San Francisco Soda Tax

Community Action Research: Awareness of & priorities for the soda tax among priority populations

Prepared for SDDTAC Community Input Subcommittee
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Project Purpose

Supporting the SDDTAC 5-year strategic planning for impact of tax as chronic disease prevention

- InAdvance coordinated surveys & focus groups with SDDTAC’s priority populations via collaboration with community-based organizations
  - Awareness and knowledge of tax
  - Experience with related health outcomes
  - Priorities for revenue allocation
  - Relationship building with community & CBOs

- Exploration of policy changes to consider to strengthen the tax’s impact

Project Phases

Research Approach

Learning from SDDTAC priority populations

The beverage industry has historically targeted low income communities of color, leading to higher sugary drink consumption and higher rates of chronic diseases like heart disease, type 2 diabetes, and tooth decay. The SDDTAC has defined the priority populations below and makes funding recommendations to support the people and places most impacted by sugary drinks and related health outcomes.

Priority Populations

- 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)

Research Approach

Reaching priority populations via CBOs

Via a workgroup, key SDDTAC stakeholders (& DPH staff) made introductions to 35 community-based organizations that work with priority populations and within disease burdened neighborhoods

11 organizations joined the project:

Community Awareness Resources Entity (CARE)
Cameron House
All My Usos
Samoan Community Development Center
Wu Yee Children's Services
Ultimate Impact
Farming Hope
Native American Health Center
Instituto Familiar de la Raza
Charity Cultural Services Center
D10 Community Market

NATIVE AMERICAN HEALTH CENTER
Serving the community since 1972

Instituto Familiar de la Raza, Inc.

Ultimate Impact

WU YEE CHILDREN'S SERVICES

C.A.R.E Community Awareness Resources Entity

A.M.U. ALL MY USO'S WORLD WIDE

D10 COMMUNITY MARKET

CAMERON HOUSE 金美倫堂

Charity Cultural Services Center 博愛文化服務中心

farming hope

SCDC SAMOAN COMMUNITY DEVELOPMENT CENTER

Research Approach

Community-based organizations conducted in-person surveys (majority) or shared digital survey form directly with community members and/or hosted a focus group facilitated by or with support from InAdvance staff

Surveys: 1,120 participants

1. D10 Community Market
2. All My Usos
3. CARE
4. Farming Hope
5. Charity Cultural Services Center

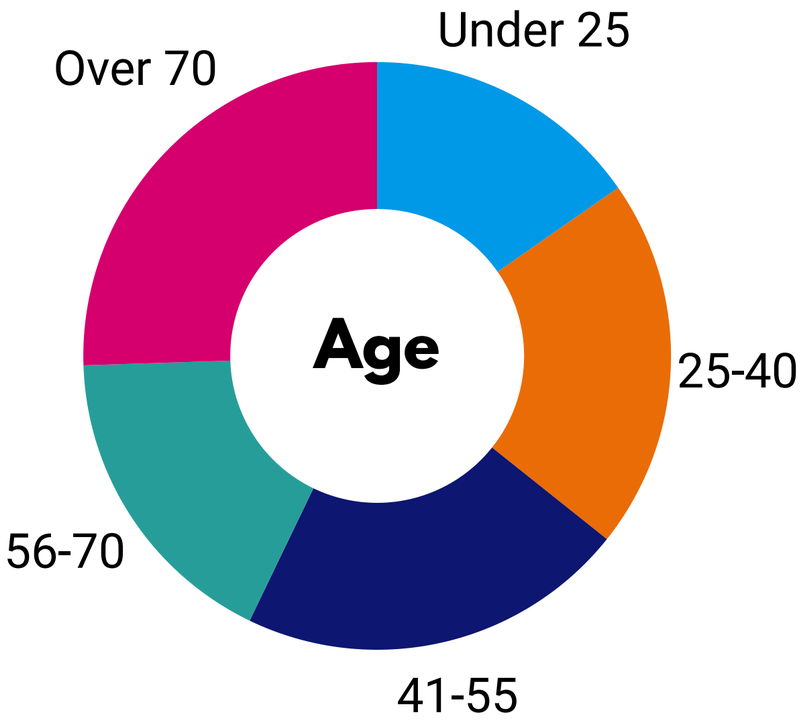
Surveys were printed in English, Spanish, & Simplified Chinese

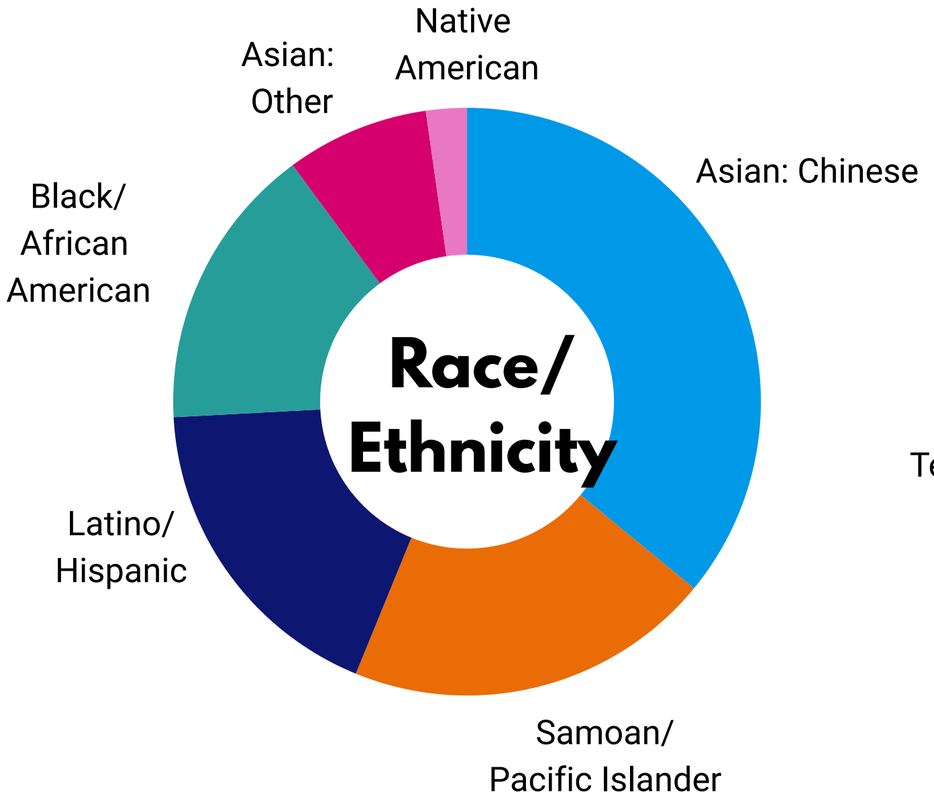
Focus Groups: 13 focus groups, 225 participants

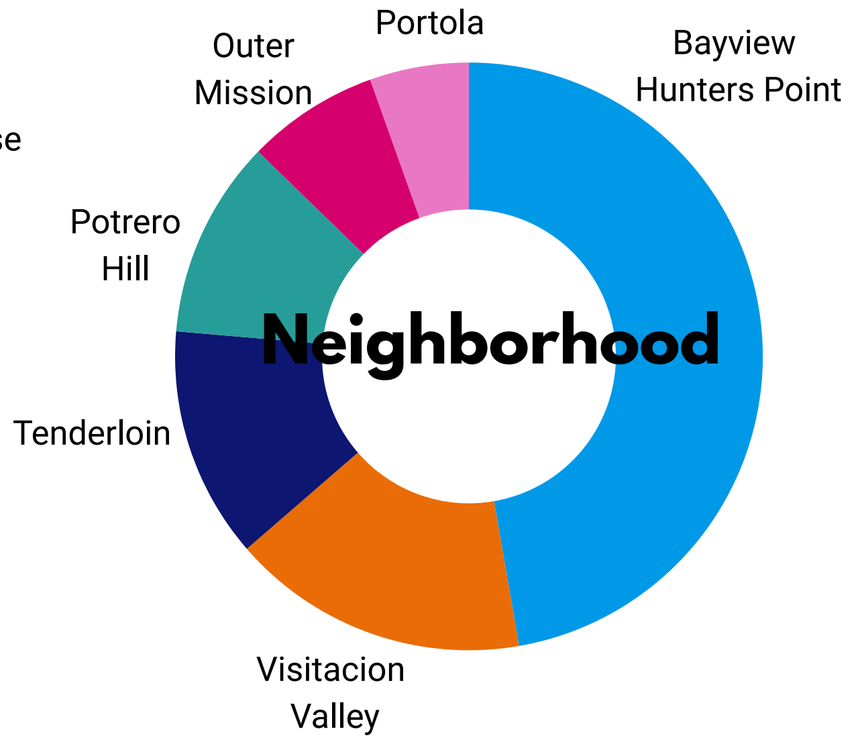
1. Cameron House*
2. Samoan Community Development Center (3)
3. All My Usos (2)
4. Instituto Familiar de la Raza**
5. Native American Health Center
6. CARE (3)
7. Ultimate Impact
8. Wu Yee Children Services*

*Conducted in Cantonese; **Conducted in Spanish
4 were conducted with youth

Participant Information





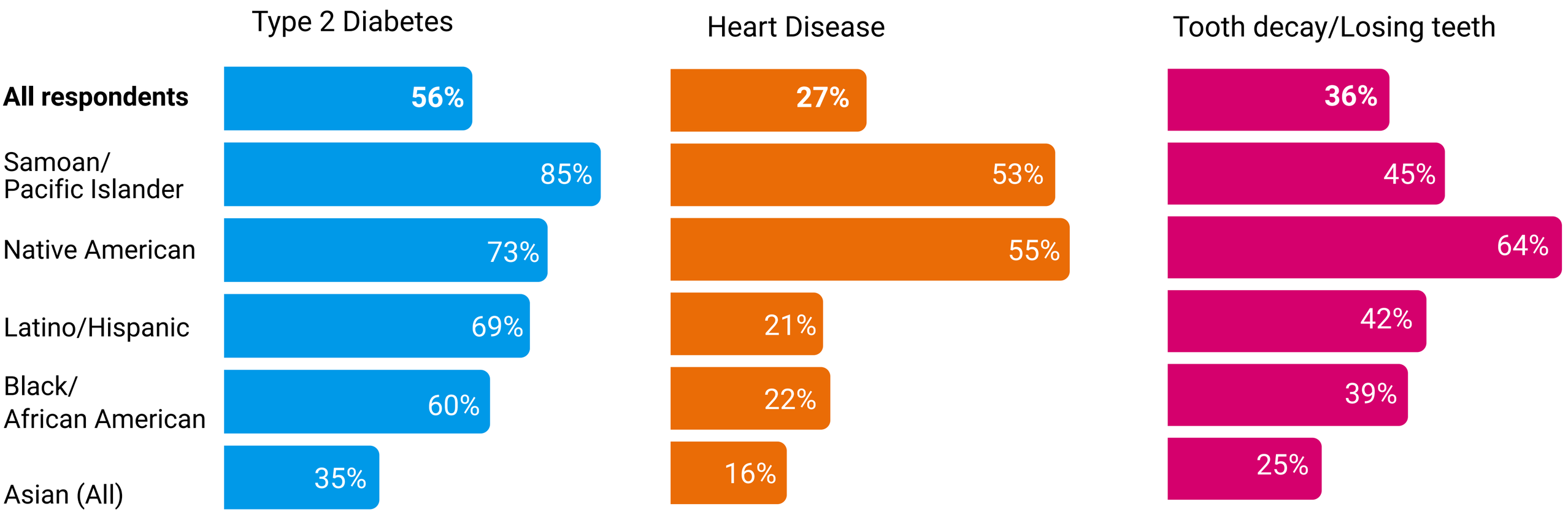


The survey asked respondents to self-identify, therefore the labels used throughout the presentation honor the most common self-labels

The 255 surveys collected by CCSC did not include this question; therefore data is missing on the majority of Asian respondents

Participant Information

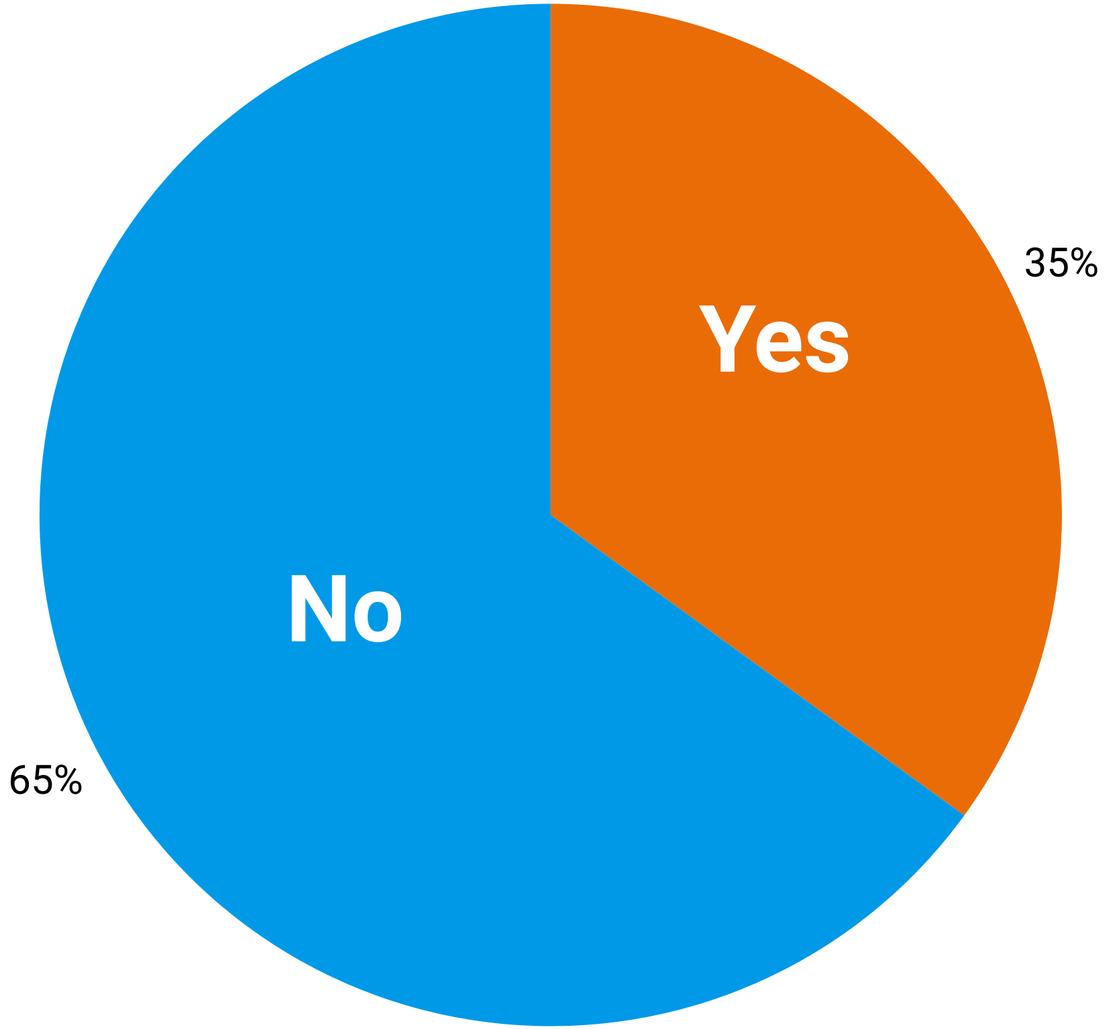
Exposure to SSB disease burden



Findings

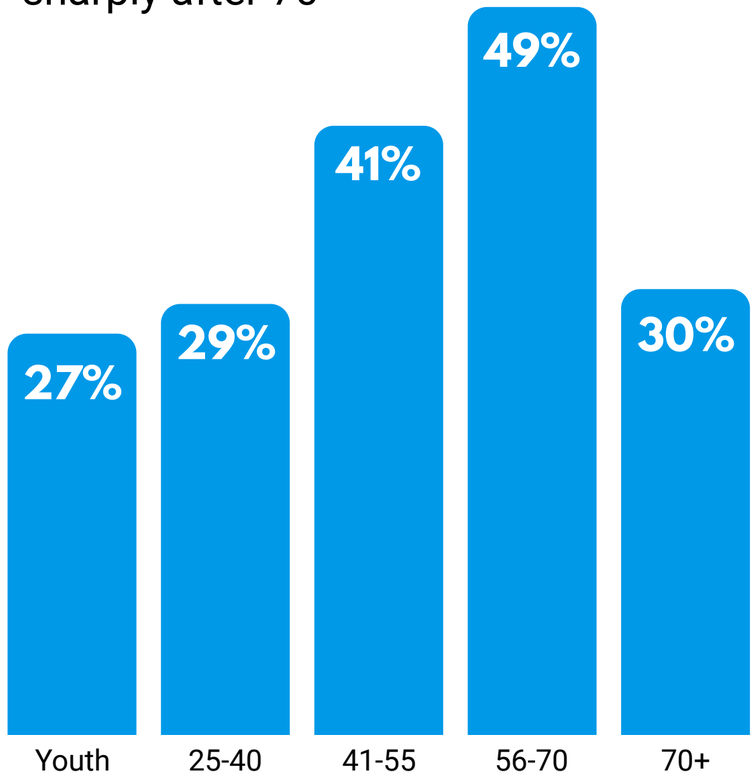
Awareness of the soda tax

Only about 1 in 3 people had heard of the Soda Tax

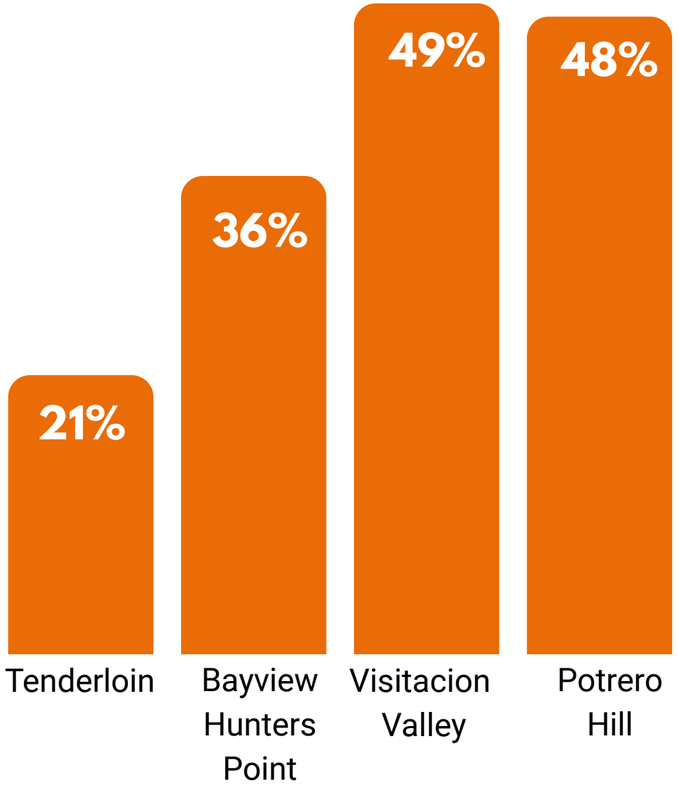


Awareness

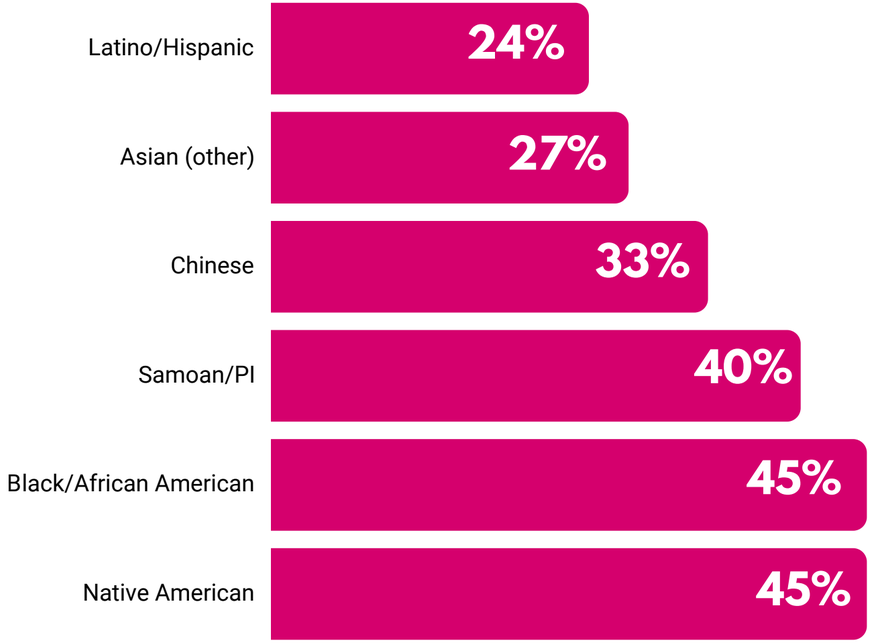
Awareness climbs with age, then drops sharply after 70



Of the 4 neighborhoods most surveyed, Tenderloin and Bayview Hunters Point respondents were least aware of the tax

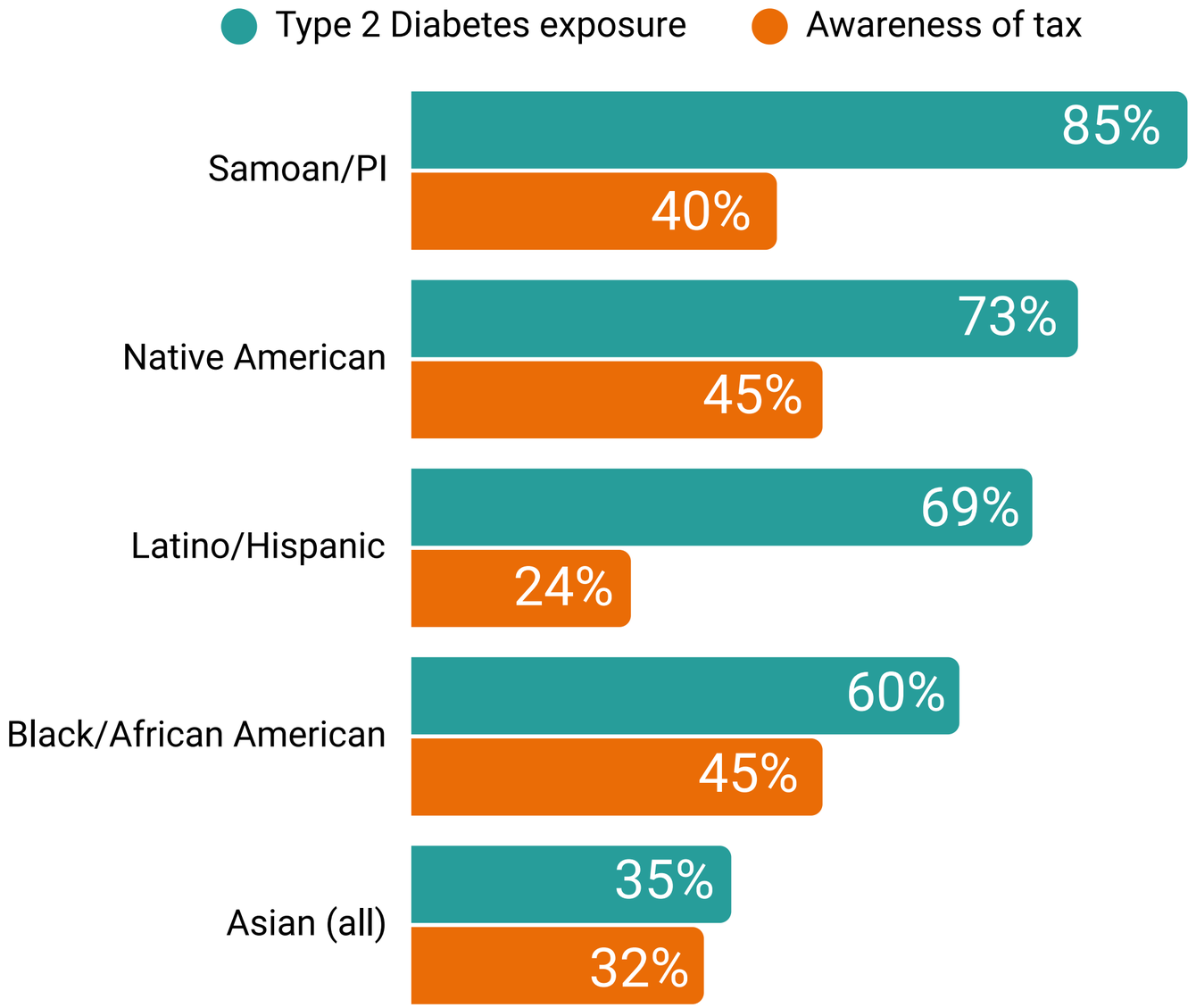


Latino respondents were the least aware of the tax



Awareness

The communities most touched by Type 2 Diabetes are often the least likely to have heard of the soda tax



Knowledge of the soda tax

Among the 35% of respondents that *are* aware of the soda tax, people don't know much about it

48% identify it as a tax on sugary drinks or soda

15% frame it as a charge shoppers pay at the register

14% say the purpose is to get people to buy fewer sugary drinks

12% think the money funds community programs

Experience with health outcomes

> “Uncontrollable blood sugar led to dialysis treatments, 3 times a week and death”

> “My mom died of diabetes in 2019, my older brother lost his sight, and I am partially blind due to diabetes.”

> “The person that had it lost [their] foot, and she also passed 3 years ago. She passed due to her losing her foot. She had too much pain”

> “Son has diabetes, got his leg cut off.”

17% shared about physical suffering & disability

14% about medical care & treatment

13% about death and loss

10% about the emotional & mental toll

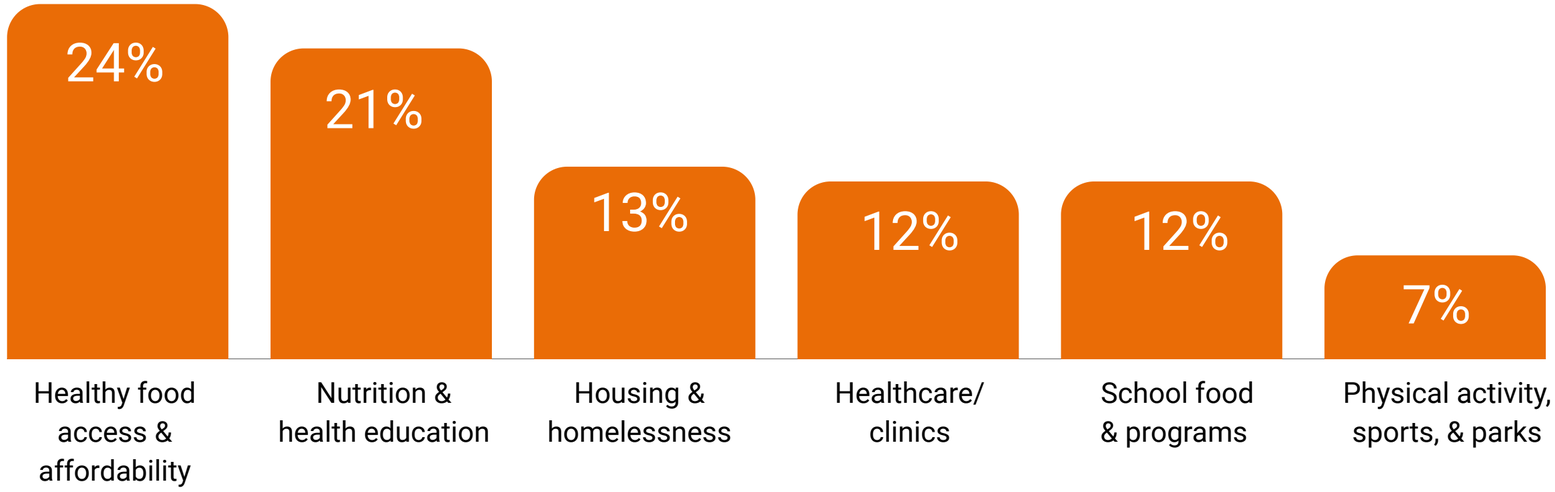
10% about the financial burden

Priorities for soda tax revenue allocations

Infrastructure
Across all priorities, people emphasized the need for trusted community infrastructure: **physical spaces within neighborhoods** for people to seek out connection, health & wellness support, medical treatment, education, physical activity, cultural events. A welcoming, accessible place.

Food Access
When people say healthy food access they mean in the ways and places they already get food: **buying** groceries at the grocery store, markets, and buying meals at restaurants. Barriers around price and availability were routinely shared, and common solutions offered were **subsidizing prices** for store owners *and* for customers.

Nutrition & Health Education
People want nutrition, wellness, and health education with peers and at trusted places to help demystify and clarify misinformation focusing on nutrition, water, and dental health with cultural relevancy.



About half of the ideas want more of what the tax has previously funded/funds

71% of respondents included at least one thing the tax already funds or has funded in the past

Healthcare
People want more free, cheap clinics for medical, dental, and mental health support within their neighborhoods.

School food & programs
People trust and value public schools, and see them as ideal intervention site for nutrition, health, and wellness education. School meals becoming more healthy & appealing are a top priority, and people are unaware of the current efforts by SFUSD to do so. Lack of school funding is on everyone's minds, youth and adults alike shared about the lack of basic learning supplies to crumbling school infrastructure. They see the soda tax as an ideal revenue source to dedicate to school meals, to ensure they receive consistent funding while overall school funding is cut.

Physical activity
People want free neighborhood gyms with a variety of ways to exercise. This was often tied to physical spaces to learn & socialize; could be at parks & recreation centers (indoor or outdoor) or subsidized private gyms.

In their own words

I've invited a couple of neighbors, but sometimes due to their health issues it's hard for them to walk, they say, "I am in a lot of pain," but I'm motivated to come here. They shall come one day... But the thing is to come and see the vibe that we have. It's like visiting someone that appreciates you, you feel appreciated. So your self-esteem rises a bit and that motivates you to come back next week.

Some of us have had overwhelming health problems and don't have a place where we can go and simply discuss our illnesses.

I think it'd be a good idea to invest in early health education for young children. I think they should be educated about the consequences of having sodas and sweets and their role in a very common disease such as diabetes, as well as dental issues. That would be an early prevention initiative.

Just centers for people to dedicate that day to taking a walk, exercising, receiving information, and then a healthy snack or lunch option provided too.

Prioritization of past & existing soda tax revenue allocations

Ranking of funded programs:

1st. Vouchers for fresh fruits & vegetables
2nd Improvements to school meals
3rd Nutrition & health education
4th Free fitness & sports programs
5th Education & outreach on drinking water
6th Water fountains in schools
7th Dental sealants for kids
8th Oral health education

Commonly chosen together:

It's consistent

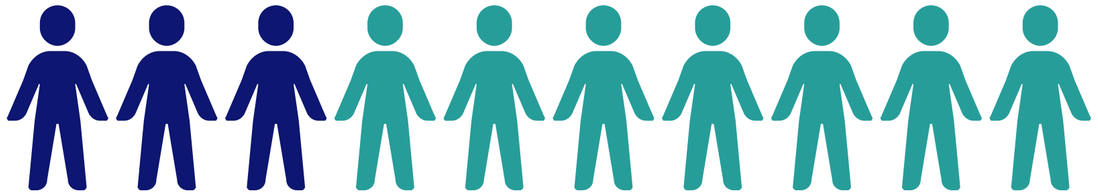
The top 4 programs hold across age, awareness of the tax, knowing someone with diabetes, and not knowing someone with diabetes

Findings by Priority Populations

Youth

Youth

153 total respondents (15% of total participants)



Only 27% were aware of the soda tax

The sugary drink industry employs predatory marketing and distribution practices to target youth as consumers

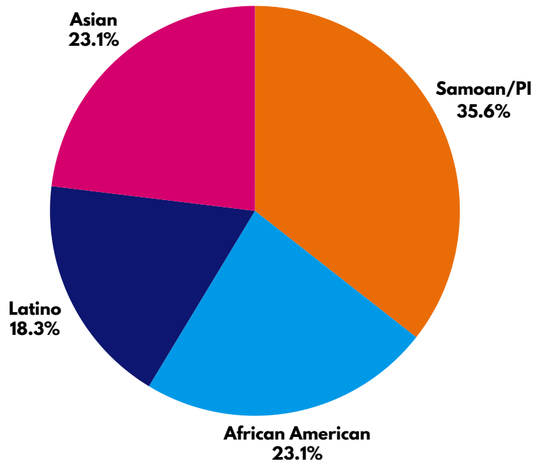
- Pays for products at child eye level in stores & fridges at check out aisle
- PepsiCo spent $134 million in 2018 to market Gatorade alone, mostly to Hispanic and Black youth
- Mountain Dew, owned by PepsiCo, ranked first in numbers of ads viewed by youth in 2018
- Coke's Powerade received endorsements from the US Women's National Soccer Team and promotes young women athletes with "Power has no Gender" campaign
- Big contracts between bottlers and schools to provide for exclusive vending machine placement

Health harms of sugary drink consumption in youth

- Young people diagnosed with Type 2 Diabetes has been rising and continues to rise, despite historically affecting adults only
- Children who consume excessive added sugars have a higher risk of heart disease in adulthood
- Consumption of sugary drinks is associated with dental caries among children and adolescents
- Tooth decay negatively affects children's academic performance, social-emotional development, sleep, and nutrition

Youth

About the participants



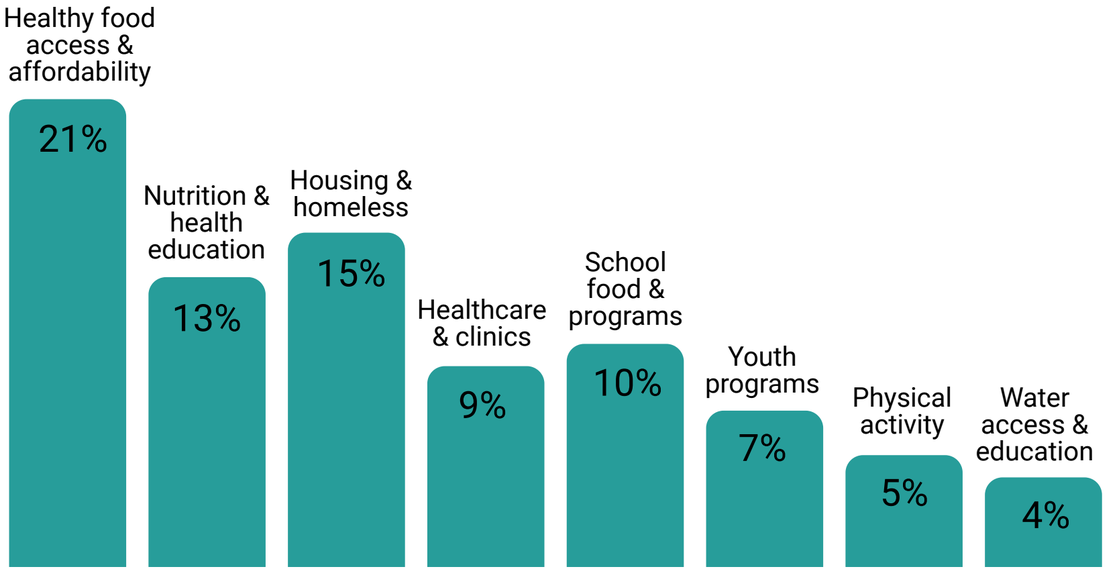
56% know someone with Type 2 Diabetes

39% know someone with tooth decay/ losing teeth

24% know someone with Heart Disease

36% live in Bayview Hunters Point

Youth priorities for soda tax revenue allocations



Top 4 funded programs

1. Free fitness & sports programs
2. Better school meals
3. Vouchers for fresh fruits & veggies
4. Nutrition & health education

How much are they asking for what the tax has funded in the past?

45% of ideas match a program the tax already funds

75% of respondents proposed at least one funded idea

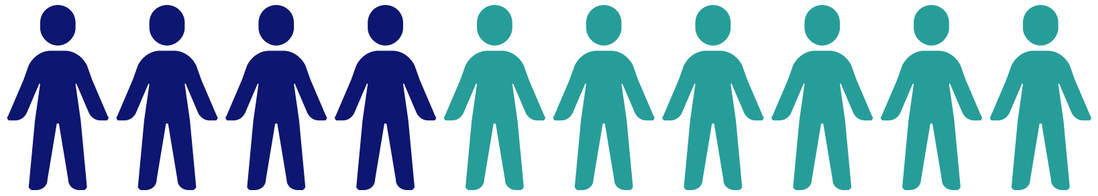
15% of ideas are close to funded projects (health or food related)

20% of ideas are outside what the tax has funded

Samoan & Pacific Islander

Samoan & Pacific Islander

184 total respondents (18% of total participants)



40% were aware of the soda tax

Samoan & Pacific Islanders are the most burdened by SSB health impacts.

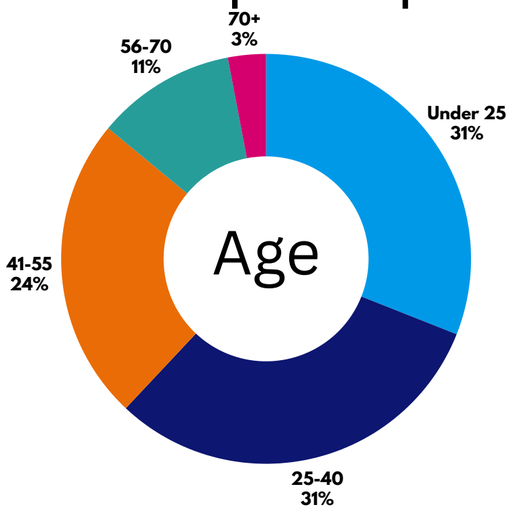
- NHOPI San Franciscans make up 0.5% of the total population.
- NHOPI San Franciscan Hospitalizations due to type 2 diabetes are 6 times greater than San Franciscans as a whole.
- The NHOPI community has the highest mortality rate for ischemic heart disease compared to all SF residents.

Disaggregated data

- Health disparities within Pacific Islander communities are commonly masked within aggregated data.
- Lack of data then limits needed investment and services for these communities.

Samoan & Pacific Islander

About the participants

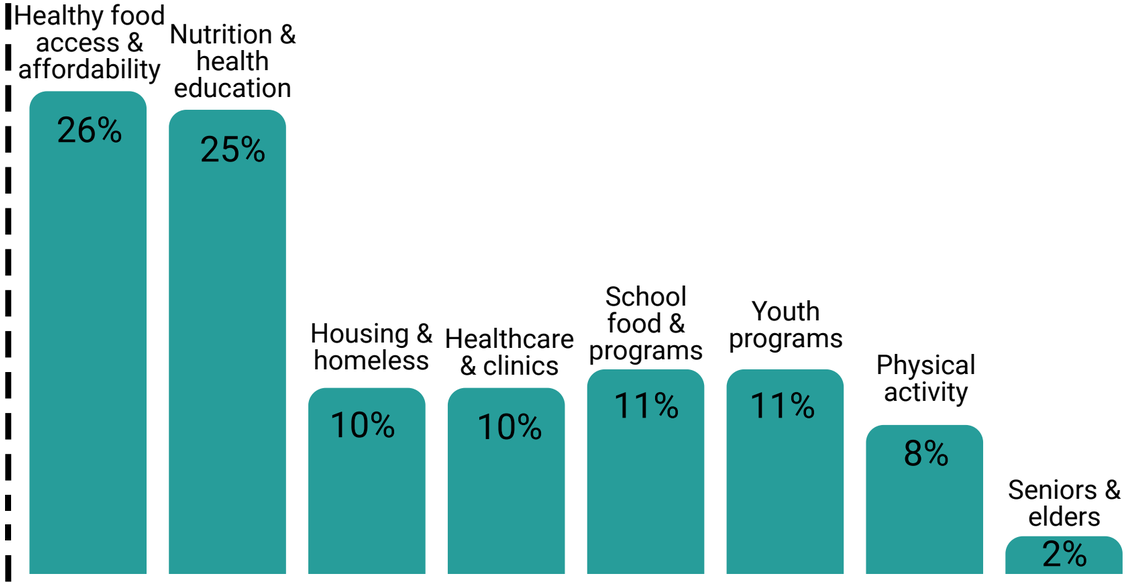


85% know someone with Type 2 Diabetes

53% know someone with Heart Disease

45% know someone with tooth decay/losing teeth

Priorities for soda tax revenue allocations



Top 4 funded programs

1. Vouchers for fresh fruits & veggies
2. Free fitness & sports programs
3. Nutrition & health education
4. Better school meals

How much are they asking for what the tax has funded in the past?

57% of ideas match a program the tax already funds

79% of respondents proposed at least one funded idea

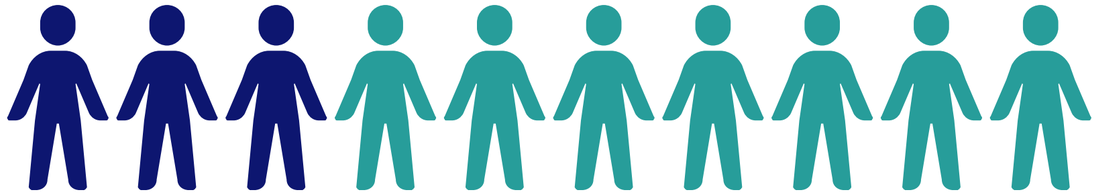
19% of ideas are close to funded projects (health or food related)

11% of ideas are outside what the tax has funded

Latino / Hispanic

Latino/Hispanic

168 total respondents (16% of total participants)



24% were aware of the soda tax

Corporate targeting

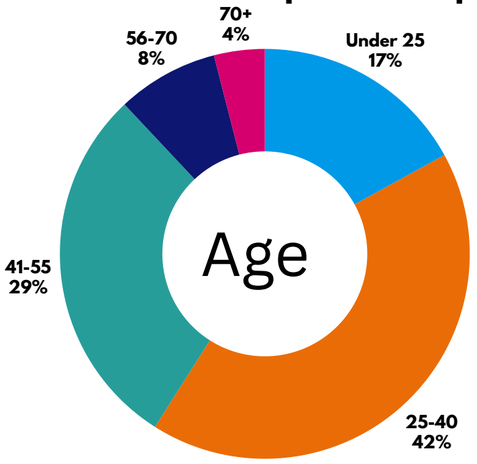
- Sugary drink marketing dollars on Spanish-language television rose to $84 million in 2018, an increase of 80% since 2010.
- Gatorade ranked third in ads viewed on Spanish-language television in 2018
- Sugary drink commercials often use soccer athletes, Latino music celebrities and other cultural influencers that appeal to young Latinos

Health impacts

- Latine San Franciscans make up 16.4% of the total population.
- Latine San Franciscan hospitalizations due to type 2 diabetes are 1.8 times greater than San Franciscans as a whole.
- In San Francisco, Latine (32%) kindergarteners have four times the prevalence of untreated dental decay as White kindergarteners (7%).

Latino / Hispanic

About the participants



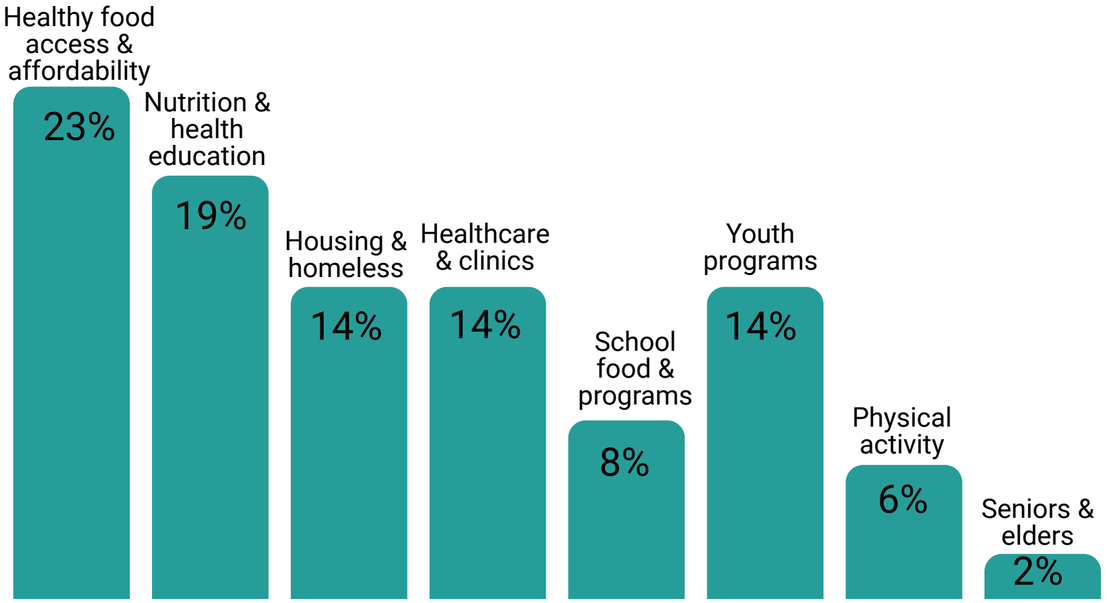
69% know someone with Type 2 Diabetes

42% know someone with tooth decay/losing teeth

21% know someone heart disease

Most respondents live in the Tenderloin, Bayview Hunters Point, or Outer Mission

Priorities for soda tax revenue allocations



Top 4 funded programs

1. Vouchers for fresh fruits & veggies
2. Better school meals
3. Nutrition & health education
4. Free fitness & sports programs

How much are they asking for what the tax has funded in the past?

49% of ideas match a program the tax already funds

74% of respondents proposed at least one funded idea

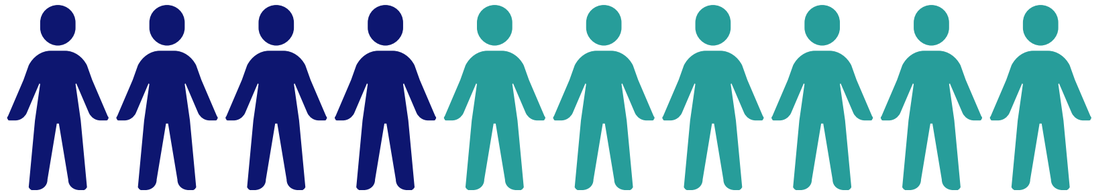
20% of ideas are close to funded projects (health or food related)

16% of ideas are outside what the tax has funded

African American / Black

African American / Black

141 total respondents (14% of total participants)



45% were aware of the soda tax

Corporate targeting

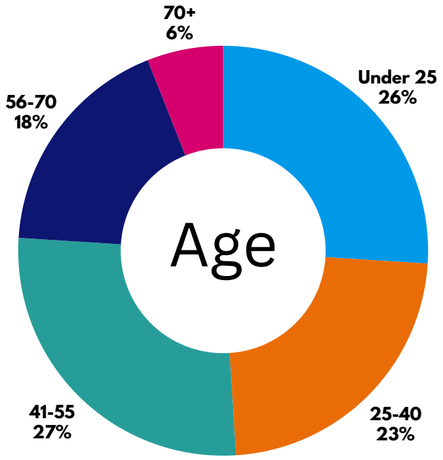
- Sugary drinks are some of the most frequently advertised products on Black targeted television
- Black teens saw 2.8 times as many ads for Gatorade as White teens in 2018
- Soda companies provide funding in Black communities, like funding playgrounds, and community groups
- Lower-income Black neighborhoods have disproportionately more outdoor ads on billboards, bus benches, sidewalk signs, murals, and store window posters for sugar drinks.

Health Impacts

- Black San Franciscans make up 5.7% of the total population.
- Black San Franciscan hospitalizations due to type 2 diabetes are 5.5 greater than San Franciscans as a whole.
- African Americans have the highest mortality rates due to diet-related diseases including hypertension, cerebrovascular disease, Alzheimer's, color/rectum cancer, and diabetes mellitus.
- Black residents and residents earning less than 100% of the FPL have the highest rates of food insecurity.
- In San Francisco, Black (31%) kindergarteners have 4 times the prevalence of untreated dental decay as White kindergarteners (7%).

African American / Black

About the participants



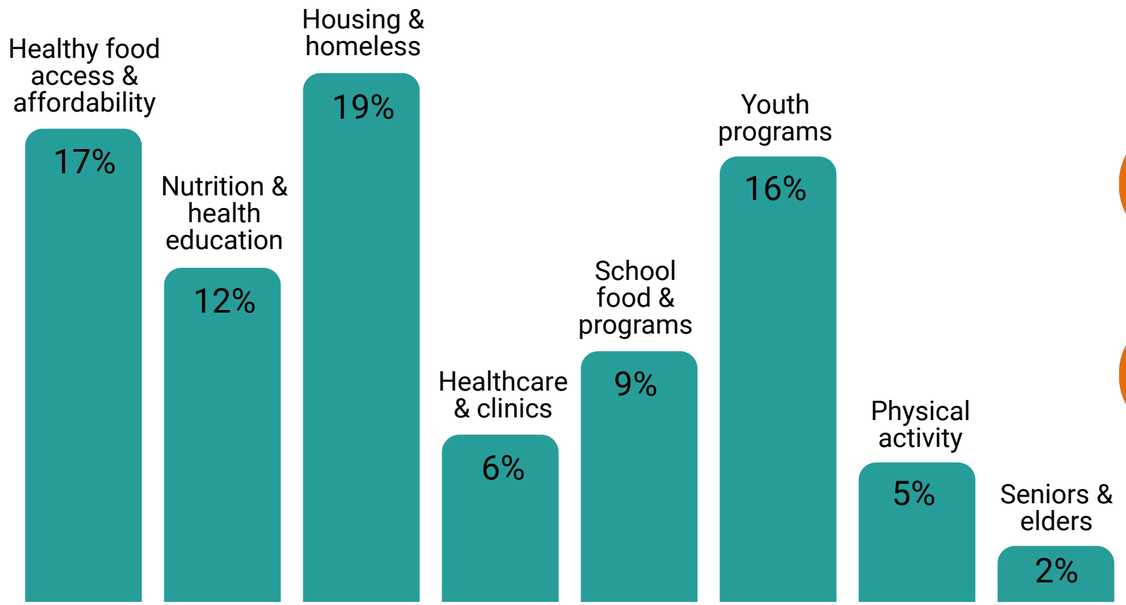
60% know someone with Type 2 Diabetes

39% know someone with tooth decay/losing teeth

22% know someone heart disease

Most respondents (45%) live in Bayview Hunters Point or Potrero Hill (18%)

Priorities for soda tax revenue allocations



Top 4 funded programs

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3. Nutrition & health education
4. Free fitness & sports programs

How much are they asking for what the tax has funded in the past?

39% of ideas match a program the tax already funds

60% of respondents proposed at least one funded idea

18% of ideas are close to funded projects (health or food related)

25% of ideas are outside what the tax has funded

Recommendations

Policy Recommendations

Existing Tax

Reassert framework that the soda tax is a **revenue support for chronic disease prevention**, beyond the budget recommendations and into the community

- SDDTAC can **shift prioritized responsibilities** to consistent, ongoing community engagement to more deeply connect impacted communities with the tax, and together develop funding allocation recommendations and assess impact of programming on participants and assess the impact within an ecosystem of other investments
- With a modest stipend and 1-2 preparation meetings, CBOs were able to collect in person surveys with high response rates to all questions and all focus groups were conducted in person. Participants were very engaged, and eager to be involved in the process moving forward
- This deepening and activating of the relationships with CBOS and the communities they serve can be the basis of **coalition building** to shore up the tax impact to be more effective in the future

Policy Recommendations

Policy Changes

The soda tax will only be effective as a chronic disease prevention policy if the tax revenues are **dedicated** towards allocations to intervene on the conditions leading to Type 2 Diabetes, heart disease, and dental caries

- The most effective soda taxes are when the **full policy is realized**: disincentivizing purchases and dedicated revenue investment in changing shopping, education, and meal environments

- This will require going back to the ballot

With a dedicated tax restricting revenue allocation to explicit chronic disease prevention activities, the **SDDTAC's time and expertise can shift** from budget advocacy to community engagement and the soda tax can become a model for co-governance:

- Year round community engagement via surveys, focus groups, listening sessions, and workshops
  - Informs funding recommendations
  - Informs evaluation of investment impact
  - Deepens relationships with and within impacted populations on this issue
  - Community members can become messengers about the policy
- Recommendation SDDTAC re-structuring: each SDDTAC member assigned 3-4 orgs to support in this throughout the year + DPH monitoring health & other data

Feedback

Feedback

Official Slidedeck

This is a draft: how should it be refined into the official slidedeck for the full SDDTAC?

Data Materials

Which data should be prioritized for a 1 or 2-pager for public circulation?

What data points were most salient and interesting for you as SDDTAC members?

Thank you!