SRO Pilot Project
Agenda

- Brief Overview and Takeaways (Leah’s Pantry)
- Intervention Evaluation (Redwood Consulting)
- Q&A
  - How do project takeaways inform possible next steps for SF? Considering the COVID environment?
  - What opportunities might be available to integrate what we’ve learned from this pilot?
Active Collaborative Members

Meals on Wheels
EatSF
Episcopal Community Services
SF-Marin Food Bank
SF Recovery Theater
Leah’s Pantry
Collaborative Questions

- Does coordinating and targeting resources to tenants directly improve food security?
- Are the services responsive and appropriate?
- Do interventions allow tenants to feed themselves according to personal taste, culture, and health needs?
- Do tenants have food needs met the entire month?
- Do tenants experience less stress around food?
Overview

● $250K Stupski Foundation Grant (8/17-4/20)
● Pilot Sites: Ambassador (TNDC), Camelot (DISH)
● Control Sites: Bishop Swing, Henry, Crosby (ECS)
● Intervention Period: 6-9 mos

● **Objective:** Generate recommendations for a client-centered approach to improving food security and dietary intake for SRO residents throughout San Francisco
SRO Resident Food Security Challenges

- **Logistics**: transportation; inconvenient locations
- **Infrastructure**: cooking space, food storage
- **Time**: pantry times, waiting lists; queuing
- **Food**: choice, customization, inconsistent, variable quality and availability
- **Mental/emotional health and bandwidth**
New Services & Resources
- onsite hot meals (Centro Latino)
- prepared packaged meals (MOW)
- grocery and produce vouchers (Eat SF)
- Lyft service to/from grocery store

Equipment & Infrastructure
- community kitchen upgrade/appliances
- small in-room appliances

Coordination & Capacity Building
- site level support
- tenant leaders
- resource binders
- food resource navigator
<table>
<thead>
<tr>
<th>Key Interventions by Site</th>
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<tbody>
<tr>
<td><strong>Camelot</strong></td>
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<tr>
<td>● Vouchers</td>
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<td>● Congregate Meals</td>
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<td>● Prepared Packaged meals</td>
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<td>● Tenant Leaders</td>
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<td>● Community Kitchen Upgrade</td>
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Relationship-Centered Strategies

- Client and staff focus groups, surveys, and interviews with cash incentives
- Collaboration with site staff; Alignment with existing service delivery
- Project manager onsite presence, frequent flyering, attendance at meetings
- Ensuring tenant access to foods they enjoyed and wanted
- Use of tenant leaders to implement interventions
Process Takeaways

- Exploration of broader food security system
- Consider site specific needs and relationships
- Establish strong collaborative structure and processes
- Widen stakeholder and cross-sector engagement
Innovative Opportunities for Future

- Grocery delivery
- Shopping transportation
- Storage and infrastructure
- Vending machines
- Tenant employment and skill building
Evaluation of the SRO Pilot Project

SRO Food Security & Health Collaborative
Agenda

Evaluation Overview

Methodology

Results by Evaluation Question
Evaluation Overview
4 Stages

1. Needs Assessment
2. Literature Review
3. Baseline assessment of SRO and comparison sites
4. Evaluation of Processes and Outcomes
Methodology
Qualitative Data Sources

1. Tenant Focus Groups
2. Tenant Leader Interviews
3. In-Depth Tenant Interviews
4. Site Staff Interviews
5. SFSHC Member Interviews
6. Project Manager Interviews
Quantitative Data Sources

Attendance Data

**Goal**: Monitor the utilization of services

- Ambassador: N = 85% participated in at least one event
- Camelot: N = 100% participated in at least one event

**Services at Ambassador included:**
- monthly EatSF Voucher distribution
- prepared meal distribution

**Services at Camelot included:**
- monthly EatSF Voucher distribution
- prepared meal distribution
- hot community meal
Quantitative Data Sources

Treatment & Comparison Site Pre- & Post-test Surveys

**GOAL:** To evaluate the impact of the pilot on tenants, a baseline was taken prior to the launch of any new services and then at the conclusion of the pilot period.

<table>
<thead>
<tr>
<th>Treatment Survey</th>
<th>Comparison Survey</th>
</tr>
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<tbody>
<tr>
<td>▪ Food Security</td>
<td>▪ Tenant Food Security</td>
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<tr>
<td>▪ Meals Per Day</td>
<td>▪ Meals Per Day</td>
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<td>▪ Sufficiency of Food Budget</td>
<td>▪ Sufficiency of Food Budget</td>
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<td>▪ Difficulty of Eating Healthy</td>
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<td>▪ Food-Related Self-Efficacy</td>
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<td>▪ Sources of Meals*</td>
<td>▪ Sources of Meals</td>
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<td>▪ CalFresh Eligibility*</td>
<td>▪ Current Food Context &amp; Conditions</td>
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<td>▪ Perception of Intervention Services*</td>
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*indicates post-test only

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<thead>
<tr>
<th>Pre- and Post-test Survey Participation</th>
<th>Pre-test</th>
<th>Post-test</th>
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<tbody>
<tr>
<td>Ambassador</td>
<td>75</td>
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<tr>
<td>Camelot</td>
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<td>37</td>
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<tr>
<td>Bishop Swing</td>
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<td>43</td>
</tr>
<tr>
<td>Crosby</td>
<td>37</td>
<td>21</td>
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<tr>
<td>Henry</td>
<td>58</td>
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Results
To what extent were intervention activities implemented with sufficient dosage, high quality and fidelity to the project plan?

**Evaluative Conclusion:** The majority of services for the Ambassador and the Camelot were *implemented as intended*.

A few deviations from the plan occurred:
1. a shorter intervention period than originally proposed,
2. a less extensive suite of services at the Ambassador, and
3. some specific services not implemented as intended.
To what extent did SRO residents participate in and enjoy the intervention activities?

Evaluative Conclusion: The large majority of tenants at both sites participated, at least to some extent, in the pilot project. However, tenants did not utilize the services to their fullest extent. Tenant utilization of food services was higher at the Camelot than the Ambassador.

Overall, feedback on food services was positive with the most popular intervention service being the EatSF food vouchers.
What were the strengths of the pilot intervention from the perspective of a variety of project stakeholders?

SRO site staff and managers, collaborative members, and the program manager

**Evaluative Conclusion:** SFSHC members and the project management team reported that one of the greatest strengths of the pilot project was its *client-centered approach*. Various stakeholders also commented on *the suite of services*, particularly at the Camelot, as a strength of the intervention and the *use of Tenant Leaders* as an innovative and empowering intervention strategy.
What were weaknesses of the pilot intervention from the perspective of a variety of project stakeholders? 
*SRO site staff and managers, collaborative members, and the program manager*

**Evaluative Conclusion:** This project faced *significant challenges* during the planning phase due to a lack of clear governing principles, which had a significant impact on the project’s overall implementation. This project also faced difficulties implementing a suite of services at the Ambassador resulting in a limited dosage intervention at this site.
What are the barriers to successful implementation in this context?

**Evaluative Conclusion:** The primary barriers to successful implementation in this context are (1) the resources and time needed to develop a client-centered, building-centered approach and (2) SRO site staff capacity to support a comprehensive intervention.
How did participant outcomes change from pre- to post-test?

**Evaluative Conclusion:**
Survey data did not find any significant change from pretest to post-test at the pilot sites with two exceptions:

- food-related self-efficacy at the Camelot
- number of meals eaten per day at the Ambassador

The qualitative data suggested that the pilot did have a positive impact for some tenants:

- improvement food security
- a reduction in the food-related stress they experience particularly around the end of the month
How did the pilot intervention ensure a *client-centered* approach to service delivery?

**Evaluative Conclusion:** The SRO pilot project was *successful at using a client-centered approach* to the design and implementation of the project.
How did the pilot intervention ensure a trauma-informed approach to service delivery?

**Evaluative Conclusion:** An explicit emphasis on trauma-informed intervention services was not evident in the implementation of this project.
To what extent did the intervention activities meet the specific identified needs of participants?

**Evaluative Conclusion:** The pilot intervention was *successful* at including food services that addressed most of priorities voiced by residents of the Camelot and the Ambassador during the project’s Needs Assessment. This finding indicates that *intervention planning was very responsive to* data collected from *tenants* through the Needs Assessment process. Qualitative data from each building revealed some continued unmet needs.
To what extent did the project achieve its overarching goal: 
*Provide a “research-based blueprint to improve food security and dietary intake for all SRO residents”?

**Evaluative Conclusion:** The project manager and SFSHC members agreed that *additional steps needed to be taken* after the pilot to achieve this goal. However, they agreed that very important *lessons had been learned* through this project that can serve as the foundation for a research-based blueprint for SRO resident food security.
To what extent did the project achieve its overarching goal:
*Provide a “research-based blueprint to improve food security and dietary intake for all SRO residents”?*

**Unanswered questions:**

1. What can be done about structural barriers to SRO resident food security?
2. How is it possible to scale up while maintaining a client-centered approach?
3. How do we achieve nutritional security, not just food security?
4. Can food security be achieved without a suite of resource-intensive food services?
5. What outcomes would result from more innovative intervention strategies than were implemented as part of this pilot?
Q & A

How do the takeaways from this project inform possible next steps in the Covid environment?

What new opportunities might be available in the current landscape to support this initiative? How might that be different in different settings?