



San Francisco takes a stand and declares... food

Is a basic human right.



JUSTICE
COMPASSION
priorities responsibility
security DIGNITY
EQUITY
food
community
health
values



Section 3:

Food Program Reports



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THREE**Food Program Reports****Voices from the community
about the Food Network**

“My salary is decent, but with kids and living in the city, where it’s so expensive, I’m finding more and more that it’s simply not enough.” *David, a 62-year old father of three working as a security guard, and a Pantry Program beneficiary*

“It not only helps people save money, but we get fruits and vegetables which most folks could never buy because those things are too expensive.” *Mike, rehoused after a experience of homelessness on a Pantry Program*

“The food is a godsend. My social security income is \$915 a month, and nearly half of that goes to rent. After I pay my heat and utilities and get my toiletries and such, I sometimes have \$6 left in the bank!” *Gloria, a San Francisco senior Pantry participant*

“The program is a life saver and service.” “It made big difference for my health.”

“The meals make it possible for me to live at my home.” *Anonymous Home Delivered Meal survey respondents*

“[Nutrition means] being healthy and having a strong mind, being able to physically do whatever you want. Eating good food raises self-esteem and gives you courage to do things you want to do.” *San Francisco Unified School District Nutrition Outreach Worker*

“It’s important to have a student’s voice be included as we create a healthier school environment, because awareness is key. It is

important to capture everyone’s views and concerns in order to create a program that’s inclusive for all.” “My favorite part of the day is at lunch time, because at lunch time that’s when you get to go EAT and when you’re eating you can talk and bond with the people eating with you.” “I would like it to be a balanced meal. I’ve grown up with, you know, to eat balanced, so enough fruits and vegetables, some meat, have some vegan options, because I have a lot of vegan friends.” *San Francisco Unified School District School Food Advisory Fellows*

“The youth loved peaches and nectarines. They really wished they had hot lunches.” *Summer Meal Lunch provider*

“Food stamps [SNAP] help to alleviate the desperation that comes with being hungry. It gives me peace of mind knowing that I am going to be able to eat.” *Joe, Free Dining Room patron*

“For my household, if we didn’t have a [fruits and vegetables] voucher, we wouldn’t make it until the end of the month. It’s a big difference to be able to go out and purchase the foods that are healthy for us. The vouchers really come in handy.” *Pat, head of household and voucher recipient*

“You can tell people about eating well, but it’s another thing to provide them with an actual resource to improve their health. It’s tangible. We don’t often find that.” *Angela, San Francisco health care provider on fruits and vegetables voucher*

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Food Resources**CalFresh
(Supplemental Nutrition Assistance Program - SNAP)****Significance**

Increasing the enrollment of eligible San Franciscans in CalFresh is arguably one of the City's best defenses against food insecurity. CalFresh, known as the Supplemental Nutrition Assistance Program (SNAP) at the federal level, is also widely known as "food stamps." The average benefit per San Francisco household is \$151 a month.⁴⁷ The funds are loaded onto an Electronic Benefits Transfer (EBT) card that enables participants to purchase groceries directly from retail food stores and farmers markets. State estimates from 2016 indicate that the 53,000 San Franciscans served constitute just two-thirds (67%) of the 81,000 people eligible for this program. Enrolling more eligible residents in CalFresh could reduce the number of San Franciscans struggling with hunger and support the local economy through food purchases at local grocery stores and associated job creation. Research shows that for every \$1 spent in CalFresh benefits, generates \$1.79 in local economic activity.⁴⁸

Developments since 2013

Since 2013, the San Francisco Human Services Agency (HSA) has undertaken significant efforts to increase the enrollment of eligible residents and reduce caseload churn. Specifically, HSA has expanded community outreach through partnerships and outstations, embarked on a targeted cross-enrollment strategy for Medi-Cal and CalFresh, and worked to modernize and streamline the enrollment process.

Among those who meet the eligibility requirements, CalFresh participation is on the rise. In 2010, only an estimated 39 percent of eligible individuals used CalFresh benefits. By 2016, that figure had risen to 67 percent.

What's Working Well**Leveraging technology**

GetCalFresh.org: HSA is working to make the enrollment process more accessible to clients. Through a partnership with HSA, Code for America developed Get CalFresh.org to screen clients for CalFresh and to accept initial applications. The project was the first mobile-friendly access portal for SNAP benefits to be developed in the country. As of 2018, the San Francisco pilot project has now expanded to 26 California counties.

The GetCalFresh.org site created a new access point streamlined for front-end users that enabled clients to circumvent the previous cumbersome, 53-screen application process. Clients can now enter their information, and the program automatically populates the forms and applications necessary for county eligibility workers to process the case. Other GetCalFresh.org features include online chat support and reminder text messages.

In FY 2016-17, 885 applications were submitted via GetCalFresh.org and 372 of them (42%) were approved. These numbers are encouraging in the context of a self-selected applicant pool with no prior prescreening. Code for America is piloting several improvements intended to bring approval rates up.

Doing more business by phone: HSA will expand its capacity to certify people for CalFresh over the phone through the inclusion of telephonic signatures and other means. New processes will eventually enable staff members to accept applications and required reports without mailing in or dropping off paperwork.

Currently, CalFresh interviews are scheduled according to the County's availability, rather than the client's. Code for America estimates indicate that 14% of application denials for GetCalFresh.org applications were due to missed interviews. Allowing clients to select their preferred date and time for phone interviews will reduce barriers to enrollment and renewals.

Expanded outreach efforts: HSA has put concentrated effort into outreach strategies, including the following campaigns and tactics:

Phone outreach: HSA has contracted with 211 San Diego to make outbound calls to low-income San Francisco residents to provide CalFresh application assistance over the phone and to submit an online application on the applicant's behalf. 211 San Diego reaches out to 1,200 Medi-Cal clients every month. (Medi-Cal beneficiaries are categorically eligible for CalFresh providing the household meets all other CalFresh eligibility requirements other than the CalFresh resource limits). From April 2016 to April 2017, 211 San Diego assisted with 1,354 applications, 826 of which were approved. This campaign has been particularly successful with seniors, so it has been re-targeted to engage this population.

Eligibility Worker outstations: Community-based organizations generally target such vulnerable communities as people experiencing homelessness, those with limited English abilities, or people who are on parole. CalFresh and Medi-Cal eligibility workers are outstationed at 7 organizations 2 to 5 days a

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week (schedules vary by site). In total, 8 full-time employees are assigned to outstations. Outreach workers perform the same intake and carrying functions as workers at the HSA applications offices. Their focus is on taking applications for Medi-Cal and CalFresh and conducting interviews, and they also help existing clients with other questions. Two of the 7 organizations, the Navigation Center and the Community Assessment Service Center (CASC), also screen clients for County Adult Assistance Programs (CAAP), working side-by-side with a CAAP outreach worker. Other sites include Cameron House, Chinese Newcomers' Service Center, Wu Yee Children's Services, Zuckerberg San Francisco General Hospital and Trauma Center, and the Career Link Center at 3120 Mission St. The total number of applications generated by outstations was 869 during the one-year period from April 2016 to April 2017, with 791 approvals (a 91% approval rate).

Collaboration with community-based organizations

Same-day service events: CalFresh/Medi-Cal outreach workers, the SF-Marin Food Bank (the Food Bank), and its community partners conduct 20 same-day enrollment events every year. The Food Bank and community partners recruit and screen potential clients, submit online applications for applicants in advance of the event, provide applicants with detailed, individualized information about which documents to bring, and schedule their interview appointments. At these events, approximately 5 HSA staff members complete CalFresh interviews, assist with reporting requirements, and troubleshoot other issues. Often, clients are able to receive EBT cards at an enrollment event, on which funds are deposited the following day. Half of the events are conducted at 3120 Mission Street; the other half are conducted in neighborhoods throughout the City. Same-day service events in FY 2016-17 have generated 235 new applications (as well as 21 required reports) to date, with an approval rate of 77%. Event participants complete the entire benefits determination process in an average of 57 minutes while receiving free produce and food-resource information provided by the Food Bank.

Training to community organizations: In 2014, HSA and the Food Bank collaborated to provide training to other community-based organizations so that staff from a wide array of agencies would have the information, tools, and skills needed to promote CalFresh and to assist with the application process. Currently, the Food Bank hosts four day-long eligibility trainings each year. In FY 2016-17, Food Bank staff provided these trainings for 84 unduplicated staff from 43 different community-based organizations. The Food Bank has also piloted special trainings that explore technical facets of eligibility, including reporting requirements, screening appropriately for income, and what to expect

during the application process. This training has helped increase participation and keep participants connected to CalFresh. Between May 2016 and May 2017, San Francisco-based agencies trained by the Food Bank submitted 878 applications, and helped with required paperwork for an additional 367 existing clients.

Marketing campaigns: Over the past several years, HSA has developed professional and culturally-appropriate materials promoting Medi-Cal and CalFresh. Marketing materials include postcards and letters for the 211 San Diego campaign, as well as posters and banners with myths and facts about both sets of benefits. Materials have been posted at HSA enrollment offices and outstation sites. HSA also engaged a videography company to create short videos informing recent parolees about their CalFresh eligibility, and developed video content for a social media marketing campaign. CalFresh and Medi-Cal staff are extensively trained to promote enrollment in both programs to any client who might be eligible.

Current Challenges

An estimated 28,000 San Francisco residents who are eligible for CalFresh are not currently enrolled in the program. Additional business process changes are required to make the program appealing and easy to use. Further research is also needed to understand the internal and external factors impacting application and enrollment.

Detailed below are the known challenges to applications, enrollment, and retention.

Cumbersome application processes: The steps required to apply for CalFresh can be complicated and difficult to navigate. HSA is working to remedy the telephone-interview-scheduling processes, which currently results in missed interviews and rescheduling to obtain necessary application information.

Bureaucratic hurdles: State administrative rules and bureaucratic hurdles for both applicants and eligibility workers are fundamental challenges to increasing CalFresh enrollment. These hurdles also increase the number of participants who are discontinued from the program for lack of paperwork or missed deadlines. A client-oriented approach should make the program less punitive and more accessible.

Every month, approximately 20% of clients applying for CalFresh are doing so because they were discontinued for failure to submit a report, not because they were no longer eligible. With so many participants losing benefits and having to re-enroll at reporting junctures, the process is not efficient for eligibility staff or for participants.

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Eligibility restrictions: Eligibility restrictions, including a federal income threshold that is not adjusted for the local cost of living and the current ineligibility of Supplemental Security Income (SSI) recipients, further reduce the pool of potential applicants. (However, the California ban that prevents aged, blind and persons living with disabilities who are recipients of SSI from participating in the CalFresh program is ending in the Summer of 2019). As of September 2018, implementation of work requirements for clients deemed “Able-Bodied Adults Without Dependents” (ABAWD) goes into effect, further restricting eligibility. This will drastically reduce the duration of time that many ABAWD clients will be able to receive benefits, unless they work at least half-time or qualify for an exemption. Planning, messaging, and collaboration with community-based organizations serving ABAWDs are critical to mitigate the harm of the new eligibility requirement.

CalFresh community-based organization outreach staff are also reporting that some applicants are asked for verification documents beyond what is required, making it unnecessarily difficult to complete the application process. In 2017-18, 27% of applications were denied for procedural reasons.⁴⁹

Stigma and political climate: Despite San Francisco’s progressive and tolerant reputation, too many people still associate food assistance with shame and secrecy. This perception is especially deep-seated among older adults and is one cause of persistently low enrollment among this population. HSA is strengthening messages for seniors to increase acceptance.

Although noncitizens may be eligible for CalFresh, they are applying to the program at a lower than average rate. Under the current federal administration, there is a persistent threat of immigration policies that would restrict eligibility for public benefits. Furthermore, Immigration and Customs Enforcement (ICE) activities elevate concerns that many applicants have regarding the safety and privacy of their personal information. This is especially true for mixed-immigration-status households. While the overall effects on the CalFresh caseload are small, there are signs that certain vulnerable groups are retreating from CalFresh. For a brief period following related news cycles, HSA and community partners have reported clients calling to disenroll from CalFresh. HSA has made efforts to mitigate these effects by providing clarifications on immigrant eligibility for benefits, FAQs on confidentiality of client data, and communications through press releases and press conferences.

Recommendations

Strengthen referral networks for key populations, such as seniors and college students. Better leverage existing relationships among City programs, and welcome new partners in neighborhoods of emerging need.

Streamline the application process to help ensure that more applicants are approved promptly. A process that now consists of many disparate steps can be consolidated using electronic signatures and new tools to text or upload photos of critical documents. Implement more flexible interview scheduling processes that respond to clients' schedules and preferences.

Improve communications with existing clients to prevent program churn. Use timely, relevant text messages and phone calls, and implement technologies that help clients to complete all required tasks at once in order to maintain their benefits.

Continue to promote enrollment in all eligible programs when clients apply for any one benefit, like Medi-Cal. Connect CalFresh clients with other relevant services in San Francisco, such as WIC, workforce development opportunities, and programs promoting educational enrichment, recreation, and health.

Improve CalFresh's customer-service reputation by supporting cutting-edge technology, including modern phone, text, web, and live-chat functions, for a seamless and respectful customer experience. Provide trauma-informed training for all staff.

Support ABAWDs affected by work requirements by educating clients and the community on options available for ABAWDs to continue to receive needed benefits, including exemption criteria. Coordinate across San Francisco to ensure that ABAWDs who need to work have access to appropriate, meaningful work and training opportunities.

Prepare for significant influx of newly eligible CalFresh/SSI beneficiaries in Summer 2019 by considering how existing processes, systems and partnerships can be leveraged and streamlined to facilitate CalFresh eligibility determination and enrollment for SSI recipients.

Increase benefit levels by promoting use of medical expense deduction for certain eligible clients. Explore the possibility of funding a supplement to CalFresh.

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Food Resources**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)****Significance**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a highly effective federally funded program that safeguards the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk because their household income is less than 185% of the federal poverty guidelines. Operated by the San Francisco Department of Public Health, Maternal Child and Adolescent Health, the program is considered to be a vital component of the social safety net because it supports food security among young families. WIC provides participating families with nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community services. The supplemental foods provided are tailored to the individual's needs during a critical time of growth and development.

Developments since 2013

Since 2013, the authorized list of healthy foods that meet federal nutrition guidelines for which WIC checks can be redeemed has been revised to include whole-grain pasta and low-fat yogurt. In addition, the cash value of fruit-and-vegetable vouchers has been increased, and fruits and vegetables may be purchased instead of jarred baby food for older infants.

California WIC is making steady progress replacing paper food checks with an electronic benefit transfer (EBT) system. The computer-based data system is also being replaced with a new EBT-ready management information system (MIS). The two existing systems will be replaced concurrently. Pilot testing will begin in 2019; statewide rollout is expected to be completed by April 2020.

What's Working Well

Thirty-eight stores in San Francisco accept WIC checks. In 2017, ten local farmers markets began to accept fruit and vegetable cash value vouchers.

WIC impacts the local food environment by requiring participating stores to stock a variety of nutritious foods. This results in improved access to fruits, vegetables, whole grains, low-fat dairy, and other healthy food options for many low-income communities.

In 2016, WIC checks contributed approximately \$8 million in federal funds to the San Francisco retail food economy.

The earlier mothers enroll in WIC during pregnancy, the more likely they are to breastfeed.

Current Challenges

Participant retention: In San Francisco, prenatal, infant, and child WIC participation has dropped 39%, 29% and 34%, respectively, since 2011. This may be due, in part, to fewer births among families that meet the program qualifications, but the biggest contributor to the caseload decline is the non-participation of eligible children. Recent data show that only 28% of infants who enroll in the San Francisco WIC program continue until they are 5 years old. Additionally, African American families who face the greatest health inequities have one of the highest rates of disenrollment from the program of all races and ethnicities. Qualitative data indicate that extensive, complicated administrative requirements, social stigma, and expectation gaps are driving this trend, particularly among English-speaking families. This is cause for serious concern, since children who participate in WIC are more likely to be food secure, immunized, and within normal developmental limits, and to have healthier diets and weight and a lower prevalence of anemia than unenrolled children.

Limited technology: WIC participants are typically young and technologically savvy. However, their service expectations are not being met because systems and processes at the local level are cumbersome and outdated. It is highly likely that some eligible families are choosing not to seek WIC services and benefits due to the burdensome administrative policies and practices.

Changing factors in funding formulas: Federal poverty guidelines used to determine program eligibility and funding do not take cost of living into consideration. In San Francisco, where food and housing expenses are especially high, this is an important concern. Funding formulas also fail to adequately consider the time required for high-quality, client-centered WIC clinic services and education, which results in reduced clinic volume. While funding is currently adequate, both of these factors could have a potentially negative impact on financial resources within the next two years.

Recommendations

Improve public outreach: Efforts are needed to ensure that participants and potential participants are aware of available WIC benefits. Extensive publicity is also needed to raise awareness of the modernization of services and how this will make benefits easier to use and less stigmatizing.

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Reduce organizational and departmental siloes: Systems need to be developed to enhance collaboration and coordination of services. Sharing client data between organizations (rather than requiring participants to provide the same personal details several times) will save time, boost accuracy, greatly improve participants' experiences, and enable the possibility of automating referrals for complementary benefits and services.

Improve local technology capabilities: The means of service delivery within WIC need to be updated and modernized. Key elements to be renovate include a more user-friendly website, a centralized call center, electronic check-in kiosks, an automated appointment scheduling and reminder system, text messaging for nutrition information, and capabilities for telemedicine and Skype interviews. Simplifying policies and streamlining administrative procedures will make it easier for eligible families to enroll and maintain their benefits; it will also free up staff time and increase participants' enthusiasm for breastfeeding support, nutrition counseling, referrals, and other WIC services. All of these benefits will make client interactions more meaningful and service oriented.

Continue addressing retention issues: Locally, through the Mayor's Office of Civic Innovation, the San Francisco WIC program is already working with Data Science San Francisco and Google.org to understand and address reasons for decreasing enrollment. These efforts should continue, and any findings should be fully explored for the development of effective solutions.

Food Resources

Healthy Food Purchasing Supplements and Profile of EatSF

Significance

Healthy food purchasing supplements are financial interventions designed to increase the ability of residents to purchase foods that contribute to a nutritious diet, such as fruits and vegetables.⁵⁰ San Francisco has both *vouchers* for free fruits and vegetables redeemable at multiple retail outlets (EatSF) and incentives (also known as bonuses). The Market Match program provides CalFresh recipients an additional \$5-\$10 worth of fruits and vegetables when fruits and vegetables are purchased with an EBT card at a farmer's market.^l Another bonus program, Double Up Food Bucks, is scheduled to launch in San Francisco in 2018. Double Up Food Bucks provides up to \$10 in matching funds to residents who purchase California produce at participating grocers with EBT cards.^m All of these programs are designed to address multiple social, health and economic issues. These programs improve program participant's food security by increasing the ability of residents to purchase and consume healthy food. They also improve neighborhood access to healthy foods, and support the local economy. Below is more information on the EatSF program.

EatSF - Vouchers 4 Veggies is a healthy food supplement program launched in 2015 to support fruit and vegetable food purchases in low-income households where access to healthy food is limited by affordability and geographic accessibility. Through the distribution of vouchers dedicated specifically to the purchase of fruits and vegetables in underserved neighborhoods, EatSF's goals are to significantly reduce food insecurity, improve health, and stimulate economic growth by supporting healthy food retailers in targeted neighborhoods.

Developments since 2013

In its *2013 Assessment of Food Security in San Francisco*, the FSTF recommended that San Francisco develop a healthy food purchasing supplement to address the lack of financial resources to purchase healthy food experienced by food insecure San Franciscans, particularly those on SSI. EatSF was launched with public and private funding in 2015 by the UCSF Center for Vulnerable Populations.

l. For more information on Market Match, a state wide incentive program operated by the Ecology Center, see: <https://marketmatch.org/>

m. For more information about Double Up Food Bucks California operated by SPUR, see: <http://www.doubleupca.org/>

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The EatSF model relies on multi-sector collaborations that include 60+ community distribution points for vouchers (such as senior centers and clinics) and a network of 20+ corner stores, supermarkets, and farmers markets with a focus on underserved neighborhoods. For 6 months, participants receive nutrition education and fruit and vegetable vouchers (\$20-40/month) redeemable at local retailers.

What's Working Well

Targeted communities are eating better: Since 2015, EatSF has served more than 6,000 households and enabled clients to purchase more than \$1.3 million in fruits and vegetables in three neighborhoods: Tenderloin/Civic Center, Bayview, and South of Market 6th St. corridor. Participants increased their consumption of fruits and vegetables by one serving a day,⁵¹ enough for immediate health impact and a 10% decrease in the risk of early death if sustained over time.⁵² Ninety-three percent of participants report that they are consuming less junk food as a result of the program, and 98% feel more comfortable purchasing healthy food with limited finances.

Collaborative efforts to reach in-need/at risk populations: Rather than creating networks and infrastructure from scratch, EatSF partners with organizations already working with populations it is trying to recruit. Low income pregnant women, for example, were identified as a high priority population. EatSF was able to reach this population through a partnership with San Francisco's WIC Program. In addition to working with a network of more than 60 distributing agencies and 20+ corner stores, farmer's markets, and grocers, the program also partners with other healthy retail and nutrition education initiatives to enhance their collective impact.

Current Challenges

Funding: Partners, resources, and funding need to be increased in order to expand the program. Demand for the program has outpaced funding. Based on interest from current and new partners, over 6,000 households are eligible for the program but not enrolled. With additional funding, more participants can be served and participants can stay in the program for longer periods than the standard six-month enrollment, if needed.

Expanding enrolled populations: Voucher distribution and participation has been limited based on program capacity and funding. Low income families and adolescents, for example, are two specific populations that would benefit from additional program support. Also, based on high need, residents in the Oceanview/Merced/Ingelside, Mission, and Western Addition neighborhoods would benefit from additional resources to purchase healthy food.

Recommendations

Expand program reach with increased funding: Additional funds are needed to expand the scale of operations, increase the number of participants, and expand into new neighborhoods. As noted above, increased budgets are likely to enable participants to stay in the program longer, sustaining improved dietary intake and the resulting health benefits for extended periods of time.



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Food Access
Free Groceries / Pantry Network**Significance**

The pantry network is the foundation of the San Francisco Marin Food Bank's (Food Bank) outreach, bringing food directly into the neighborhoods where it is needed most. This model leverages hundreds of community-based partners, thousands of volunteers and millions of pounds of low-cost and healthy donated foods. Pantries are located at schools, churches, and community-based organizations. At the pantries, participants choose their own groceries in a setting that resembles a neighborhood farmers' market. For participants who do not qualify for CalFresh, the pantry network is one of the few sources of food support available.

Annually, the pantry network distributes over 38 million pounds of food, more than 60% of which is fresh produce. A typical weekly pantry might offer fresh produce such as carrots, potatoes, and oranges, along with grocery staples like chicken, eggs, pasta, and rice. San Francisco distributes more healthy food per person in poverty than any other county in the nation.

Developments since 2013

Since 2013 the pantry network has focused on developing ways to meet high demand for pantries that are the most respectful and least disruptive for the clients and neighborhoods in which they live. This has been accomplished by working toward programs that respect the personalized health needs of participants via innovative partnerships with the San Francisco Health Network (SFHN) and In Home Support Services (IHSS) program, along with improvements to the pantry network through the new Pantry Enrollment System and designated pantry appointment windows which have allowed the Food Bank to serve more unduplicated households with reduced wait times and shorter lines at pantries.

What's Working Well

Cross-Sector Public Health Partnership: The Food Bank partnered with the SFHN to create the Food Pharmacy program. Food Pharmacies are pantries designed for participants with health challenges, such as diabetes and hypertension. At these locations, the pantries educate participants on the role nutrition plays in diet-related health challenges, teach participants how to cook healthy meals and snacks using Food Bank products, and introduce them to a supportive community of health-minded peers.

Improving Accessibility: The Food Bank has extensive experience providing nutritious food to seniors, people with disabilities, and San Franciscans with chronic health issues. Each month, staff from the City's Department of Aging and Adult Services connects the Food Bank to many of the 25,000 IHSS consumers who have expressed interest in receiving home delivered groceries. (The IHSS program provides funding for an in-home care provider for eligible aged, blind and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes.) Because of limited resources, Food Bank staff prioritize outreach to IHSS recipients with high levels of food insecurity. IHSS recipients are then connected to local pantries, where their care provider can pick up groceries on their behalf. IHSS care providers are not only paid an additional hour for doing so, but can also pick up groceries for their own households. This is an added benefit since many IHSS care providers struggle to make ends meet in their own households due to the region's high cost of living. This partnership received an innovation award in 2017 at the National Association of Area Agencies on Aging.

Pantry Enrollment System (PES): PES is a central database system maintained by the Food Bank that is designed to facilitate the fair and equitable distribution of food at pantries throughout San Francisco and Marin counties by allowing participants to enroll or be waitlisted at the pantry of their choice. By integrating enrollment across pantries, the Food Bank is able to guarantee that more people receive larger quantities of food. It also allows the Food Bank to better understand demand in the community and to expand programming accordingly.

Implementation of Timeslots at Pantries: Line management best practices have been established to create a more orderly and dignified experience and to respect participants' time by reducing the long lines and wait times. Participants now receive a designated 20-minute window to shop at one of many pantries located across the City at different days and times.

Summer Continuation Pantries: The Food Bank started the Healthy Children Summer Continuation pantry program in 2016 as a way to provide uninterrupted food support for low-income families once the school year ends. Summer is a time when many families face even greater challenges to put food on the table because their children lose access to school meal programs. Since many school-based pantries close for the season, this effort has sustained access for over 450+ households that would have otherwise faced increased food insecurity.

One-stop, Real-time Food Assistance Referrals: Individuals in need of food and nutritional support can be connected to local resources through the Food Locator tool on the Food Bank website.ⁿ

n. <https://foodlocator.sfmfoodbank.org/>

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After entering their zip code and answering a few simple questions, the tool directs people to pantries where food is available, and also provides information about how to access CalFresh application assistance, emergency food and the Commodity Supplemental Food Program for low-income seniors. This information is provided in six languages and is updated daily.

Current Challenges

Demand for pantries outstrips supply: Despite serving more unduplicated households than ever, the demand for Food Bank programs continues to outpace its ability to meet the demand as indicated by persistent waitlists. The Food Bank struggles to maintain current partnerships with aging volunteers and dwindling faith-based congregations, and to find new partners that are willing to take on such a demanding, weekly commitment. Additionally, current pantry network partners may not be able to easily expand their pantry's capacity since many of these community-based organizations already have extensive programming beyond food distributions. Lastly, some households need more food than they can access through the pantry network to achieve food security, often due to the size of their household or the degree of their need.

Adequate warehouse and office space: The pantry network and other programs have expanded tremendously, which has caused the Food Bank to rapidly outgrow the space available for administrative activities and food processing for distribution. The current space was designed to distribute approximately 30 million pounds of food annually, but is now handling nearly 50 million pounds each year for San Francisco and Marin counties. Adequate food supplies are available to meet demand, but space restrictions preclude additional growth. Office space is also over-capacity and there is no room for additional staff or volunteers.

Cost Increases for Food and Freight: Transportation costs have skyrocketed in recent years and increased the cost of sourcing food. Freight costs across the food industry have seen tremendous increases, resulting in higher costs on the consumer end. This year alone, the Food Bank has seen freight costs exceed their budgeted expenses by over \$150,000. The Food Bank's focus on healthy, high-value foods is most impacted by these market changes, as these items tend to be among the most expensive. Food Bank fundraising efforts struggle to keep pace with these growing costs combined with increased and unmet pantry network demand.

Serving Supportive Housing Residents: Pantry participation from those who live in the City's supportive housing facilities is greater when the pantry is located within their building. However, many supportive housing buildings are

too small for the Food Bank to be able to support as individual pantries. Serving individual supportive housing buildings is less efficient than the Food Bank's other neighborhood pantry offerings which serve the entire community and not just the limited number of residents in the host building. To face this challenge, the Food Bank has begun to collaborate with multiple buildings within a given area to create joint locations for supportive housing pantries offering the specialized foods required for this population which has limited access to cooking facilities. These cluster sites should not only increase efficiency for the Food Bank and service providers, but also the average number of participants served per site due to their proximity to multiple buildings.

Unpredictability of Political and Social Forces: The current political environment has placed many Food Bank participants at risk. The threat of substantial cuts to federal food assistance programs including SNAP/CalFresh, WIC and the Commodity Supplemental Food Program, have the potential to be devastating to some of the most vulnerable communities. Additionally, the pervasive anti-immigrant sentiment at the highest levels of government inspires fear and could lead to decreased CalFresh participation and an increased reliance on pantry food to compensate.

Inadequate Resources at Public Housing Facilities: Some of the City's largest public housing facilities still lack dedicated supportive service providers to host food pantries. Although tenants in these residential complexes would benefit from pantry service on-site, the facilities are underequipped to support the pantry operations, restricting the Food Bank's ability to provide access.

Recommendations

Expand the donated grocery pipeline by supporting increased physical capacity at the Food Bank: Greater quantities of healthy donated food are available in the state and nationally through the food bank network, but growth is currently restricted by the Food Bank physical capacity constraints.

Support expanded access to and enrollment in food pantries across multiple populations: Invest in pantry network capacity growth. Currently there are neighborhoods without open and conveniently located pantries at all the necessary times to accommodate a range of needs.

Develop marketing campaigns and outreach efforts to overcome demagoguery as well as pride, stigma, and outdated perceptions about food pantries that are barriers to accessing food assistance programs.

Support efforts to increase the supply of nutritious food to allow further differentiation between households with different caloric and nutritional needs.

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Expand access for underserved populations and add new populations with adjustments to food and programming, such as

- no-cooking-required menus for more populations with limited access to cooking facilities;
- more frequent access to pantries for populations without food storage facilities;
- evening and more weekend distributions for working individuals and families;
- drop-in pantries to address demand for flexibility in timing of food pantry distributions to attract participants unwilling or unable to attend traditional pantries;
- backup pantries for those who were unable to access their chosen pantry due to a doctor's appointment, an unforeseen conflict or if the pantry itself needed to close for a week or two (as sometimes occurs around the holidays); and
- additional food for larger or more food insecure households.

Increase service and outreach and enrollment collaboration between and among City and community-based partners to increase access to more services by underserved populations by:

- expanding/developing welcoming and accessible neighborhood-based hubs/ dedicated spaces that would serve as "one-stop-shops" for supplemental groceries, social and health services, education, information and referrals and application assistance for multiple benefits;
- expanding social and public health services currently offered at a variety of pre-existing food programs, including pantries, to tap into the diversity of low-income populations utilizing food assistance programs, but underutilizing traditional social and public health services; and
- supporting interim social service staffing for the largest public housing sites to enable oversight of critical programming like food pantries.

Ensure sustainable financial support for pantry programming for vulnerable populations like seniors, adults with disabilities, families with children, individuals experiencing homelessness, and low-wage workers.

- Expand financial support to bring pantries to more supportive housing buildings in which seniors and formerly homeless adults with disabilities reside.

Increase collaboration between public and private healthcare providers, nutrition and health educators, and food assistance programs to improve food security and health outcomes, such as:

- Clinic/Clinician food security screening and referrals to food assistance programs;
- Screening/referral of food assistance program participants for chronic disease to ongoing health care;
- Chronic-disease appropriate food pantry menus; and
- Ensuring food assistance and healthcare participants all have access to critical nutrition and health education and counseling.

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Food Access
Free Dining Rooms

Free dining rooms provide essential prepared meals for residents in need and a place for socialization and community.^o Following are reports from three of San Francisco's largest free dining room meal programs: GLIDE's Dining Room and St. Anthony's Dining Room located in the Tenderloin, and United Council of Human Services' Mother Brown's Dining Room in the Bayview.

Significance

GLIDE: The free dining room, offered in conjunction with GLIDE's comprehensive outreach and support programs, have been part of the San Francisco community for decades. What began as a potluck meal for 50 people once a week in 1969 grew in the mid-1980s into a City-contracted program serving three meals a day. GLIDE's free dining rooms now serve approximately 2,000 meals daily. These efforts are made possible by 30 full-time kitchen and security staff, along with 85 volunteers every day. GLIDE is the only program in the City providing three meals a day, 364 days a year. It has become such a stable and reliable safe haven that it is recommended to those in need in virtually all parts of the City. It has even developed a reputation for specific menu items, such as its World Famous Fried Chicken Thursdays and its Fresh Fish Fridays.

St. Anthony's: For over 65 years, St. Anthony's has served a meal every day in the Tenderloin neighborhood. Whether someone is recovering from crisis or managing their basic needs, the Dining Room provides a dependable resource for those in need in the community. St. Anthony's Dining Room provides 2,300 lunches each day. In addition to the Dining Room, St. Anthony's services include a medical clinic and social work, addiction recovery, clothing, technology access and training programs.

United Council of Human Services: The United Council of Human Services began over 20 years ago as a mobile feeding operation. Mother Brown and her advisory board prepared hot meals and delivered them to homeless and low-income residents in the Tenderloin. Since then, the operation expanded to the Bayview and includes the Hope House housing program, and the Bayview Hope Resource Center.

^o. A list of free dining rooms in San Francisco is available at the Free Eats Chart. http://www.freeprintshop.org/download/eats_english.pdf

Mother Brown's Dining Room offers two hot meals daily, seven days a week. These are hot nutritious meals designed to promote good health and raise the spirits of the clients in need of physical and emotional nurturing. Mother Brown's Dining Room serves 400 meals a day.

Developments since 2013

GLIDE: Over the years, the average age of GLIDE clients has been gradually increasing, with the largest segment (347 of meals program participants) falling into the 50-64 age range. Since its 2012 biannual survey of meals program participants, GLIDE has seen an increase in the number of working individuals being served, attributable to steadily rising food and housing prices. There also has been a net increase of 8% in the number of diners who report being retired. This corresponds to a 16% drop in the number of unemployed survey respondents. Funding is a perennial concern, but the overall cutbacks that have been threatened by the current federal administration have heightened concerns about impact on the current state and local sources that contribute to operating expenses.

St. Anthony's: In October 2014, St. Anthony's opened their new Dining Room, which also houses their Social Work Center and Free Clothing Program. Having these three programs in one building gives guests the opportunity to most conveniently address their needs. The new kitchen and storage facilities allow St. Anthony's to increase meal capacity as well as accept more donations of produce to prepare for diners. Responding to the significant growth in the number of guests with severe mental health and extreme hygiene barriers to eating in the Dining Room, St. Anthony's has developed a "hot meal to go" program. Previously the Dining Room provided sandwiches for these guests; the "hot meal to go" program provides a complete meal daily for 50 diners.

United Council of Human Services: The number of guests at Mother Brown's Dining Room has more than tripled since 2013. Additional children and families are utilizing the dining room, with children from the surrounding neighborhood coming for breakfast before school, and for meals after school. In addition to people experiencing homelessness, more guests with homes are dining due to low income and lack of funds for food. Additionally, while Mother Brown's Dining Room traditionally served primarily African American guests, now about half of the guests are from diverse racial and ethnic backgrounds including Asian, White, and Latino.

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What's Working Well**Treating the whole person**

GLIDE: “Nourishing the Body and Soul” is how GLIDE describes its efforts to do more than simply provide meals. GLIDE offers a caring and inviting atmosphere that provides opportunities for socializing and experiencing a feeling of community. For example, a brown bag meal always is provided to anyone who may arrive after the end of a formal meal period.

St. Anthony's: In response to the 2015 client survey in which it was revealed that a high number of guests had diabetes and other nutrition related diseases, the St. Anthony Dining Room integrated more flexible menus and is providing expanded meal choices. They are now serving more robust meals including a vegetable, starch, and meat protein (meat protein is now served 2-3 times a week up from once a week); and providing more choice to diners including vegetarian alternatives every day (serving 200 vegetarian meals daily). Every Monday, St. Anthony's serves a heart healthy meal and on Friday a low sodium meal. Plain and fruit infused water has totally replaced sugary beverages, and information about gluten and dairy is posted for diners.

United Council of Human Services: Meals served are substantial, each with a protein, produce and starch. Many guests experience diet related diseases including diabetes and high blood pressure. In response to the health needs of their guests, Mother Brown's Dining Room has reduced sugar and salt in the meals they serve.

Meals as a gateway for services

GLIDE: Free dining rooms leverage access for meals program participants to a wide range of other services. In fact, the majority of people who use more than one service at GLIDE come through the meals program as their first point of contact. The role of “Meals Navigator” recently has been created to help identify need and to steer individuals to appropriate assistance. By taking a multilingual approach, Meals Navigators have built trust, comfort and community networks among specific populations, such as Chinese American seniors. Programs also have been coordinated to maximize impact. For example, the Harm Reduction team now offers HIV/Hep C testing during meals hours. GLIDE also provides on-site access to primary and mental health care via Tenderloin Health Services (a program of HealthRIGHT 360), a drop-in free legal clinic, remedial education, a Women's Center, a men's violence intervention program, and newer initiatives and services like GLIDE Goods (a pop-up free store for essential items).

St. Anthony's: When people initially experience homelessness or financial crisis, they often will respond by first seeking St. Anthony's food services. The St. Anthony

Dining Room becomes a support system that helps establish and encourage guests' self-sufficiency, and provides connections not only to St. Anthony's offerings but also to those of other organizations such as Lava Mae which provides hygiene services two times a week near the Dining Room.

United Council of Human Services: Guests to Mother Brown's Kitchen seek a trusted safe haven where they are respected. In addition to Mother Brown's Kitchen, United Council of Human Services also operates a drop-in center, and a housing program. The drop-in center guests are able to access donated clothing, laundry facilities, lockers, and a safe and welcoming place.

Productive partnerships

GLIDE: Many different collaborations are in place to address both procurement of resources and client needs. For example, each year the San Francisco Marin Food Bank provides half of the food used to prepare meals in GLIDE's dining room. The University of California at Berkeley has participated in the workforce development program by training staff in kitchen operations, helping to develop new menu items, and inviting staff to observe operations in UC campus cafeterias and restaurants. Pioneer Seafood has taken on a hybrid role by supplying fresh fish on a bi-weekly basis while training volunteers on fileting and preparation. GLIDE also has implemented two key food donation partnerships, one with Copia and one with Starbucks.

St. Anthony's: Over the past few years, St. Anthony's Dining Room's partnership with the St. Anthony Clinic enables its guests to access the clinic's robust diabetes program including cooking classes and Zumba lessons. St. Anthony's meal program relies on volunteers for operations and community engagement. Local businesses provide groups of volunteers as corporate service days.

United Council of Human Services: Mother Brown's Kitchen relies on the food donations from local businesses to make up the gap in funding required to operate this much needed meal program. The San Francisco Produce Market donates produce daily allowing the dining room to serve fresh salads and other produce with each dinner.

Current Challenges

Funding

GLIDE: Although the meals program is highly visible and very popular, GLIDE is required to attract private dollars to make up for shortfalls in government funding. Therefore, lack of financial support, and the threat of potential federal cutbacks, are of constant and immediate concern.

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St. Anthony's: Volunteers that donate their time steadily to the Dining Room are a large and critical part of the work. Regular volunteers are essential not only to providing meals in a welcoming atmosphere, but also to consistency in service and the promotion of guests' resilience. As the Dining Room expands its service, the number of regular volunteers is not keeping up with the growth of the program, and St. Anthony's also sees an aging of these volunteers.

United Council of Human Services: Mother Brown's Dining Room is located in a neighborhood lacking in services and shelter beds, with high rates of poverty and health inequities, and in an area of San Francisco with the second highest number of people experiencing homelessness. Mother Brown's Dining Room is the only meal program in the Southeast sector of the City operating every day of the week, serving two hot meals daily. Increased funding is needed to meet the nutrition needs of the community and to expand hours to serve the growing number of individuals and families in need of healthy meals.

Evolving community need

GLIDE: The last several years in particular have seen food insecurity increase dramatically in some populations and appear in geographic areas where it had not existed before. GLIDE also sees a need for attention to the needs of those who are not ambulatory and who are unable to travel to locations where food is being served.

St. Anthony's: The aging of the Dining Room guests presents unique challenges to the services St. Anthony's offers. Aging, coupled with homelessness and/or unstable housing, puts many guests at a greater health risk and increases their chances of experiencing social isolation. More than 60% of the diners are over 50 years old, in contrast to 20 years ago when only 33% of diners were in that age group; 1 in 3 are over 60 years old; and the majority are single males. Unmet dental care needs of many diners require modified menus. More dining room patrons are long term guests now than in previous years, with substance abuse and mental health challenges rendering many diner "regular and long-term." An increasing percent of guests are experiencing homelessness including more women than in past years. Lack of food storage is a challenge faced by many guests that take a meal to go or a second meal to be consumed later in the day.

Menu quality and choice

GLIDE: Maintaining high-quality nutrition, meal variety and choice are persistent challenges. Meeting diners' preferences is an important element of "Nourishing the Body and Soul" that goes beyond considerations of caloric value, flavor or appeal. Offering vegetarian options, for example, may address individuals' ethical values, religious beliefs and/or clinical/medical requirements. Taking choice into account also shows respect for individual's personal priorities.

United Council of Human Services: Mother Brown's Kitchen serves a community with critical health needs. Increased funding is needed to support and expand meals for this community. Food safety is a concern when accepting and serving donated prepared food, partially due to the lack of food storage facilities of many guests that may take meals with them.

Upgrading facilities

GLIDE: The kitchen and service facilities at GLIDE were not designed to handle the volume that the program now regularly serves. Some cosmetic repairs have been completed in recent years and new refrigeration units have been installed, but more substantial improvements, if not an entirely new facility, are needed.

United Council of Human Services: United Council of Human Services' facility houses the organization's administrative offices as well as Mother Brown's Kitchen and the drop-in center. The kitchen and dining facilities, as well as the drop-in center are in need of upgrading and expansion to serve the growing needs.

Recommendations

Identify funding sources

GLIDE: In light of potential reductions in government-based sources, continued rising food costs, and necessary facilities upgrades, contingency plans need to be in place to address the possibility of increased budget shortfalls. Even in the event that current funding is not cut, additional robust resources need to be identified to keep pace with food costs and to address existing facilities issues.

United Council of Human Services: More money is needed to purchase and prepare healthy meals for the growing number of community members in need of food. Also, as more people struggle to find and maintain permanent housing, additional funding to expand the United Council of Human Services' Hope House housing program is needed.

Address food insecurity as part of structural inequity

GLIDE: As San Francisco's cost of living rises, the larger structural issue of economic inequity is highlighted. Food insecurity must be addressed as one of many elements within that framework. For this reason, free dining room programs should include access to additional comprehensive services that help address the obstacles faced by those experiencing food, housing and economic insecurity.

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Strengthen the hospitality environment

GLIDE: Properly serving clients involves more than simply delivering food. It requires an environment in which the greatest possible benefit from the interaction can be derived. This includes ensuring guests are always treated with dignity and respect, and offering a sense of community with caring, nurturing support.

St. Anthony's: Increasing healthy choices and providing options for guests rather than serving a set meal are ways to improve the dining experience. Additionally, more meals are needed for children especially on the weekends.

Encourage socially responsible eating in free dining rooms

GLIDE: The Bay Area has a strong reputation and culture around food quality and sourcing. While there are other more foundational food insecurity concerns that should be given priority, they should be addressed with organic and local-sourcing solutions whenever possible.

Food Access School Meals

Significance

With an enrollment of 57,000 students, the San Francisco Unified School District (SFUSD) Student Nutrition Services (SNS) provides almost 35,000 meals (including snacks) per day during the school year. In alignment with SFUSD's Wellness Policy, meals exceed state and federal nutrition guidelines. In many schools, SNS provides three full meals per day a critical undertaking because adequate nutrition directly impacts students' academic performance and their ability to engage meaningfully in school-related activities. Studies show that food insecurity and inadequate nutrition lead to lower student gains in reading and math, higher truancy rates, the need for more support services, lower overall cognitive quality and socio-emotional behavior, and a reduced likelihood of graduating.⁵³ Leveraging school meals to provide access to three high-quality, nutritious meals and snacks each day represents one of San Francisco's most effective mobilizations against food insecurity.

Developments since 2013

Since 2013, SNS has dramatically improved nutrition and food quality, expanded students' access to school meals, launched innovative and successful pilot programs, and secured \$20 million in bond funding to upgrade kitchen infrastructure and dining spaces. These improvements have increased total participation in school-meal programs (including breakfast, lunch, snacks, supper, and summer meals) by more than 1.7 million meals per year. These increases are due in large part to aggressive program expansion, which has increased students' access to school meals throughout the day. Although lunch participation has dropped by about 1,800 meals per day since the 2012/2013 school year, breakfast participation has increased by roughly 2,000 meals per day, summer-meal participation has more than doubled, and snack and supper programs have been implemented that now serve nearly 9,000 students per day. Despite these successes, inadequate funding, continued stigma around school meals, and limited kitchen infrastructure impede SFUSD's ability to further increase participation.

What's Working Well

Program expansion: In 2013, SFUSD began providing meals through both the National School Lunch Program (NSLP) After School Snack program and the Child and Adult Care Food Program (CACFP) At-Risk Afterschool Meals program. These programs now account for more than 1.5 million after-school meals and snacks served each year at no cost to students. While snacks are free to students in participating

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after-school programs, supper meals are free to any child under the age of eighteen, regardless of program enrollment.

SFUSD has also implemented numerous Breakfast After the Bell (BAB) programs since 2013. Twenty-seven schools now offer Grab 'n' Go, Second Chance, or Breakfast in the Classroom. Beginning in 2017, SFUSD partnered with Share our Strength, a national nonprofit working to end childhood hunger in the United States. In the first year of this two-year partnership, SNS implemented 12 BAB programs in some of San Francisco's highest-needs neighborhoods.

Finally, SFUSD increased students' access to high-quality, nutritious meals during the summer. Like supper, summer meals are free to any child under the age of 18, and meal availability is widely advertised throughout the community. In 2017, SFUSD served nearly 336,000 summer meals and snacks - more than double the number served in 2013.

Improved nutrition and food quality: In April 2015, the San Francisco Board of Education approved an updated wellness policy⁵⁴ that was developed through a collaborative community process. The policy provides all schools with a framework to actively promote the health and wellness of students, staff, and families. At the same time, SFUSD revised its nutrition guidelines, which apply to all foods and beverages sold or served to students, staff, and families on every PreK-12 campus and administrative building. These guidelines state that all food and beverages must be prepared from high-quality, clean-label products, meet nutrition standards for sodium, fat, calories, and sugar, and be free of prohibited ingredients.

In October 2016, SFUSD adopted the Good Food Purchasing Program (GFPP), a metric-based framework and set of tools that guides organizations to direct their buying power toward suppliers that meet five interconnected values: local economies, environmental sustainability, valued workforce, animal welfare, and nutrition. The program enhances existing SFUSD student nutrition initiatives that aim to provide access to healthy meals for every student, ensuring that food insecurity no longer inhibits their success in the classroom.

Innovation through public-private partnerships: SFUSD is implementing its 2013 recommendation to create a "student-centered, financially sustainable system where kids eat good food." Through SNS's Future Dining Experience initiative, a fiscally sponsored project of Community Initiatives, SNS continues to use public-private partnerships and grant funding to innovate and improve upon the student dining experience. SNS has leveraged generous grants from the Sara and Evan Williams Foundation, USDA, and Stupski Foundation to pilot innovative new strategies to increase school meal participation.

- Since 2014, Student Nutrition Services has completed dining-space refreshes at 18 schools. From the success and lessons learned, SFUSD will use bond funds to expand these improvements district-wide in conjunction with upgrading kitchens and serving lines.
- SNS has piloted mobile lunch carts and vending machines in 12 schools. The mobile carts serve hot meals in convenient, highly trafficked locations in schools (e.g., blacktop, main hallway) and the vending machines serve freshly prepared cold meals (e.g., sandwiches, salads) so that students can access healthy meals outside of the normal lunch period. These distributed points of sale aim to make school meals easily accessible so that the healthy choice becomes the easy choice for students. The grant also funded a Teacher Outreach Coordinator to engage with school staff, conduct taste tests of school meals, and develop and disseminate nutrition related activities and curriculum to teachers.
- In 2016, Student Nutrition Services created a Youth Engagement Coordinator role within the department. This coordinator has developed and facilitated SNS's School Food Advisory Fellowship, a district-wide youth committee that provides students with a voice and a safe space to share concerns, provide feedback, and influence their school dining experiences. Students meet weekly to learn about school meals, provide input on SNS decisions, and work on a semester-long project. The inaugural School Food Advisory cohort (spring 2016) designed two recipes for fall 2017 menu and helped SNS source compostable packaging for vending machine meals.

Bond funding to upgrade kitchen infrastructure: In November 2016, San Francisco voters approved a \$744 million general obligation bond that will fund repairs and maintenance to SFUSD facilities. Twenty million dollars of this bond is earmarked for SNS to update dining spaces and cooking infrastructure.

Current Challenges

Funding: State and federal reimbursements do not cover the cost of providing high-quality, nutritious meals. Currently, SFUSD covers excess costs with money from the unrestricted general fund. In order to reduce its reliance on this practice, SNS plans to update kitchen infrastructures and to implement additional high-quality, cost-efficient meal models.

Inadequate infrastructure: SFUSD kitchens are not equipped for “from-scratch” cooking on any meaningful scale. Most are in need of renovations in order to expand capacity and upgrade obsolete and non-functioning equipment. Capabilities at elementary sites are limited to serving high-quality “heat-and-serve”

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meals purchased from an outside vendor. Middle and high schools with larger kitchens are able to prepare limited quantities of meals on-site; on-site preparation, however, is limited to easy-to-prepare meals, such as sandwiches and salads, which are not considered “from-scratch” cooking.

School meals still stigmatized: School meals are often perceived as low-quality, unhealthy, or unappealing, and are too often associated with family income rather than being viewed as valuable, universal resources. The Community Eligibility Provision (CEP), which allows all students at participating schools to eat for free regardless of family income, and SFUSD’s Feeding Every Hungry Child policy, which stipulates that no child shall be denied a meal due to inability to pay, have both helped mitigate this stigma. Still, these beliefs are deeply ingrained and cannot be erased quickly or easily.

Recommendations

Identify new funding streams and strengthen strategic partnerships:

With the true cost of providing high-quality, nutritious meals outpacing state and federal reimbursement rates, and with SNS’s commitment to continual improvement and innovation, the department must identify additional funding streams to reduce its reliance on SFUSD’s unrestricted general fund. Serious consideration should be given to leveraging existing municipal tax initiatives, such as the new “soda tax,” as well as the Public Education and Enrichment Fund. Like-minded organizations should be identified so that partnerships can be developed to provide new resources and funding streams and to optimize the use of existing ones.

Upgrade infrastructure and develop innovative strategies to improve program quality:

Investing in modern kitchen infrastructure will afford SFUSD greater control over nutrition and food quality, help control food costs, and increase responsiveness to students’ tastes and preferences. Innovative new programs and dining-space refreshes will improve the student dining experience. By simultaneously working to improve food quality and the service experience, SNS can create more attractive, student-centered meal programs and increase participation.

Increase communications and engagement: SFUSD should couple improvements in meal quality and service with a coordinated communications and engagement strategy. SNS should make every effort to engage with students, families, and staff to gather feedback and make improvements to menu options and meal programs. SNS should also work to highlight such successes as the GFPP, the updated Wellness Policy and Nutrition Guidelines, program expansion, and all the innovative pilot programs. This will help change the dialogue around SFUSD school meals and position the program as a valuable community resource worth investing in.

Food Access

After-School and Summer Meals and Snacks for Youth and Children

Significance

After-school food resources during the academic year and the Summer Food Service Program (SFSP) combine to provide children with a comprehensive “food safety net” for a full 12 months. During the summer, the SFSP provides some children with the only food they will receive in a 24-hour period.

Developments since 2013

According to the 2013 Food Security Task Force (FSTF) report, only about a quarter of students who were eligible for free and reduced-priced meals during the school year participated in the Summer Lunch program. That number has since risen to approximately 30%. Significantly contributing to this increase was expanded outreach, which included advertising to CalFresh recipients and brochures and program information to all schools. Previously, only schools with at least 50% of students who were eligible for free or reduced meals received promotional material.

Also contributing to the improvement in participation numbers was the collaborative efforts of the Department of Children, Youth, and Their Families (DCYF), Children’s Empowerment, Inc., and the San Francisco Unified School District (SFUSD). By working together and sharing information, the organizations collectively increased the number of sites providing summer meals.

In 2013, SFUSD and Children’s Empowerment, Inc., and in 2016 DCYF began offering after school suppers in addition to after school snacks. From October 2016 to May 2017, DCYF served 64,136 suppers an average of 400-500 meals daily.

What’s Working Well

DCYF received a Cities Combating Hunger through After School and Summer Meal Programs (CHAMPS) grant from the National League of Cities. Those funds supported expanded promotional efforts.

Collaboration among participating organizations has improved services and student-participation levels. One of DCYF’s partners is Revolution Foods, the same vendor that provides meals to the SFUSD. This partnership enables DCYF to provide sites with menu options; some programs even let their enrolled students vote on the foods they like best.

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DCYF has created an interactive online map that displays sites for its after-school and summer meals. Clicking on an icon displays specific site-operation dates and location details. Links on the DCYF website and referrals from calling 2-1-1 and 3-1-1 direct users to the map. The interactive online map was accessed nearly 3,000 times during the 2016/2017 school year an increase of more than 330% over the previous academic year.

Current Challenges

Extensive administrative requirements: State and federal authorities want to ensure the overall safety of each sponsor's snacks and meals, but the administrative requirements strain sponsor staff and resources, especially for smaller organizations. It has been reported that some sites would prefer to cook their own meals or access local food banks in order to avoid the extensive compliance obligations. Bureaucratic processing can also interfere with funding, as some organizations are dependent on the efficiency and accuracy of individual site paperwork for USDA reimbursements.

Caps on the number of sites allowed per program sponsor: The California Department of Education sets limits on the number of sites each program sponsor can operate. This creates barriers for organizations that may wish to expand their services to additional sites. For example, because Children's Empowerment, Inc. unexpectedly closed in fall 2017, many of the after school programs that they sponsored lost their supper program. Because of the state limit, an existing sponsor, DCYF, was not able to add all the sites, and additional sponsors are needed.

Participation restricted by limited funding: Current funding only provides reimbursement for meals; and smaller organizations without broader and more comprehensive funding sources cannot become sponsors of the program. Participating organizations must find additional resources to cover staff time, overhead, and other basic operational infrastructure.

Additionally, federal reimbursements are only available for meals consumed by children under 18 years old, and left-over meals are not reimbursable. If only 80 out of 100 students enrolled in a program choose to eat a meal, the additional 20 meals are not reimbursed and must be covered by the sponsor's own budget.

Recommendations

Continue collaborating and expanding partnerships: Increasing cooperative relationships will help make existing sponsors more productive and will attract participation by additional organizations. Partnerships (like the one between SFUSD and Revolution Foods) have already proven to be effective to increase the

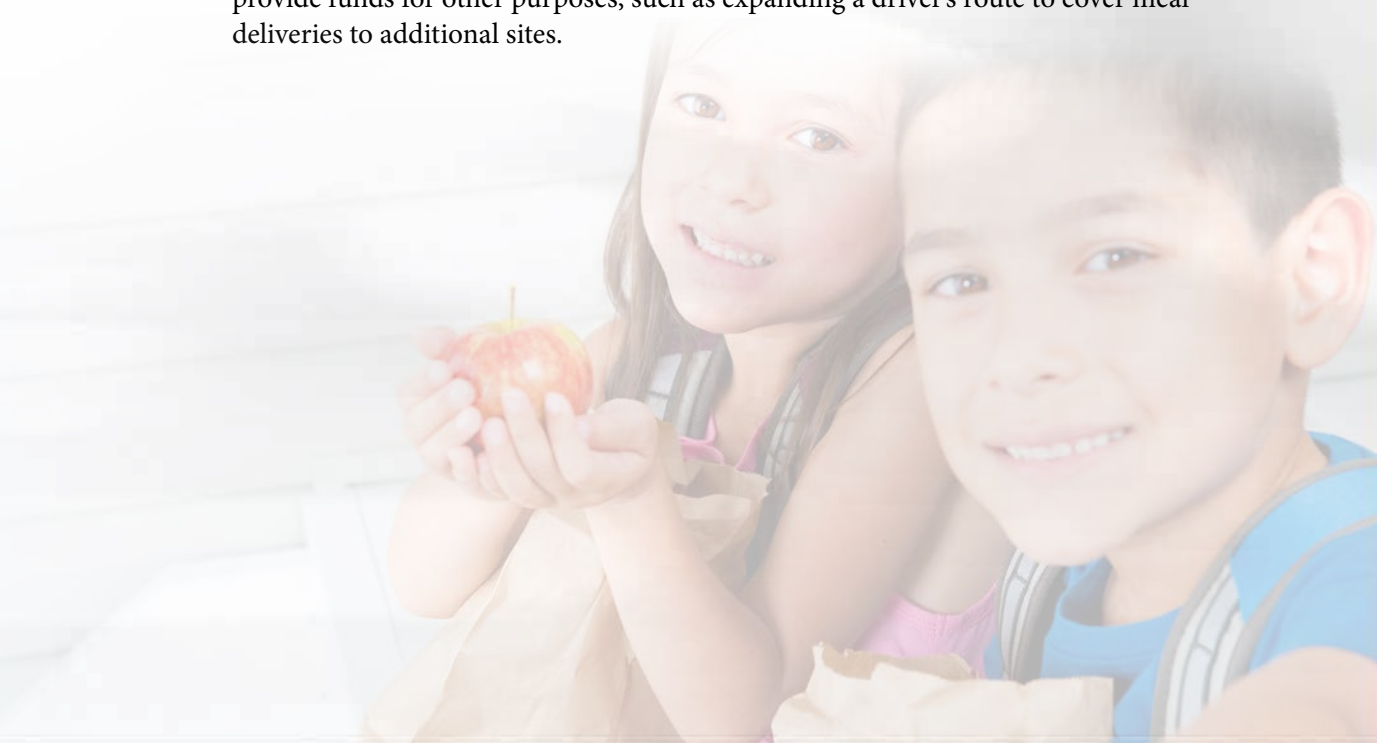
likelihood of developing new, innovative strategies, and to create opportunities to share best practices.

One particular area that should be addressed is collaboration with local churches, temples, mosques, and synagogues and their communities. Religious institutions can provide valuable practical and cultural insights to connect with those in need.

Maintain and expand promotional and education efforts: Strategies like distributing brochures to all schools and advertising to CalFresh recipients have demonstrated their effectiveness by helping to drive increased enrollment and exponential growth in inquiries on DCYF's interactive map.

Increase caps and streamline administrative requirements: Allowing sponsors to expand to their ability rather than restricting them according to predetermined limits will help reach more students and fill gaps in service. Less-burdensome administrative requirements that still provide adequate and necessary safeguards are also likely to attract additional organizations that may be unwilling or unable to meet current compliance standards.

Increase funding and identify additional funding sources to support more program sponsors: More robust financial support will attract sponsors that may have valuable service or logistics expertise but inadequate funding to sustain their participation. More comprehensive funding will also help remove the cost of expenses, such as leftover meals, from sponsors' budgets. This could also provide funds for other purposes, such as expanding a driver's route to cover meal deliveries to additional sites.



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Food Access**Home-Delivered Groceries, Home-Delivered Meals, and Congregate Meals for Seniors and People with Disabilities****Significance**

Seniors and adults with disabilities are among the City's most vulnerable populations. According to the San Francisco Department of Aging and Adult Services (DAAS), San Francisco residents with incomes below the federal poverty line (FPL), those receiving Supplemental Security Income (SSI), and residents with incomes between 100% and 200% of the FPL, may be food insecure and are likely to benefit from nutrition programs.⁵⁵ In December 2016, 43,175 San Franciscans received SSI, 35% were adults between age 18 and 64, and 63% were seniors age 65 and older. San Francisco has the highest percentage of its SSI recipients over the age of 65 years of all counties in California.⁵⁶ Since 1974, SSI recipients in California have been ineligible for CalFresh due to a policy called cash-out. However, the 2018-19 California State Budget ends the cash-out policy and allows SSI recipients to receive CalFresh benefits effective in summer 2019.

Congregate meals, home-delivered meals and home-delivered groceries are available to San Francisco seniors and adults with disabilities (which include physical as well as mental conditions).^p These programs are managed and funded through DAAS and its partner nonprofit organizations. These services help clients to live independently, as well as decrease social isolation and depression, maintain general health, address existing chronic health problems, and reduce medical complications and associated visits to clinics and physicians. DAAS and their community-based partners value innovation and creativity to meet the changing needs of San Francisco's diverse population of seniors and adults with disabilities. Home-delivered meals and congregate meals for seniors are funded with local (public and private support), state and federal funding. However, nutrition programs for adults with disabilities rely solely on local funds since state and federal funds are not available for these important programs.

As the number of adults aged 60 and older grows, the proportions of adults aged 85 and older, older adults living alone and/or on limited fixed income, homeless older adults, and informal caregivers are expected to increase.

p. Congregate sites are not be able to accommodate and adequately serve consumers with severe disabilities requiring significant assistance.

People with limited mobility may be unable to shop for groceries or prepare meals. Individuals with limited financial resources including adults unable to work due to a disability, may have to choose between paying for food and other necessities, such as rent and medication. Seniors experiencing depression, anxiety, dementia, and social factors such as isolation and loneliness, are at risk for malnutrition. In San Francisco, a study at a mental health clinic found food insecurity among adults with severe mental health conditions to be very high; and patients with severe food insecurity had higher odds of having psychiatric emergency room visits than food secure patients.⁵⁷ There is a growing body of research showing that nutrition is an important part of chronic disease prevention as well as disease management, and nutrition may help to reduce healthcare costs.⁵⁸ One home-delivered meal daily for a year is less expensive than spending a single day in the hospital.⁵⁹

Developments since 2013

Congregate Meals: Congregate meal programs provide nutritious meals served in dining-room settings throughout the City. Lunch is often served at senior centers that offer activities and other programs, such as services for social engagement and healthy lifestyles such as Healthier Living Chronic Disease Self-Management and Diabetes Empowerment Education. More recently, congregate meals are reaching target populations in new settings, such as senior housing developments. In addition, DAAS has expanded its congregate meals program through the Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS) model, in which seniors can receive congregate meals from select restaurants. This model has primarily been used to expand service in areas of the City with few options for a traditional congregate meal site.

Home-Delivered Meals: Home-delivered meals (HDM) serve frail, homebound and isolated individuals and, in certain cases, their caregivers and/or spouses. Like congregate meals, this service provides more than the nutritional component. The meal delivery also serves as a daily wellness check and opportunity for face-to-face contact and social engagement. HDM are often the first in-home service that an individual receives and can serve as an access point for connection to additional resources. A variety of meal types are offered to satisfy client preferences (e.g., Japanese, Kosher) and meet the needs of those with special health conditions (e.g., low-sodium, diabetic, heart-healthy, and mechanical soft). HDM providers that supply modified diet meals may also provide nutrition counseling.

DAAS has aligned policies for serving adults with disabilities with their policies for serving seniors and has established a 30 day goal for start of services (in an emergency, 2-5 days). However, additional funding is needed to meet this goal.

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DAAS' largest home-delivered meal provider provides up to 2 meals/day for seniors and adults with disabilities citywide. Additionally, a transitional meal program provides meal delivery for patients for 2 weeks when returning home from the hospital.

Home-Delivered Groceries: The home-delivered grocery program (HDG) is a newer service that has grown rapidly in recent years, initiated by the Food Security Task Force and developed in partnership with DAAS, SF-Marin Food Bank, and several community-based providers. A conceptual hybrid of the classic food pantry system and HDM service, the program is based on the understanding that many low income seniors and adults with disabilities would benefit from free groceries but are unable to wait in line or transport the heavy food bags home from a food pantry. HDG service providers bring the food bags directly to the client's home. Food pantry sites are often the "home base" where many food bags for HDG are packed and where deliveries start. Part of the HDG expansion included extension into food pantry sites.

HDG has developed into a collaboration of the San Francisco-Marin Food Bank (SFMFB) and several nonprofit organizations funded by DAAS. HDG leverages the pantry network, In Home Support Services (IHSS) caregivers and community based organization volunteers to deliver groceries to homebound seniors and adults with disabilities who are unable to access a food pantry themselves, but can prepare meals at home. Weekly groceries include fresh produce, protein (e.g. eggs, chicken) and staples (e.g. pasta, rice). Some providers include additional services. DAAS has continued to work with partner organizations to expand support and streamline administration.

City funding and private fundraising for DAAS congregate meals, HDM and HDG have increased since 2013, most notably through the increased funding of these programs supported by the Mayor's Office and San Francisco Board of Supervisors during the budget process.

What's Working Well

Program Expansions

Home Delivered-Meals: From FY2013/2014 to FY2016/2017, home-delivered meals have increased by 72% (845,435), and unduplicated clients served by 42% (2,173). During the same period, median wait times were reduced by nine days (25%) for seniors, and by 172 days (25%) for adults with disabilities. *(Service expansions and improvements were made possible by the increase in City funds, private fundraising by nonprofits [non-City funds], and a small increase in federal and state funds.)*

Home-Delivered Groceries: From FY 2013/2014 to FY2016/2017, the number of home-delivered grocery deliveries increased by 914% (from 4992 to 50,629); the number of unduplicated clients served increased by 497% (from 260 to 1,552).

Congregate Meals: From FY 2013/2014 to FY2016/2017, there has been an increase of 16% (seven new meal sites). Meals provided at centers increased by 33% (252,453), serving a total of 17,035 unduplicated clients (an increase 24%). *(Service expansions and improvements were made possible by the increase in City funds, private fundraising by nonprofits [non-City funds], and a small increase in federal and state funds.)*

Partnerships continue to be productive and effective: Collaborative efforts of providers continue to create opportunities to expand support by coordinating assets and sharing resources. Newer partnerships such as with IHSS, community-based organizations, neighborhood centers, and others, can provide additional opportunities to optimize efforts and efficiencies.

Community Building: Whether provided through congregate meals at community centers or through volunteers who make deliveries to clients' homes, services enable clients to connect with others to reduce social isolation. This has led to developing relationships through educational, social, and other friendly visitor-connector events. These interactions also enable professionals to provide safety checks and additional referrals for other needed services.

Customer Service Models: The DAAS Benefit and Resources Hub (formerly Integrated Intake and Referral Unit) was established in 2008 to streamline access to social services and maximize service connections. Through a single call or visit, seniors and adults with disabilities are able to learn about available services throughout the City including CalFresh, IHSS, Medi-Cal and also apply for several DAAS services including HDM. Services are provided in multiple languages including English, Cantonese, Mandarin, Spanish, Vietnamese, Japanese, and Tagalog.

Current Challenges

Funding: Although funding has continued to increase, it is not keeping pace with the growing need for food support among seniors and adults with disabilities—a need that will grow significantly as baby-boomers age and the cost of living increases. Even with added congregate meal sites and increases in HDM and HDG, current services cannot meet the existing demand. Increases in funding from a variety of sources is necessary, including health care and local/state/federal funding.

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Infrastructure and logistics are at capacity: More resources are needed at every “link” in the service chain. Some partners’ warehouse, storage, and preparation facilities are at capacity. More volunteers and vehicles are needed to distribute meals and groceries. Additional staff and space for them to work are also needed to continue providing sufficient services to catch up and keep pace with demand.

Waitlists and Waiting Times

Home-Delivered Groceries: As of July 2018, there were 210 seniors and adults with disabilities on the wait for home delivered groceries. In many of the highest demand neighborhoods, IHSS clients cannot access the closest pantry because pantries are at capacity. Individuals who are without an IHSS worker or volunteer to pick up food can experience months-long delays for service. Some nonprofit partners also report it is becoming increasingly difficult to find new partners and volunteers.

Home-Delivered Meals: 202 individuals are on the current DAAS citywide waitlist. Overall, requests have increased by 42% compared to last year. Median wait time for quarter 4 of FY 17-18 was 21 days for seniors and 187 days for adults with disabilities. It is estimated that 4,628 individuals are eligible, but not currently participating, based on census data.

Congregate Meal Sites: Based on monthly reports, there were 1,969 meals denied (incidences when people were turned away for a meal) in FY 17-18 (data as of 6/30/18). This is about eight individuals per day.

Recommendations

Partnerships: Look for innovative ways to expand services through partnerships with healthcare to decrease malnutrition and improve patients’ health outcomes.

Grow sites and services while increasing efficiencies through a client-centered approach: Increase the scope and scale of HDM and HDG deliveries, the number of congregate meal and pantry sites, and volunteers to support them while continuing to increase efficiencies, where possible.

Expand the range of partnerships: Continued efforts to align with related initiatives (like school summer meal programs used by the grandchildren of senior clients) will help to better disseminate information about a range of available resources. Build on and expand collaboration and coordination and outreach to

new partners to increase synergies and expand impact.

Develop customer-centered service models: Because needs vary from community to community and client to client, program models need to be flexible and adaptable. For example, collaboration between HDG and HDM programs can optimize use of limited resources and ensure that participants are enrolled in the appropriate program. This might also require altering current limits on combining services from each program. In addition to increasing effectiveness and cost management, custom models will also enable DAAS, nonprofits and the health sector to be more strategic in matching needs with resources.

Leverage technology for innovative solutions and partnerships:

Efforts can be expanded to rely more heavily on technology, both for its capabilities and for the resources that technology partners can provide. Specific recommendations include: a citywide referral database to effectively match clients with resources and track client access; and a multilingual app with information on meal site locations and food resources, as well as hours of operation. This could be aligned with San Francisco Connected and its efforts to teach technology skills to seniors and adults with disabilities. Also partner with technology companies for financial support, technical expertise, as well as explore additional creative ways to leverage this partnership.

Streamline data processing and increase analysis and outcomes:

Develop tools and protocols to automate communication between the City and provider databases to eliminate duplication of client data collection and entry, and increase effectiveness.

Coordinate supportive services: Increase clients' access to social workers and case management with outreach in a coordinated manner that maximizes available resources.

Develop systems for food access in centralized locations, such as supportive housing sites and SROs: Establish collaborative, shared food access to residents at buildings that are located close together.

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Food Access**Food Retail and the Healthy Food Retail Program****Significance**

Although research supports the primary role of income in healthy eating,⁶⁰ the food retail environment is an important component of equity and the equitable distribution of resources. Of approximately 1,150 retail food stores in San Francisco, more than 85% are corner stores. Many of these are in low income neighborhoods where there is also a lack of grocery stores and supermarkets. Fresh produce and a variety of healthier food items can then be more inconvenient for low income residents to access, requiring increased travel time and expenses. Whether or not a food retail environment facilitates food security and promotes health is dependent on a number of factors beyond the type of food retail establishments available in a given neighborhood (i.e. corner/convenience store, fast-food restaurant, grocery store, etc.). These include: the convenience, quality, affordability, and cultural acceptability of healthy foods offered within the food retail store; the transportation infrastructure that affects accessibility; the acceptance of federal nutrition programs and local food purchasing supplements; the accessibility of online ordering options; and the food sourcing practices of the food retail establishment (i.e. production, distribution, and procurement of foods from local farms).

Developments since 2013

The City's overall business and economic environments have continued to thrive and attract an external workforce. However, they are escalating the cost of living without developing new options or opportunities for existing lower income residents whose wages are not keeping pace. Accelerating housing and real estate costs continue to impact food production and distribution networks as well as access to healthy food options for low-income residents. Increases in land values have driven many food processing and warehouse spaces to the East Bay or south of San Francisco. The combination of tight retail space, high prices for commercial and residential property, and the logistics of production and distribution all impact the affordability of healthy food options.

Technology and the changing demographic of the City has attracted a number of food and meal delivery startups that has saturated the market in the last several years. There has also been a growing movement of gleaning cosmetically flawed produce that would normally be discarded by mainstream food retailers as a means of reducing food waste and increasing accessibility of fruits and vegetables by offering this cosmetically flawed produce through home delivery.

In 2013, the Board of Supervisors passed legislation that created Healthy Retail SF, an initiative led by the Office of Economic and Workforce Development and the Department of Public Health to support and incentivize corner stores to provide healthier food and beverage offerings in low income neighborhoods. This has led to the conversion of nine corner stores, primarily in The Tenderloin and Bayview Hunters Point neighborhoods. Participating venues sell approximately 1,600 units of produce each month.

What's Working Well

A comprehensive assessment of food retail and what is working well in San Francisco was beyond the scope of this report. However, what we do know about what is working well is that all farmers markets in San Francisco accept CalFresh and participate in Market Match, which doubles the value of CalFresh dollars for produce. In fact, San Francisco's Heart of the City Farmer's Market has the most CalFresh sales of all farmers markets in California, and Alemany Farmers Market is among the top 25 farmers markets in the state making CalFresh sales.

In addition, Healthy Retail SF is thriving, having converted nine corner stores that are selling approximately 1,600 units of produce each month. Beyond creating models and strategies for offering fresh fruits, vegetables, and other healthy items, HRSF efforts have also helped reduce alcohol and tobacco sales. The model has also promoted community engagement by training resident community leaders to serve as liaisons between stores and their communities.

Current Challenges

As this is not a comprehensive assessment of food retail, all major challenges are not captured in this section.

Pricing fresh produce: Fresh, higher quality items are inherently more expensive. Fluctuating factors such as weather, availability, and both existing and unforeseen food production issues increase the challenges of maintaining consistent pricing.

Compliance with other government programs: Many smaller scale neighborhood stores do not accept WIC, limiting the places that mothers on WIC can utilize this food resource. WIC guidelines demand specific brands, quantities, and pricing that are beyond the means of many small-scale neighborhood stores. Their stock and shelf space is limited, as is their ability to comply with fixed prices in the face of increased costs. Being unable to participate in WIC prevents these stores from being comprehensive food resources for their neighborhoods.

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Accessibility of commercial home delivered food and meal services:

Despite the saturation of commercial home delivered food and meal services in the San Francisco market that could theoretically circumvent the paucity of healthy food retailers in some neighborhoods, these start-ups are not financially accessible to food insecure populations. Online grocery and delivery services are also not marketed toward lower income clients and most do not accept CalFresh. In addition, over 100,000 San Franciscans do not have access to the internet with the vast majority being low income residents, making online delivery services unavailable to them.

Acceptability of cosmetically flawed produce and its impact on food safety net:

Despite the equivalent nutritional value of cosmetically flawed produce, there have been concerns of the perception and acceptability of lower grade, “leftover” foods in communities that already feel the brunt of inequitable distribution of quality food resources. In addition, although this business model increases accessibility through home delivery and some companies offer discounts for low income families, it has also removed food items from the food system that may have otherwise gone to food banks and other food safety net providers.

Recommendations

As this is not a comprehensive assessment of food retail, recommendations at this time are limited. We hope to include a more comprehensive analysis of the food retail environment and recommendations for it in subsequent reports.

Focusing on upstream factors with workforce and economic

development: Given the primary role of income in food security, solutions that promote economic development are essential. As it relates to food retail, solutions that address links between food processing, distribution, accessibility, affordability, and overall economic opportunity within the city are key. For example, the Office of Workforce and Economic Development and City College could provide certificate programs for commercial drivers’ licenses and training in refrigerated truck repair and maintenance.

Continue to support resident-driven solutions: Resident led solutions can be particularly effective for a number of reasons. Resident-driven solutions to food retail concerns are inherently deeply informed by residents’ lived experience and the true barriers the retail environment can impose on residents’ food security. These solutions are then more likely to be owned and championed by a community while simultaneously promoting civic engagement. Training and equipping resident leaders with advocacy and organizing skills can also support economic opportunity and development for residents.

Increase collaboration for innovative solutions: San Francisco has quite a well-developed infrastructure to support increased access to home delivered grocery and meals via existing public and private entities. The ubiquity of ride sharing applications in the City may foster collaborations that would increase transportation options for as well as the delivery of grocery and meals to low income residents. In addition, collaboration with City agencies that provide or fund transportation could offer another mechanism to deliver food from retailers to residents, or provide rides to and from grocery stores.

Identify opportunities to offer healthy prepared meals and culturally diverse ingredients: Many residents work multiple jobs, which results in little time available to prepare healthy meals from scratch. Options should be developed to support their health and nutrition in these circumstances. This may include educational tips on preparing healthy foods in locations with limited kitchen facilities as well as more infrastructure and programs to support the availability of low cost healthy, prepared, culturally diverse meals.

SECTION 3

**Food Consumption
SRO's and Kitchens****Significance**

Single-room occupancy hotels (SROs) provide San Francisco with its largest source of low-cost housing for some of its most vulnerable residents. According to 2017 statistics, the SRO inventory included more than 19,000 rooms in more than 500 buildings.⁶¹ However, in addition to the inherent challenges of poverty faced by SRO tenants, lack of kitchens, inadequate electrical and plumbing systems and other logistic issues present significant obstacles to implementing food-security strategies.

Developments since 2013

The San Francisco Food Security Task Force conducted a food-security assessment and survey among 600 single adult SRO residents and issued a 2016 report with recommendations to the San Francisco Board of Supervisors, *Strategies to Improve Food Security Among "Single" Residents of San Francisco's SROs*. Of the group surveyed, 84% were food insecure and 80% were at high nutritional risk. Respondents made extensive use of the existing hunger safety net, with 42% accessing free groceries, dining rooms, or home-delivered meals daily and 86% using such programs weekly. The survey asked SRO residents what the City should prioritize to "get you more nutritious food." "Additional funds to purchase healthy food" was prioritized significantly higher than any other intervention by survey respondents, followed by being able to access food for home consumption (e.g., access to neighborhood grocery stores and food pantries; affordable microwave and home-delivered meals).⁶² The SRO Food Security and Health Collaborative (SFSHC) was formed by members of the FSTF, along with other community experts, to implement the recommendations of the FSTF. (See also the Food Program Reports: Healthy Food Purchasing Supplements and Profile of EatSF, Free Groceries/Pantry Network regarding pantries in supportive housing buildings and Home-Delivered Groceries, Home-Delivered Meals, and Congregate Meals regarding systems for food access in centralized locations.)

What's Working Well

Expansion of fruit-and-vegetable voucher and food-pantry programs to residents of SROs, though still not to scale.

Corner stores in the Tenderloin and Bayview offering healthy product resulting from the work of the Tenderloin Healthy Corner Store Coalition and Southeast Food Access Working Group.

Attention from the San Francisco Department of Public Health's 2016 Single Room Occupancy Hotels Health Impact Assessment to the impacts of living conditions in and around SROs and ways to improve the health of SRO residents.⁶³

The SFSHC secured funds for a Project Manager, Evaluator and initial interventions; interventions-design is nearly complete and implementation will begin in late 2018. The focus of the Collaborative's pilot is to test a system redesign: the impact on the health and wellness (food security, meal consumption, eating habits, nutritional awareness) of extremely low income and vulnerable tenants if the focal point of the type, scale and delivery of interventions to reach food security is the individual needs and preferences of each tenant. Pilot interventions have been identified

Current Challenges

Barriers to coordination among support/service organizations: Groups addressing food security of SRO residents may plan collaboratively, but they tend to operate independently due to differing funding sources, eligibility requirements, and business models. Opportunities for more effective and efficient operations through program coordination exist to avoid duplication of efforts and to best target limited funds. For example, SRO residents would be better served if access to all resources were streamlined and coordinated into a single process.

Inadequate facilities infrastructure: Electrical and plumbing systems and food-preparation facilities in SROs are not up to the standards necessary to permit in-home cooking, and building owners are not incentivized to make these improvements. Because of this, tenants must continue to rely on prepared or delivered meals, free dining-room meals, and microwavable foods.

Meal availability and nutrition: Free dining rooms and other congregate meal sites do not provide three meals per day. While providing high-quality, nutritious meals that support residents' health needs are a high priority in all locations where meals are served, budgetary and logistical realities make this an ongoing challenge for some providers.

Inadequate building access to providers: Many SRO sites have restrictive visitor policies, requiring residents to give prior permission for visitors to enter. This makes it difficult for non-profit staff and volunteers to connect with the individuals they are attempting to support and serve in the many SRO sites without in-building trained services staff.

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Recommendations

Coordinate SRO support efforts: Expand efforts to develop an effective SRO food-security collaborative. In addition to those providing food and related support (such as cooks and nutritionists), in-building staff should be included. The collaborative should find ways to better leverage staff and resources of all participating groups, prioritizing support and services that center around the tenants' needs and preferences.

- Develop centralized food and nutrition services delivery strategies to take advantage of the concentrated pockets of need created by geographic clusters of SROs.
- Launch pilot projects to assess the impact that site-based, nutritious food has on residents' health.

Support and develop SRO tenant leaders: Increase tenant engagement to address logistic issues (such as building access) and information dissemination (making sure all residents are aware of available support and services). SRO tenant leaders can ensure that food-security-focused organizations are developing programs that are driven by the specific needs, challenges, priorities, and preferences from the populations they are serving.

Engage Building owners in food security efforts: Implement the recommendations contained in the San Francisco Department of Public Health's 2016 *Single Room Occupancy Hotels in San Francisco Health Impact Assessment*:

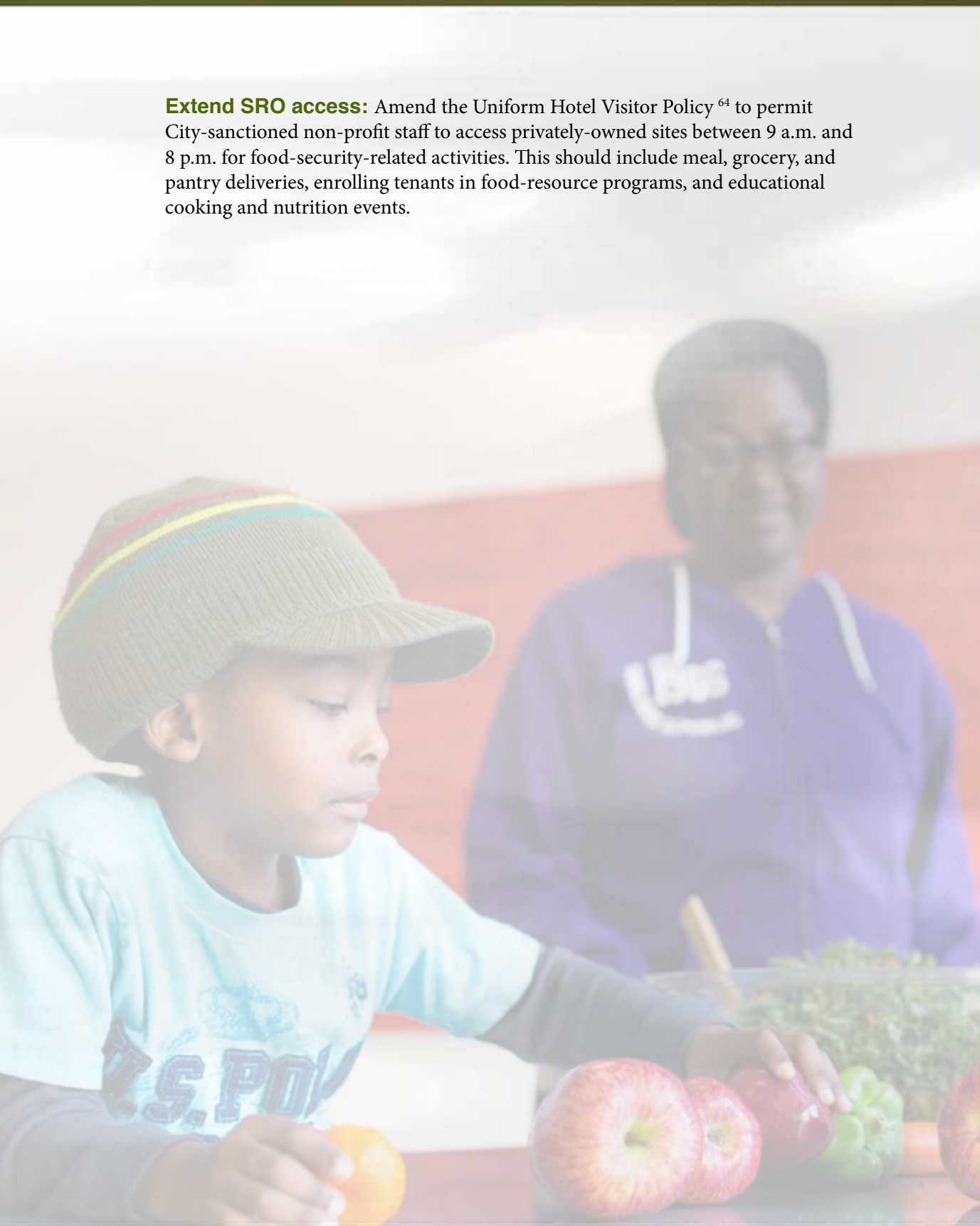
- A mandatory training for SRO operators that focuses on successfully working with the SRO tenant populations, increasing knowledge of health outcomes, and understanding the role of City agencies and management best practices.
- Create culturally competent and consolidated educational materials for SRO operators that would serve as a one stop guide touching on: code compliance, City agency information, and tenant support.

Develop additional food sources

- Test a voucher system for healthy prepared meals in restaurants and prepared food such as sandwiches, soups, and salads in corner stores and grocery stores.
- Continue investment in programs that increase SRO tenants' resources to purchase healthy groceries as well as for pantry and home-delivered meal and -grocery programs.
- Encourage restaurants, grocery stores, and organizations which retrieve unserved food from corporate events, to become active partners in food-security activities. Food-recovery programs are an under-explored resource for SRO tenant populations.

Extend SRO access: Amend the Uniform Hotel Visitor Policy ⁶⁴ to permit City-sanctioned non-profit staff to access privately-owned sites between 9 a.m. and 8 p.m. for food-security-related activities. This should include meal, grocery, and pantry deliveries, enrolling tenants in food-resource programs, and educational cooking and nutrition events.

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SECTION 3

**Food Consumption
Nutrition Education****Significance**

Nutrition education provides an important foundation for healthy eating for all individuals and is especially important for food insecure households. In addition to providing understanding of basic details that contribute to overall health and managing chronic diseases, it offers practical tools for navigating as well as making the most of available food resources. Nutrition education can also provide strategies and tools to address secondary barriers to proper nutrition, such as infrastructure deficiencies (like inadequate cooking facilities and utensils) that make food preparation extremely challenging.

Education presentations create venues for sharing information and creating relationships among participants and also building independence by helping individuals learn to get the maximum benefit from available resources.

Developments since 2013

The most significant change in the last five years has been a recent dramatic loss of federal funding that was the primary financial support for nutrition education programs for organizations such as San Francisco Human Service Agency and its partners Leah's Pantry, San Francisco Marin Food Bank, as well as San Francisco Unified School District, San Francisco Department of Public Health and The San Francisco Department of Aging and Adult Services (DAAS).

What's Working Well

Collaborations between organizations: In spite of reduced funding City agencies continued to provide many vital nutrition education services to San Francisco's at-risk residents through:

- Collaborative efforts by San Francisco County Nutrition Action Partnership (CNAP) which consists of representatives from USDA funded nutrition programs and other organizations working to promote healthy eating and physical activity through efforts such as the multi-lingual Harvest of the Month Newsletter which reaches many SFUSD sites DAAS meal sites.
- The implementation of Integrated Work Plan which included policy, system and environment change work to create supportive healthy eating and physical activity environments where people eat, live, learn, work, play, and shop by SNAP-ED funded county agencies and CBO's.

- The SRO Food Security and Health Collaborative has attracted multi-year funding to pilot a client-centered nutrition/food security intervention for clients living in SROs.

Serving diverse population with different needs through diverse

programs/initiatives: Nutrition education programs have been able to reach diverse at-risk populations including children, teens, adults, seniors, individuals with chronic diseases, and pre- and post-natal mothers. These programs include cooking classes in neighborhoods; classroom teachers delivering direct nutrition education to more than 2000 school children; engagement of youth leaders as peer leaders to promote nutrition messages; DAAS train-the trainer Tai Chi workshops for seniors and chronic health self-management and diabetes self-management workshops for older adults; Nutrition and Physical Activity Workshops for providers (such as child care providers); and WIC nutrition education which that provides one-on-one as well as group nutrition education to prenatal, postpartum mothers and parents/caregivers of infants and young children, adults and seniors.

Successful program outcomes: Pre-and post-surveys for all nutrition education programs including those mentioned above have shown to increase in participants' confidence, intent to change unhealthy behaviors, and have reported changes in purchasing healthier, more nutritious food; increased consumption of water, fresh fruits and vegetables; and decreases in intake of foods with added salt, fats, and sugars.

Additionally combining nutrition education with access to food resources such as food pantries, and WIC nutrition education with local fruit and vegetable vouchers have resulted in an increase in positive behavior changes and utilization of provided healthy food options while addressing food insecurity.

Combining nutrition education with other resources/referrals:

Integrating nutrition education with complementary services, like mental health information and vocational/life skills training, and food pharmacies that link medically at-risk populations to health clinics, other food resources such as CalFresh and also to nutrition classes showcasing heart-healthy meals, menu planning and healthy shopping tips have been successful in not only improving the participants' nutrition knowledge but also linking them to other vital services.

Current Challenges

Funding: The level of recent cuts has obvious repercussions for being able to continue providing nutritional education at the same levels as in the past. The total estimated state funding reduction for nutrition education in FY2017-18 was about \$427,000. Unless these resources are restored, or there are new funding sources, or

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partners that can help cover existing shortfalls, continuing to tap general operating funds is unsustainable. Lack of financial resources is already creating limited access to nutrition education in the public schools.

Limits of language: There is a shortage of educators that can speak and review nutrition education materials in the many languages of the different communities served. Since being able to reach participants in their preferred languages is essential to effective education, there are immediate needs for Russian, Vietnamese, Arabic, and Tagalog speakers for most programs providing nutrition education in the city.

Limited reach: Although programs are highly effective, they reach only a small percentage of the populations that could benefit from attending. In addition to overcoming the general challenge of motivating individuals to attend and participate, this problem has been exacerbated by funding source and grantor limitations on the scope of program parameters and who is eligible to attend.

Recommendations

Identify new funding sources or operational partners: This is the most pressing immediate need since it is clearly an existential threat to ongoing programs, developing new initiatives, and being able to serve already at-risk and vulnerable populations.

Customize and improve utilization of staff and volunteers: The silver lining to the funding cuts is that many requirements imposed by funding sources were not tailored to, and, in some cases, ignored local needs. Those needs must be better defined in order to develop truly effective solutions. This approach needs to be holistic, involve local partners like DAAS, and be carried out collaboratively so that services and solutions truly match the communities served. For example, military veterans suffering with PTSD may have been effectively prevented from participating in some events because environments suitable to their emotional and cognitive needs were not taken into account.

Increase outreach: In spite of funding challenges, the goal is still to provide more opportunities for more participants. This includes addressing the previously mentioned challenge of bilingual educators. The broad range of benefits provided by nutrition education—everything from better access to tangible food resources, improved overall health and management of chronic disease, to increased confidence, changes to healthy behaviors, and opportunities for social interaction are too important to limit to just a fraction of the vulnerable populations that can be served.

Skills-based cooking education: In the City's SROs many residents are more familiar with heating food than functional cooking. In addition to cooking demonstrations, it is recommended that community based organizations work to develop skill-based cooking education programs where applicable.

JUSTICE
COMPASSION
priorities responsibility
security DIGNITY
EQUITY
food
community
health
VALUES



Appendices

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APPENDICES

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The Food Security Task Force would like to thank the following individuals for providing or analyzing data, writing, content and/or expert input and review of report content:

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EatSF

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Episcopal Community Services of San Francisco

Karen Gruneisen

Ecology Center

Carle Brinkman; Leah Ricci

From the Garden to the Table

Jeffrey Smith

GLIDE

Rob Avila; George Gundry

Hospitality House

Rita Mouton-Patterson

Human Services Agency

Krista Ballard; Rose Johns; Chandra Johnson; Peri Weisberg

Leah's Pantry

Monica Bhagwan; Adrienne Markworth

Meals on Wheels SF

Ashley McCumber; Anne Quaintance; Karl Robillard

Partners in Scale

Charmaine Ess Kyle; Emily Leys

Project Open Hand

Mark Ryle; Kim Madsen

The Salvation Army of San Francisco

Sonny Pyon

San Francisco Department of Public Health

Tomás Aragón, Laura Brainin-Rodriguez (formerly); Joseph Cecere; Patrick Chang; Dean Goodman; Paula Jones; Magdalene Louie (formerly); Cree Morgan; Gavin Morrow-Hall; Rita Nguyen; Priti Rane; Veronica Shepard (formerly); Jodi Stookey; Meg Wall-Shui; Jason Xu

San Francisco Recreation and Parks

Mei Ling Hui

San Francisco Unified School District

Naomi Chapman; Kim Coates; Saeeda Hafiz; Jennifer LeBarre; Henry O'Connell; Orla O'Keefe

SF Marin Food Bank

Paul Ash; Sean Brooks; Molly Burke; Francesca Costa; Meg Davidson; Becky Gershon (formerly); Diana Jensen; Shiela Kopf; Diana Markley; Teri Olle (formerly); Mark Seelig

Acknowledgements (continued)

St. Anthony's

Lydia Bransten; Brittany Hodge; Colleen Rivecca (formerly); Charles Sommer (formerly)

Stupski Foundation

Claire Callahan; Robin Bot-Miller; Angela Rastegar (formerly); Lalitha Vaidyanthan

Tenderloin Neighborhood Development Corporation

Ryan Thayer (formerly)

UC Berkeley Goldman School of Public Policy

Miki Bairstow; Kimberly Rubens; Nora Soledad; Rebecca Stack

UCSF Center for Vulnerable Populations at ZSFG

Hilary Seligman

United Council of Human Services

Gwen Westbrook

United Way Bay Area

Kelly Batson

Consulting services

Blain Johnson, Storyteller Creative (donated services); Kira Pace; Jeff Silver

Photos on page 7, 32 and 141

Drew Bird of Drew Bird Photography

Photos on page 138 and 175

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Graphic Design: Shields Marketing, Shieldsmarketing.com

Support for this report was provided by: Stupski Foundation



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