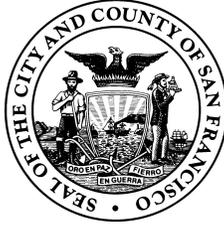




FOOD SECURITY TASK FORCE

Hearing Materials | April 13, 2016





SAN FRANCISCO BOARD OF SUPERVISORS
FOOD SECURITY TASK FORCE

MEMORANDUM

DATE: April 11, 2016
TO: Members, San Francisco Board of Supervisors
CC: Mayor Edwin M. Lee
FROM: San Francisco Food Security Task Force
RE: Presentation for food security hearing on April 13, 2016 and Appendices

Please find attached a copy of the presentation **FOOD SECURITY IN SAN FRANCISCO – UPDATE AND NEXT STEPS** that will be presented on April 13, 2016 at the meeting of the Board of Supervisors Sub-Committee on Budget and Finance. The update is based on progress made to advance food programs listed in the Resolution 447-13 Committing to a Food Secure and Hunger Free San Francisco. We have also included a copy of that resolution and a brief summary update on each item included in the resolution. We also have included in Appendix A a report of findings and recommendations from a food security survey of SRO residents.

Thank you for your leadership on this issue.

c/o Paula Jones
SF Department of Public Health
Population Health Division
1390 Market Street, #210
San Francisco, CA 94102
Phone: (415) 252-3853
Fax: (415) 252-3818
www.sfdph.org/foodsecurity

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Meals on Wheels of San Francisco

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Former Member
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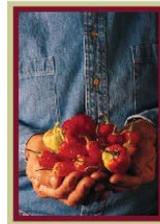
Update on Items Included in Resolution 447-13 – Resolution Committing to a Food Secure and Hunger Free San Francisco – April 13, 2016

Program	Agency	Food Security Pillar	Summary of Resolution Request	Current Status	Location of information	
<p style="text-align: center; font-size: 2em; font-weight: bold;">Leverage</p>	CalFresh Participation	Human Service Agency	Resources Develop targeted strategies for increasing CalFresh enrollment among specific populations that have been identified as good targets for outreach	HSA and community based partners have enrolled an additional 1,700 CalFresh applicants through outreach activities. New strategies included Medi-Cal in-reach, on demand phone interviews, applications by phone.	Tab 2 Hearing Slides	
	Improving Food Security for Seniors and Disabled Adults	Dept. Aging and Adult Services	Access Home delivered meals	Provide an analysis of the funding required and policies needed to ensure homebound seniors and disabled adults are served within 30 days, and in an emergency, within 2-5 days	Through increased funding in 2014-15 and 2015-16, an additional 1,215 seniors and adults with disabilities are receiving home delivered meals. An estimated 4,972 residents are eligible and not being served.	Tab 2 Hearing Slides
	Improving Food Security for Seniors and Disabled Adults	Dept. Aging and Adult Services	Access Home delivered groceries	Convene community based organizations providing home-delivered groceries to develop a cost-effective city-wide program	Through increased funding in 2014-15 and 2015-16, an additional 1,419 residents are receiving home delivered groceries. Additionally, 3 new congregate meal sites were opened serving an additional 3,148 residents.	Tab 2 Hearing Slides
	Increasing meal quality for Shelter Meals	Department of Human Services – Housing and Homeless Division	Access	Determine extra cost of providing shelter meals that meet nutrition standards of senior congregate meals	In process. An analysis regarding nutritional standard to positively affect nutritional risk/food insecurity of shelter meal consumers with cost estimates to meet those requirements to be presented to FSTF and then Board of Supervisors in FY17.	None; updates will be provided in the future.
	Improving food security for children in out-of-school time	Dept. Children, Youth and their Families; SF Unified School District	Access	Plan to expand program for out-of-school meals	DCYF and SFUSD have collaborated to expand summer meals and after school supper programs city wide.	Tab 5 Memo
<p style="text-align: center; font-size: 2em; font-weight: bold;">Innovate</p>	Healthy Food Purchasing Supplement	Resources	Develop program to provide voucher redeemable for healthy food purchases	Fruit and vegetable voucher program developed. Vouchers redeemable at 14 food retail vendors in Tenderloin, SOMA and Bayview.	Tab 2 Hearing Slides; Tab 4 Memo	
	Improving Food security among SRO residents	SF Food Security Task Force	Consumption	Provide additional information on strategies to improve food security among residents of SROs	Food security survey of 600+ SRO residents showed that 80% of residents were food insecure and were at high risk for malnutrition. Recommend targeted pilots in 2-4 SROs to improve food security.	Tab 2 Hearing Slides; Tab 3 Full Report
	Ongoing Data Collection	SF Food Security Task Force	All Pillars	Work with city agencies to make datasets on food security available through DataSF	FSTF recommends standardized screening for food security in all programs that serve vulnerable San Franciscans.	Tab 2 Hearing Slides
	Integrating Food Security into Planning	SF Planning Dept.	Access	Consider Food Security as part of planning process	In 2014, SF Planning Department identified a list of projects and programs to assist in reducing food insecurity. They are continuing to work on these projects.	None

Food Security Hearing Budget and Finance Committee

April 13th, 2016

San Francisco Food Security Task Force



*San Francisco
Board of Supervisors'*
**Food Security
Task Force**

Introduction

Paula Jones, PhD

Senior Health Planner, Population Health Division

SF Department of Public Health

Hearing Agenda

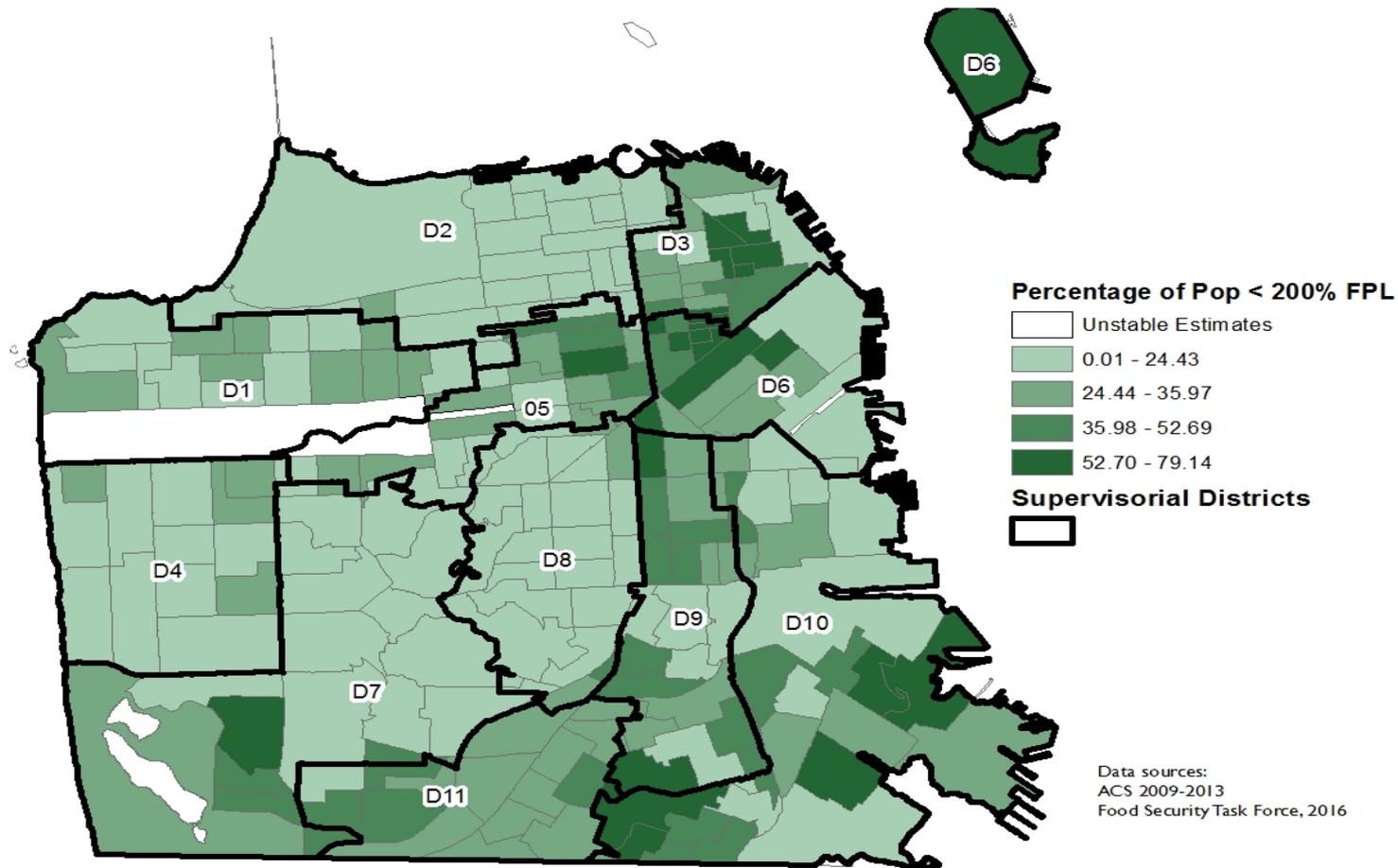
- Background/Context (*Paula Jones, DPH*)
- Status report on high priority programs:
 - CalFresh (*Tiana Wertheim, SFHSA*)
 - DAAS nutrition programs (*Linda Lau, DAAS*)
 - Fruit and vegetable vouchers (*Cissie Bonini, EatSF*)
 - SRO tenants' food security survey (*Karen Gruneisen, ECS*)
- Budget and Policy recommendations (*Teri Olle, SF Marin Food Bank*)
- Questions?

Food *Insecurity* in San Francisco

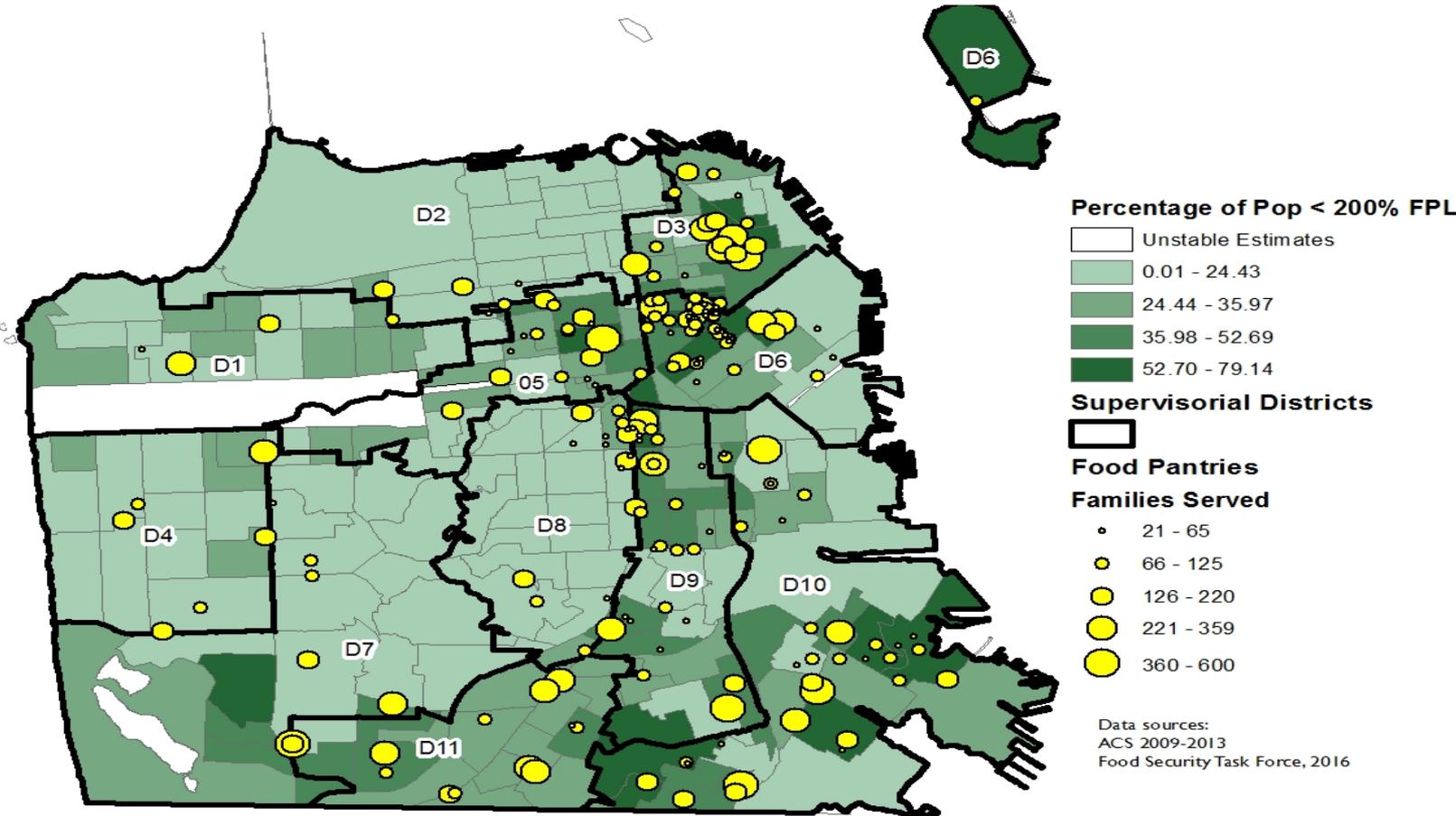
- Food *Insecurity* - exists when the ability to obtain and prepare nutritious food is uncertain or not possible.
 - 1 in 4 San Franciscans at risk
 - Federal poverty measures are not adjusted for local conditions
 - Every district in San Francisco has food insecure residents



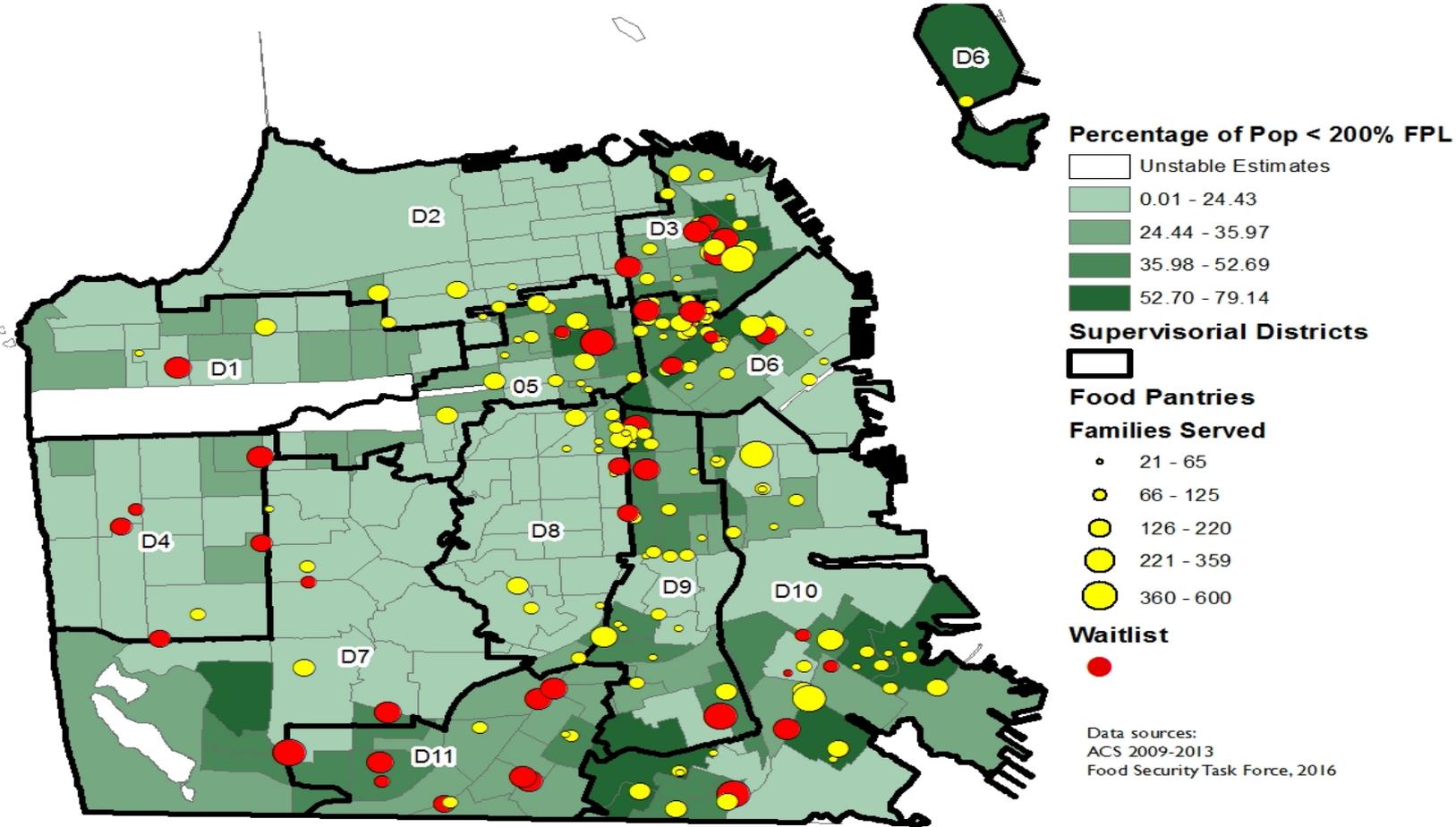
SF Residents Living at <200% FPL by District



Pantries Exist in Every District



Some Pantries Have Waitlists



Food *Insecurity* Results in Poor Health

• General Population

- Extreme anxiety & distress: less bandwidth for coping with other household needs
- Increased incidence of poor health
- Higher health care costs

• Children

- Decreased intellectual and emotional development
- Poorer physical health; more hospitalizations

• Pregnant mothers

- Smaller, sicker babies

• Seniors

- Poor physical health: obesity, diabetes, high blood pressure
- Mental illness: Depression, anxiety
- Decreased ability to maintain independence with aging

Costs passed on to:

- DPH
- SFGH
- Laguna Honda
- SFUSD
- SFPD
- DAAS
- HSA

Food Security Framework



Food Resources

- Sufficient *financial resources* to purchase enough nutritious food (income, CalFresh, WIC, SSI, food vouchers)



Food Access

- *Access to affordable, nutritious and culturally appropriate foods* (from food pantries, meal programs, food retail, farmers markets)



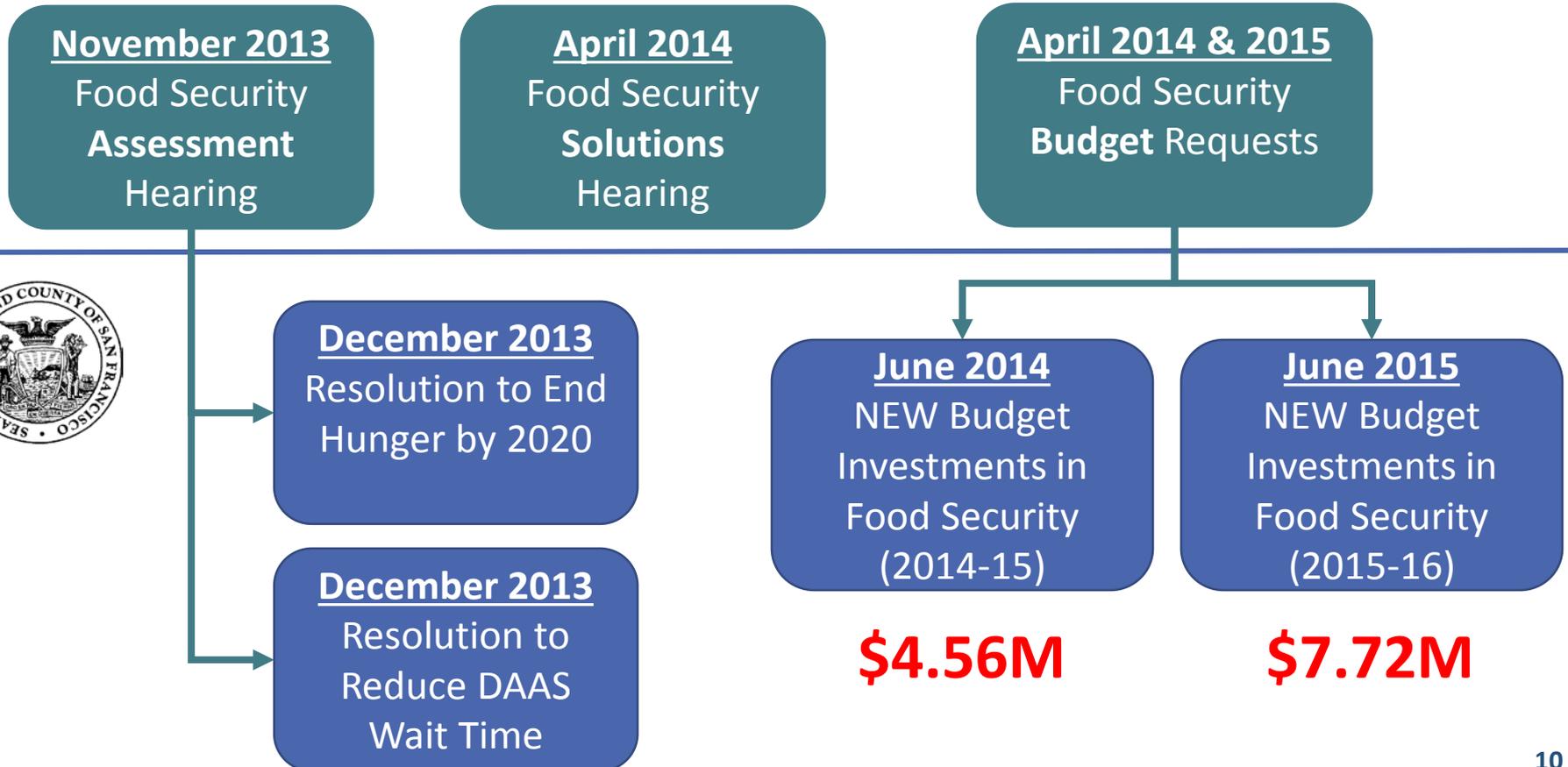
Food Consumption

- *Ability to prepare healthy meals* and the knowledge of basic nutrition, safety and cooking (usable kitchens, nutrition/cooking education)

City Policy & Investments to Reduce Food Insecurity



San Francisco
Board of Supervisors'
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CalFresh

Tiana Wertheim, MPP

Analyst

San Francisco Human Services Agency

CalFresh and Medi-Cal Programs

Goal = Participation of CalFresh

- 1. Find** applicants
- 2. Complete** successful applications
- 3. Stay On** CalFresh

Add back = 1 outreach unit, \$195K CBO outreach

1. Find Applicants:

Objective

- Meet applicants where they are (neighborhoods, at CBOs, call them)

Progress

Outreach:

- 8 Outstations
- Navigation Ctr., Dept. Probation
- “CalFresh in a day”
- CBO Coalition

In-reach: Medi-Cal cases not currently on CalFresh

**1,700 CBO
approved
applications
(2015)
= ~ \$4.8 M
benefits
annually**

Opportunity for In-Reach

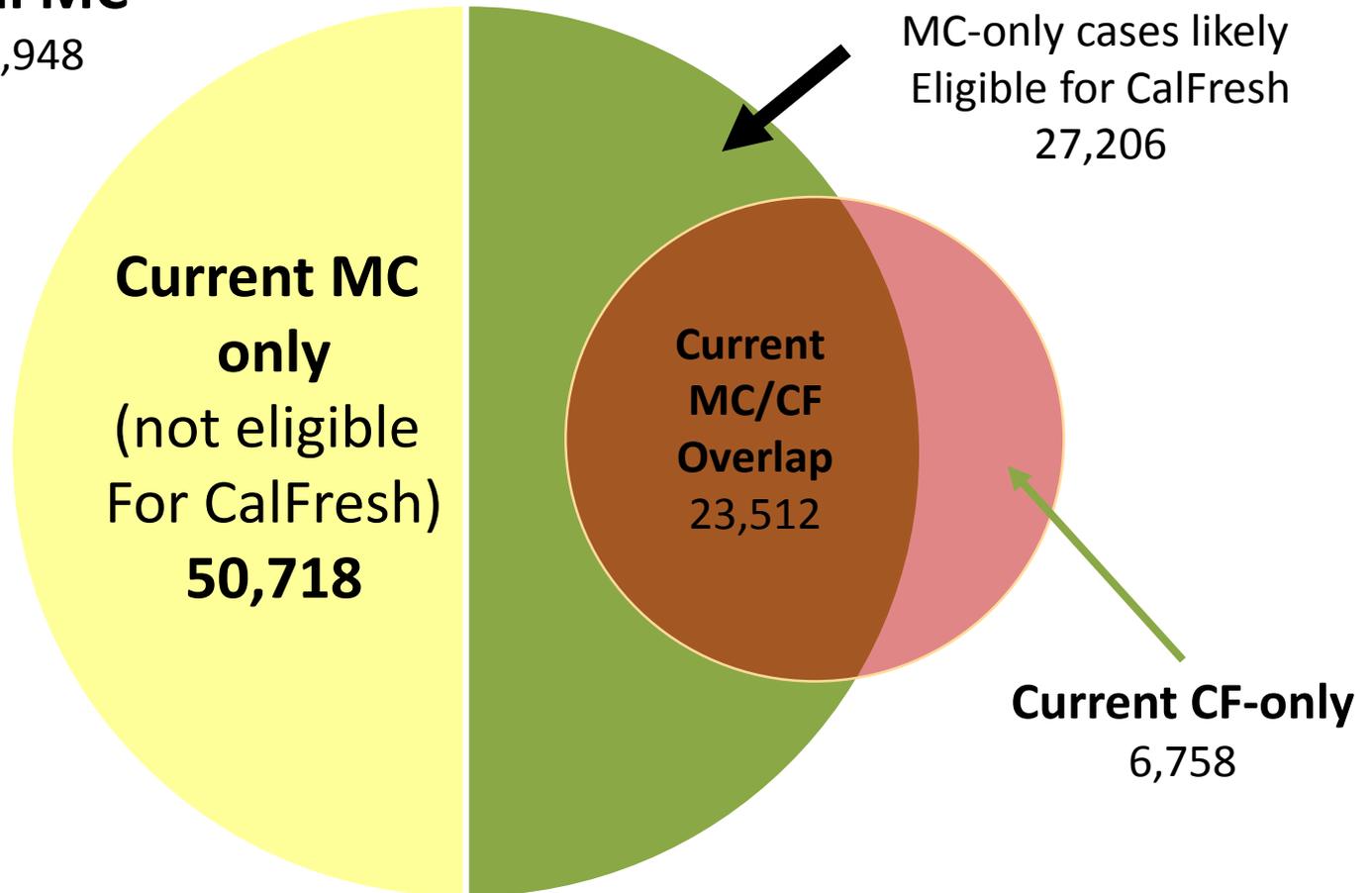
CalFresh/Medi-Cal Caseload Overlap, December 2015

Current Total MC

Caseload: 124,948

Target Population

MC-only cases likely
Eligible for CalFresh
27,206



1. Find Applicants: Next Steps

Next Steps

- **Continue in-reach/outreach initiatives**
- **School Meals In-reach**
- **CalFresh Mission satellite office site (\$/Staff)**
- **Quicker processing of outreach applications**

2. Complete Successful Applications

Objective

- Help applicants finish all steps

Progress

- Same-Day Service in office
 - average wait time now 10 minutes
- CBO reminders

Next Steps

Removing barriers:

- **On-demand interview (\$/staff)**

3. Stay on CalFresh, Once Approved

Objective

- Prevent discontinuation of CalFresh benefits

Progress

- Piloting automated interview reminders (text/email)
- State (CDSS) effort to revise client letters (slow!)

Next Steps

- **Outbound call campaign for recently terminated cases that appear to be financially eligible (\$/staff)**

Nutrition Programs for Seniors and Persons with Disabilities

Linda Lau, RD, MPH

Lead Nutritionist

San Francisco Department of Aging and Adult Services

Home Delivered Meals Status Report

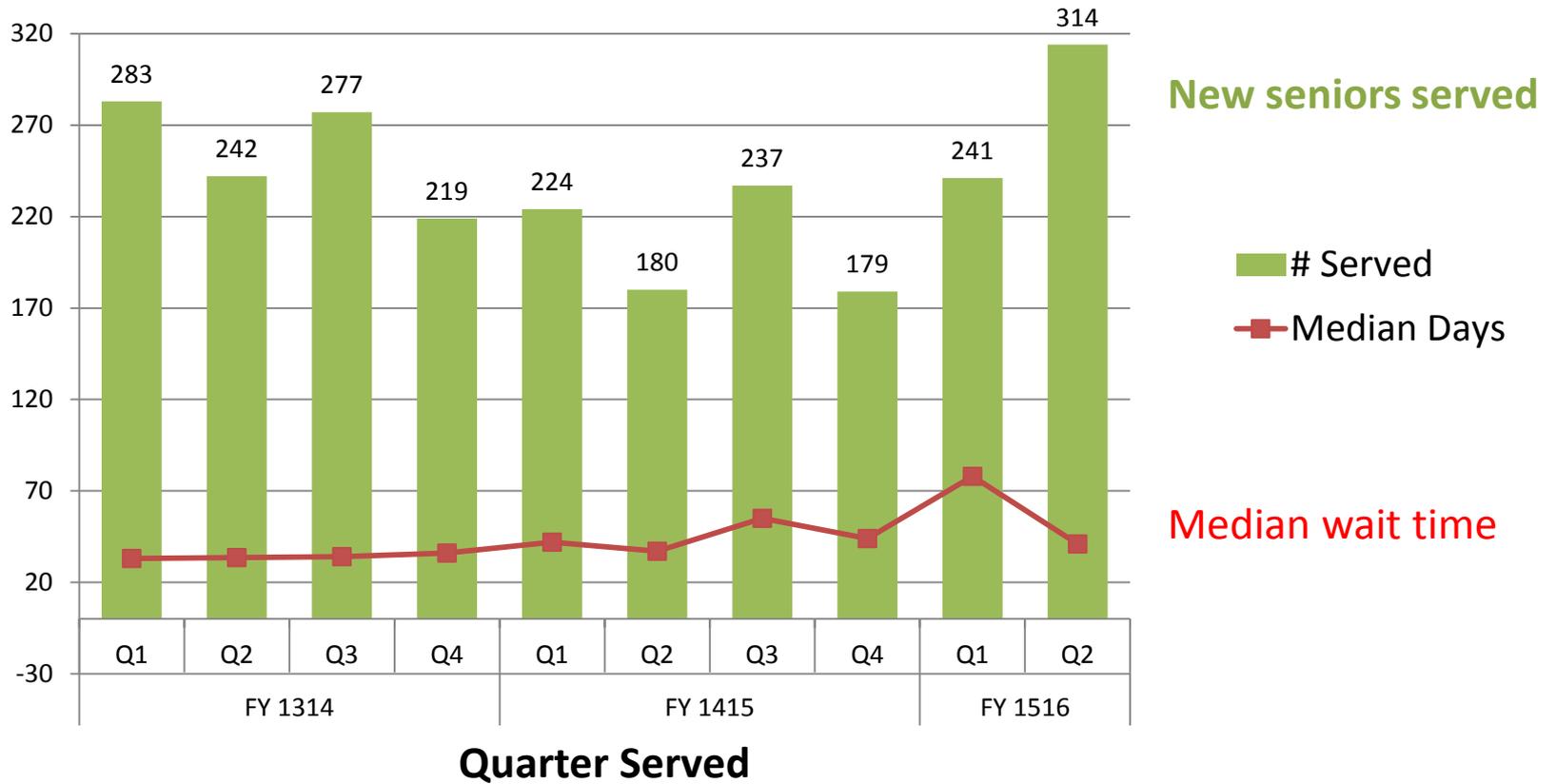
New Investment: FY 14-15 and FY15-16	Results
\$4.45 M*	<ul style="list-style-type: none">• Increased total 1.1 M meals (additional ~ 3,000 meals a day)• Increased contract service levels by 27% in FY14/15, by 20% in FY15/16• Currently serving 5,050 unduplicated clients (1,215 new from Add Back \$)• Reduced HDM wait time for AWD• Funded one-time-only equipment, delivery vehicles for CBO's

* Leveraged with CBO match (up to 50%), and federal dollars

An Understated Need

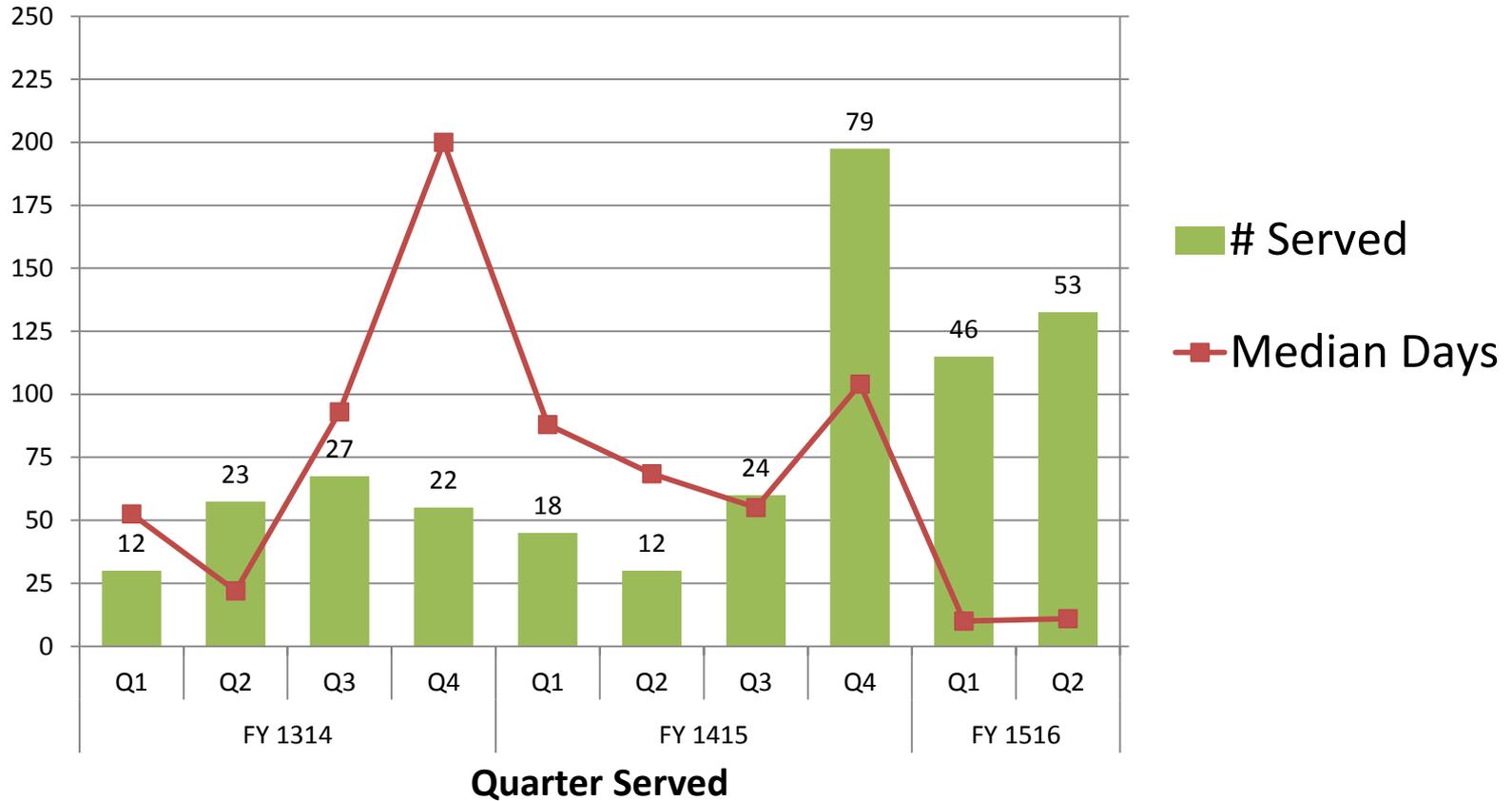
- Wait list data does not reflect real need
 - When the wait list drops, referrals/requests will increase to build-up again.
- DAAS does not do outreach for this program.
- Unmet need data does NOT include future growth or changes in needs.
- Budget cost projections do not include future cost increases.

New Seniors Served With Home-Delivered Meals



FY15-16 Q2 Median Wait = 41 Days

New Adults with Disabilities Served and #Days Waited Before Service



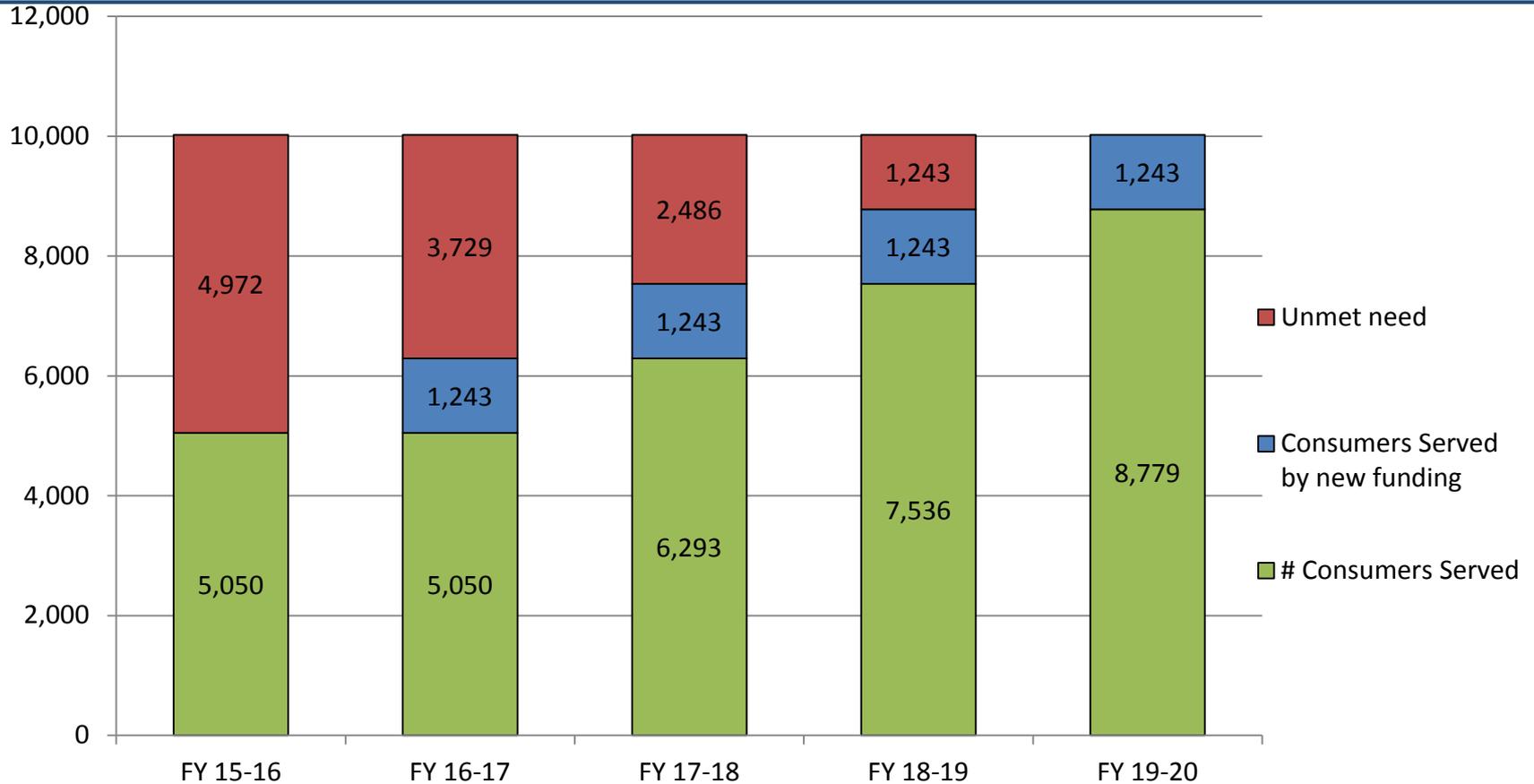
FY15-16 Q2 Median Wait = 11 Days

Home-Delivered Meal Waiting List (As of 2/18/16)

By Supervisor District:			By Age Group:		
District #	#People	%			
1	31	10%	59 and Under	13	4%
2	21	7%	60 and Plus	306	96%
3	20	6%	Total	319	100%
4	22	7%	Average Age:	76	
5	32	10%	Median Age:	76	
6	73	23%	<u>Profile of Consumers:</u>		
7	21	7%	Number of Days on Wait List:		
8	12	4%	Minimum	0	
9	31	10%	Maximum	514	
10	32	10%	Average	69	
11	24	8%	Median	44	
Total	319	100%			

Achieving Goals of Ending Hunger by 2020

Home Delivered Meal Service



New Funds Each year :

\$4 M

\$4 M

\$4 M

\$4M

Baseline: \$7.7 M

\$11.7M

\$15.7M

\$19.7M

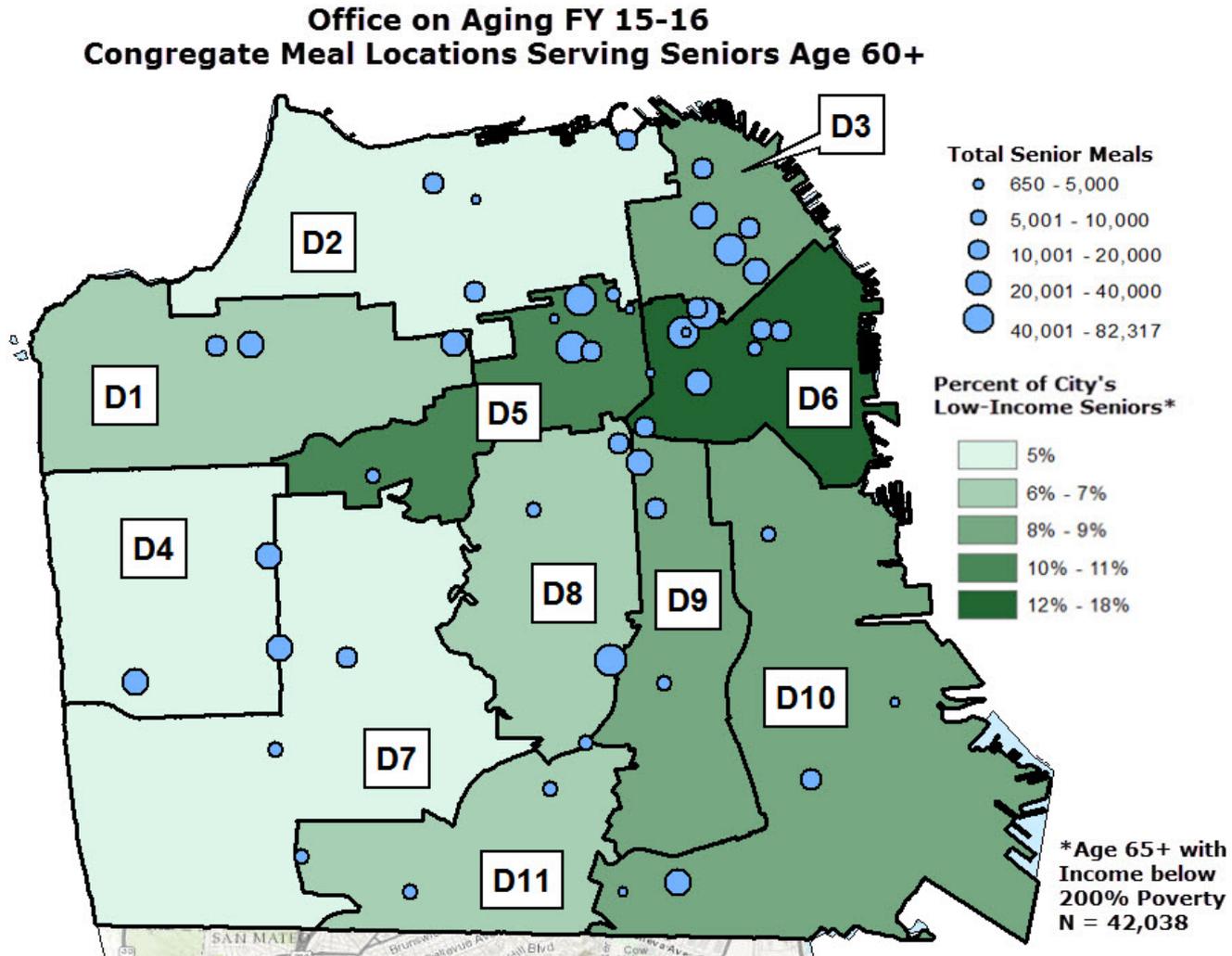
\$23.7M

Congregate Meals Status Report

New Investment: FY 14-15 and FY15-16	Results
<p>\$1.81 M* (\$777K one-time only – FY15-16)</p>	<ul style="list-style-type: none"> • Increased total 283K meals (average 775 meals a day) • Increased contract service level by 9% in FY14/15, by 12% in FY15/16 • Serve 18,844 unduplicated clients (3,148 or 17% new from Add Back \$) • Added total 6 new sites (2 restaurant sites, 2 breakfast sites, 2 lunch sites) • One-time-only equipment, delivery vehicles for CBO's

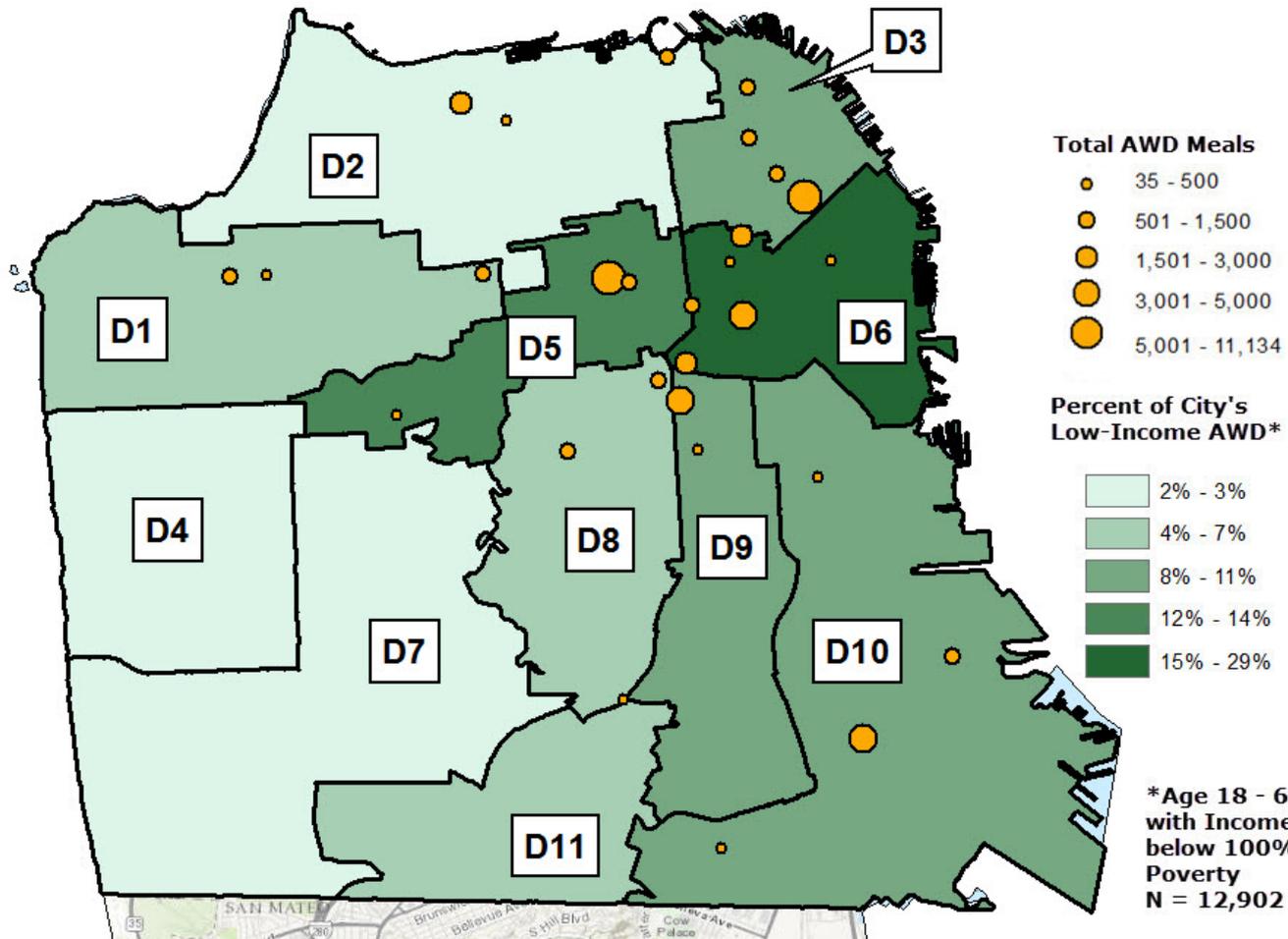
* Leveraged with CBO match (up to 32%), federal dollars

Map of Senior Meal Site by District & Poverty Density



Meal Sites for Adults w/Disabilities by District Poverty Density (100% FPL)

Office on Aging FY 15-16
Congregate Meal Locations Serving Adults with Disabilities (Age 18 to 59)



Home Delivered Groceries Status Report

<p>New Investments: FY 14-15 and FY15-16</p>	<p>Results</p>
<p>\$1.42 M (\$315,200 one-time-only)</p>	<ul style="list-style-type: none"> • 2831 unduplicated clients (1,419 or 50% new from Add Back \$) • Deliver 71K grocery “bags” annually • Each food bag provides fresh produce, protein items and staple items (e.g. grains, cereals) • Services increased by 57% in FY14/15 and by 12% in FY15/16 • Partner with IHSS, many CBO’s, volunteers • Takes advantage of existing pantry programs

Fruit and Vegetable Voucher

Cissie Bonini, MPA

EatSF Director

UCSF Center for Vulnerable Populations

Healthy Food Voucher Program

- Key innovation recommended by the FSTF towards a Hunger Free San Francisco 2020, addressing:
 - Lack of resources to purchase healthy food
 - Lack of access to healthy food retail
- **Launched EatSF Free fruit and vegetable program in April 2015 in response to FSTF recommendations**

EatSF: Healthy Food Voucher Program

- **Voucher system**
 - \$5 -10/week for fruits & vegetables only
 - Redeemed at 15 vendors (neighborhood corner stores, Heart of the City farmer's markets, Safeway and Foods Co.)
- **Highly vulnerable participants**
 - Priority: SSI recipients, SRO tenants, low-income seniors and families
 - Target: Those with chronic disease (greatest need plus health cost savings)
- **Neighborhoods with greatest need**
 - Tenderloin, SOMA, Bay View Hunter's Point
 - Partner with Healthy Retail SF (OEWD, DPH)
- **Distribution points reach underserved**
 - 42 CBOs, DPH sites, and community clinics (+14 waitlisted sites)
 - Paired with nutrition education

• Participants

- Over 1,000 households, reaching 1,800+ individuals
- 99% increased fruit and vegetable consumption
- Also extend food budgets, feel healthier, eat a better overall diet, and give high satisfaction ratings

• Community

- Corner stores more frequently re-stock produce; throw away less fresh produce; and increase monthly profits
- Supports Heart of the City farmer's markets
- Supports local economic development

\$5 vouchers = \$9 in local economic activity (USDA)

• National recognition

- Unique program design and vendor network

EatSF: Opportunities and Next Steps

- **Proof of concept for localized f/v voucher program**
 - Effective outcomes in first year – continuing to grow and evaluate
 - High demand and interest in the program
- **Build on newly established vendor network and CBO/clinic partnerships**
 - Efficiencies and cost savings due to economies of scale
- **Ongoing funding (public and private) necessary to continue and scale program**
- **Goal to expand city-wide by 2020**

Single Adult SRO Residents: Food Security Survey Results

Karen Gruneisen, JD

Associate Director

Episcopal Community Services

Member of Food Security Task Force

The Survey

- **Background**

- San Francisco's SROs and single adult SRO tenants

- **Rational**

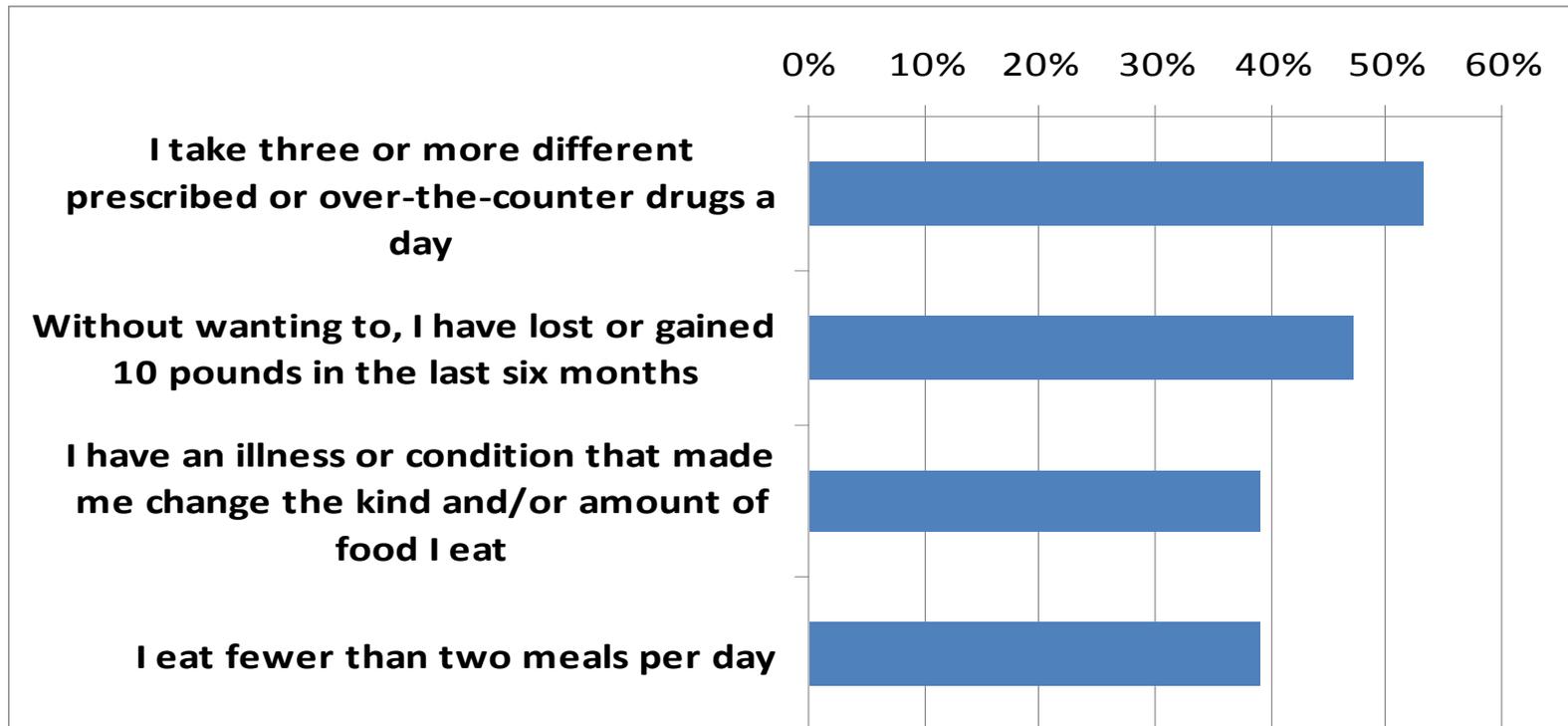
- Understand food security and nutritional risk of SRO tenants
- Solicit priorities for improving food security

- **Responses**

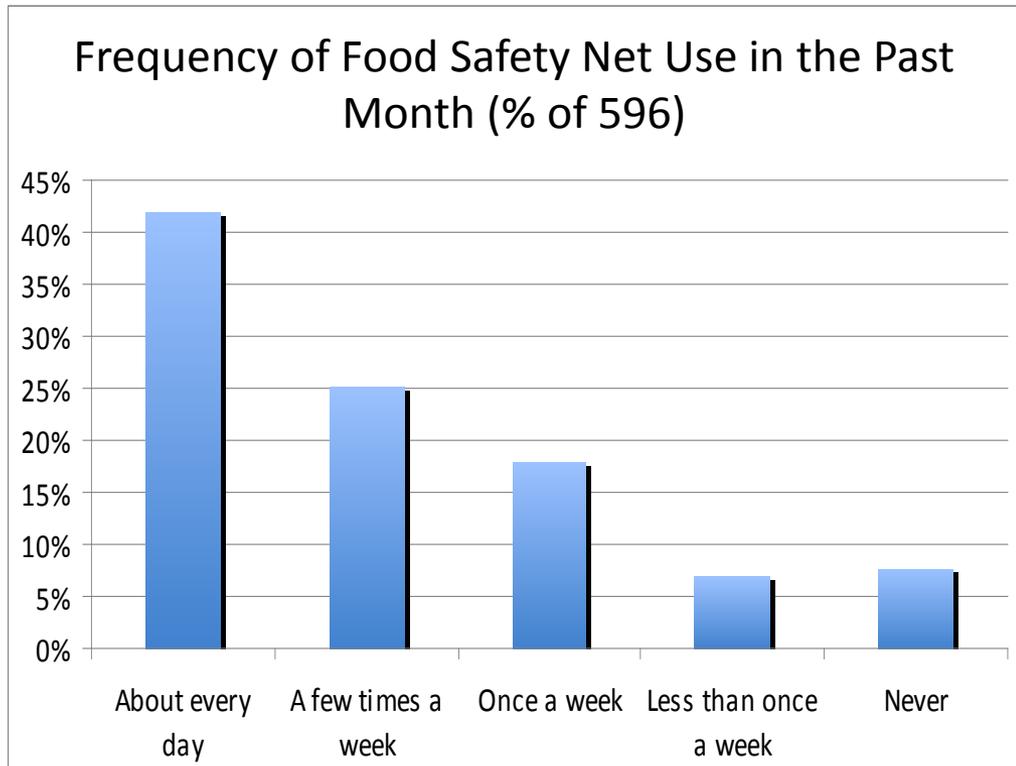
- 633 from tenants living in 151 SRO buildings

Prevalence of Food Insecurity and Nutritional Risk

8 in 10 SRO tenants are food insecure and at high nutritional risk



Despite Robust Use of the Food Safety Net



44% used free groceries

42% used free dining room

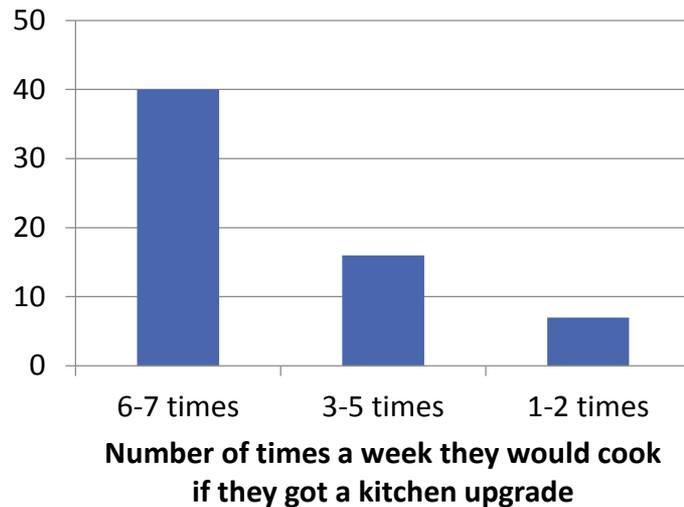
33% used home delivered meals

3% used emergency room or jail

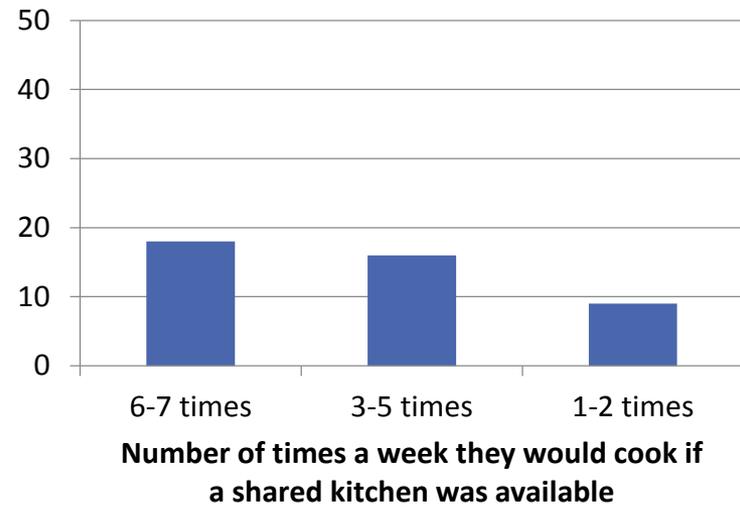
Tenants would Prepare more Meals at Home if Kitchens were Upgraded or Available

At least 4 in 10 high nutritional risk tenants do not cook now, BUT

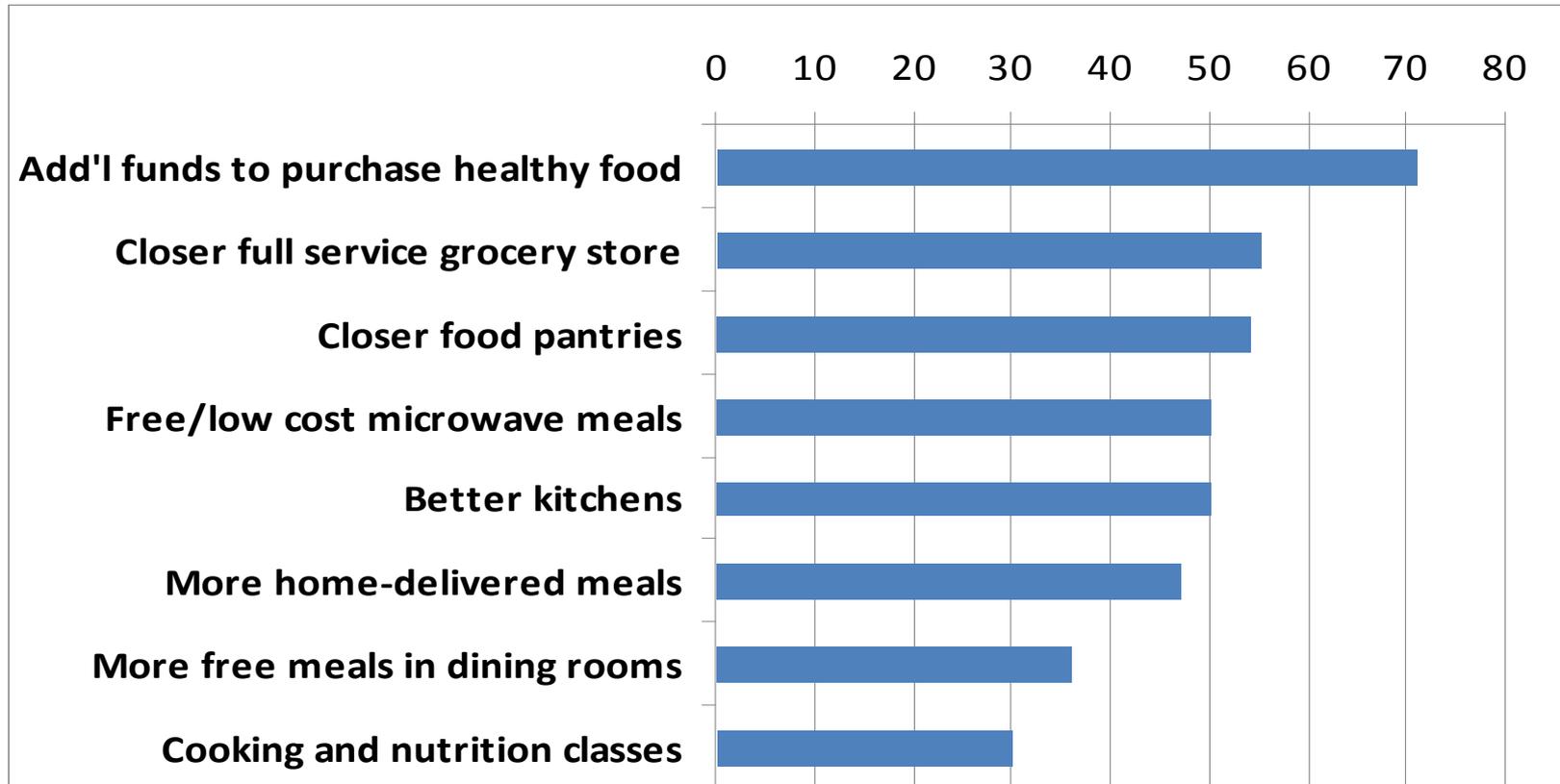
64% would cook at least once a week if they got an **in-unit kitchen upgrade**.



44% would cook at least once a week if a **shared kitchen** was available.



Tenants' Top Priority is Additional Funds to Purchase Healthy Food



No Silver Bullet Solution

- While it is well utilized, the food safety net is not sufficient to ensure food security
- The absence of kitchens is not the primary barrier to food security
- “Additional funds” will help, but access and consumption barriers remain for SRO tenants
- The right package is ripe for exploration in the controlled environment of SRO buildings

Next Steps

- Pilot multiple, simultaneous interventions that leverage and coordinate with existing resources
- Fund \$1M for 2-4 pilots through an RFP process
- Study the outcomes on food security and health outcomes; **then bring to scale**

Recommendations



*San Francisco
Board of Supervisors'*
Food Security
Task Force

Teri Olle, JD

Director of Policy and Advocacy
San Francisco and Marin Food Bank
Chair – San Francisco Food Security Task Force

Recommendations

- **Budget**

- **Maintain and expand** nutrition investments - \$13.3 million FY16-17
- **Innovate and collaborate** to address high risk SRO population

- **Policy - *Local***

- **Mandate and fund policy** to ensure waitlist for home delivered meals is no more than 30 days and in emergency 2-5 days
- Promote **standardized food security screening** in all nutrition and other programs serving residents at risk for food insecurity

- **Policy - *State***

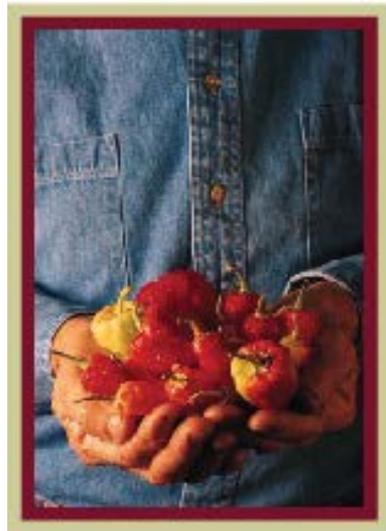
- **Support AB 1584** (increase SSI/SSP)

Recommendations

•Research

- **Request analysis** by Budget and Legislative Analyst of:
 - Cost of food insecurity to San Francisco, especially to health
 - Capacity/gaps of existing food assistance programs
 - Cost of *eliminating* food insecurity
 - Opportunities to secure sufficient/stable funding, such as through ACA
 - Process for developing a shared, citywide framework for data and outcomes

Questions?



San Francisco

Board of Supervisors'

Food Security

Task Force

SAN FRANCISCO FOOD SECURITY TASK FORCE

Strategies to Improve Food Security Among “Single” Residents of San Francisco’s SROs

SRO Resident Food, Cooking and Nutrition
Survey Results & Recommendations

March, 2016



San Francisco
Board of Supervisors
**Food Security
Task Force**

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 - C. Priorities of SRO Tenants for Improving Food Security 11
- Recommendations 15
 - I. To improve food security among SRO tenants the City should fund pilot programs in SRO buildings responsive to the substance of this report. 15
 - II. To provide the basis for decision-makers to invest in an end to hunger by 2020, the Board of Supervisors should charge the Budget and Legislative Analyst’s office with determining the cost of hunger in this City..... 21
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San Francisco Food Security Task Force
 c/o San Francisco Department of Public Health
 1390 Market Street, #210 San Francisco, CA 94102
www.sfdph.org/foodsecurity

Questions or comments about this report:
 Karen Gruneisen, Member, San Francisco Food Security Task Force
 Episcopal Community Services of San Francisco
 415-487-3300, ext. 1202; kgruneisen@ecs-sf.org

Executive Summary

The Food Security Task Force surveyed over 600 single adult SRO residents to respond to the Board of Supervisors' request for additional information on strategies to improve food security among that population. Among SRO residents surveyed, 84% were food insecure, and 80% at high nutritional risk. Residents' use of the hunger safety net was robust with 42% using free groceries, dining rooms or home delivered meals every day. The survey asked SRO residents what the City should prioritize to "get you more nutritious food." Because few SRO units accommodate in-unit cooking, the FSTF had hypothesized that tenants' top priority responses would be access to an in-unit kitchen.

PROJECT TIMELINE:

- 2014** Survey development, testing and administration
- 2015** Data entry and analysis, FSTF review and discussion, stakeholder input
- 2016** FSTF Recommendations to Board of Supervisors

However, "additional funds to purchase healthy food" was prioritized significantly higher than any other intervention, and was the "high" priority selected most often by tenants at high nutritional risk and medium/low nutritional risk, by frequent users of the hunger safety net, by those who cook in SROs now and by those who would cook if provided an improved kitchen. The next most highly ranked cluster of priorities was accessing food to consume at home (full service grocery stores and food pantries closer to home, affordable microwave meals and home delivered meals). Just over one-third of respondents ranked free meals in a dining room as high priority; and just under one-third ranked cooking and nutrition classes as high priority. "Additional funds to purchase healthy food" will help improve food insecurity; but the tipping point for food security among SRO residents likely will depend on how multiple, simultaneous interventions are matched and scaled, and integrated with existing resources.

Identifying the right package is ripe for exploration in SRO buildings: an SRO building houses a microcosm of the San Francisco single adult population which is food insecure and at nutritional risk for sustained periods of time; and pilot interventions in that environment can be designed so that the current food safety net system's inability to meet demand and eligibility restrictions do not interfere with testing packages for highest impact. The FSTF makes two related recommendations: First, the City take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk. We recommend allotting \$1 Million to sponsor pilot programs. Second, the BOS charge the Budget and Legislative Analyst's Office to evaluate the impact of these pilot programs on food insecurity and nutritional risk, and to calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents.

Background

In its Resolution Committing to a Food Secure and Hunger Free San Francisco, the Board of Supervisors asked the Food Security Task Force (FSTF) “to provide additional information on strategies to improve food security among residents of SROs.” (No. 447-13, San Francisco Board of Supervisors (2013).)

“Food security” means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life. The FSTF is an advisory body to the Board of Supervisors and is charged with the responsibility of creating a citywide plan for addressing food security. It evaluates food security using this three-pillared framework: *Food Resources* (ability to secure sufficient financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis); *Food Access* (ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently); and *Food Consumption* (ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking).

The BOS’s Food Secure and Hunger Free San Francisco resolution was greatly informed by the FSTF’s 2013 Assessment of Food Security in San Francisco.ⁱ In the Assessment the FSTF identified the lack of cooking and food storage facilities as a substantial barrier to *food consumption*: “Without a kitchen, an individual or family must rely on expensive prepared meals, non-healthy processed snacks, or prepared meals by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.” The Assessment notes that over 19,500 San Francisco housing units do not have complete kitchens, defined as including a sink with a faucet, a stove or range, and a refrigerator. One of the Assessment’s key recommendations for a food secure San Francisco in the area of Food Consumption was to “significantly increase the number of complete kitchens in housing units,” and to “fund upgrades in buildings with units that do not have complete kitchens to allow tenants to reheat, cook, refrigerate and store food; enforce housing regulations requiring complete kitchens; support and/or fund innovative solutions such as community kitchens, microwave co-ops, shared kitchens for multi-resident housing, etc.; support and/or fund education efforts around access to affordable and healthy prepared food options and/or preparing healthy food with limited facilities.”

In order to provide the BOS with strategies to improve food security among residents of San Francisco’s SRO buildings, the FSTF sought input from residents of San Francisco’s SRO buildings.

Brief Description of San Francisco's SRO Buildings

There are approximately 500 single resident occupancy (SRO) hotels in San Francisco with about 19,400 residential units.ⁱⁱ SRO hotels are amongst the oldest buildings in the City.ⁱⁱⁱ Although a limited number have seen major recent renovations, the majority of these buildings have not been significantly improved over the years and their overall quality is generally regarded as low.^{iv} SRO rooms are typically eight by ten feet in size with shared bathrooms. Citywide only 4.2% of the housing units lack kitchen facilities;^v but those without kitchen facilities are highly concentrated in the Tenderloin, Chinatown, and the Financial District – the low-income neighborhoods that have many of the City's SRO buildings.^{vi}

Originally built in the early 20th century to provide temporary accommodations to the City's transient workforce, SRO units are one of the last remaining "affordable" housing options for some of San Francisco's most vulnerable and low-income residents. They are so important to the City's affordable housing stock that the Residential Hotel Conversion and Demolition Ordinance, enacted in 1981, preserves, and regulates the conversion and demolition of residential hotel units. Since 1990, non-profit organizations have purchased or master-leased residential hotels and now maintain just under 30% of the units (5,479 in 2013) with a guaranteed level of affordability and, in some cases, related supportive services to residents.^{vii}

Through its Master Lease Program, as of 2014, the Human Services Agency subsidizes nonprofits to lease 28 SRO buildings (some of those buildings are funded through Care Not Cash, the 2004 initiative that transfers part of the city's cash assistance to homeless single adults to investments in permanent supportive housing). The Department of Public Health's Direct Access to Housing program provides permanent supportive housing targeted to homeless adults with special needs, including mental health, alcohol and substance abuse problems and/or complex medical conditions.

In 2014 the DAH program included 6 master-leased SRO buildings. Although Master Lease supportive housing is considered less desirable because the buildings are often older with few amenities, they represent a considerable supply of lower-income housing that might not otherwise be available. Nonprofits also develop newly constructed affordable SROs with supportive services, usually with in-unit kitchen facilities and private, or semi-private bathrooms.^{viii}

The FSTF examined food security in SROs through the input of the population intended to live in those units: single adults.

While SROs are deemed so inadequate for families with children that families in SROs are considered "homeless" under San Francisco's definition, 699 families with children were living in SROs in 2015 (primarily in Chinatown).

(SRO Families United Collaborative (2015) *SRO Families Report – Living in the Margins*, http://www.chinatowncdc.org/images/stories/NewsEvents/Newsletters/sro_families_report_2015_.pdf.)

Affordable housing for those families is a primary means to ameliorate their food insecurity. Although the target of the survey was single adults, implementing recommendations in this report is expected to have positive results for families' food security as well.

Fall 2014 Survey

To propose the best solutions to end food insecurity among residents of SROs, the Food Security Task Force conducted a food security assessment among SRO residents to better understand their priorities.

A subcommittee of the FSTF, including expert technical assistance,^{ix} created blocks of questions to ask tenants:

- what the City should prioritize to allow them to access nutritious food
- whether they had access to a kitchen in their apartment or apartment building, and how often they used either; and if their use would increase if the kitchen was improved
- how often and what types of safety net food programs and food sources they used over the past year
- about their age, gender and ethnicity/race demographics
- where they lived.

The survey also included a two-question screen to identify people at risk of food insecurity, a ten-question screen for nutritional risk^x and a single question to assess the responder's confidence in completing forms without assistance.

The survey had these limitations:

1. The survey used the terms "kitchen" and "cooking" without defining either. Responses are limited therefore by respondents' personal, unexpressed definitions of those terms. The elements of a kitchen SRO residents find necessary to cook is a subject for future research.
2. The surveys were self-administered at most sites eliminating responses from those who do not read, and who do not read English, Russian, Chinese or Spanish.
3. The survey used a skip pattern in two questions about cooking meals in-room or in a shared kitchen. Internally contradictory responses evidence that the skip pattern caused confusion.
4. The FSTF speculates that some respondents might have been reluctant to admit that they could cook in their unit, fearing the existence of a kitchen would impact the amount of their income benefits (the SSI benefit can be lower for beneficiaries without a kitchen).

A draft of the survey then was piloted at an SRO building on Sixth Street. After reviewing the 12 respondents' and survey facilitator's feedback, the subcommittee further revised, and finalized the survey, attached as an Appendix to this report. Based on community advice, the survey questions were translated into Spanish, Russian and Chinese.

The surveys were distributed to SRO residents at SRO building, congregate meal sites, social service program locations and through home-delivered meal programs.^{xi}

With a goal of receiving input from 500 tenants, unduplicated survey responses came from 633 SRO single adult tenants living in 151 SRO buildings primarily in the Tenderloin and SOMA. (Survey responses excluded were from those indicating they

had taken the survey before or that they did not live in an SRO, i.e. that they were homeless.)

Response data were entered by a FSTF-member agency staff into an online survey platform; 8% of the entries were checked for input accuracy.

Survey results were explored by a team.^{xii} A basic descriptive analysis was conducted. The “nutritional risk” and “food security” of respondents was scored and coded. Demographic data was compared to the demographics of tenants living in the City’s Human Services Agency-funded SROs^{xiii} to conclude that the survey data captured a representative cross-section of the single adults living in San Francisco SRO hotels.

Survey Results

A. Demographics of Tenants Responding to the Survey

The majority of the survey respondents were male (72%), White (40%) or African American (37%), between 45 and 59 years of age (41%) or 60 years or older (44%).

Age (% of 631)		Race/Ethnicity (% of 611)		Gender (% of 622)	
0-17	1%	White	40%	Female	26%
18-24	1%	Black or African American	37%	Male	72%
25-34	4%	Latino	12%	Trans Male	1%
35-44	9%	Asian	9%	Trans Female	1%
45-54	25%	Native American	5%		
55-59	16%	Multi-ethnic	4%		
60-64	19%	Native Hawaiian	2%		
65-74	18%				
75+	6%				

B. Food Insecurity/Nutritional Risk, Food Access and Consumption Landscape

Food Insecurity and Nutritional Risk is Very High

Food Insecure: 84% of respondents¹ were food insecure, based on answering “sometimes” or “often” to either of these questions:

Within the past 12 month I worried whether our food would run out before we got money to buy more.	On average, within the past 12 months the food I bought just didn't last and we didn't have money to get more.
<ul style="list-style-type: none"> ▪ 49% - often true ▪ 14% - sometimes true ▪ 17% - never true 	<ul style="list-style-type: none"> ▪ 45% - often true ▪ 38% - sometimes true ▪ 17% - never true

¹ 508 of 605 respondents.

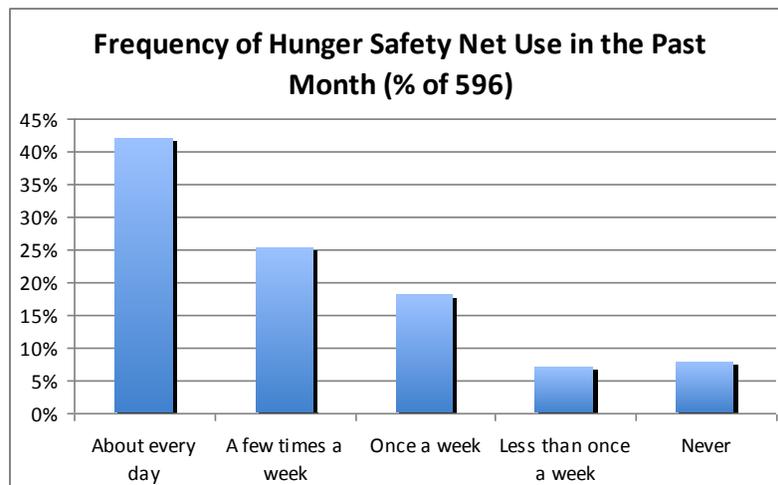
Nutritional Risk: Nearly 80% of respondents² are at “high” nutritional risk based on their responses to the nutritional risk questions.³ The prevalence of conditions compromising nutritional health among the respondents was:

Nutritional Risk Question (those who answered “yes”):	% of 633:	% of respondents:
I eat alone most of the time.	78%	83% (of 592)
I don’t always have enough money to buy the food I need.	67%	73% (of 583)
I eat few fruits or vegetables, or milk products.	53%	60% (of 581)
I take 3 or more different prescribed or over-the-counter drugs a day.	53%	60% (of 568)
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	47%	53% (of 562)
I have tooth or mouth problems that make it hard for me to eat.	43%	47% (of 581)
I am not always physically able to shop, cook and/or feed myself.	39%	45% (of 555)
I have an illness or condition that made me change the kind and/or amount of food I eat.	39%	43% (of 574)
I eat fewer than two meals per day.	39%	43% (of 574)
I have three or more drinks of beer, liquor or wine almost every day.	13%	15% (of 579)

Use of the Hunger Safety Net is Robust

Frequency of Use of a Food Program in the Past Month:

A high percentage (42%) of respondents used the San Francisco food safety net *every day* in the month preceding the survey.⁴



² 501 of 633 respondents (9% of respondents did not answer a sufficient number of the nutritional risk screening questions to have their nutritional risk assessed so this might be an understatement of those at high nutritional risk).

³ Nutritional risk is scored using the DETERMINE (see Endnote x) nutritional risk screen as follows: 0-2 affirmative responses = low nutritional risk; 3-5 affirmative responses = moderate nutritional risk; and 6+ affirmative responses = high nutritional risk).

⁴ 251 of 596.

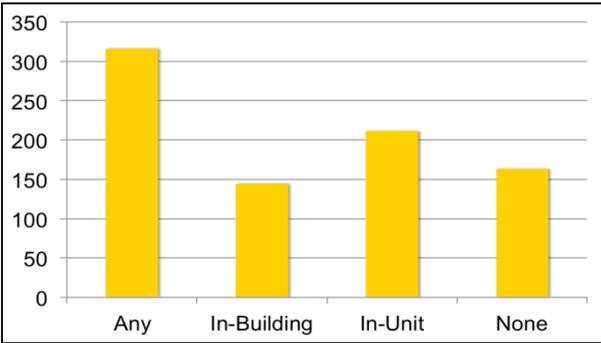
Type of Food Program Used in the Past 12 months (of 663 respondents):

- 44% used free groceries (food bank, home delivered groceries, Project Open Hand grocery program)
- 42% used free dining room or soup kitchen (like Glide, St. Anthony’s, senior lunch, shelters, etc.)
- 33% used home delivered meals (like Meals on Wheels, Project Open Hand, ON LOK)
- 3% used emergency room or jail to get a meal

Availability and Use of Kitchens is Limited, but Residents Would Cook More Meals at Home with Better Kitchens

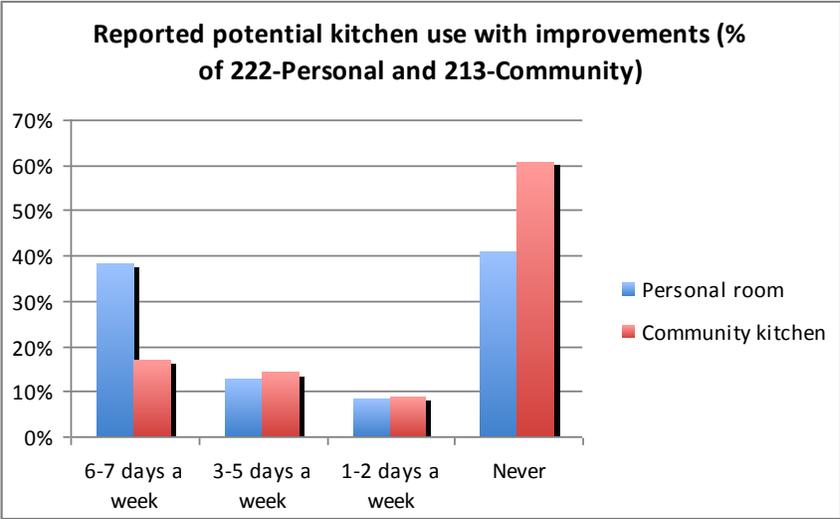
Availability:

About one-third of 497⁵ respondents said they had no access to a kitchen, either in-unit or in-building. This percentage may overstate kitchen access in SROs and the data should be used cautiously: the survey did not define “kitchen” and tenants most likely had differing definitions of that term -- for example, whether a microwave and slow-cooker constitute a kitchen. Also, tenants in the same building gave conflicting answers about the availability of community kitchens.⁶



Potential for In-unit and Community Kitchen Use:

If their in-unit or in-building community kitchen was upgraded, respondents would cook with the frequency per week shown in this chart:



⁵ Responses to kitchen access questions in 136 surveys were eliminated from the kitchen availability data totals (only) due to manifested confusion about the questions; for example, respondents who answered that they had no access to any kitchen, also stated how often they currently use those types of kitchens.

⁶ Separate from the SRO survey project, the FSTF has sponsored the work of a cadre of volunteers to obtain information about 530 SRO buildings across the City, including a description of in-unit and community kitchens. The FSTF anticipates this data to be available for use by applicants for pilot projects submitted in response to the RFP discussed in the Recommendations section of this report.

The top reasons that keep SRO tenants from cooking or cooking more often in their *unit* (of 497 responses):

- 42% "I don't have a stove or oven."
- 25% "I cannot afford food to cook."
- 24% "The question does not apply to me. I do/would cook all of my meals in my room."
- 16% "My disability keeps me from cooking."

The top reasons that keep SRO tenants from cooking or cooking more often in a *community kitchen* (of 497 responses):

- 28% "Too many other people will use the kitchen"
- 26% "I don't have cooking equipment or staples"
- 24% "It's inconvenient to use (I have to bring my own cooking equipment and staples from my room)."

In-unit Cooking by High Nutritional Risk Respondents:

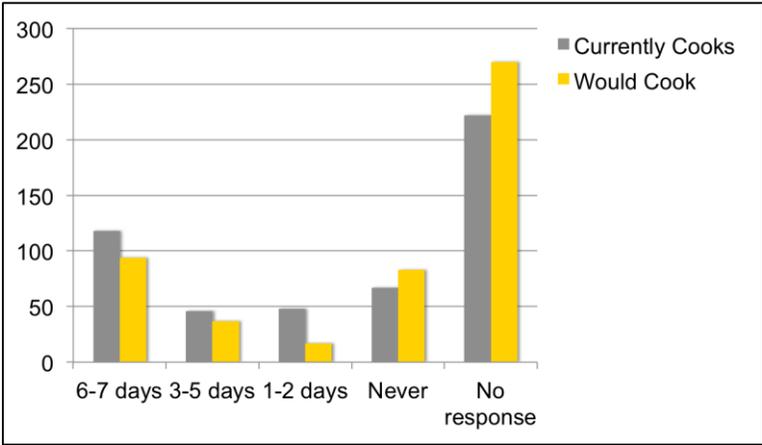
High nutritional risk respondents (501 respondents) already cook in-unit, or would cook if their unit was upgraded, with the frequency per week shown in this chart:^{xiv}

The top reasons that keep tenants with a high nutritional risk from cooking or cooking more often in their rooms mirrors those of all respondents):

- 46% "I don't have a stove or oven."
- 27% "I cannot afford food to cook."
- 17% "My disability keeps me from cooking."

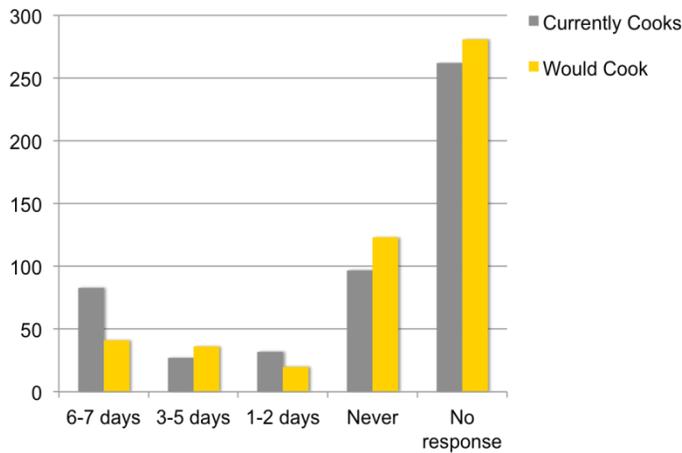
Almost two-thirds (64%) of 231 high nutritional risk respondents *who currently do not cook* in a personal kitchen said they would once a week or more with a kitchen upgrade:

- 7% would cook 1-2 times a week
- 16% would cook 3-5 times a week
- 40% would cook 6-7 times a week.



Community Kitchen Cooking by High Nutritional Risk Respondents:

High nutritional risk respondents currently cook, or would cook in a community kitchen if one was available to them with the frequency per week shown in this chart, significantly fewer than those who do/would cook in-unit.^{xv}



44% of 219 high nutritional risk respondents who currently do not cook in a community kitchen said they would once a week or more if a shared kitchen was available.

- 9% would cook 1-2 times a week
- 16% would cook 3-5 times a week
- 18% would cook 6-7 times a week

The top reasons that keep high nutritional risk tenants from cooking in community kitchens:

- 31% “Too many other people will use the kitchen”
- 28% “I don’t have cooking equipment or staples”
- 26% “It’s inconvenient to use (I have to bring my own cooking equipment and staples from my room).”

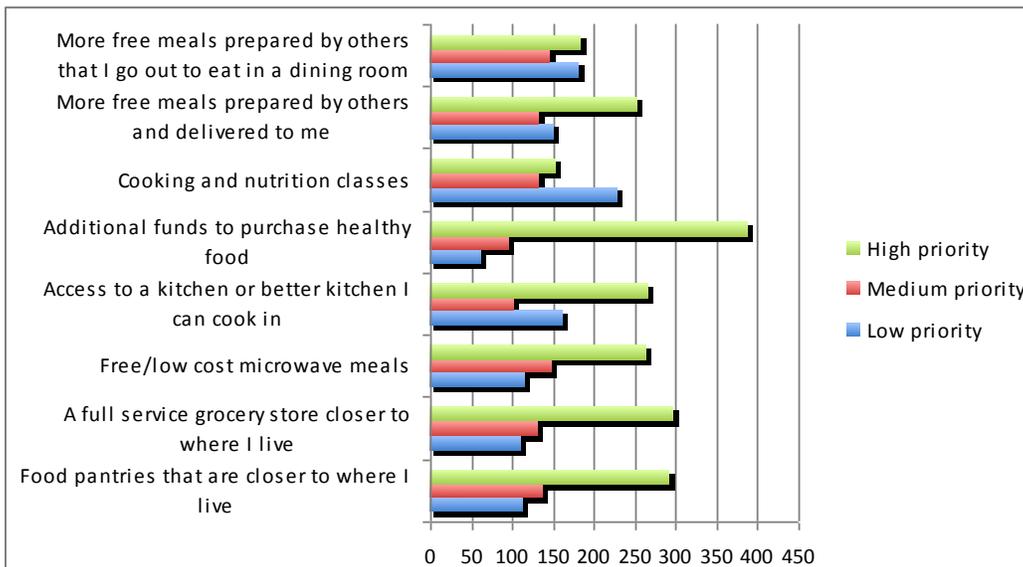
C. Priorities of SRO Tenants for Improving Food Security

Priorities of All Tenants

With the opportunity to highly prioritize as many selections as desired, SRO tenants prioritized “additional funds to purchase healthy food” significantly higher than any other choice:

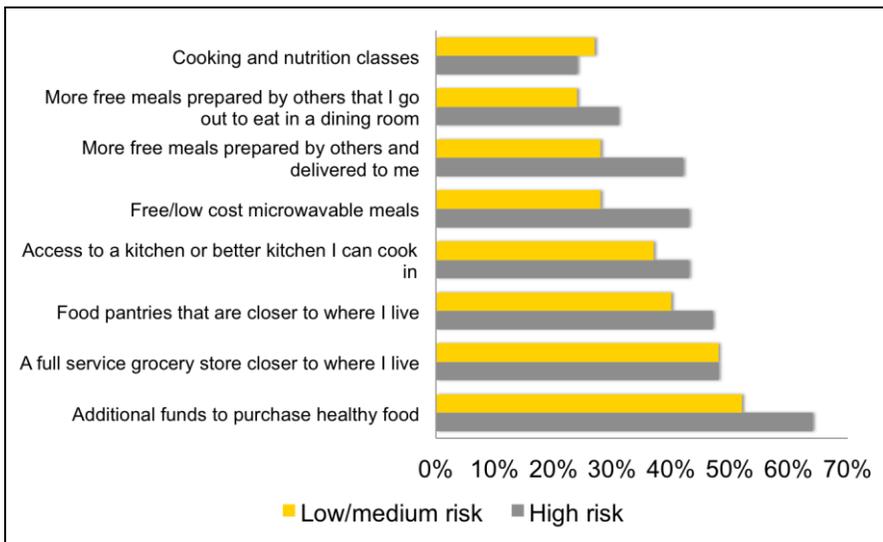
The things the City should prioritize to get you more nutritious food:	Low priority	Medium priority	High priority	High + Medium priority	Total Responses
Additional funds to purchase healthy food	11%	17%	71%	89%	543
A full service grocery store closer to where I live	20%	24%	55%	80%	537
Food pantries that are closer to where I live	21%	25%	54%	79%	541
Free/low cost microwave meals	22%	28%	50%	78%	527
Access to a kitchen or better kitchen I can cook in	31%	19%	50%	69%	527
More free meals prepared by others and delivered to me	28%	25%	47%	72%	538
More free meals prepared by others that I go out to eat in a dining room	35%	29%	36%	65%	512
Cooking and nutrition classes	44%	26%	30%	56%	517

This chart graphically depicts the priorities by number of respondents and level of priority:



Priorities of Tenants with Low/Medium Nutritional Risk vs. High Nutritional Risk

The priorities of respondents who were at low/medium nutritional risk, and those who were at high nutritional risk also were in substantially the same order except those at low/medium nutritional risk had a higher preference for cooking and nutrition classes:



High Priorities of Frequent Users of the Hunger Safety Net

Of those who use the hunger safety net daily (251 respondents), 61% indicated that “additional funds to purchase healthy food” was a high priority:

Those who rated the intervention below high, use the hunger safety net as frequently as shown in the columns to the right	Daily (251)	Few x week (151)	1x week (107)	<1x week (41)	Never (46)	Total
Additional funds to purchase healthy food	156	96	74	20	20	366
A full service grocery store closer to where I live	117	68	52	20	22	279
Food pantries that are closer to where I live	115	67	58	17	16	273
Free/low cost microwave meals	111	65	47	12	14	249
More free meals prepared by others and delivered to me	111	62	42	14	11	240
Access to a kitchen or better kitchen I can cook in	93	70	52	15	22	252
More free meals prepared by others that I go out to eat in a dining room	83	42	35	6	11	177
Cooking and nutrition classes	60	32	32	5	13	142

Top Priorities of Both Tenants Who Use Kitchens Currently and Who do not Have a Kitchen

The top priorities of tenants who currently use kitchens, and who do not have access to any kitchen, follow. “A better kitchen” was not a top high priority for current in-unit kitchen users, but it was for current community kitchen users and those who currently cannot cook at home:

Top Four Priorities Among In-Unit Kitchen Users	Frequency
Additional funds to purchase healthy food	72%
Food pantries that are closer to where I live	57%
A full service grocery store closer to where I live	56%
Free/low cost microwave meals	53%

Top Four Priorities Among Community Kitchen Users	Frequency
Additional funds to purchase healthy food	70%
A full service grocery store closer to where I live	61%
Food pantries that are closer to where I live	58%
Access to a kitchen or better kitchen I can cook in	56%

Top Four Priorities Among those who Cannot Cook at Home	Frequency
Additional funds to purchase healthy food	71%
Access to a kitchen or better kitchen I can cook in	55%
Food pantries that are closer to where I live	51%
A full service grocery store closer to where I live	51%

High Priorities of those who Prioritized “Better” Kitchens

Respondents who said “better” in-unit or community kitchens were a high priority, also gave a “high” priority to these interventions:

Top Four Priorities Among those who gave a “High Priority” to Better Kitchens	Frequency
Additional funds to purchase healthy food	85%
A full service grocery store closer to where I live	68%
Food pantries that are closer to where I live	67%
Free/low cost microwave meals	59%

Recommendations

After reviewing the SRO survey responses, the FSTF convened three special meetings of community stakeholders to gather input on recommendations to the Board of Supervisors. The FSTF makes two related recommendations: First, the City take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk by allotting \$1 Million to sponsor pilot programs. Second, the BOS charge the Budget and Legislative Analyst's Office to evaluate the impact of these pilot programs on food insecurity and nutritional risk, and to calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents.

I. To improve food security among SRO tenants the City should fund pilot programs in SRO buildings responsive to the substance of this report.

Fundamental to the FSTF's recommendation is the conclusion that each of the tenants' prioritized activities can play a part in reducing food insecurity. "Additional funds to purchase healthy food" will help improve food insecurity. But the tipping point for food security among SRO residents likely will depend on how multiple, simultaneous interventions are matched and scaled, and integrated with existing resources so tenants are able to obtain and consume enough nutritious food to support an active, healthy life. Identifying the right package is ripe for exploration in SRO buildings.

An SRO building provides a microcosm of the San Francisco single adult population which is food insecure and at nutritional risk, housing people for sustained periods who are seniors, are disabled, and live in extreme poverty. Compared to other San Francisco residents, SRO tenants experience some of the highest levels of instability in the pillars of food security – Resources, Access and Food Consumption. Also, pilot interventions in that environment can be designed to account for the shortcomings of the current under-resourced food safety net systems such as inability to meet demand and programmatic eligibility restrictions. The City should take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk not only for the health of SRO residents – but also to learn how results might apply to assistance for food insecure single adults irrespective of housing venue.

Therefore, FSTF recommends that the City allot \$1,000,000 to sponsor pilot programs in SRO building to be awarded through a Request for Proposal process. Looking to the experience and innovation of agencies and collaborations of agencies in this community to make specific proposals within the framework of the RFP's requirements is the best means to achieve the BOS's and FSTF's goal to improve food security among SRO residents.

Proposals to implement eligible activities will be selected for funding based on:

- impact on decreasing food insecurity and nutritional risk,
- responding to the needs identified in the survey,
- cost of the intervention, and short- and long-term cost savings occasioned by food security,
- integration of current resources,
- mechanisms to evaluate the pilot, and
- alignment with the FSTF’s “Principles” guiding recommendations to improve food security among SRO residents.

Principles guiding recommendations to improve food security among SRO residents

- Food security interventions should be tailored to high nutritional risk populations.
- Solutions to improve food security for SRO residents may require multiple activities conducted through multi-sector collaborations.
- All San Francisco residents should have kitchens where they live (with a refrigerator, freezer, sink, stove and oven); however, new kitchens should not reduce the number of units for SRO tenants.
- Safety and sanitation in food preparation and consumption is the first priority.
- Fresh fruit and vegetables are essential to food security.
- Programs should offer nutritional interventions responsive to the medical and dental needs of those who are food insecure.
- Programs should be culturally competent.
- Programs should be sustainable.
- Isolation is an important, but separate, issue from food insecurity, and the primary impact of activities to improve food security need not be improved socialization.

Other recommended detail for the RFP:

- Collaborative applicants are encouraged
- The RFP identifies nutritious food resources already in place so responders can make impactful proposals (e.g. consider existing resources that can be leveraged and identify potential collaborators)
- The RFP identifies anticipated barriers to success and challenges responders to state how those will be met
- Additional points are awarded for projects that also respond to issues of vector control, food waste, sanitation and hygiene in meal preparation
- FSTF representatives participate in the RFP process to draft language and review/score proposals
- The San Francisco Budget and Legislative Analyst’s Office is tasked with assessing the impact of the pilots
- Funding is through the Human Services Agency

Eligible activities to improve food security among SRO residents

It is recommended that the funding be available for the following eligible activities. The detail provided in section “b. Eligible Activities” is not meant to limit the activity or the cost of the activity, but rather to aid understanding of the concept and elements that affect cost.

Overview of Eligible Activities with Cross-Walk to High Priorities

Priorities of Food Insecure and High Nutritional Risk SRO Tenants	Examples of Eligible RFP Activity
Additional funds to purchase healthy food	Provide Nutritious Food Vouchers to SRO tenants
A full service grocery store closer to where I live	Expand the reach of on-site pantry/grocery programs by coordinating distribution to SRO buildings, and then to tenants A full service grocery store is not eligible for funding; support existing community efforts to achieve this outcome
Food pantries that are closer to where I live	Expand the reach of on-site pantry/grocery programs by coordinating distribution to SRO buildings, and then to tenants
Access to a kitchen or better kitchen I can cook in	Make capital improvements to SRO buildings to permit in-unit cooking with appliances other than a stove/oven
Free/low cost microwave meals	Provide nutritious food vouchers to SRO tenants
More free meals prepared by others that are delivered to me	Expand the reach of home-delivered meal programs by coordinating distribution to SROs, and then to tenants Provide nutritious meals in a community space using a mobile kitchen model
More free meals prepared by others that I go out to eat in a dining room	Subsidize meals in dining rooms through nutritional food vouchers to SRO tenants accepted by local restaurants, including by expanding programs such as the CalFresh Restaurant Meals Program and DAAS CHAMPSS Program
Cooking and nutrition classes	Provide cooking and nutritional education classes to engage tenants in using healthy recipes to prepare meals
NOT A PRIORITY – included as Infrastructure to support meal preparation/consumption	Install warming stations in each building and community refrigerators/freezers

Eligible Activities

<p>Provide Nutritious Food Vouchers to SRO tenants.</p> <ul style="list-style-type: none"> ▪ Voucher can be used for nutritious groceries and prepared meals, including those that are microwaveable and available at restaurants ▪ Choices for use of voucher should be as flexible as possible to permit consumer choice in which nutritious food/meals to purchase 	
<p>Goal: Food Resources: Tenants can purchase enough nutritious food to support a healthy diet on a consistent basis.</p>	
<p>Ideas around Cost:</p> <ul style="list-style-type: none"> ▪ For highest impact, calculate the weekly value of the voucher based on the self-sufficiency standard^{xvi} for San Francisco (amount needed for food minus resources for food/meals available) ▪ Add staffing and administration costs 	<p>Impact:</p> <ul style="list-style-type: none"> ▪ Additional funds to purchase healthy food is the most identified “high” priority of all SRO tenants, including in all subgroups (e.g. those at nutritional risk, those who already use kitchens) ▪ 62% of those who rank this as high priority use the food safety net daily

<p>Make capital improvements to SRO buildings to permit in-unit cooking with appliances other than a stove/oven (such as a rice cooker, covered skillet, NuWave oven, microwave, etc.). Scope of work might include:</p> <ul style="list-style-type: none"> ▪ Electrical capacity upgrade ▪ Power distribution upgrade ▪ Exhaust system upgrade ▪ Sinks in units ▪ Dishwashing station per floor ▪ Appliances (refrigerator/freezer), cooking equipment and storage cart/shelving 	
<p>Goal: Food Consumption: Tenants can prepare meals in their homes.</p>	
<p>Ideas around Cost:</p> <p>\$3,250 per unit (an additional \$2,500 if a dedicated transformer is required)</p>	<p>Impact:</p> <ul style="list-style-type: none"> ▪ 64% of 231 high nutritional risk respondents <i>who currently do not cook</i> in a personal kitchen said they would once a week or more with a kitchen upgrade <ul style="list-style-type: none"> ○ 7% 1-2 times a week ○ 16% 3-5 times week ○ 40% 6-7 times a week ▪ 39% of those who prioritized access to a kitchen/better kitchen use the safety net daily; 30% use it several times a week ▪ 55% of those without kitchens gave a “high” priority to a better kitchen; ▪ 56% of users of community kitchens gave a “high” priority to a better kitchen

Expand Pantry and Home Delivered Grocery Programs in SROs to provide food for healthy meals.

- Expand the reach of pantry and home delivered grocery programs in SROs (number of people served as well as groceries provided) by decreasing the cost of distribution through:
 - streamlining the food pantry distribution system. (For example, centralize an SRO building pantry distribution center; deliver pantry program food to each building from centralized point.)
 - coordinating the food pantry and home delivered grocery distribution system to avoid duplication of client service among providers.
 - staffing the delivery of the pantry program food and groceries in the SRO building to tenants through nonprofit service providers, property management staff, tenants association members or a combination of those. (For example, staff/tenant association members receive the food pantry delivery, unload the boxes from the pallets, sets up tables, facilitate tenant sign-in, distribute food, take down and clean up pantry program and act as a point of contact for the food pantry program coordinator. Another example, on-site staff/tenant volunteers deliver groceries within the building to specific tenants.)
- Note: it is imperative to the current home-delivered meal/grocery providers that the existing safety check/socialization benefits of to-tenant delivery be retained.
- Consider coordinating distribution with home-delivered meal programs to increase reach of those programs as well.

Goal: Food access: Tenants safely and conveniently obtain the food products needed to prepare or consume a healthy meal.

Ideas around Cost:

- Cost to the Food Bank to operate a supportive housing pantry for a building with 100 residents, approximately \$21,000 per year
- Cost to staff a pantry program is leveraged in buildings with nonprofit staff or property management staff; in buildings without such staff, cost could be approximately \$15/hour for 2 hours per week for two pantry workers, and there would need to be a fiscal agent to pay the workers.
- Cost for home delivered meals is expected to be minimal is current staff/able tenants on-site are leveraged as volunteers to conduct in-unit distribution.

Impact:

- 54% of tenants prioritized food pantries closer to where they live as “high;” 79% as a “high” or “medium” priority
- 42% of those who prioritized closer food pantries as “high” use the food safety net daily
- 55% of tenants prioritized a full service grocery store closer to where they live as “high” – this intervention does not result in closer grocery stores, but in nutritious groceries conveniently available
- Distribution system could be linked to home-delivered meal program distribution systems to increase reach of those programs as well.

Expand home-delivered meal programs in SROs.

- Expand the reach of programs that deliver meals to SRO tenants (number of people served as well as meals provided) by decreasing the cost of distribution through coordinating meal delivery to:
 - avoid duplication of client service, and
 - leverage existing in-building resources to deliver meals within the building to specific tenants.
- Note: it is imperative to home-delivered meal providers that the safety check/socialization benefits of to-tenant delivery be retained.
- Consider coordinating distribution with pantry and home delivered grocery programs to expand reach of those programs as well.

Provide nutritious meals in a community space in SROs using a mobile kitchen model

- Hire a vendor to prepare nutritious meals on-site
- Frequency TBD: Once a day/once a week

Goal: Food access: Tenants safely and conveniently consume a healthy meal at home.

Ideas around Cost:

- The anticipated cost of home delivered meals would be minimal if current staff/able tenants on-site at SRO buildings are leveraged as volunteers to conduct in-unit distribution.)
- Mobile kitchen model cost is approximately \$8/meal a person (cost includes paid staff)

Impact:

- 47% of all respondents and 30% of high nutritional risk respondents identified more free home-delivered meals a high priority
- 17% of all respondents and 16% of high nutritional risk respondents said they would not cook in their unit because of their disability
- Ensures nutritious meal available irrespective of in-unit/in-building kitchens, abilities to use the kitchen and resources for food
- Meal distribution system could be linked to pantry and grocery programs to expand reach of those programs as well.

Provide cooking and nutritional education classes to engage tenants in using healthy recipes to prepare meals.

- Cooking/nutritional education sessions in SRO buildings focused on socialization and building cooking skills
- Drop-in opportunity for residents to cook, socialize, and learn but not a structured stop/start time with a formal curriculum; more interactive than a cooking demonstration; everyone eats.
 - Create programming using a trauma-informed framework that values consistency (same staff), focus on care-taking of the residents.

<ul style="list-style-type: none"> ▪ Micro-education – mini-skills, SRO culinary skills, health messages (curriculum topics broken down to be very digestible and conversation-based) ▪ Resident-led community engagement – recruiting participants, helping guide menus and programs; participation incentives 	
<p>Goal: Food consumption: Tenants know how to prepare healthy and hearty meals safely.</p>	
<p>Ideas around Cost:</p> <ul style="list-style-type: none"> • Monthly Cooking Programming per building (25-50 tenants): 1x per week, 2 hours: \$440/mo • [In addition, if needed] Outreach and Ramp Up (20 hours over 4 weeks) - \$600 	<p>Impact:</p> <ul style="list-style-type: none"> • 30% of respondents ranked cooking and nutrition classes as high priority; 56% ranked it as high or medium priority • 7% of respondents said a barrier to their cooking was that they did not know how to cook • Link to improvements in SRO buildings that permit in-unit cooking

<p>Install warming stations in each building and community refrigerators/freezers</p>	
<p>Goal: Food consumption: Tenants can consume nutritious meals in their homes.</p>	
<p>Ideas around Cost:</p> <p>\$660 per floor (2 combination microwave and refrigerator/freezers)</p>	<p>Impact:</p> <ul style="list-style-type: none"> • Link to additional funds to purchase healthy food and to free/low cost microwave meals • Link to expanded pantry/grocery programs

II. To provide the basis for decision-makers to invest in an end to hunger by 2020, the Board of Supervisors should charge the Budget and Legislative Analyst’s office with determining the cost of hunger in this City.

It is time for the City to consider what national data predicts – the cost to eliminate hunger is far less than the costs of its existence.

The Center for American Progress calculated the cost of hunger in America in 2010 at minimally \$167.5 billion “due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable health care costs and the cost of charity to keep families fed.” That staggering figure, extrapolated to \$542 per person in America, did not include the cost of the Supplemental Nutrition Assistance Program (SNAP) and the other key federal nutrition programs, which run about \$94 billion a year. The Center for American Progress concludes “The nation pays far more by letting hunger exist than it would if our leaders took steps to eliminate it.”^{xvii}

Hunger-Free Minnesota calculated the cost of hunger in that State focused on SNAP participation. “The cost/benefit ratios of reducing food insecurity per federal dollar spent to increase participation in SNAP range from \$2.13 to \$2.74. Looking at only the savings in the administrative costs of SNAP yields a benefit cost ratio of between \$8 and \$11 per \$1 spent on increasing participation in SNAP.” The report concludes “reducing hunger not only saves lives, it yields a return on investment.”^{xviii}

Researchers analyzed data from more than 67,000 adult residents of Ontario who participated in the Canadian Community Health Care Survey. “These adults answered household food security questions, using the same scale for assessing food security in the United States, and researchers linked respondents’ food security status to their annual health care expenditures. The results show that health care costs were significantly higher for food-insecure people, even after adjusting for other socioeconomic and demographic variables. Households with low food security—meaning that they faced uncertain or limited access to a nutritious diet—incurred health care expenses that were 49 percent higher than those who were food secure. And health care costs were 121 percent higher for those with very low food security (those who missed meals or ate smaller meals because they couldn’t afford food). Higher costs were seen across a variety of health care services, including inpatient hospitalization, emergency room visits, physician services, home health care, and prescription drugs. And as food insecurity increased, so did health care costs.”^{xix}

As the BOS works to meet its promise of a hunger free San Francisco by 2020, investing in more comprehensive solutions to ameliorate the impacts of food insecurity on its most vulnerable residents will be necessary. In tandem with evaluating the impact of the pilot programs on food insecurity and nutritional risk suggested in Recommendation I, the Budget and Legislative Analyst’s Office also should calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents. Now is the time to prepare to express the consequences of this social problem in economic terms so all who will participate in determining the level and scope of investment can gauge the magnitude of the problem and economic benefits of potential solutions. The next step is for the City to determine the cost of hunger in San Francisco.

Conclusion

The FSTF is pleased to respond to the BOS's request for recommendations on strategies to improve the food security of SRO tenants. We look forward to the continued partnership to achieve that result – by bringing the pilot programs' lessons and the “cost of hunger in San Francisco” data to future interventions, with suggestions for funding to scale.

ⁱ San Francisco Food Security Task Force (2013). *Assessment of Food Security in San Francisco*. <https://www.sfdph.org/dph/files/sfchip/FSTF-AssessmentOfFoodSecurityInSF-2013.pdf>

ⁱⁱ In addition to the 13,900 SRO units in *for-profit* residential hotels, comprising 71% of all residential SRO units, there are 2,942 “tourist rooms” in for-profit residential hotels that do not contribute to the affordable housing stock. City and County of San Francisco (2015). *San Francisco General Plan: Housing Element 2014*. http://www.sf-planning.org/ftp/general_plan/2014HousingElement-AllParts_ADOPTED_web.pdf

ⁱⁱⁱ City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2016-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

^{iv} San Francisco Budget and Legislative Analyst's Office (December 15, 2014). *Policy Analysis Report: Analysis of Supportive Housing Programs*. <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51064>

^v City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2016-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

^{vi} City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2015-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

^{vii} City and County of San Francisco (2015). *San Francisco General Plan: Housing Element 2014*.

^{viii} San Francisco Budget and Legislative Analyst's Office (December 15, 2014). *Policy Analysis Report: Analysis of Supportive Housing Programs*. <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51064>

^{ix} Subcommittee member Hilary Seligman, MD, MAS provided the technical assistance. Dr. Seligman is Associate Professor in Residence at the University of California San Francisco with a primary appointment in the Division of General Internal Medicine and a secondary appointment in the Department of Epidemiology and Biostatistics. She also is Core Faculty for UCSF's Center for Vulnerable Populations at San Francisco General Hospital, and treats patients there. As a researcher, Dr. Seligman's work focuses on the intersection between food insecurity in the US and health, particularly the prevention and management of chronic disease. Her research has appeared in *New England Journal of Medicine*, *Health Affairs*, *Archives of Internal Medicine*, and *Journal of Nutrition*, among others.

^x The FSTF used the DETERMINE checklist, available at http://nutritionandaging.fiu.edu/downloads/NSI_checklist.pdf.

^{xi}

Survey Distributor	# of Surveys Returned	% of Surveys Returned
Community Housing Partnership	19	0.03
Episcopal Community Services of San Francisco	73	0.12
Glide	97	0.15
Leah's Pantry with Chinatown Community Development Center	10	0.02
Meals on Wheels	134	0.21
Salvation Army	67	0.11
Sam Patel	24	0.04
St. Anthony Foundation	74	0.11
Tenderloin Housing Clinic	135	0.21
Total	633	100

^{xii} The team included Hilary Seligman, MD, MAS (see endnote ix); Paula Jones, PhD, MA, San Francisco Department of Public Health Office of Equity and Quality Improvement; Karen Gruneisen, Associate Director, Episcopal

Community Services of San Francisco; and Erika Brown, University of California, Berkeley, MPH Candidate, Epidemiology/Biostatistics 2016. In addition to presentation to the San Francisco Board of Supervisors and community stakeholders, survey data and findings will be published in an academic model, as UCSF has approved Dr. Seligman's research study proposal, *Food, Nutrition, and Cooking Survey among Residents of Single-Residency-Occupancy Units in San Francisco*.

^{xiii} Human Services Agency client data from: San Francisco Office of the Controller/City Services Auditor (November 18, 2014). *Moving Beyond Stability: Service Utilization and Client Trajectories in San Francisco's Permanent Supportive Housing*. <http://sfcontroller.org/Modules/ShowDocument.aspx?documentid=601>.

^{xiv}

IN UNIT KITCHEN:	Currently Cooks	Would Cook
6-7 days	118	94
3-5 days	46	37
1-2 days	48	17
Never	67	83
No response	222	270
Totals:	501	501

^{xv}

COMMUNITY KITCHEN:	Currently Cooks	Would Cook
6-7 days	83	41
3-5 days	27	36
1-2 days	32	20
Never	97	123
No response	262	281
Totals:	501	501

^{xvi} For example, from Insight, the Center for Community and Economic Development (www.insightccd.org)

^{xvii} Center for American Progress (October, 2011). *Hunger in America, Suffering We all Pay For*. https://cdn.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/hunger_paper.pdf

^{xviii} Hunger-Free Minnesota (2010) *Cost/Benefit Hunger Impact Study*. <http://hungerfreemn.org/wp-content/uploads/2014/01/HFMN-Cost-Benefit-Research-Study-FULL-9.27.10.pdf>

^{xix} Text in report directly quoted from: The Urban Institute (August 26, 2015). *Urban Wire: Food insecurity and hunger*. <http://www.urban.org/urban-wire/how-food-insecurity-adding-our-health-care-costs>. The Urban Institute's Elaine Waxman's tweet also notes that "earlier US-centered research has already raised the specter that food insecurity can be a key contributor to poorer health outcomes and higher costs," citing studies by Dr. Hilary Seligman of the FSTF. The study referred to in the text of the tweet is: Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C. and Kurdyak, P. (August 20, 2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*. DOI:10.1503/cmaj.150234 <http://www.cmaj.ca/content/early/2015/08/10/cmaj.150234.full.pdf+html>

MEMO ON EATSF VOUCHER PROGRAM



WE ENVISION A SAN FRANCISCO WHERE ALL PEOPLE IN ALL NEIGHBORHOODS CAN ACCESS AND AFFORD FRUITS AND VEGETABLES.

Fresh Produce for all San Franciscans | www.eatsfvoucher.org

EatSF helps low-income San Francisco residents eat nutritious foods and improve their health.

Many San Franciscans are not able to eat healthy fruits and vegetables because those foods simply aren't available or affordable where they live.

EatSF is changing that. EatSF provides free fruit and vegetable vouchers to San Francisco's vulnerable low-income residents.

EatSF not only provides low-income residents with crucial resources to purchase

fresh produce, but also transforms the marketplace. With more customers buying fresh produce, local vendors are encouraged to increase the variety and quality of fresh fruits and vegetables they offer, benefitting all consumers in the neighborhood.

With EatSF, people eat better, they improve their health and communities benefit.

“ The EatSF program is a win-win. It helps low-income SF residents afford healthy produce, which improves health. It also helps address food deserts by supporting the ability of food vendors to stock healthy produce. ”
Dr. Tomás Aragón
Health Officer,
San Francisco Department of Public Health

HOW IT WORKS



Eligible participants enroll and receive monthly vouchers from partnering community organizations and clinics



EatSF participants eat a healthier diet and improve their health



Vouchers are redeemed at local stores and farmers' markets for fruits and vegetables



Markets see greater demand and are able to stock better produce for everyone in the neighborhood

50+

Community partners in 3 San Francisco neighborhoods with the highest poverty rates

A growing network of 13+ local stores and farmers' markets

EatSF is committed to San Francisco's city-wide goal to be hunger free by 2020

BETTER HEALTH, BETTER COMMUNITIES



PARTICIPANTS

COMMUNITY

Healthy eating
99%
 are eating more fruits and vegetables - critical for well-being

Health improvement
57%
 increased their daily intake of **fruits and vegetables by 1/2 cup** or more - enough for immediate health impacts

Food security
29% stretched their food budget by **1 week** or more each month

Reach Over **\$25,000** per month in EatSF vouchers is being spent on fruits and vegetables, **directly benefiting local grocers and farmers' markets**

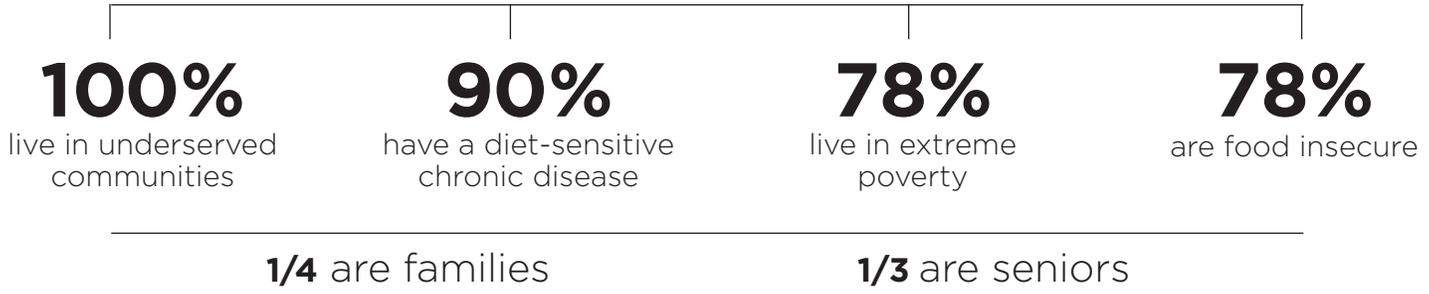
Availability
 Store owners are seeing **increased monthly profits** and new customers. They are **restocking** produce more often and experiencing **less food waste**.

Removing barriers
100%
 of partnering community-based organizations see EatSF as a vital resource for their clients, and 94% of clients see EatSF as important for their community

“ EatSF has given me healthy food, and I don't miss meals anymore. It stretches my food budget, which is starting to last all month. ”
 EatSF participant

EATSF'S REACH: 2015-2016

1,800 INDIVIDUALS AND FAMILY MEMBERS



SPECIAL THANKS TO OUR LEAD SUPPORTERS:

HELLMAN FOUNDATION
 managed by HIRSCH ASSOCIATES LLC
 PHILANTHROPIC ADVISORS



MEMO ON OUT OF SCHOOL MEALS



Maria Su, Psy.D.
EXECUTIVE DIRECTOR



Edwin M. Lee
MAYOR

MEMORANDUM

To: San Francisco Board of Supervisors and Mayor Ed Lee
 Cc: Maria Su, Director, Sherrice Dorsey, Younger Youth Manager
 From: Heather Tufts, Senior Program Specialist
 Date: April 11, 2016
 Re: Out of School Time Meals in San Francisco

Out of School Time meals include Summer Lunches, School-Year Suppers and Year-Round Snacks. Since the 2013 Food Security Hearing, DCYF has collaborated with San Francisco Unified School District and Children's Empowerment Inc., two other large sponsors, to increase the number of Out of School time meals, thereby significantly advancing the City's vision of Ending Hunger in San Francisco by 2020.

Why are out of school time meals important?

"Hunger and food insecurity can negatively affect overall health, cognitive development, and school performance." Center for Disease Control. These USDA meals also relieve families' stress (limited time, strained budgets) and allows local funds to be significantly leveraged by federal and state reimbursements.

How many summer lunches are served in San Francisco and how much federal funding is leveraged through the USDA Summer Meal program?

The number of Summer Lunches served from 2013 to 2015 have steadily increased city-wide due to the coordination among the larger providers; and the dollar figures are the total reimbursement from the USDA on a city-wide scale.

Summer 2013	303,692 lunches (136 sites)	\$ 960,978.16
Summer 2014	306,044 lunches (147 sites)	\$ 974,851.32
Summer 2015	340,564 lunches (169 sites)	\$ 1,123,861.20

DCYF and SFUSD will have full reports available at the end of the school year (June 2016).

How will support for Out of School Time Meals continue?

Outreach will continue through a brochure listing of all summer lunch sites sponsored by DCYF, SFUSD and other CBOs distributed through SFUSD schools and CalFresh recipients, and the DCYF website.

Currently, SFUSD and Children's Empowerment Inc. collectively serve 86 supper sites; and in fall 2016, DCYF will begin serving suppers.

How can you help increase Summer Lunch in San Francisco? Help promote the open sites serving summer lunches by: distributing the brochures/fliers, encouraging attendance through speeches and sharing that that dcyf.org will have a complete list of sites beginning the end of May.

Any questions can be directed to Heather Tufts, DCYF Senior Program Specialist OST/Nutrition, at (415) 554-8958 or heather.tufts@dcyf.org.

FUNDING REQUESTS 2016-17

#1 Department of Aging and Adult Services (DAAS) Nutrition Programs	<u>\$11, 475,200</u> (please see analysis on pages 2-3)
• <i>Home-Delivered Meals</i>	<i>\$5,010,000</i>
• <i>Home-Delivered Groceries</i>	<i>\$2,985,200</i>
• <i>Congregate Lunch Meals</i>	<i>\$3,480,000</i>
#2 Human Services Agency (HSA) - CalFresh	<u>\$726,188</u> (please see analysis on page 4)
#3 Dept. of Public Health (DPH) - Healthy Eating Vouchers	<u>\$400,000</u> (please see analysis on page 4)
#4 Human Services Agency (HSA) - SRO Food Security Pilot	<u>\$675,000</u> (please see analysis on page 5)

TOTAL REQUEST**\$13.3 million**

For more information, please contact Teri Olle, Food Security Task Force Chair, Director of Policy and Advocacy, SF-Marin Food Bank, tolle@sfmfoodbank.org, 415-282-1907 x230.

About the San Francisco Food Security Task Force

The San Francisco Food Security Task Force (FSTF) advises the San Francisco Board of Supervisors on food security in San Francisco. Established in 2005 by the Board of Supervisors, the Task Force recommends citywide strategies, including legislative policies and budget proposals, to address hunger and increase food security in San Francisco. The FSTF tracks vital data on hunger and food security, including demographic information to understand the scope of need in general and for specific vulnerable subpopulations; data on utilization of federal food assistance programs such as CalFresh and school meals; and data on participation in nonprofit food and meal programs. The FSTF membership comprises representatives from 15 public and community-based entities in San Francisco.

Food Security means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life. **Food Insecurity** exists when the ability to obtain and prepare nutritious food is uncertain or not possible.

Food Security Rests on Three Pillars - The following three elements, adapted from the World Health Organization's pillars of food security, are used as a framework for evaluating food security in San Francisco.

- **Food Resources** - Sufficient financial resources to purchase enough nutritious food (CalFresh, WIC, SSI)
- **Food Access** - Access to affordable, nutritious and culturally appropriate foods (from food pantries, meal programs, food retail)
- **Food Consumption** - Ability to prepare healthy meals and the knowledge of basic nutrition, safety and cooking (usable kitchens, nutrition education)
- **1 in 4 San Francisco residents** (28%) is at risk of food insecurity due to low income (below 200% of poverty), and may struggle to attain and prepare enough nutritious food to support basic physical and mental health.

Seniors and Adults with Disabilities¹

Vision: A community where seniors and adults with disabilities are able to live independently without the risk of poor nutrition or social isolation. By supporting the “nutrition continuum” of congregate meals, home-delivered groceries and home-delivered meals, the city ensures that individuals’ needs are met in the most appropriate and cost-effective way.

Program	Budget for FY 16-17 (as of April 2016)	Current Service Level	Current and Projected Unmet Need	Cost to Serve Unmet Need	FY 16-17 Budget Request & Rationale
<p>Home-Delivered Meals (HDM) Delivery of nutritious meals, a daily safety check and friendly interaction to homebound seniors and adults with disabilities who cannot shop or prepare meals themselves.</p> <p>Many providers offer home assessments, nutrition education and counseling and volunteer programs to prevent isolation and improve health outcomes.</p> <p><i>DAAS contracts require nonprofit providers to match the DAAS funding with private dollars so DAAS investment is effectively doubled.</i></p>	<p>Dept. of Aging and Adult Services (DAAS)</p> <p>FY 16-17 baseline: \$7.74M (= \$6.51M for seniors; \$1.13M for adults with disabilities).</p> <p>Includes \$1.25M increased funding for seniors and \$130K for adults with disabilities.</p>	<p>5,050 individuals (= 4,095 unduplicated seniors and 955 adults with disabilities)</p> <p>(1,382 unduplicated seniors and unduplicated adults with disabilities were added with FY15-16 increased funding)</p> <p>4,660 meals daily (7 days/week) to seniors & adults with disabilities.</p>	<p>Waitlist 319 individuals on current DAAS citywide waitlist as of 3/30/16.</p> <p>Median wait time (as of 2/18/16): 44 days</p> <p>DAAS policy- <i>Maximum wait time for HDM is 30 days and, in an emergency, 2-5 days.</i></p>	<p>\$1.01 million to serve 319 clients on the waitlist.</p>	<p>HDM Total \$5.01 million With this additional funding, a <i>total of 6,293 clients</i> would be served by HDM by end of FY 16-17.</p> <p>Request includes:</p> <ul style="list-style-type: none"> ○ \$1.01 million to serve 319 clients on the current waitlist. <p>AND:</p> <ul style="list-style-type: none"> ○ \$4 million to serve 1,243 new clients placed on the waitlist, which is 25% of the unmet need (serving 2,113 meals daily).
			<p>Unmet need Total eligible = 10,022 Total served = 5,050 Total unserved = 4,972</p> <p>4,972 seniors and adults with disabilities are eligible but not receiving HDMs. Total estimated cost = \$16 million for total of 3,085,000 meals.</p>	<p><i>\$16 million to serve 4,972 individuals (all unmet need).</i></p> <p>\$4 million to serve additional 1,243 individuals.</p> <p>(<i>\$3,200 per client, with a total of 771,250 meals delivered.</i>)</p>	

¹ All figures: Human Services Agency – Dept. of Aging and Adult Services.

Program	Budget for FY 16-17 (as of April 2016)	Current Service Level	Current and Projected Unmet Need	Cost to Serve Unmet Need	FY 16-17 Budget Request & Rationale
<p>Home-Delivered Groceries Food pantry-based grocery program. Donated groceries delivered by IHSS caregivers and CBO volunteers to serve homebound seniors and adults with disabilities who are unable to access a food pantry themselves, but can prepare meals at home.</p> <p>Each delivery provides fresh produce, protein items and staples (e.g., grains, cereals, and some providers include additional home visit services).</p>	<p>Dept. of Aging and Adult Services (DAAS)</p> <p>FY 16-17 baseline: \$785,300</p> <p><i>Does not include the \$315,200 needed to maintain existing service level, or drops by 12%.</i></p>	<p>2,831 unduplicated clients</p> <p>112,960 grocery deliveries per year (average 2,259 grocery deliveries weekly).</p> <p><i>FY15-16 expansion: 12% increase (= 13,525 weekly groceries to 504 clients)</i></p>	<p>7,199 individuals</p> <p>Waitlist = 1,255 individuals (includes ~500 individuals receiving In-Home Support Services with caregivers that can prepare groceries and those currently on Food Bank's waitlist)</p> <p>Total need = 10,030 individuals (74% seniors, 26% adults with disabilities).</p>	<p>\$6.9 million to serve total unmet need.</p> <p>\$1.257 million to serve current and waitlisted clients.</p> <p>\$1.728 million to expand capacity to serve 1,800 individuals (~25% of unmet need)</p> <p>[Cost range \$650-\$960 annually per individual]</p>	<p>HDG Total \$2,985,200</p> <p>Request includes:</p> <ul style="list-style-type: none"> ○ \$315,200 to maintain FY15-16 service levels. ○ \$942,000 to serve 1,255 individuals on a waitlist. ○ \$1,728,000 to serve 1,800 individuals by end of FY 16-17, 25% of the unmet need.
<p>Congregate Lunch Meals Daily, hot, nutritious meals served to individuals over 60 and adults with disabilities at sites throughout the city.</p> <p>Lunch is often at senior centers that offer social activities and other programs, and services for social engagement and promoting healthy lifestyles.</p>	<p>Dept. of Aging and Adult Services (DAAS)</p> <p>FY16-17 baseline: \$5,380,633</p> <p><i>Need \$777,000 to maintain existing, or service drops by 10%.</i></p> <p>FY15-16 \$6,157,633 (\$5,842,262 for seniors and \$315,371 for adults with disabilities)</p>	<p>18,844 unduplicated clients (17,968 seniors & 876 adults with disabilities)</p> <p>(1,152 new clients added in FY 15-16)</p> <p>~3,632 daily meals (or 944K total meals). Added 6 new sites, including 2 CHAMPS sites, 2 breakfast sites. Total = 50 meal sites throughout the city.</p>	<p>Based on monthly reports from senior lunch providers, 1,072 individuals were turned away in FY14-15.</p> <p>Based on DAAS 2016 needs assessment, 25,103 seniors and 11,600 adults with disabilities are at <100% FPL.</p>	<p>\$777,000 to maintain current service level.</p> <p>\$2.7 million to increase service by 1,000 individuals (daily meals), = 3% of estimated unmet need.</p> <p>[~\$2,630 annually for each individual served daily]</p>	<p>Congregate Lunch Total \$3.48 million</p> <p>Request includes:</p> <ul style="list-style-type: none"> ○ \$777,000 to maintain FY 15-16 service levels ○ \$2.7 M to increase service by additional 1,000 individuals daily (3% of estimated unmet need)

Human Services Agency – CalFresh²

Vision: All San Franciscans have the ability to secure sufficient financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis. Maximizing CalFresh participation provides greater food stability for low-income households and leverages city investment to draw down federal entitlement dollars.

Program	Budget for FY 16-17 (as of April 2016)	Unmet Need	FY 2016-17 Budget Request & Rationale
<p>CalFresh</p> <p>CalFresh puts healthy and nutritious food on the table. CalFresh is a federal entitlement known as the Supplemental Nutrition Assistance Program (SNAP) and issues monthly electronic benefits that can be used to buy most foods at many markets and stores. CalFresh serves individuals near or below the FPL.</p>	<p>There is no additional funding in FY 16-17 budget for CalFresh to implement the following strategies to increase participation:</p> <ul style="list-style-type: none"> • Establish on-demand interviews to speed client enrollment and recertification. • Establish fully functional satellite office in Mission (2 clerks). • Establish same-day-service at outreach/outstation sites (2 clerks). • Establish eligibility staff at Navigation Center. 	<p>Estimated 27,000 CalFresh-eligible individuals enrolled in Medi-Cal but not in CalFresh.</p> <p>Estimated 10K kids receiving school meals who are not receiving CalFresh.</p> <p>Interview requirements difficult to complete for many applicants with current staffing model. Scheduling/missing/rescheduling interviews is significant barrier to enrollment.</p> <p>“Administrative churn” -- estimated 20% of applicants are re-applying within 90 days of losing benefits because of administrative hurdles. Results = inefficiency/costs for County, and instability for recipients.</p>	<p>CalFresh Total \$726,188</p> <p>Request includes:</p> <ul style="list-style-type: none"> ○ \$492,087 for 2 units to launch “on-demand” phone interviews to improve access and efficiency. ○ \$88,857 for 2 clerks to establish a CalFresh office at 3120 Mission. ○ \$88,857 for 2 clerks to enable same-day-service at outreach/outstation sites. ○ \$56,387 for 1 eligibility worker at Navigation Ctr.

² All figures: Human Services Agency - CalFresh

Healthy Food Purchasing Supplement

Vision: Our entire community benefits when everyone is able to buy nutritious foods like fresh fruits and vegetables. By investing in a Healthy Food Purchasing Supplement program to boost purchasing power, the city supports the health and well-being of residents and the local economy.

Program	Budget for FY 16-17 (as of April 2016)	Current Service Level	Current Unmet Need	FY 2016-17 Budget Request
Healthy Food Purchasing Supplement Vouchers to increase ability of low-income residents to purchase fruits and vegetables at neighborhood vendors and farmers' markets.	Dept. of Public Health (work ordered from HSA) FY 16-17 baseline: \$100K [FY 15-16 \$300,000]	1,000 households using vouchers in the Tenderloin, SOMA, Bayview.	Estimated 45,000 low-income SSI recipients not eligible for CalFresh.	\$400,000 to maintain and expand vouchers to additional individuals to purchase fruits and vegetables.

SRO Food Security Pilot³

Vision: Over 80% of SRO tenants are food insecure and at "high" nutritional risk. They are the people who benefit by home delivered meals and groceries, congregate lunch programs and Healthy Eating Vouchers. Our Single Adult SRO Tenant Survey indicates that tenants' food security and nutritional health will benefit by multiple, simultaneous interventions. The tipping point toward food security and nutritional health is ripe for study within the controlled environment of 2-4 pilots within SRO buildings.

Program	Budget for FY 16-17	Current Unmet Need	FY 2016-17 Budget Request
SRO Residents Food Security A pilot project to fund multi-pronged and collaborative interventions to address food insecurity among SRO single adult residents.	FY16-17: TBD This is a new proposal stemming from the 2013 Board of Supervisors' resolution on food security and the subsequent survey conducted by the FSTF.	~19,400 residential units in 500 buildings 8 in 10 SRO residents surveyed are food insecure and have high nutritional risk, despite using existing food assistance safety net frequently.	\$675,000 to fund strategic, targeted, multi-intervention pilots in at least 2 SRO buildings for capital improvements to permit in-unit and in-building cooking and for new interventions.

³ All figures: FSTF SRO Sub-Committee

**RESOLUTION 447-13 COMMITTING TO A
HUNGER-FREE SAN FRANCISCO**

FILE NO. 131154

RESOLUTION NO. 447-13

1 [Committing to a Food Secure and Hunger Free San Francisco]

2
3 **Resolution committing the City and County of San Francisco to a food secure and**
4 **hunger free San Francisco.**

5
6 WHEREAS, Access to safe, nutritious, and culturally acceptable food is a basic human
7 right and is essential to human health; and

8 WHEREAS, Food security is a state in which all persons obtain a nutritionally
9 adequate, culturally acceptable diet at all times through local non-emergency sources; and

10 WHEREAS, Food insecurity results in poorer nutritional intake, unhealthy eating
11 behaviors that persist sometimes for decades after the food insecurity experience, and is
12 associated with poor health outcomes in all populations; and

13 WHEREAS, As 1 in 4 San Franciscans, especially low income residents, seniors,
14 families with children, immigrants, and people who are homeless, suffer disproportionately
15 from hunger and food insecurity; and

16 WHEREAS, A 2013 report by the Stanford Center for Poverty and Inequality and the
17 San Francisco and Marin Food Banks estimates that despite government and nonprofit food
18 programs, in 2012 the unmet need for food in San Francisco grew from previous years and
19 equaled at least 74 million missing meals; and

20 WHEREAS, San Franciscans' food insecurity is due to the inability to secure sufficient
21 financial resources to purchase enough nutritious food to support a healthy diet on a
22 consistent basis; the inability to access affordable, nutritious, and culturally appropriate foods
23 safely and conveniently; and the inability to prepare healthy meals and/or the knowledge of
24 basic nutrition, safety, and cooking; and

1 WHEREAS, The key challenges to San Franciscans' ability to afford enough nutritious
2 food to support a healthy diet on a consistent basis include the high cost of living; low benefit
3 levels and under enrollment in CalFresh (known nationally as Supplemental Nutrition
4 Assistance Program (SNAP) and formerly known as Food Stamps); ineligibility of many food
5 insecure San Franciscans to receive CalFresh including 45,000 residents receiving
6 Supplemental Security Income (SSI) benefits living below the poverty level; and

7 WHEREAS, The key challenges to San Franciscans' ability to access affordable,
8 nutritious, and culturally appropriate foods safely and conveniently are insufficient healthy and
9 affordable food retail outlets; nonprofit food programs are at capacity including a growing wait
10 list for meals for homebound seniors and adults with disabilities and at free congregate dining
11 rooms; low participation in school meals; inadequate capacity for out-of-school time meals;
12 and rising food cost; and

13 WHEREAS, The key challenges to San Franciscans' ability to prepare healthy meals
14 includes the lack of complete kitchens in over 19,000 housing units and limited knowledge of
15 how to cook nutritious meals, especially with limited equipment and space; and

16 WHEREAS, The Food Security Task Force and the Tenderloin Hunger Task Force
17 have prepared assessments of food security and hunger including recommendations that will
18 move San Francisco to being food secure and hunger free; and

19 WHEREAS, The City and County of San Francisco recognizes that hunger, food
20 insecurity, and poor nutrition are pressing health issues that require immediate action; and

21 WHEREAS, It will take collaboration and collective action among the public and private
22 sectors to change policies, systems, and the environment to ensure that all San Franciscans
23 are food secure and hunger free; now, therefore, be it
24
25

1 RESOLVED, The Board of Supervisors and the City and County of San Francisco
2 commit to ensuring that all San Franciscans are food secure and hunger free by 2020; and,
3 be it

4 FURTHER RESOLVED, That in order to ensure that all San Franciscans are food
5 secure and hunger free, the Board of Supervisors and the City and County of San Francisco
6 commits to increasing usage of federal nutrition programs; supporting community partners'
7 ability to meet the growing need for food; working with the private sector to create a local food
8 supplement to support healthy eating and food security; and working with the private sector to
9 increase all resident's ability to prepare food, especially residents of single room occupancy
10 hotels (SROs); and, be it

11 FURTHER RESOLVED, In order to advance the highest priority solutions for achieving
12 food security, defined as those solutions that provide the greatest likelihood of improving food
13 security for the largest number of people or the most vulnerable populations, the Board of
14 Supervisors and the City and County of San Francisco requests further analysis and
15 assessment of information; and, be it

16 FURTHER RESOLVED, By March, 2014 the CalFresh Program is requested to
17 develop targeted strategies for increasing CalFresh enrollment among specific populations
18 that have been identified as good targets for outreach; and, be it

19 FURTHER RESOLVED, The Department of Aging and Adult Services is requested to
20 provide an analysis of the funding required and policies needed to ensure homebound seniors
21 and disabled adults are served within 30 days, and, in an emergency, within 2 to 5 days and
22 to report back by March 2014; and, be it

23 FURTHER RESOLVED, By March 2014 the Department of Aging and Adult Services
24 will convene community based organizations providing home-delivered groceries to develop a
25 cost-effective city-wide program; and, be it

1 FURTHER RESOLVED, For the purpose of providing information that can inform food
2 security strategies for people who are homeless, the Housing and Homeless Division of the
3 Department of Human Services, in partnership with the City's homeless services providers, is
4 requested by March 2014 to determine the (extra) cost of providing shelter meals that meet
5 nutritional standards required of senior congregate meal programs; and, be it

6 FURTHER RESOLVED, The Department of Children, Youth and their Families is
7 requested to work with community groups to develop a plan to expand the number of
8 sponsors providing meals and snacks to youth in San Francisco and to report back by March
9 2014; and, be it

10 FURTHER RESOLVED, The Food Security Task Force is requested to explore
11 strategies (and associated costs) for a voucher redeemable for healthy foods at local retailers
12 including grocery stores, corner stores, farmers markets, modeled after similar vouchers in
13 other cities, and to report back by March 2014; and, be it

14 FURTHER RESOLVED, By March 2014 the Food Security Task Force is requested to
15 provide additional information on strategies to improve food security among residents of
16 SROs; and, be it

17 FURTHER RESOLVED, The Food Security Task Force will work with city agencies to
18 develop a plan to make food program datasets available to the public through DataSF; and,
19 be it

20 FURTHER RESOLVED, The San Francisco Planning Department will consider food
21 security matters as part of its planning process for General Plan updates and major area
22 plans. Food security considerations would be incorporated as feasible and appropriate.
23
24
25



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 131154

Date Passed: December 10, 2013

Resolution committing the City and County of San Francisco to a food secure and hunger free San Francisco.

December 10, 2013 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 131154

I hereby certify that the foregoing Resolution was ADOPTED on 12/10/2013 by the Board of Supervisors of the City and County of San Francisco.

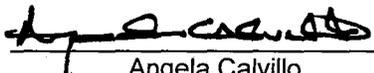

Angela Calvillo
Clerk of the Board

Unsigned
Mayor

12/19/13
Date Approved

Date: December 19, 2013

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.


Angela Calvillo
Clerk of the Board

File No.
131154