** Initiative, currently led by the Tenderloin Community Development Corporation (TNDC), which works with corner stores and community ambassadors.

San Francisco Department of Public Health

- The three **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.
- **Healthy Food Purchasing Supplement Grants** provide funding for food vouchers (and to support grantees in distributing and managing vouchers) that can only be used on healthy foods (e.g., produce vendors at farmers markets, produce sold at neighborhood stores).
- Funding to support **School-Based Sealant Application** in public elementary schools with high rates of childhood caries.
- **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 is the first year of cohort 2 funding for 6 grantees (which include two grantees that were also in cohort 1).
- **SDDT Healthy Communities Policy, Systems, and Environmental (PSE) 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 is the fourth and final year of funding for 3 PSE grantees.
- **SDDT Healthy Communities SUPPORT Grants** provide one-time grant funding to increase the capacity of a community-based organization that promotes healthy eating and active living (including education to reduce consumption of sugary drinks). FY 2023-24 will be the second cohort of SUPPORT grantees (the first cohort was funded in FY 2019-2020).

- **SDDT Healthy Communities Event Sponsorships** provide one-time funding related to a community event organized by a community-based organization that promotes healthy eating and active living, including education to reduce consumption of sugary drinks. In FY 2023-24 is the first year that event sponsorships will be awarded.
- **Staffing and evaluation research support** for the SDDTAC and SDDT-funded entities.

San Francisco Recreation and Parks Department

- Funding for staffing and event materials at **Peace Parks**, programming that engages community members and activates the space at four sites in San Francisco's Southeastern neighborhoods that have historically had high rates of violence.
- Funding for **REQUITY**, which supports community outreach to and community events for disenfranchised community members (especially 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 Unified School District and the San Francisco Department of Children, Youth, and their Families

- Funding for **grants to community-based organizations (CBOs) working with SFUSD**, FY 2023-24 is the first year of cohort 2 for SDDT-funded SFUSD CBO grants, which will support 3 grantees.
- Funding to support **Student Led Action** aligned with SDDTAC outcomes.
- Funding for **Student Nutrition Services** (food and nutrition education).
- **Water Access** in SFUSD schools, which supports the installation of hydration stations (where students and adults can refill reusable drinking bottles with tap water).

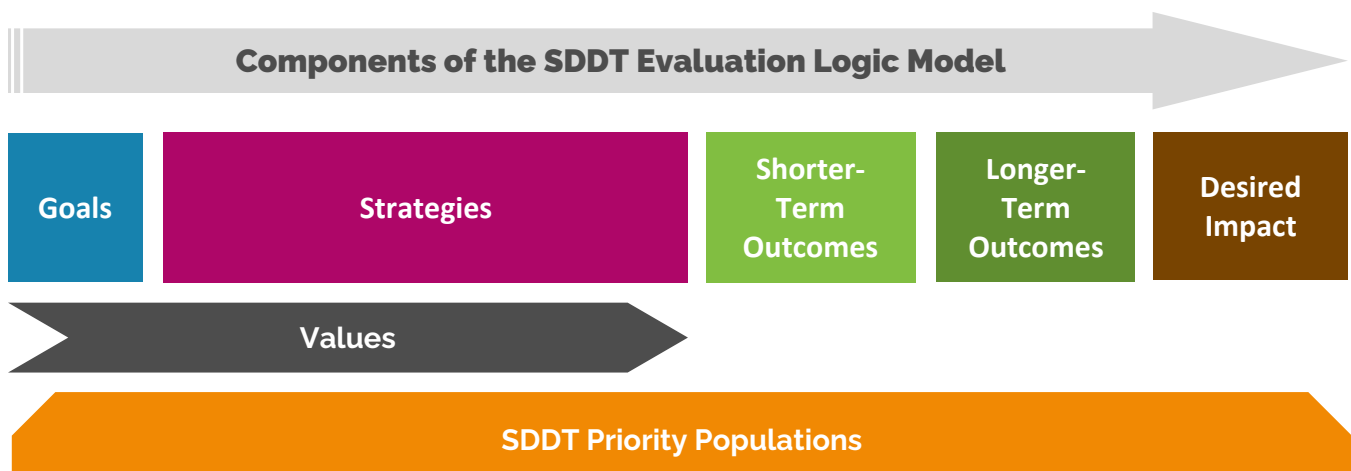
Evaluation Plan

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

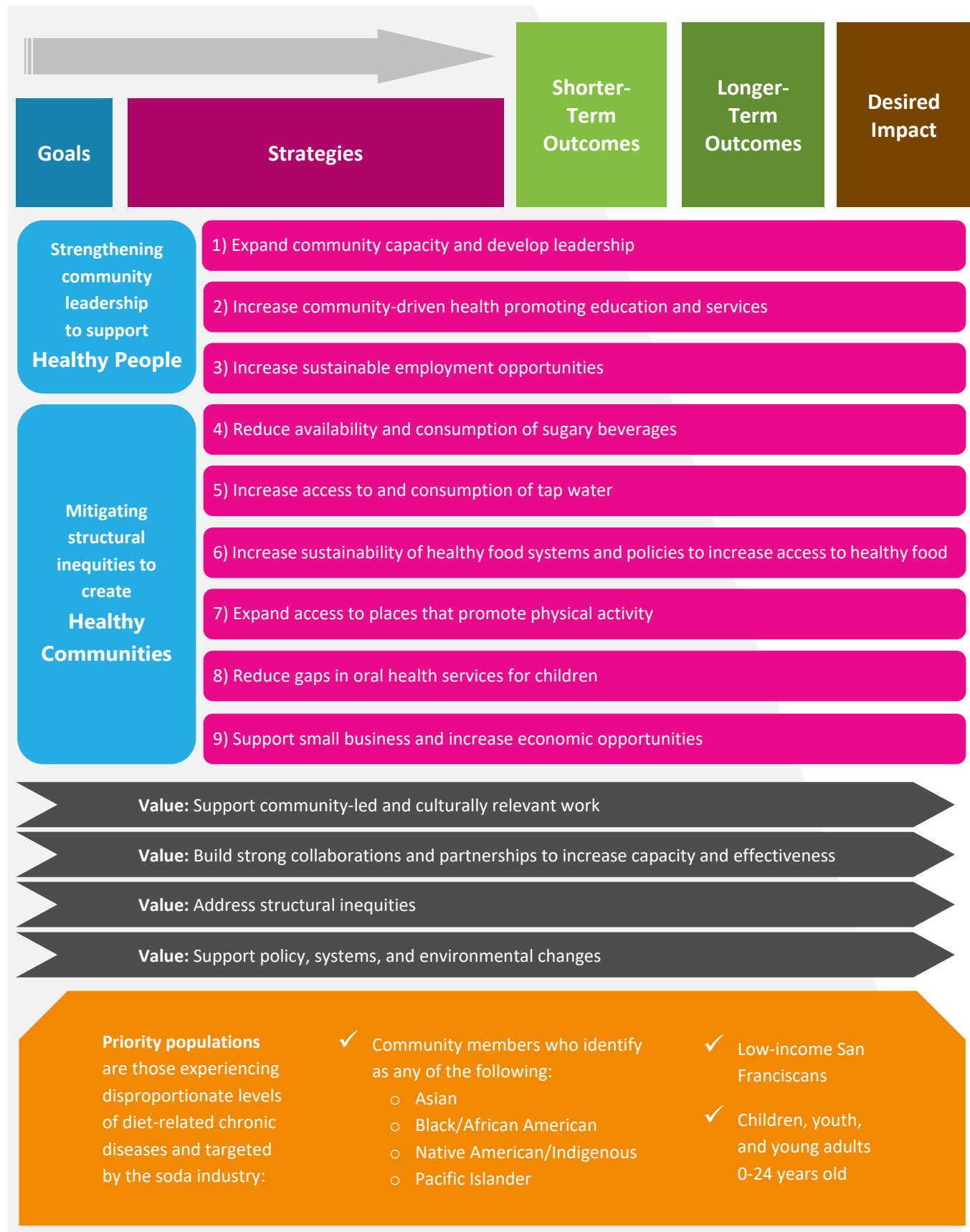
Evaluation Logic Model

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

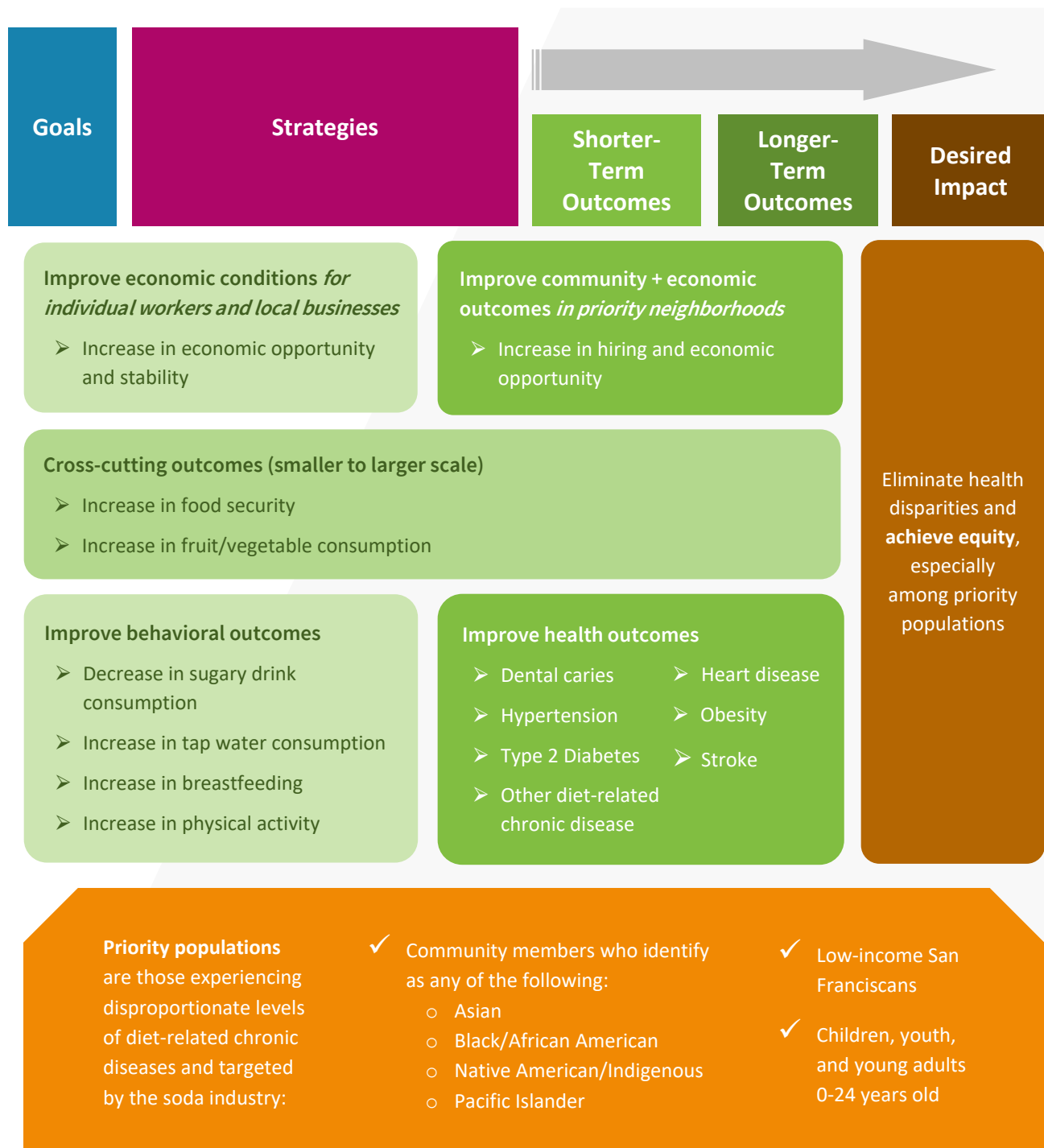
In August 2023, the SDDT evaluation team updated the SDDT strategies and values to address feedback from programs supported with SDDT funds. The evaluation team also expanded the goal language to clarify the intention of the goals.



Revised SDDT Evaluation Logic Model: Goals, Strategies, and Values



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



Evaluation Questions

Relationship to Results Based Accountability

The FY 2023-24 evaluation seeks to understand the impacts of the overall SDDT Funding Initiative across funded programs and projects taking into consideration questions aligned with a Results Based Accountability (RBA) framework.

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

	How much are we doing?	How well are we doing it?	Is anyone better off? <i>People Served by/Participants in Program</i> <i>Population Overall</i>	
A. What strategies are being implemented?	✓	✓	✓	
B. How are priority populations being engaged?	✓	✓		
C. What outcomes are being achieved? For what communities and places?		✓	✓	✓

Metrics

Process Metrics Related to Strategies

The metrics identified below are based on annual evaluation data requested in grantee reports and data requests. Depending on programming implemented each year, some metrics identified below may not be available. Additional metrics may also be available (especially for newly funded programs and new/first-time programming).

SDDT Strategies	Process Metrics
Cross cutting: Not specific to any strategy, but related to SDDT-funded programs' reach overall	<ul style="list-style-type: none"> Unduplicated number of people (estimated minimum) engaged during fiscal year through SDDT-funded programs <ul style="list-style-type: none"> Either estimated unduplicated number OR minimum number engaged by different types of programs Unduplicated number of people engaged in SDDT-funded programs from priority populations (BIPOC overall or specific racial/ethnic populations, children and youth, low-income San Franciscans, etc.) <ul style="list-style-type: none"> Either estimated unduplicated number OR minimum number engaged by different types of programs Number of students enrolled at SFUSD schools with SDDT-funded hydration stations and/or SDDT-funded Student Nutrition Services improvements Number of SDDT-funded programs operating in priority neighborhoods Number of languages in which SDDT-funded strategies are implemented or in which programs/services are offered
Goal 1: Strengthening community leadership to support Healthy People	
Strategy #1: Expand community capacity and develop leadership	<p>Qualitative data from annual data requests and grantee reports</p> <ul style="list-style-type: none"> Description of: <ul style="list-style-type: none"> How [funded program] has helped develop participants' leadership skills (including by gaining experience in leadership roles) and/or helped increase overall community capacity to make change How program participants' leadership have been supported or developed Specific leadership skills or qualities that have been supported (for example, advocacy knowledge, experience meeting with elected officials, facilitation) <p>Qualitative data from grantee reports - only for SDDT HC PSE grantees:</p> <ul style="list-style-type: none"> Rating of changes (if any) and descriptions of changes achieved in the 3.5 years in: <ul style="list-style-type: none"> Community awareness of PSE issue and solution Demonstrated community support or action related to PSE issue and solution (e.g., attendance at events, public speaking) Political will/support from decision makers for proposed solution Advocacy capacity

SDDT Strategies	Process Metrics
Strategy #2: Increase community-driven health promoting education and services	<ul style="list-style-type: none"> Number of programs using SDDT funds to support interventions led by promotores/community health workers Number of promotores/community health workers employed with SDDT funding (fully or partially) FTE for promotores/community health workers employed with SDDT funding (i.e., time paid for with SDDT funds) Number of bilingual and/or bicultural staff (responsible for implementing SDDT strategies, i.e., not administrative staff) supported with SDDT funds <p>Qualitative data from annual data requests and grantee reports</p> <ul style="list-style-type: none"> Description of how program participants and/or other community members have informed or shaped programming and organizational decisions
Strategy #3: Increase sustainable employment opportunities	<ul style="list-style-type: none"> Number (and percentage) of people paid with SDDT funds who make more than living wage or self-sufficiency wage¹ for San Francisco Information from grantee reports about full employee compensation package
Goal 2: Mitigating structural inequities to create Healthy Communities	
Strategy #4: Reduce availability and consumption of sugary beverages	<ul style="list-style-type: none"> Number of policies adopted to ban sugary beverages (e.g., grantee, a church) Estimated number of program participants/community members impacted by policy change at setting
Strategy #5: Increase access to and consumption of tap water	<ul style="list-style-type: none"> Number and locations of hydration stations installed (and total operating that are maintained by City or SFUSD) Number installed in SDDT priority neighborhoods
Strategy #6: Increase sustainability of healthy food systems and policies to increase access to healthy food	<ul style="list-style-type: none"> Value of healthy food purchasing supplemental vouchers distributed Number of households helped to enroll (including by referring participants to a location or program that could assist them) in WIC and/or CalFresh Number and locations of sites redeeming healthy food purchasing supplemental vouchers Value of healthy food purchasing supplemental vouchers distributed Redemption rate for healthy food purchasing supplemental vouchers
Strategy #7: Expand access to places that promote physical activity	<ul style="list-style-type: none"> Number and locations of REQUITY programming locations Number of REQUITY scholarships provided

¹ <https://laborcenter.berkeley.edu/living-wage-and-self-sufficiency-tools-and-data/>

SDDT Strategies	Process Metrics
Strategy #8: Reduce gaps in oral health services for children	<ul style="list-style-type: none"> • Number of oral health screenings conducted for kindergarteners (and older grades when conducted) supported by SDDT funds • Comparison between racial/ethnic breakdown of students at schools served by SDDT-funded sealant program, screened for sealant application (e.g., with parent/guardian consent obtained), and who received sealants (and reasons sealants were not applied – especially due to child already having sealants) • Number of children referred to urgent dental/oral health care after a screening for sealant application <ul style="list-style-type: none"> ◦ Percentage of students who received necessary urgent oral health care <p><i>Also see metrics for SDDT-Funded Work related to shorter-term outcome of “Increase utilization of oral health treatment” (below)</i></p>
Strategy #9: Support small business and increase economic opportunities	<ul style="list-style-type: none"> • Number of healthy retail sites supported (e.g., remodels completed) <p><i>Also see metrics for SDDT-Funded Work related to shorter-term outcome of “Increase in economic opportunity and stability” (below)</i></p>

Program Outcome and Population-Level Metrics

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
Community + Economic Outcomes		
Increase in food security	<ul style="list-style-type: none"> • Percent of participants reporting having been food insecure in past 12 months • Percent of participants (of programs addressing food insecurity) reporting they are able to access more fruits and vegetables • Percent of participants (of programs addressing food insecurity) reporting they are now less worried about having enough food • Participation in Free/Reduced Price Meals at SFUSD schools engaged in Refresh program improvements 	<ul style="list-style-type: none"> • Percent of residents eligible for meal programs and/or vouchers supported • CHIS data on food insecurity • Participation rates in CalFresh and WIC
Increase in economic opportunity and stability	<ul style="list-style-type: none"> • Dollar value of healthy food purchasing supplemental vouchers redeemed in priority neighborhoods • Dollar value of healthy food purchasing supplemental vouchers redeemed at small businesses (corner stores and farmers markets) • Qualitative data on the trajectory/careers of job training participants, paid interns, and promotores/ community health workers supported by SDDT funded programs 	<ul style="list-style-type: none"> • Employment rate in key neighborhoods • Median household income in key neighborhoods • Redemption value of WIC EBT

Shorter-Term Outcomes	Metrics for SDDT-Funded Work	Population-Level Metrics (Longer-term, 5-10 years)
Behavioral Outcomes		
Decrease in sugary drink consumption	<ul style="list-style-type: none"> Participants' current sugary drinks consumption (by type) <p>And BELIEF metric (prior to behavior change): Percent of participants reporting they believe there are negative health impacts from consuming sugary drinks</p>	<ul style="list-style-type: none"> SDD Tax revenue collected (proxy for volume) Percent of students who drank sugary drinks in prior day (CHIS)
Increase in tap water consumption	<ul style="list-style-type: none"> Percent of participants reporting they consume more tap water since participating in SDDT-funded programs 	<ul style="list-style-type: none"> UC Berkeley data on middle and high school student consumption
Increase in vegetable/fruit consumption	<ul style="list-style-type: none"> Percent of participants (of programs addressing food insecurity and/or nutrition) reporting they eat more fruit and/or vegetables than before engaging with SDDT-funded programming 	<ul style="list-style-type: none"> CHIS data on fruit/vegetable consumption YRBS
Increase in physical activity	<ul style="list-style-type: none"> Percent of participants (of programs providing physical activity opportunities) reporting they are more physically active since participating in SDDT-funded programming 	<ul style="list-style-type: none"> SFUSD data on physical fitness CHIS data on physical activity
Increase in breastfeeding	<ul style="list-style-type: none"> <i>Limited to programs focused on promoting breastfeeding/chestfeeding: None in FY 2023-24</i> 	<ul style="list-style-type: none"> Maternal and Infant Health Assessment data annual statewide survey CDPH
Increase utilization of oral health treatment	<ul style="list-style-type: none"> Number of sealants applied supported with SDDT funds Percent of students seen by oral health providers supported with SDDT funds (e.g., dental hygienists conducting screenings and applying sealants, oral health case managers) who receive recommended follow-up treatment related to oral health needs 	<ul style="list-style-type: none"> TBD (possibly Denti-Cal utilization data or a measure from the SF children's oral health assessment when next conducted)

Evaluation Methods + Data Collection

Primary Data Sources

Annual reporting templates (tailored for different funding streams to integrate with existing reporting requirements and data tracking) collect both quantitative and qualitative data. Data requested of all funded entities for FY 2023-24 include the following.

- Information about **SDDT-funded activities, programs, and services**
 - Which SDDT strategies activities and services aligned with
 - Number of unduplicated participants for various types of programming and services and overall for each funded entity
 - Languages programs and services were offered in
 - San Francisco neighborhoods where activities were held and where services were offered
 - Description of ways that funded entities promote healthier behaviors aligned with SDDT outcomes (i.e., reducing consumption of sugary beverages, increasing tap water consumption, increasing consumption of fruits and vegetables, increasing rates and duration of breastfeeding/chestfeeding, increasing physical activities, increasing preventative oral health care)
- Information about the **people who participate** in SDDT-funded activities, programs, and services (i.e., participants, clients, or patients)
 - San Francisco neighborhoods where participants and clients live
 - Demographic profile of participants (race/ethnicity, gender, age groups)
- Information about **people paid wages or stipends with SDDT funds**
 - Racial/ethnic demographics and age demographics of people paid
 - San Francisco neighborhoods where people paid with SDDT funds live and percentage that were San Francisco residents during the fiscal year
 - Number of people paid with SDDT funds overall, who received job training during the fiscal year, and who did the kind of work typically done by community health workers or promotores
 - Languages spoken (and how many are bilingual or non-English speakers)

Participant surveys will be administered April-June 2024 via online survey instruments, with a portfolio of survey modules used in three FY 2023-24 SDDT program participant survey instruments. Each specific survey instrument will be available in those languages that are responsive to funded programs' participants. Surveys will be in English, Spanish, traditional Chinese, simplified Chinese, Filipino/Tagalog, and Arabic.

Topics for survey questions	FY 2023-24 Survey 1	FY 2023-24 Survey 2	FY 2023-24 Survey 3
Number of times survey participant consumed each of the following sugary beverages in the past 7 days: <ul style="list-style-type: none"> Regular soda (i.e., not a diet soda) Sweetened fruit drink Sports drink Caffeinated energy drink Sweetened coffee or tea (including espresso and boba drinks) 	✓	✓	✓
Belief that drinks with added sugar can harm health	✓	✓	✓
Food security screening questions (past 12 months): <ul style="list-style-type: none"> "I have worried whether my or my family's food would run out before we got money to buy more" "The food that my family bought just didn't last and we didn't have money to get more" "I couldn't always afford to eat healthy meals" 	✓	✓	✓
Decrease in food insecurity			✓
Increase in fruit and vegetable consumption			✓
Fruit and vegetable consumption both before participating in SDDT program and currently (i.e., when took survey)		✓	✓
Minutes of moderate to strenuous physical activity in typical week before participating in SDDT program and currently (i.e., when took survey)	✓	✓	
Increase in social cohesion/connectedness since participating in program	✓	✓	✓
Increase in hope for future	✓		
Increase in water consumption since participating in program	✓	✓	✓
Racial/ethnic identities	✓	✓	✓
Identity as LGBTQ+ or not LGBTQ+ or undisclosed (i.e., selected "prefer not to answer")	✓	✓	✓

The SDDT-funded programs asked to administer surveys were modified from FY 2022-23 based on learnings from the prior year as well as to maintain a similar survey incentive value despite the reduced budget for survey incentives.

- Healthy Food Purchasing Supplement grantees were not asked to conduct surveys for multiple reasons: 1) given the strength of existing evaluation evidence for Vouchers4Veggies, SDDT participant survey incentives and coordination resources would better be used for other programs, and 2) the level of staff resources needed to conduct surveying at the Heart of the City Farmers Market was also determined to be better focused elsewhere, especially given the unreliability of survey

respondent recall to “pre-program” fruit and vegetable consumption when many participants have received Market Match for years.

- Children's Oral Health Task Force lead agencies were not asked to conduct surveys due to their program model. Since nearly all of their participants are people who attend one-time health promotion trainings or outreach and education events, the Task Force lead agencies administered surveys to participants in FY 202-23 after a single engagement – making their responses about changing behavior since participating in the program (e.g., drinking water more) unreliable.
- Programs that are new grantees (either for the second cohort of the SDDT Healthy Communities multi-year grant for small community-based organizations, or the new SDDT grantees through SFUSD) will not be asked to administer surveys if it is not feasible given their program model. For example, if participants are elementary-school aged children, they are too young to understand the survey questions and provide reliable data.

Qualitative data from interviews with current grantees will support quality improvement. Raimi + Associates will develop an interview protocol and conduct interviews with staff of the three SDDT Healthy Communities Policy, Systems, and Environmental change grantees (“PSE” grantees) receiving their fourth year of grant funding in FY 2023-24. These interviews will focus on identifying how the second cohort of PSE grantees (expected to start in FY 2024-25) could be better supported by DPH staff, technical assistance, and grant expectations and parameters. Interviews will also collect data on grantees' understanding of what is necessary to successfully plan and help make community-informed/prioritized PSE changes.

Data Collection

The table on the next page shows which data are required or requested of each program.

- ✓ Annual Reporting: Standardized reporting templates / data requests in FY 2023-24
Participant Surveys (Portfolio): Participants completed SDDT surveys in FY 2023-24
- ✓ Annual Reporting: Data collected annually has varied based on how SDDT funds have been used, do not have standardized annual data requests in FY 2023-24

	Annual Reporting	Participant Surveys (Portfolio)
SDDT Healthy Communities Grants <ul style="list-style-type: none"> • Education, Programs, or Services (11) • Policy, Systems, and Environments (5)* 	✓	✓
Healthy Food Purchasing Supplement Grants (2)	✓	

	Annual Reporting	Participant Surveys (Portfolio)
Oral Health Community Grants (3)	✓	
SFUSD grants to community-based organizations (1)	✓	✓
<ul style="list-style-type: none"> Department of Public Health (for school-based sealant application) 	✓	
San Francisco Unified School District via the Department of Children, Youth, and their Families <ul style="list-style-type: none"> Student-led action Student Nutrition Services Water access 	✓	
Recreation and Parks Department <ul style="list-style-type: none"> Peace Parks Requity 	✓	✓

* Reporting for Healthy Retail reflected in the reporting for SDDT Healthy Communities Policy, Systems, and Environments grants, as one of the PSE grantees' projects is Healthy Retail which is also funded by the Mayor's Office of Economic and Workforce Development for Healthy Retail.

Public Data Reporting

To make SDDT evaluation findings more accessible to community members and to increase transparency around SDDT funding allocations, rationale, and results, Raimi + Associates developed a series of interactive ArcMap Online maps and PowerBI data dashboards presenting primary SDDT evaluation data as well as contextual secondary data. The grantee reporting templates and annual data requests have been updated to align with these maps and dashboards to make the process of updating these tools with FY 2023-24 data easier. Once FY 2023-24 data are received and cleaned, the following updates will need to be made to the online data visualizations.