



SFSHC Pilot Project

(San Francisco Single-Room-Occupancy
Food Security & Health Collaborative
Pilot Project)

Summative Evaluation Report

March 2020

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EXECUTIVE SUMMARY

The SRO Pilot was a project of the San Francisco SRO Food Security and Health Collaborative (SFSHC), a subgroup of the San Francisco Food Security Task force, funded by the [Stupski Foundation](#). This pilot identified and tested tenant-centered approaches to improve food security and dietary intake for residents in two SROs located in the Tenderloin neighborhood of San Francisco - the Ambassador and the Camelot. It sought to address gaps in food security by leveraging and coordinating existing food services, and by designing and implementing new services.

Redwood Consulting Collective (RCC) employed a four-stage, mixed-methods approach to holistically evaluate the SFSHC Pilot Program's implementation and associated outcomes.

Stage 1 - Needs Assessment: to understand the specific food-related needs and preferences of residents at the Camelot and Ambassador to help the SFSHC create a client-centered intervention. The Needs Assessment included a tenant survey, a focus group at each site, and contextual data (see Summative Report, Appendix A).

Stage 2 - Literature Review: to identify successful and impactful interventions and best practices to inform the intervention planning process (see Summative Report Appendix B)

Stage 3 - Baseline Assessment of SRO Sites and comparison sites (pre-test): to allow for analysis of pre-post change in food security and other constructs among the SRO residents.

Stage 4 - Evaluation of Processes and Outcomes: to holistically understand the interventions as they were implemented, gather different stakeholder perspectives on the project, and evaluate the impact of the project on SRO residents (see Summative Report Appendix C for the intervention mid-point evaluation report).

STAGE FOUR EVALUATION METHODS

The following data sources were used as part of Stage Four of the evaluation. Please see the full Summative Evaluation Report for a more in-depth description of each method.

- 2 Tenant Focus Groups (Ambassador N=7; Camelot N=6)
- Camelot Tenant Leader Interview (N=2)
- In-depth Tenant Interviews (Ambassador N=3; Camelot N=3)
- Site staff interviews (Ambassador N=2; Camelot N=2)
- SFSHC Member Interviews (N=4)
- Project Manager Interviews (N=2)
- Intervention Attendance Data
- Treatment & Comparison Site Pre/Post Survey

Pre- and Post-test Survey Participation		
	Pre-test	Post-test
Ambassador	75	74
Camelot	46	37
Bishop Swing	67	43
Crosby	37	21
Henry	58	58

EVALUATIVE QUESTIONS & CONCLUSIONS

Each of the evaluation's guiding questions are presented along with RCC's evaluative conclusion. Please refer to the full summative report to view the data that informed each of these conclusions.

Q1: To what extent were intervention activities implemented with sufficient dosage, high quality and fidelity to the project plan?

Evaluative Conclusion: The majority of services included in the final project plans for the Ambassador and the Camelot were implemented as intended. However, a few noteworthy deviations from the plan occurred, including a shorter intervention period than originally proposed, a less extensive suite of services at the Ambassador, and some specific services not implemented as intended.

Q2: 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. Overall, 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. Tenant feedback indicated a range of preferences and opinions on services that provide useful information for future iterations of this project.

Q3: What were the strengths of the pilot intervention from the perspective of a variety of project stakeholders (i.e., 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.

Q4: What were weaknesses of the pilot intervention from the perspective of a variety of project stakeholders (i.e., 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.

Q5: 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.

Q6: How did participant outcomes change from pre to post test?

How does this change compare to that of residents in the comparison SROs?

How did participant outcomes differ among subgroups of SRO residents?

What elements of the program have had the greatest impact on participants?

Evaluative conclusion: Survey data did not find any significant change from pretest to post-test at the pilot sites, with the exception of food-related self-efficacy at the Camelot and number of meals eaten per day at the Ambassador. The qualitative data did however suggest that, for at least a subset of tenants, the pilot did have a positive impact on their food security and caused a reduction in the food-related stress they experience particularly around the end of the month. No meaningful differences were found between tenants who did not participate in services and those that did participate. Unfortunately, due to non-significant pre-post change overall, and the small sample size of matched pre-post tests at both sites, the evaluation was unable to examine the affect of attendance levels in different interventions on pre-post change.

Q7: To what extent are food related services at the SROs different as a result of the pilot program?

Evaluative conclusion: At the time of the completion of this report, the San Francisco Bay Area was under directions to shelter in place due to the coronavirus outbreak. Therefore it was not possible to do an assessment of the state of post-intervention food services at the Camelot and Ambassador.

Q8: How did the pilot intervention ensure a systematic, coordinated, and integrated approach to service delivery?

Please refer to the final report from Leah's Pantry for a full discussion of their approach to service delivery.

Q9: 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. The discussion below highlights the strategies that were cited by project stakeholders as critical for achieving this goal.

Q10: 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.

Q11: 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.

Q12: What was the financial cost of the intervention? What are the implications of this cost for scale up?

This evaluation question was not addressed by RCC's evaluation of this pilot. However, please refer to the final from from Leah's Pantry for cost comparison project data.

Q13: 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. The largest contribution of this project were its *process* findings (versus *outcome* findings) about how different characteristics of SROs impact this type of intervention, resident and site staff feedback on different types of services, and lessons learned related to managing this type of project.

Q14: What recommendations for future SRO food security programming can be made with confidence at this stage? (i.e., What elements of the intervention show particular promise for scale-up activities)

At the time of the completion of this report, the San Francisco Bay Area was under directions to shelter in place due to the coronavirus outbreak. Therefore a full convening of the SFSHC to review findings and generate recommendations was not possible. The SFSHC will convene at a future date to review the findings in detail and develop their recommendations for the San Francisco Food Security Taskforce.

CHAPTER ONE: INTRODUCTION

The SRO Pilot Project

The SRO Pilot was a project of the San Francisco SRO Food Security and Health Collaborative (SFSHC), a subgroup of the San Francisco Food Security Task force, funded by the Stupski Foundation. The SFSHC was responsible for conceptualizing the pilot study, securing funding, hiring the project management team (Leah's Pantry), and the external evaluation firm (Redwood Consulting Collective (RCC)). The SFSHC worked closely with Leah's Pantry and RCC throughout the planning and implementation of the pilot.

This pilot identified and tested tenant-centered approaches to improve food security and dietary intake for residents in two SROs located in the Tenderloin neighborhood of San Francisco - the Ambassador and the Camelot. It sought to address gaps in food security by leveraging and coordinating existing food services, and by designing and implementing new services. The ultimate goal of the pilot was to provide the SF Board of Supervisors with a research-based blueprint to improve food security and dietary intake for SRO residents throughout San Francisco.

SRO Pilot Purpose

Grounded in a tenant-centered approach, the SRO Food Security and Health Collaborative will work together differently to best leverage, coordinate and provide nutritious meals to tenants so that: by 2020, the SFSHC, through the Food Security Task Force, will provide the San Francisco Board of Supervisors with a research-based blueprint to improve food security and dietary intake for all SRO residents.



The Ambassador

The Ambassador is a SRO building operated by the Tenderloin Neighborhood Development Corp. (TNDC), a housing developer that acts as both the property manager and the support service provider (i.e., case management). The building has 134 units, on-site support services staff, and limited in-unit and in-building cooking opportunities. Every tenant is provided with a small fridge and microwave for their unit and is allowed to use appliances that do not have an open flame (e.g., toaster ovens, rice cookers) in their room. All food is stored in tenants' individual rooms.

According to the results of the Needs Assessment (completed in March 2018, see Appendix A), tenants primarily met their food needs by shopping for groceries to cook for themselves, utilizing the food pantry at the Ambassador, and picking up food donations brought on-site from stores such as Trader Joe's and Safeway. Overall, tenants indicated that they prefer food that is healthy, fresh, simple to cook, and convenient to obtain. Tenants' main barrier to food security is lack of sufficient money or access to free food lasting throughout the month.



The Camelot

The Camelot is operated and managed by Delivering Innovation in Supportive Housing (DISH). The San Francisco Department of Homelessness and Supportive Housing provides the site's case management services. The building has 54 units and, at the start of the pilot, had no cooking facilities. The building does provide each tenant with a refrigerator and a microwave and allows tenants to use their own appliances that do not have open flames.

At the outset of the project, tenants primarily met their food needs by shopping for groceries to cook for themselves, utilizing the monthly food pantry at the Camelot, and attending breakfast served on site (offered four times a week). Tenants also indicated that they prefer food that is healthy, fresh, simple to cook, and easy to chew and digest. Tenants' main barrier to food security is lack of sufficient money or access to free food lasting throughout the month. See Appendix A for more detail on the Camelot residents food habits and preferences prior to the SRO pilot project.

Evaluation Overview

Over the lifetime of the project, RCC employed a four-stage, mixed-methods approach to holistically evaluate the SFSHC Pilot Program. To evaluate this project RCC adopted a collaborative and utilization-focused approach¹ to gain a holistic understanding of the pilot and its associated outcomes. Employing a community-based, participatory approach also means respecting and capturing community knowledge and preferences. RCC, in close partnership with Leah's Pantry, sought to foster active engagement from key stakeholders throughout each phase of the pilot evaluation and worked closely with the Project Manager to establish a sense of trust and safety related to the evaluation. RCC's mixed methods approach used both quantitative and qualitative measures to provide a comprehensive picture of the SRO pilot (see Chapter Two). The four stages of the evaluation included:

- ◆ Stage 1 - Needs Assessment
- ◆ Stage 2 - Literature Review
- ◆ Stage 3 - Baseline Assessment of SRO Sites (pre-test)
- ◆ Stage 4 - Evaluation of Processes and Outcomes

¹ Patton, M. Q. (2008). Utilization-focused evaluation. Sage publications.

The evaluation of the SRO pilot project was framed around the following guiding questions:

1. To what extent were intervention activities implemented with sufficient dosage, high quality and fidelity to the project plan?
2. To what extent did SRO residents participate in and enjoy the intervention activities?
3. What were the strengths and weakness of the pilot intervention from the perspective of a variety of project stakeholders (i.e., SRO site staff and managers, collaborative members, and the program manager)?
4. What are the barriers to successful implementation in this context?
5. How did participant outcomes change from pre to post-test?
 1. How does this change compare to that of residents in the comparison SROs?
 2. How did participant outcomes differ among subgroups of SRO residents?
 3. What elements of the program have had the greatest impact on participants?
6. To what extent are food related services at the SROs different as a result of the pilot program?
7. How did the pilot intervention ensure a *systematic, coordinated, and integrated* approach to service delivery?
8. How did the pilot intervention ensure a *client-centered* approach to service delivery?
9. How did the pilot intervention ensure a *trauma-informed* approach to service delivery?
10. To what extent did the intervention activities meet the specific, identified needs of participants?
11. What was the financial cost of the intervention? What are the implications of this cost for scale up?²
12. 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*"?
13. What recommendations for future SRO food security programming can be made with confidence at this stage (i.e., what elements of the intervention show particular promise for scale-up activities)?

² This evaluation question was not answered formally by the evaluation. However, Leah's Pantry provides a cost analysis in their final Project Management Report.

Stage One: Needs Assessment

In February 2018, a Needs Assessment was conducted at the two SRO buildings. The overarching goal was to collect information from the SRO building tenants to help the SFSHC develop tailored interventions, elucidate any potential implementation issues, and identify potential barriers to success. Leah's Pantry and RCC collaborated to design and implement the Needs Assessment. Support and input were also solicited from the project's Evaluation Advisory Committee, a subgroup of the SFSHC, and from the SRO staff at both the Ambassador and the Camelot.

As part of Stage One, a mixed methods approach was taken to try and understand how agencies could come together and provide services to SRO residents in a more holistic, targeted, and effective way. The Needs Assessment included a tenant survey, a focus group at each site, and contextual data. The focus group data and contextual data (e.g., conversations with site staff) were used as a means of collecting more specific information to supplement some of the results from the quantitative survey. A report of the Needs Assessment was delivered to the SFSHC and RCC used these data throughout the planning phase of the project to help keep tenant needs and preferences at the forefront of the conversation. The Needs Assessment report can be found in Appendix A of this report.

Stage Two: Literature Review

In April 2018, RCC completed a literature review of food security interventions. The focus of the research was to identify successful and impactful interventions and best practices. The findings were presented to the SFSHC with the goal of helping members consider how the findings might be integrated into the SRO Pilot Project (see Appendix B for the results of this literature review).

Stage Three: Baseline Data Collection (pre-test)

In September 2018, pretest data was collected from both SRO Pilots sites (Ambassador & Camelot) as well as three comparison sites (Bishop Swing, Henry, & Crosby). The baseline survey was developed in collaboration with Leah's Pantry. A draft of the survey was shared with the Evaluation Advisory Committee, who provided feedback prior to launch.

Stage Four: Evaluation of Processes and Outcomes

This final stage of the evaluation occurred in conjunction with the launch of the interventions at each SRO site. During this phase of the evaluation, the goal was to gather data from multiple sources and use multiple methods to holistically understand the interventions as they were implemented, understand their strengths and weaknesses, as well as different stakeholder perspectives. A mix of both quantitative and qualitative methods was used to track participation in pilot services as well as gather insights and experiences from stakeholders.

Formative data was reported at a midpoint in the intervention period to the SFSHC. The midpoint report and presentation, which can be found in Appendix C, was focused on

providing the SFSHC project manager and the SFSHC with a summary of evaluation findings related to the implementation of pilot interventions thus far (March – June 2019). This report was intended to serve as a basis for conversation and discussion within the SFSHC (including Leah's Pantry) and an impetus for adjustments and course corrections as needed.³

Timeline of RCC's SRO Pilot Evaluation Activities

December 2017:

- RCC completed their contract for the evaluation of the SRO pilot project with Episcopal Community Services, the fiscal sponsor of the project.
- RCC worked closely with Leah's Pantry to align their proposals and create a common plan for the project, which included plans for collaboration for data collection.

January 2018:

- RCC presented their evaluation plan to the SFSHC members and the SRO site leadership teams and collaborated with them to gather information needed to launch the project and evaluation.

February 2018:

- RCC met with SFSHC members for in-depth discussion of evaluation questions and methods and formed the Evaluation Advisory Committee for the SRO pilot.

March 2018:

- RCC completed the project's Needs Assessment and delivered the findings to the SFSHC (see Needs Assessment Report in Appendix A).

April 2018:

- RCC completed research on food security interventions, presented this research to the SFSHC, and facilitated a discussion of findings (see handouts and slides for this meeting in Appendix B).

March-June 2018:

- RCC attended SFSHC pilot planning meetings and continued to bring needs assessment findings to the forefront of these discussions.

August-Sept 2018:

- RCC co-facilitated pilot planning meetings with Camelot and Ambassador site staff to finalize interview plans.

³ RCC had originally intended to provide two formative updates to the SFSHC during the intervention period. However, due to the shorter than planned intervention period, only one midpoint report was provided.

September 2018:

- RCC collaborated with Leah's Pantry to implement the project pretest survey at the intervention and comparison sites.

July 2019:

- RCC analyzed formative evaluation data, completed the midpoint evaluation report, and presented findings to the SFSHC (see Appendix C).

October-December 2019:

- RCC collaborated with Leah's pantry to implement the process and outcome evaluation of the project.

CHAPTER TWO: METHODOLOGY

As noted in Chapter One, the evaluation of the SRO Pilot Project involved multiple stages. The focus of this report are the results from Stage 3 (Baseline Assessment) and Stage 4 (Evaluation of Process and Outcomes). The final two stages of the evaluation of the SRO Pilot Project involved data collection from multiple sources, each one providing a unique perspective that contributed a holistic understanding of the SRO pilot's implementation and associated outcomes. The only data source in this chapter that was collected prior to the interventions was the baseline pretest survey, otherwise all data sources were collected at the conclusion of the project. The SFSHC Evaluation Advisory Committee was given the opportunity to provide feedback on all surveys and protocols with the exception of the SFSHC Member Interview Protocol.

Qualitative Data Sources



Tenant Focus Groups

Focus groups were conducted with tenants at the Ambassador (N = 7) and the Camelot (N = 6) in the Fall of 2019. The protocol for these focus groups was developed by RCC and they were facilitated by Leah's Pantry. The focus groups were each one hour in length and were held in person at each of the SRO sites. The goal of the focus groups was to provide insight into tenant experience and perspectives on the pilot program.

Tenant Focus Group Topics

- Feedback on highly utilized pilot services
- Feedback on underutilized pilot services
- Tenant sense of community
- Overall feedback on pilot
- Perceived impact of pilot

Each focus group had two facilitators, one to lead the conversation and the other to take notes as participants spoke in order to capture elements of the discussion such as moments of consensus and tracking who spoke when (two things that are hard to elucidate from a recording). The focus groups were audio recorded. The data was passed on to RCC who was responsible for the thematic analysis.

Data collection challenges: It should be noted that there were issues with the facilitation of the focus group at the Ambassador. The protocol was not followed and some questions were not asked, resulting in missing data. Other aspects of facilitation was also problematic. For example, during the discussion around sense of community, the facilitator asked two questions at once, which led tenants to only answer the second question. Furthermore, the facilitator did not ask clarifying or probing questions so when participants gave superficial answers, no further information was garnered. Lastly, neither the facilitator or the note-taker captured level of agreement among participants, so although the focus groups were recorded, it was not possible to assess level of consensus for some questions from the audio recording.



Tenant Leader Interviews

Tenant Leaders that were hired to support food service implementation as part of the SRO pilot were interviewed at the intervention midpoint to provide formative feedback on their position and the intervention services (see Midpoint Evaluation Report in Appendix C). At the time of summative data collection, the Tenant Leader role at the Ambassador was no longer formally active and therefore no interviews were conducted.

A semi-structured interview⁴ was conducted with the Tenant Leaders at the Camelot (N = 2). The interview was one hour in length, in-person, and was audio recorded. The purpose of the interview was to learn about the Tenant Leaders' responsibilities, hear about their experience in the role, and capture their perspective on if/how the intervention impacted their fellow tenants. A Leah's Pantry team member conducted the interview and the audio transcripts were analyzed by RCC.



In-Depth Tenant Interviews

Semi-structured interviews were conducted with tenants from each SRO Site (Ambassador N = 3; Camelot N = 3). The interviews were one hour in length and conducted in person by a member of Leah's Pantry. The interviews were audio recorded, transcribed, and then thematically analyzed by RCC. The purpose of the interviews was to provide more specific and nuanced data that could supplement the quantitative survey data. The interviews focused on tenants' knowledge and exposure to the pilot and intervention services, SSI eligibility, and their food habits and current food security.

In-depth Tenant Interview Topics

- Knowledge of and exposure to the pilot and interventions
- SSI & CalFresh Eligibility
- Food Habits
- Food Security

Data collection challenges: The interview protocol was not followed consistently by the facilitator in every interview, meaning that not all of the questions were asked to each tenant. As such, there was missing data from tenants.

⁴ Semi structured interviews (vs. unstructured or structured interviews) are ideal when the facilitator expects participant answers to necessitate follow up probe questions. They provide a degree of flexibility to pursue areas of interest. Facilitators are expected to ask all questions in the protocol, but are free to ask follow up questions and probes based on participant responses.



Site Staff Interviews

Site staff at the Ambassador (N = 2) and the Camelot (N = 2) each participated in hour-long interviews. The interviews were conducted over the phone by RCC. The interviews explored their experience supporting the SRO Pilot Intervention as well as their perception on the degree to which the Pilot impacted their tenants' food security. The interviews were audio recorded, transcribed, and thematically analyzed.

Site Staff Interview Topics
<ul style="list-style-type: none"> Experiences partnering with the Project Manager Perspective on the Tenant Leader Role Intervention Implementation (i.e., valued added, successes, challenges)



SFSHC Member Interviews

Semi-structured interviews were conducted with members of the SFSHC (N = 4). The interviews were one hour in length and conducted via telephone by RCC. The interviews covered SFSHC members' perspective on both the planning and implementation phases of the Pilot, their thoughts on how the SFSHC functioned as a group, and their overall impressions of the project. The interviews were audio recorded, transcribed, and thematically analyzed.



Project Manager Interviews

The Project Managers from Leah's Pantry (N = 2) were interviewed by RCC. The interviews were one and a half hours in length and conducted over the telephone. The interview covered subjects including their experiences working with the SFSHC, their experiences working with the SROs, their perspective on selecting and implementing the interventions, and then big picture questions about goal achievement. The interviews were audio recorded, transcribed, and thematically analyzed.

Quantitative Data Sources



Intervention Attendance Data

Utilization of services was primarily monitored through attendance data (paper-and-pencil sign in sheets). Leah's Pantry worked with the SRO site staff to ensure that sign-in sheets were implemented at all intervention events. De-identified data was collected at both sites to track individual usage of each intervention. Leah's Pantry staff picked up attendance sheets monthly.

The Ambassador site staff tracked monthly distribution of EatSF vouchers. Tenant leaders tracked participants for the frozen/refrigerated meal distribution in the beginning of the pilot, and site staff tracked after the tenant leaders quit. The Camelot site staff tracked monthly distribution of EatSF vouchers. Tenant leaders tracked participants for the frozen/refrigerated meal distribution and hot community meal. Seconds were not recorded. The front desk staff checked-off people who picked up leftover meals. The attendance tracked for the leftover

meals was not always consistent and depended on who was monitoring the front desk at the time. All Camelot residents (54/54; 100%) and a large majority of Ambassador residents (111/134; 83%) participated in at least one intervention event. Data from the paper-and-pencil sign in sheets were then inputted by the project management team into an online form. The data was analyzed by RCC to provide information on service utilization, including trends across the intervention period.



Voucher Redemption Data

EatSF SNAP vouchers and Fruit & Vegetable voucher data was collected by EatSF at both SRO sites and shared with RCC at the end of the intervention period.



Treatment & Comparison Site Pre- and Post-test surveys

SRO residents at both the treatment SRO sites (Ambassador & Camelot) as well as the comparison sites (Bishop Swing, Crosby, & Henry) were invited to participate in a survey prior to the launch of the interventions (pre-test) and a second time at the end of the pilot period (post-test)⁵. The survey was developed by RCC in collaboration with Leah’s Pantry and the SFSHC Evaluation Advisory Group. All measures were developed for the purpose of the evaluation with the exception of two - the tenant food security scale and the food-related self-efficacy scale which were widely used measures of these constructs. Leah’s Pantry was responsible for dissemination of the pre-test and post-test surveys at each site. They worked in collaboration with the site staff to hand out paper-and-pencil copies of the survey. As compensation for participating in the survey, tenants’ at the treatment sites were given \$5.00 and tenants at the control sites were entered into a \$50.00 gift card raffle.

Pre- and Post-test Survey Participation		
	Pre-test	Post-test
Ambassador	75	74
Camelot	46	37
Bishop Swing	67	43
Crosby	37	21
Henry	58	58

Data challenges

Survey Development. Many of the residents’ in the SRO buildings have either physical or cognitive limitations and it was important to ensure that as many tenants as possible were able to complete the survey. These constraints informed the development of the survey. When considering possible survey scales and measures, many of the existing scales in the literature appeared to be too complex or too long to be suitable for all tenants. Additionally, given that a paper-and-pencil survey was favored over an online survey, the length of the survey could not be too cumbersome. As a result, survey scales were limited to three points, which led to limited variance in responses to support nuanced statistical testing of pre-post change.

⁵ The pilot program had some remaining funds so some intervention services were continued at the treatment sites after the intervention period.

Treatment Site Pre-test Constructs included:	Treatment Site Post-test Constructs included:
<ul style="list-style-type: none"> ◆ Tenant Food Security (US Household Food Security Survey & SRO food survey) ◆ Meals Per Day ◆ Sufficiency of Food Budget ◆ Difficulty of Eating Healthy ◆ Food-Related Self-Efficacy (Martin et al., 2016) ◆ Interest in Healthy Eating ◆ Food Intake ◆ Demographics 	<ul style="list-style-type: none"> ◆ Tenant Food Security (US Household Food Security Survey & SRO food survey) ◆ Meals Per Day ◆ Sufficiency of Food Budget ◆ Difficulty of Eating Healthy ◆ Food-Related Self-Efficacy (Martin et al., 2016) ◆ Interest in Healthy Eating ◆ Food Intake ◆ Sources of Meals ◆ CalFresh Eligibility ◆ Perception of Intervention Services ◆ Demographics

Participation: When analyzing the data, there was some indication that the surveys had not been completed mindfully or there were comprehension issues among tenants. One example from the data - 20% of Camelot participants and 7% of Ambassador participants answer yes to both “I eat mostly food that is healthy for me” and “I eat mostly food that is unhealthy for me”. Given these findings, results should be interpreted with caution.

Recruitment & Data Collection: Recruitment for survey participation was a challenge at both treatment and comparison sites particularly for the post-test. The limited samples had implications for data analysis such that the number of matched cases were limited (i.e., the number of tenants who took both the pre- and post-test) and many of the planned statistical tests did not meet the required assumptions and could therefore not be run, limiting the interpretability of the data.

Post Test Survey Demographics

Camelot Of those that participated in the post-test at the Camelot (N = 44), the majority were between 35 - 59 years old (see Figure 1), male (see Figure 2), and White or Caucasian (see Figure 3).

Figure 1. Age of Camelot Tenants

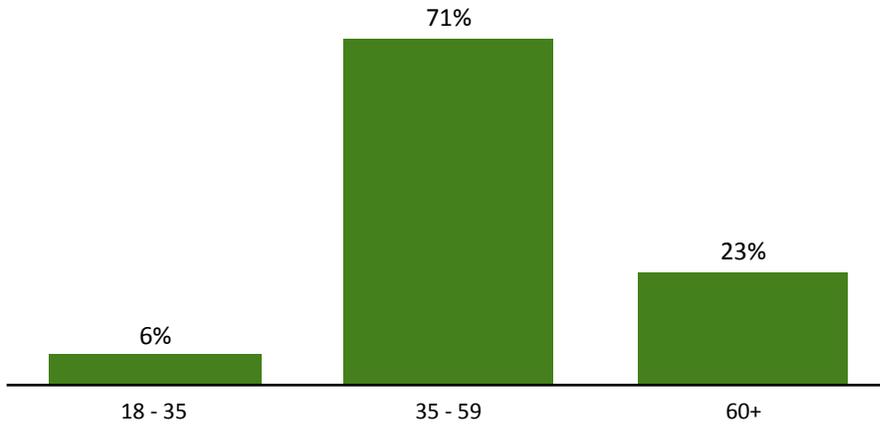


Figure 2. Gender of Camelot Tenants

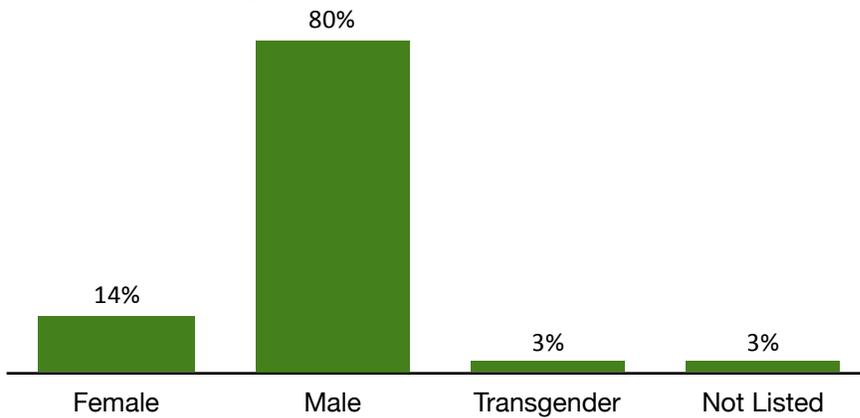
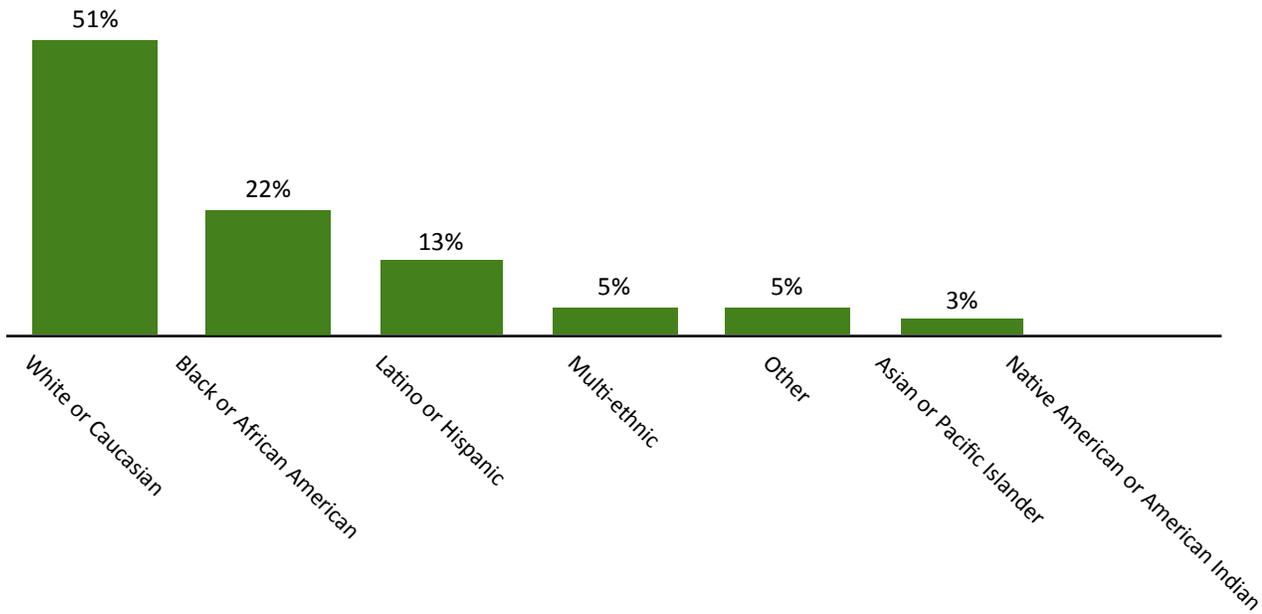


Figure 3. Ethnicity of Camelot Tenants



Ambassador Of those who participated in the post-test at the Ambassador (N = 74), the majority were between 35 - 59 years old (see Figure 4), male (see Figure 5), and White or Caucasian (see Figure 6).

Figure 4. Age of Ambassador Tenants

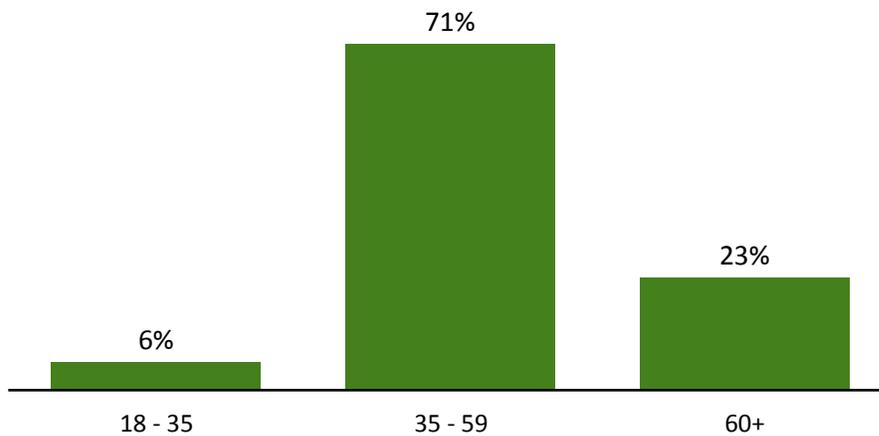


Figure 5. Gender of Ambassador Tenants

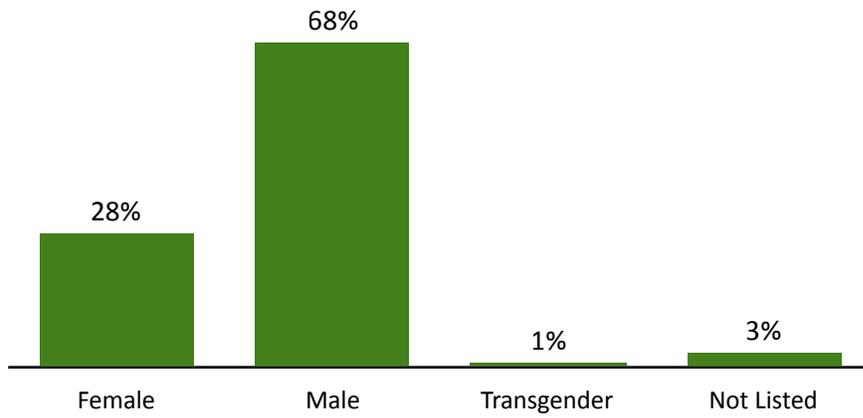
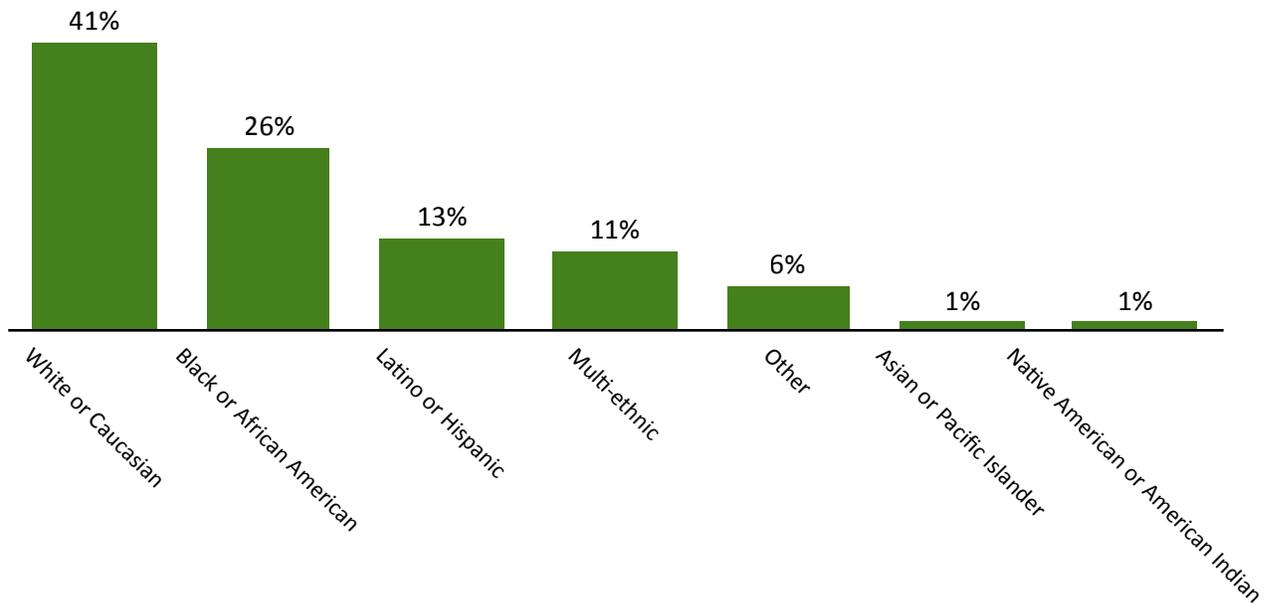


Figure 6. Ethnicity of Ambassador Tenants



CHAPTER THREE: PROJECT PLANNING & IMPLEMENTATION

Introduction

This chapter focuses on findings related to the overarching process of implementing this pilot project with an emphasis on the role of the SFSHC during the planning and implementation stages.

Using data from Project Manager and SFSHC

member interviews, we describe the dynamics of the

SFSHC, including what worked well and what challenges it faced in planning and implementing this pilot project. The second portion of this chapter describes implementation of this project at each of the SRO buildings. Site staff interviews describe their overall experience partnering with Leah's Pantry to implement the pilot project at their building and the project management team shared the implementation challenges they encountered.

Data Sources for Chapter Three Results

- Project Manager Interviews
- Collaborative Member Interviews
- Site Staff Interviews
- Supplemental Data Sources

The SRO Food Security & Health Collaborative (SFSHC)

In this section we describe findings related to the SFSHC itself, including agency involvement during the pilot project, SFSHC dynamics related to structure, communication, and decision-making, the activities of the SFSHC during the planning and implementation phases of the project, and the challenges the SFSHC encountered during this project.

Agency Involvement in the Collaborative

A total of seventeen organizations expressed interest in this project and were named as part of the SFSHC during its conceptualization stage. A smaller subset of these agencies participated during the planning stage of the project and an even smaller number of agencies continued their involvement through the intervention implementation period.

Agencies that were active members of the SFSHC attended collaborative meetings on a regular basis and participated in the planning and decision-making processes. The active SFSHC members included the organization hired as Project Manager for the pilot (Leah's Pantry) and large service provider agencies that saw a role for their organization in the intervention and/or were committed to providing input for the project. To a lesser extent, community organizations and university faculty were involved during the planning phase of the pilot.

According to SFSHC members, involvement of SFSHC agencies decreased as the planning phase progressed if the organization did not see a role for their service as part of the project. For example, one SFSHC member shared, *"I think as the pilot went on, folks who initially were part of the conversations dropped off just because they didn't think they had a role because,*

for instance, like, nutrition education became less of a priority. So, one agency dropped out.”

The two housing providers included in the SFSHC also remained involved but in a different capacity; these agencies (TNDC and DISH) did not participate in collaborative meetings. However, they operated the pilot SRO buildings and engaged in planning sessions and ongoing communication with the Project Manager throughout the pilot.

Consistent Attendees during Planning Phase	Consistent Attendees during Implementation Phase
Episcopal Community Services	Episcopal Community Services
Meals on Wheels	Meals on Wheels
Eat SF	Eat SF
SF Recovery Theater	SF Recovery Theater
Meals on Wheels	Meals on Wheels
SF Marin Food Bank	Leah's Pantry
Leah's Pantry	SF Marin Food Bank
Green Mobile Kitchen	Community Living Campaign, Bayview
Community Living Campaign, Bayview	Food Network
Food Network	
University of San Francisco, Food Education Project	

During interviews with SFSHC members, some of the agencies with the highest level of involvement in the project (Episcopal Community Services, SF Marin Food Bank, University of California at San Francisco Center for Vulnerable Populations, and Meals on Wheels SF) shared some of the reasons they had joined the collaborative.

- ✓ Each agency had extensive experience with the target population (residents of SROs).
- ✓ Each agency was a member of the San Francisco food security task force.
- ✓ Each agency felt that their organization could provide a unique service or had specific experience that could be valuable to the pilot project.

Episcopal Community Services shared that, as an operator of navigation centers, emergency shelters for the homeless and community programs, they were attuned to the food security issues of the target population and had a unique perspective that was of added value given that they provided services beyond food provision such as shelter and housing.

Meals on Wheels SF shared that their organization’s mission was well aligned to the goals of the pilot project as they were focused on providing services to populations that were highly represented in the SROs such as seniors and adults with disabilities. They also provided

important insight that came from extensive firsthand experience with San Francisco's SROs as a current provider of food services in these buildings.

The San Francisco Marin Food bank shared that there was significant interest in their organization in learning how to work with other agencies in SF to increase food security among vulnerable populations. Their representative shared, *"There is an interest in learning how we can all work together across different sectors of the city to increase food security among our SRO residents and recognition that no one of us can do it alone."* They also felt that they had a network and resources that they felt would be of value for the project.

University of California at San Francisco Center for Vulnerable Populations shared that their program, EatSF, has a commitment to address the needs of SRO residents in San Francisco and that they have years of experience working with specific populations of the city that are food insecure.

According to the pilot project manager, this valuable expertise, and that of the other SFSHC members, provided a wealth of experience to draw from to create this pilot project. Specifically, the SFSHC's expertise helped guide the pilot development with insight from previous successes and challenges working in this space: *"The collaborative members have been in this world for so long that I think they've probably seen a lot of things come and go. Because I think there's one thing to have a new group of people that are going to want to recreate the wheel and have all these really great ideas and do this and do that. And then it's another thing to say, actually, I've seen this, I've tried this, and it didn't work."*

The SFSHC represented agencies with a wealth of experience that was well matched to this SRO Pilot project.

Agency Involvement Challenges: As noted above, the SFSHC faced challenges initiating and maintaining involvement from a broader range of organizations who had originally expressed interest in the SRO pilot project. According to the Project Manager and SFSHC members, these challenges revolved on the substantial commitment required to be active participants:

- Involvement was affected by the lengthy time commitment. In particular, during the planning phase of the project, the commitment involved lengthy in-person meetings that occurred on a regular basis.
- Involvement was affected by interpersonal challenges and a lack of strong leadership during the planning phase, which may have disincentivized some agencies from continuing their participation. This topic is discussed in more depth in a later section.

- Involvement was affected by the extent to which members of SFSHC agencies were overcommitted with their personal work responsibilities and membership on other committees and working groups.

Expanding Involvement in the SFSHC: When asked if they felt that there would have been added value in having more agencies involved, SFSHC members were divided in their opinions. Half felt that it was challenging enough managing the project with the number of agencies they had involved and half felt that having more agencies involved would have led to a larger pool of resources to support the pilot. All of the SFSHC members that were interviewed and the members of the Project Management team agreed that there was missing expertise they would have liked to have available:

- **SRO Intervention Site Leadership:** Two SFSHC members felt that representatives of the SRO intervention site leadership teams should have been involved in the planning processes earlier and had continued participation directly with the collaborative members throughout the project. They felt that this would have brought to light important information about the feasibility of various intervention strategies and site-specific limitations and capacity that impacted implementation.
- **Individuals with expertise in innovative approaches to addressing food insecurity:** One SFSHC member wished that there was a member with expertise in implementing more innovative strategies to support food security. They felt that this would have allowed for the project to be more innovative than it was.
- **Community members:** A member of the project management team shared that they would have liked to have involvement from community members but recognized that it would have been challenging to integrate these individuals into the collaborative: *“They like write emails, and they attend meetings, and they take phone calls, and they like communicate all on a very similar style. And I think it would make it prohibitive for more community members from joining, because there’s kind of like a way that you engage in this type of work. And I think it might not be super inclusive to people that don’t know how to kind of like live in that world.”*
- **Food as Medicine expertise:** Another member of the project management team said they would have liked more involvement from the agencies in SF that are focused on health and ‘food as medicine’.

The SFSHC faced some challenges engaging a larger group of organizations in the project. Members felt that the project would have benefited from additional expertise from SRO site leadership, community members, and experts in the ‘Food as Medicine’ movement.

Some SFSHC members provided ideas about what could have been done to foster higher levels of involvement. One provided feedback to the Project Manager, saying that more structure and clearer goals and agendas at the start of the planning phase might have increased agency participation. Another felt that they should have worked more closely with each agency to engage them. Specifically, by engaging in one-on-one communication rather than large email blasts and identifying specific roles for them to fill on the project.

Lesson Learned

The Project Manger reported that in hindsight, it would have been a valuable use of time to commit more energy to broadening participation to more stakeholders and agencies that could have brought different expertise and more resources to the project.

SFSHC Dynamics

Prior to discussing the activities of the SFSHC, we feel that it is critical to address the primary challenge the SFSHC faced in this pilot project. Understanding this challenge provides important contextual information for understanding how the project unfolded. We then describe the communication and decision-making dynamics of the SFSHC before discussing the planning and implementation phases of the project.

SFSHC Pilot Project Central Challenge: This project was hampered by a lack of clarity regarding leadership responsibility and a lack of operating and decision-making principles. This issue, in turn, resulted in various communication and decision-making challenges. This challenge was apparent to the evaluation team throughout the project and came up repeatedly in interviews with SFSHC members and the members of the project management team.

With regards to leadership responsibilities, there were many different perspectives within the group. While the project management team saw it as their responsibility to implement the SFSHC's vision, the SFSHC did not have a structure or operating principles in place to provide this leadership and some SFSHC members actually felt that it was the job of the project management team to lead the project. When asked whose responsibility it was to establish operating principles and processes, collaborative members were varied in their responses which provided more evidence of this ambiguity. This lack of clarity was not addressed, leading to various challenges, particularly during the planning phase.

This leadership vacuum resulted in dissatisfaction with the management of the planning phase of the project. Although SFSHC members acknowledged that it was a particularly challenging group to manage (i.e., strong personalities and opinions), they felt that it was the responsibility of the project management team to set clear goals for meetings, and provide strong facilitation to achieve these goals, including creating a clear role for the SFSHC's involvement in decision-making. They reported that these skills were lacking which made the planning process long and frustrating. It was noted however, that SFSHC management improved substantially over the course of the project.

It is critical to note, the project management team shouldered many other responsibilities for this project that were more closely aligned to their skillset and in these roles they thrived. This team was adept at working closely with the site staff and the residents to handle service logistics.

"I think, if I was going to do it again, maybe that would be the first thing that I would come up with is like, how are we making decisions? So, before you have to make any difficult decision, making a really clear outline of how people are going to communicate. Who's in charge to truly move this forward? Are we voting on things? Do we need a majority in the room to vote on things? Is there an elected official that mostly deals with the project manager? I think that would have been the first thing to do." -Project Manager

Lessons Learned

The project management team reported that if they were to work with a collaborative on a project like this again, they would have taken more time to establish clear roles and decision-making processes at the beginning of the process.

SFSHC members agreed that the SRO pilot project would have progressed more smoothly with clear governing principles and processes. In particular they noted a need for stronger leadership during the planning phase, better use of timelines, and clearly defined process outcomes for meetings.

SFSHC Communication: The three primary forms of communication used by the SFSHC were email, in-person meetings, and virtual meetings. In-person meetings were more frequent during the planning phase of the project and virtual meetings were more frequent during implementation.

According to SFSHC members, communication strategies that worked well including using Doodle polling as a tool for scheduling meetings, distribution of meeting minutes by the project management team, and in-person meetings. An SFSHC member noted their appreciation for Leah's Pantry timely and thorough summaries of the meetings, saying *"I think that they were pretty consistent in terms of emailing communication out and making sure that everybody at least had the option to be informed. I know that following up for meetings is a whole task. And so, I did appreciate their ability to get meeting notes out in a timely manner, when I wasn't at the meetings, I felt like I knew what happened there."*

When asked how communication could have been improved, SFSHC members cited the challenges described above. They suggested that stronger facilitation by the project manager would have reduced the amount of time it took to get to a decision point and better use of

facilitation tools (i.e., clearly defined process goals for meetings, a process for decision-making) would have supported communication, particularly during the planning phase.

SFSHC Decision-Making: According to the SFSHC members and project management team, decision-making for this project was consensus-based. Decision-making largely occurred during in-person meetings and these decisions were sent to the full collaborative via email after meetings to provide opportunities for those not present to weigh-in.

The decision-making process was described as “*messy*” and lacking in formal structure. The challenges this introduced during the planning phase are described in the next section. SFSHC members identified the use of a subcommittee for the evaluation as a highly effective strategy to support decision-making. For example, one member shared, *“I thought the evaluation subcommittee was particularly effective at making decisions because it was three or four people that were really bought in to be kind of subject matter experts on that topic. When the evaluator had something that they wanted us to weigh in on, they told us exactly what it was and gave us a pretty firm deadline.”*

When asked how decision-making could have been improved, SFSHC members provided similar suggestions as they had for communication; they thought the decision-making process would have gone more smoothly if there had been better use of project management tools, stronger facilitation by the project manager, and if clear operating principles for decision-making had been established.

The SFSHC Pilot Intervention: Planning Phase

The planning phase of the SFSHC pilot project was approximately nine months (January 2018-October 2018). During this phase the SFSHC was heavily involved, working in partnership with the project management team to conceptualize the intervention for the Camelot and the Ambassador. During this time Leah’s Pantry also worked closely with the evaluation team to implement the needs assessment and pre-test evaluation phases and with the SRO site staff and leadership to finalize the intervention plans.

In interviews, both SFSHC members and the project management team were asked to describe the process of identifying and choosing intervention strategies. They shared that the agencies came together as part of the SF Food Security Taskforce and created the proposal which served as the foundation for this project.

According to the project management team, the SFSHC began the planning phase with some intervention strategies in mind. However, a central guiding principle of this project was the desire to be client-centered, therefore a needs assessment was conducted at both sites which involved a survey and focus groups (see Appendix A). This needs assessment helped ground

the SFSHC's planning in the needs and priorities of the target population. For example, one SFSHC member shared, *"there were many conversations about how does what we heard from tenants match with our ideas so that we can choose the interventions."* While another shared how this focus made this project unique, *"I've been working on this issue for years, right, and doing different things. So, I think what was probably different or more interesting about this was trying to do it from a client perspective. So, to really try to understand kind of what the tenants were really looking for."*

Another source of information that informed the intervention planning was the evaluation team's review of best-practices and previous research on food security best practices (see Appendix B). According to SFSHC members, grounding conversations in the context of previous research helped to identify additional possible strategies that may not have come to light otherwise.

Together, the needs assessment and review of best practices and previous research created a data-driven process for intervention design. These sources of information were complemented by the extensive experience in the field of the SFSHC members who could comment on logistical considerations and feasibility issues. Finally, the involvement of SRO site staff provided additional critical insight into site-specific capacity considerations and resources, as well as their priorities for their tenants.

"The plans came from the data and the collaborative's expertise, because again, these people have been working in the field for a long time. They know the players; they know what's going to be helpful. We were able to come up with a pretty comprehensive list of all the different strategies of how to make people feel more food secure and then bring this to the sites to narrow it down to what was feasible." -Pilot Project Manager

The SFSHC Pilot Intervention was planned using a client-centered approach using data from the needs assessment of the target population, a review of previous research and best-practices in this area, the expertise and experience of the SFSHC members, and considerations of site-specific resources and capacity.

The final selection of intervention services for each site took substantially longer than planned. This was partially due to the challenges described below and partially due to unanticipated logistical steps. According to the project management team, additional time was needed to negotiate plans with the site staff, set up implementation processes, and contract with service providers. A detailed description of the final intervention plan for the Camelot and Ambassador was created by Leah's Pantry and is available in Appendix D.

Lesson Learned:

The project management team reported that a more generous timeline for designing this intervention was needed, particularly to allow for time to collect data directly from the target population to ensure a client-centered approach to the intervention. Future projects should budget sufficient time for the planning phase of intervention design.

Planning Phase Strengths

According to the project management team and SFSHC members, the strengths of the planning phase included its client-focused approach, its emphasis on evidence-based practices, and its involvement of SRO site staff.

SFSHC members spoke highly about the emphasis that was placed on understanding the needs, values, and priorities of the SRO tenants and continually returning to this data when discussing various intervention strategies. Further, they appreciated the fact that the planning was site-focused as well. One SFSHC member in particular applauded Leah's Pantry for their thoughtful involvement of SRO site staff. She shared, "*They had asked for the right people around the table and I thought their agendas and materials were really excellent for those conversations.*" Finally, other SFSHC members shared that it was very helpful to see the review of best-practices because it expanded the pool of potential ideas and helped illuminate potential roadblocks so they could be avoided.

Planning Phase Challenges

Both the SFSHC members and the project management team described the planning phase as long and frustrating. A member of the project management team shared that the slow progress was a result of the need to ground the intervention design in the needs and priorities of the SRO tenants, the broad range of opinions and priorities of SFSHC members, and the need to bring ideas back and forth between the SFSHC and the SRO site staff. SFSHC members felt that meetings during this stage were often unproductive and there was no clear pathway to decision-making. One member noted, "*Yeah, I think the facilitation spun us backwards a bit. I mean, I think what happens is you can have differences of opinions but then it has to kind of come to -- it cannot always be consensus and you have to have a way of just moving forward with clarity.*"

Another factor that complicated the decision-making process was that while members were aligned on the primary issue and needs of the SRO residents, they differed in their opinions about the approach to addressing food insecurity. Some SFSHC members went further to say they felt that some participants were overly focused on pushing the agenda of their own agency. For example, one person shared, "*It seemed as if we had struggles about how to meet the need and I think that's because of some partner program biases. So, some of the collaborative members had their own biases driven by who they worked for and what they were doing in the community.*"

Both the project management team and the SFSHC members reported some division within the group and the emergence of a subset of SFSHC members from larger agencies with a stronger voice in decision-making. SFSHC members noted that some of the agencies that felt that their preferences during the planning phase were not being implemented just stopped coming to meetings and they questioned whether the diversity of opinions had been stifled as a result of dominating voices. One member shared, *“I’m curious about whether some people did not speak as much as they wanted to because there were others who spoke often.”* These concerns were echoed by the project management team, one shared, *“we had large agencies with a lot of resources and history, and then we had smaller players [from small community-based organizations and academia]. And I think it was kind of a thing like, whose voices were loudest?”*

The SFSHC Pilot Intervention: Implementation Phase

The primary parties that were involved during the implementation stage of the project were the project management team, the SRO site staff, and the agencies that provided services as part of the intervention. Leah’s Pantry provided the SFSHC with monthly updates via remote meetings and collaborated with the evaluation team to conduct a midpoint formative evaluation which involved analysis of attendance data, focus groups with tenants, and interviews with tenant leaders (see Appendix C). More detailed information on the implementation of services, challenges that were encountered, successful strategies, and lessons learned from the perspective of the project management team is provided in Leah’s Pantry’s final report.

Implementation Phase Strengths

SFSHC members reported that above all else, the highlight of this phase was delivering on proposed interventions and providing meaningful services to the SRO residents. One member shared, *“I think that the ability to actually deliver on interventions that were selected is great. Like, I think oftentimes, people have really big ideas and there’s no follow through and the fact that the EatSF vouchers were delivered, the home delivered meals were delivered. And that that intervention actually made it to the residents is pretty incredible.”* SFSHC members also mentioned completing Memorandums of Understanding with each site, which was a complicated process, and completing the new kitchen at the Camelot as highlights of this stage.

The SFSHC members also reported that facilitation improved during this stage of the process and that the collaborative became more cohesive. One member shared that the amount of time they spent together helped to build relationships and commitment to seeing the project through. Another spoke about how helpful it was to get to know other agency representatives who are working in the SRO food security to space.

Implementation Phase Challenges

SFSHC members shared that intervention implementation did not go fully as planned and that there was lack of clarity as to why deviations from the plan had occurred: *“I didn’t get a whole lot of clarity on what was happening at that point. There are parts I don’t understand, like I still don’t even know like why some interventions weren’t able to happen. So, I think, again, in terms of facilitation, the update should have been really clear like this is happening”* Additionally, they reported that a sustainability plan was not in place.

SRO Pilot Intervention Sites

The project management team and SRO site staff provided data on the overall implementation of the pilot project at the Camelot and Ambassador. The project management team shared best practices related to partnering with site staff to address food security for SRO residents. Site staff from each of the SRO buildings were interviewed to learn about their experience with the pilot project. In particular, we were interested in learning what impact the project had on their site staff and their feedback to inform future SRO food security projects.

Implementation at The Camelot

Staff at the Camelot felt that the project started out somewhat chaotic but then settled down. They noted that it was challenging in the beginning to gather their residents, help them understand the changes that would be occurring and also set up the intervention service schedule and meet everyone’s information needs. Following these initial steps, they described the process as smooth.

“Once all the plans were ironed out, everything went smoothly - it seemed as if it didn’t take the clients long to get used to what we were doing and get familiar with the program days and coming down for the vouchers each month because they knew they would be here. But in the beginning, of course, it was the outreach and the steady repetitive flyers of letting them know, hey, this is what’s going on” -Camelot Site Staff

Camelot staff reported no logistical concerns related to the pilot and were very happy with their collaboration with the project management team. They felt that Leah’s Pantry was very responsive in their communication and set clear expectations about their role in implementation.

Camelot staff reported that after some initial increases in their responsibilities during the early stages of the pilot (mostly focused around coordinating and working with the new service providers) the program was actually a help at reducing some workload. Prior to the intervention, Camelot case managers were providing their own food programming, which became unnecessary after the new services were implemented. In addition, the use of Tenant Leaders as part of the intervention (strategy described in more detail on pg. 45) greatly

reduced the burden of the intervention on site staff, as these Tenant Leaders took over the responsibilities of working with the service providers.

Lesson Learned

Camelot site staff felt that a critical factor for success with these types of projects is the investment and involvement of SRO site staff.

Camelot staff reported that their Tenant Leaders took ownership over the project and went above and beyond to support the other residents: *“Like, if people that aren’t down there like every Thursday, they get their meal. If people aren’t, the regulars if they’re not there, you think maybe they’re sleeping or something or needs a reminder. They’ll go up and knock on the doors, remind them, hey, it’s food day, dinner night, microwave meals. It’s just bringing more of a sense of community to my tenants. How they’re empowering this program here. And they’ve taken ownership and pride in it.”*

When asked for their recommendations for future food service projects for SRO residents, Camelot site staff noted the importance of having at least one staff member who was invested in the project and willing to be heavily involved in implementation. One staff member shared, *“So, you need a good, strong, open minded leader to help implement this program into a building. Takes good leadership. And someone that cares and is very open to all this and who will stay focused at the task at hand, so it doesn’t overwhelm your building at first. But once it gets implemented, it’s a very beautiful thing. As long as everybody is embracing it.”*

Camelot staff were highly satisfied with their experience working with Leah’s Pantry to implement the pilot project at their building. They reported that the pilot actually *reduced* their workload rather than being an added burden. The use of Tenant Leaders at this site was the critical mechanism for avoiding an added burden on site staff.

Implementation at The Ambassador

Ambassador site staff reported that the process of implementing the pilot went well after some challenges during the planning phase. They felt that the planning phase involved a lot of back-and-forth to choose the intervention strategies and that some of these conversations were unnecessarily redundant. They acknowledged that they had lower capacity than the Camelot to support new services and had felt some initial pressure to implement a broader range of

services than they felt comfortable with. However, once the intervention services were agreed upon, they were happy with the project.

The staff at the Ambassador reported that communication from the project management team was clear and direct and that expectations for their role in implementation were clear. Staff had no complaints or suggestions for improvement for Leah's Pantry.

Staff at the Ambassador did not feel that the pilot project placed a heavy burden on their staff. However, they admitted that this was largely due to the fact that they had only agreed to intervention strategies that would have minimal support requirements for their staff. The Ambassador site staff reported that their main involvement in implementation was assisting in the kick-off events and helping with scheduling of services. They indicated that their Tenant Leaders were helpful in taking on responsibilities.

When asked for their recommendations for future food service projects for SRO residents, Ambassador site staff emphasized the need to consider the sustainability from the onset of the project. One staff member shared, *"Like, if they're given a service, I would hope that it would be something that could definitely be continued because if not, it's going to be tough for them. It'd be tough for them to get something and then to kind of structure their planning around that and then it's gone."* Along the same line, they suggested that future pilots emphasize tenant empowerment to reduce their dependency on external sources of support to achieve food security.

Lesson Learned

Ambassador site staff felt that future work in this space should place a stronger emphasis on sustainability of services beyond the pilot period and tenant empowerment to achieve food security.

Ambassador Challenges & Lessons Learned: The project management team reported that as a result of multiple factors, the intervention at the Ambassador was much smaller than what was implemented at the Camelot. These factors included rules and regulations at the site that were difficult to navigate, low capacity for intervention support due to limited onsite staff, and Ambassador staff priorities.

Leah's Pantry reported that they faced significant pushback from the Ambassador on suggested intervention strategies due to building regulations. In particular, the property management team had very strict rules related to food distribution and storage that limited what services could be implemented. The process of finalizing the intervention was also hampered by the bureaucracy of TNDC, with the project management team reporting that decisions had to pass through multiple levels within the organization, causing delays and some confusion at times.

Another source of challenges with the Ambassador was their limited onsite staffing. Specifically, staff support for the project was limited to their two case workers. These individuals were very wary of any intervention service that would require their involvement, which resulted in a much smaller suite of intervention services for this building than was originally proposed.

Finally, some members of TNDC felt strongly that access to services should be inclusive and equitable. They were very hesitant to consider any intervention strategy that only a subset of their residents would have access to or feel comfortable using. A member of the project management described this by saying, *"I felt like there was a little of a philosophical disconnect that was a bit of a stumbling block. Because, in principle, they want equity at the Ambassador and they want to make sure things are equitable. But what ended up happening is if we suggested an intervention that did not allow all residents to use it then they wouldn't allow us to add it. So in the end, everyone got a lot less."*

When asked what actions were taken to mitigate these challenges, members of the project management team said that they worked extremely hard to keep communication lines open, develop rapport and relationships with site staff, and engage in lots of problem-solving conversations. One member of Leah's Pantry said that an effective strategy was to have very frank discussions about what was possible given the constraints at the sites and provide as much as possible within these constraints. She shared, *"We tried a brainstorming session to talk about like if the sky was the limit, what would you bring to your site, and I noticed really quickly that it was really hard for them to have the sky's the limit discussion, because they were so aware of the regulations in their building that having the sky's the limit discussion seemed a little bit silly. But when we talked about like, okay, what is possible today? What is possible right now? I think that was a more fruitful discussion."*

Lesson Learned - Identify and engage key stakeholders: The project management team learned that it was critical to identify the key stakeholders in the building and make sure they're at the table to facilitate smooth implementation of services. In retrospect, the project manager would have committed more energy to engaging SRO leadership in the process to mitigate the challenges they encountered working with the Ambassador. *"I would try to figure out whose buy-in we needed to get first, and what type of like communication structure we were going to have with those people. Because a lot of the times that we were having meetings with TNDC, it was like, they couldn't make any decisions during the meeting, because they had to check with the people higher up. And that was something that we ran into a lot."*

Lesson Learned

SFSHC members shared that they would have placed a stronger emphasis on the direct participation of SRO building staff and leadership in the collaborative meetings rather than using the project manager as a middle man between the SFSHC and the SRO sites. This would have allowed them to work more efficiently on designing a feasible intervention plan.

CHAPTER FOUR: CAMELOT EXPERIENCES & OUTCOMES

Introduction

This chapter focuses on findings related to the implementation of the SFHC pilot project at the Camelot SRO and the outcomes of the pilot at this building. Using data from various project stakeholders we first present findings related to Camelot residents' experiences, including intervention service utilization and feedback on these services. The second section of this chapter describes the outcomes that residents reported from participating in the pilot related to food security, food-related efficacy, eating habits, and overall reflections on pilot impact.

Data Sources for Chapter Four Results

- Site Staff Interviews
- Tenant Focus Group
- Tenant Interviews
- Tenant Leader Interview
- Attendance & voucher redemption data
- Pre-post pilot project survey

Camelot Intervention Resident Experiences

Intervention Service Utilization

In this section we present data on residents' utilization of each intervention strategy. When available, we share tenant focus group and interview data related to knowledge and use of the service and then present findings from the attendance data on overall utilization of the service.

EatSF Vouchers: All of the participants in both the tenant focus group and interviews were aware of the EatSF food vouchers. Tenants reported learning about the vouchers either during one-on-one conversations with onsite case managers or during monthly tenant meetings. Among focus group participants, this was a very popular service and was used by everyone. All of the tenants that were interviewed had received vouchers, and 75% (n=3) had used them. One tenant reported that he had not used the vouchers he had received.

Voucher redemption data supplied by EatSF indicates that approximately 85% of Camelot residents collected both SNAP eligible vouchers and Fruit & Vegetable (F&G) vouchers during the intervention period (N = 46 residents collected vouchers, total units in building = 54).⁶ As shown in Table One, there was a large range in both number of vouchers distributed and redeemed at the Camelot. Of note, 13 residents collected SNAP eligible vouchers but never used them and 12 residents collected F&V vouchers but never used them. Across residents who redeemed at least one voucher, the average total amount of SNAP eligible vouchers redeemed was \$75, with a slightly lower average \$66 for the F&V vouchers.

⁶ Analyses of EatSF data represent voucher distribution and redemption between March and September 2019. A decision was made to continue distribution of vouchers post-intervention period beginning in November. Data on post-intervention voucher distribution is not included in this report.

Table 1. Camelot EatSF Food Voucher Utilization

	SNAP Eligible Vouchers	Fruit & Vegetable Vouchers
Total Vouchers Distributed, <i>range</i>	4-24	4-24
Average Vouchers Distributed, <i>mean</i>	21	21
Vouchers Redeemed, <i>range</i>	0-24	0-24
Average Vouchers Redeemed, <i>mean</i>	13	11
Total Amount Redeemed*, <i>range</i>	\$5-120	\$5-120
Average Total Amount Redeemed*, <i>mean</i>	\$75	\$66

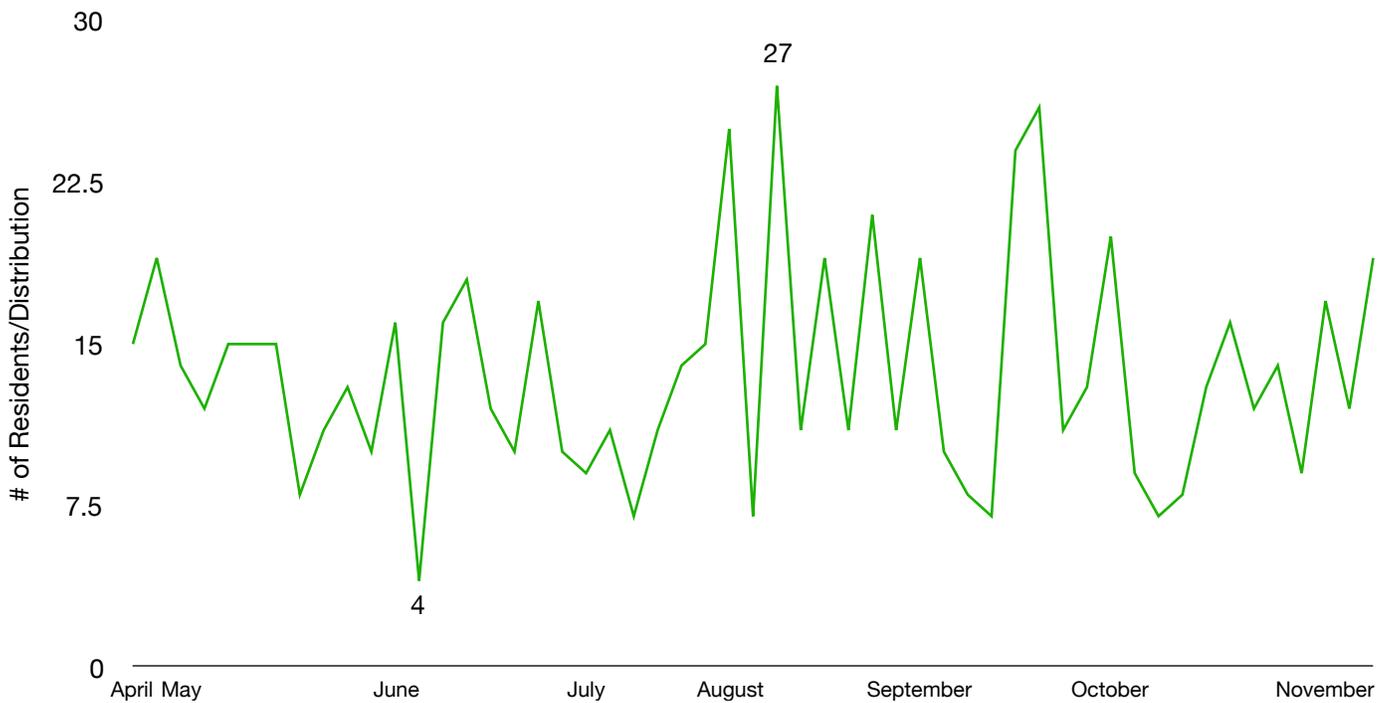
*Note: Range and mean represent residents that redeemed their vouchers at least once (N=41 for SNAP eligible vouchers and N=38 for F&V vouchers).

EatSF voucher redemption data at the Camelot indicates that the large majority of the residents participated in this service (85%). However, the average level of overall redemption of vouchers was significantly less than what was offered, indicating that this service was not utilized to the fullest extent possible by many residents.

Delivered Prepared Meals: All of the participants in both the tenant focus group and interviews were aware of the delivered prepared meal service. Tenants most frequently reported learning about the service during the monthly tenant meetings. One tenant also noted that they had seen fliers advertising the service. The majority of the focus group participants had used the service (n=5, 83%) and 75% (n=3) of the tenants that were interviewed used the service regularly.

Attendance data indicated that this service was active from April to November 2019 and that the large majority of residents utilized this service at least once (94%). The range of meals utilized by residents ranged from 1-43, with the average number of meals per resident equaling 14. On average, 14 residents took advantage of each distribution. As shown in Figure 7, utilization was lower in June and July, increased August through early October, and then declined again in November.

Figure 7. Prepared Meal Distributions at the Camelot



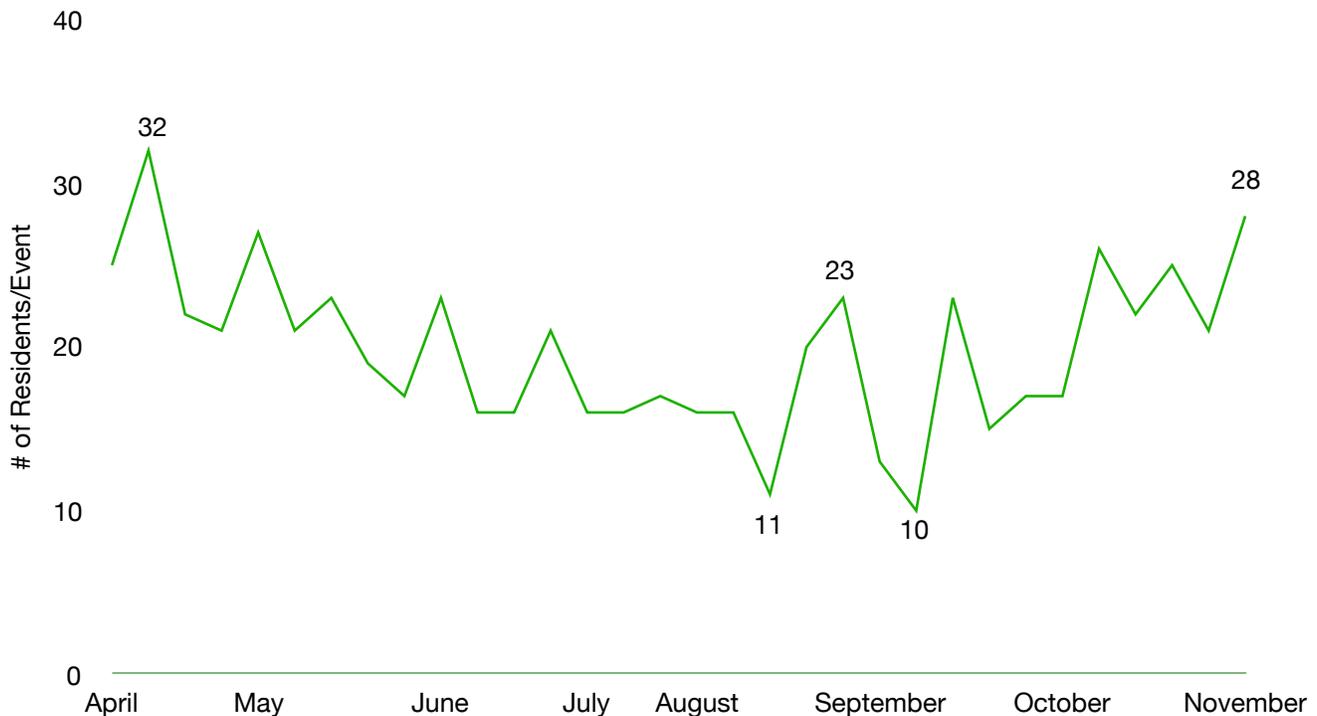
Attendance data indicates that although the large majority of Camelot residents utilized the delivered prepared meal service at least once, only approximately 25% of residents took advantage of the service at any given distribution. These data indicate that this service was not utilized to its fullest potential.

Weekly Community Meal: All of the participants in the tenant focus group were aware of the weekly community meal at the Camelot and all but one of the tenants that were interviewed knew about this service. Tenants reported learning about the community meal either through posted fliers or in the monthly tenant meetings. The only tenant who was unaware of the service said this was due to his tendency to isolate and his lack of interest in group gatherings. The majority of tenants we spoke to reported using the service regularly.

Attendance data indicated that this service was active from April to November 2019, and that during this time period 32 community meals were held. The large majority of residents participated in at least one community meal (94%). Across the 32 meals that were held, the average number of participants was 14. The average number of meals per resident was 12 with a range of one to 43 meals. As shown in Figure 8, participation in the community meal was at

its highest at the start of the intervention period and then declined to its lower in August and September. Participation then increased in the final two months of the intervention period.

Figure 8. Number of Camelot Attendees at the Weekly Community Meal



Attendance data indicates that although the large majority of Camelot residents utilized the community meal at least once, only approximately 25% of residents took advantage of the service on any given week. These data indicate that this service was not utilized to its fullest potential.

Lyft Concierge Service: Knowledge of the Lyft concierge service was low among the tenants that participated in the focus group or interviews. Only one tenant reported having seen a flier advertising this service as part of the intervention. Further, only one of these individuals had used the service and had done so only once. Attendance data indicates that only two Lyft trips were implemented at the Camelot over the course of the intervention period (Trip 1- five participants, Trip 2-one participant).

Small Cooking Appliance Giveaway: At the Camelot, a total of 30 crockpots were given to residents as part of the small cooking appliance giveaway. All of the focus group participants and half of the tenants interviewed (n=2) were aware of the small cooking appliance giveaway. The majority (n=5, 83%) of focus group participants had received crockpots as part of the

giveaway, as had two of the tenants that were interviewed. Five focus group participants reported using their crockpot, while neither of the tenants that were interviewed had used them. One participant shared the reason that had not used the crockpot, stating, *“I’m really low functioning right now. I don’t spend enough time on self-care and taking care of myself.”*

CalFresh Eligibility Change - Raising Awareness for Camelot SSI Recipients: Among focus group and interview participants, the majority were eligible for CalFresh and were enrolled (66%). Approximately half had heard about the changes in eligibility as part of the intervention but none of them had gotten enrollment assistance from Camelot site staff. Residents reported satisfaction with the application process. For example, one resident shared, *“It was so easy. I gave the guy my info during a phone conversation. He told me what to bring.”* Residents reported completing their applications at the farmer’s market, over the phone, and at the Curry Senior Center. Site staff at the Camelot reported mixed experiences supporting their tenants with this process; while some tenants were very satisfied with the amount of CalFresh benefits they received as a result of joining the program, others were not pleased with the outcome: *“So, I have one tenant that’s ecstatic because he gets so much and then I have another tenant that’s not happy because they only gave them \$14 and food stamps.”*

The post-intervention survey also provided data on this intervention strategy. Among survey respondents, 69% (n=25) reported that they received SSI benefits and therefore would be eligible for CalFresh. Within this group, 78% were aware of the eligibility changes for CalFresh, and as shown in Table 2 they had learned about the eligibility changes from a range of sources, with the most common being their SRO case managers or on a flier at their building.

Table 2. Sources Camelot tenants learned about the SSI and CalFresh change	
A friend	11% (4)
A fellow tenant	3% (1)
SRO site staff	22% (8)
My case worker	22% (8)
I saw it on a flyer	15% (5)
I don’t remember	8% (3)

Among residents who were eligible, 71% (n=17) had applied for CalFresh during the intervention period and 15 successfully enrolled. These data indicate that 34% of Camelot residents who receive SSI benefits were not yet taking advantage of CalFresh benefits. Four individuals noted on the survey that they had not applied because they didn’t know how.

Overall, these findings indicate that the majority of Camelot SSI recipients were successfully enrolled in CalFresh during the intervention period, but a fair amount are still not taking advantage of this opportunity.

Post-intervention survey results indicate that the majority of Camelot SSI recipients were successfully enrolled in CalFresh benefits during the intervention period.

Intervention Service Feedback

In this section we present tenant and site staff feedback on each of the services implemented as part of this pilot project including what they liked and didn't like about the service and suggestions for how the service could have been improved.

EatSF Vouchers: Among the 37 Camelot residents who completed a post-intervention survey, 87% had used the vouchers and liked them and 7% had used the vouchers and didn't like them. An additional 3% of survey respondents hadn't used them because they weren't interested and 3% hadn't used them because the service didn't work well for them. The majority of survey respondents also cited the vouchers as the intervention service that would have the greatest impact on them if discontinued.

Positive Feedback: Overwhelmingly, tenants liked the vouchers because of the autonomy they allowed in their food purchasing. Tenants reported that they preferred this service to all others because they could choose what to buy. Site staff agreed, reporting that there was dignity in this intervention service that made it preferable to donated food. One site staff shared, *"It was the value of the fact that they can go out and buy what fits their needs and how proud they were of that"*

Tenants also reported that the vouchers allowed them to eat more fresh food than they had previously. One tenant shared, *"We don't have a lot of income so it's very important to be able to buy fresh produce and fresh meats."* This was echoed by the site staff who reported that the ability to choose their own fruit and vegetables led to less waste in comparison to donated fruit and vegetables: *"When they bring donated groceries and they bring them fruit and veggies, a lot of them waste. However, I know the difference with these are they can get the actual vegetables that they want so they don't go to waste."*

The EatSF vouchers were the most popular intervention strategy at the Camelot. In particular tenants liked the ability to choose the food they wanted and buy fresh food.

Challenges & Suggestions for Improvement: Overall tenants were very happy with the EatSF vouchers. The only challenge reported by tenants was that not all store employees were informed about the vouchers which led to some hassles using the vouchers when they were first being implemented. Tenants reported that over time, this challenge dissipated as the clerks became more familiar with vouchers. Tenants made the following recommendations for improving the vouchers:

- Allow voucher recipient to receive change from purchases. Tenants were frustrated that often couldn't spend the full amount of the voucher.
- Increase the amount of the vouchers from \$20 to \$30.
- Remove restriction on purchasing pre-made foods.
- Only provide one voucher worth \$40 rather than providing a separate voucher for fruit and vegetables. One tenant shared, *"I'm perfectly capable of picking nutritious food for myself. If I see good fresh food, I'll buy it."*

Delivered Prepared Meals: Among the 37 Camelot residents who completed a post-intervention survey, 84% had used the delivered meals and liked them, 8% of survey respondents hadn't used them because they weren't interested, 4% hadn't known about the service, and 4% hadn't used them because the service didn't work well for them.

Positive Feedback: As mentioned above, the large majority of survey respondents indicated that they liked the delivered prepared meals. However, tenants in the focus group and interviews were not as excited about this service as they were about the food vouchers. However, a few positive comments were made including that there was good variety of food and that they appreciated that the breakfast was better than the dinner. Site staff reported that tenants looked forward to these meals and that it gave them an opportunity to interact with others in the building: *"They looked forward to these meals. I mean, it gets them out the room. Like, hey, I don't have to worry about food today. It's already here."*

Challenges & Suggestions for Improvement: Although focus group and interview participants made use of the delivered prepared meals, they did not have very positive opinions of these meals. The majority felt that the meals were lacking in quality. They described them as lacking flavor (n=3), noted that they were often freezer burned (n=2) and didn't heat evenly (n=3), and felt that the portions were too small (n=6). Participants all appreciated the service itself, but wished that it could be provided by a different vendor with better quality food.

A few tenants made recommendations for improving the service including increasing the frequency of red meat and delivering the food more frequently during the week. The Camelot

tenant leaders echoed this suggestion as well, reporting that the timing of the drop off was difficult for people.

Although tenants appreciated the delivered prepared meal service, they were unhappy with the quality of food and desired a change in vendor.

Weekly Community Meal: Among the 37 Camelot residents who completed a post-intervention survey, 82% had participated in the community meal and liked it, and 7% had participated and did not enjoy the service. An additional 4% of survey respondents were unaware of the service and 7% did not use the service because it didn't work well for their schedule.

Site staff reported that this intervention service had gone very well. In particular, they attributed much of its success to the Tenant Leaders who had taken responsibility for setting up, distributing food, and tracking attendance. One member of the site staff shared, *"The community meal has been going great. There have been no challenges. Once the tenant leaders got on board and got trained that became smooth sailing. Clients come down, they sit, they eat. Some people take to-go plates. The tenant leaders mark them up as they go, just tracking who's coming to get the meals and who's not."*

Positive Feedback: Tenants reported that the weekly community meal was a welcome break from microwaved food (n=5) and a few participants also liked the professionalism of the service (n=2) and the community aspect of the meal (n=3). For example, one tenant shared, *"The guy comes in wearing his chef's smock. Makes you feel like someone put some thought into it. And that makes the whole thing a little bit better,"* while another said, *"It's nice that once a week you know you have that option. And I get to see people that I don't see very often."* Tenants also felt that the food was very high quality, especially in comparison to other donated food.

Site staff felt very positive about this intervention service. They liked that the service provided a very high-quality meal for their tenants and said the tenants looked forward to this meal all week. In particular, they appreciated the community-building aspect of this service. One staff member shared, *"I think it's impacted them a lot. Like I said, they look forward to a good meal, a good conversation, bonding with other tenants."*

The weekly community meal was a popular service at the Camelot and was noted as a source of community-building with the SRO tenants.

Challenges & Suggestions for Improvement: Tenants were largely satisfied with this service and had no challenges to report. A few tenants did suggest changing the day of the meal to allow for better coverage of food services across the week and one resident said they wished the dinner was held more than once a week. Tenant Leaders and Site staff both mentioned that it would be helpful to have a menu for the meal ahead of time to help generate interest. Finally, Tenant Leaders mentioned that the majority of residents took their food to go, which lessened the community-building impact of the service.

Lyft Concierge Service: Among the 37 Camelot residents who completed a post-intervention survey, 18% had participated in the Lyft shopping trip and liked it, and 12% had participated and did not enjoy the service. An additional 18% of survey respondents were not interested in the service, 8% were unaware of the service and 47% did not use the service because it didn't work well for their schedule. Overall, these findings indicate that the implementation of this intervention strategy did not work well for the majority of Camelot residents, a finding that was echoed in the focus groups and interviews.

Positive Feedback: None of the Camelot residents who participated in interviews had utilized this service and only one focus group participant had utilized this service once. However, Camelot site staff did report that tenants were excited about this service and returned from their shopping trip happy about the opportunity to get more value for their money by shopping at Food Co: *"People came back really excited. They went to Food Co. People came back with smiles. They got to get more for their money and got what they wanted."*

Challenges & Suggestions for Improvement: Focus group participants, the Tenant Leaders, and site staff all agreed that the timing of the Lyft shopping trips was an issue for Camelot residents. Focus group participants and the Tenant Leaders recommended that the trip take place on the fifth of each month. Tenant leaders also said they'd experienced some challenges with residents signing up but then not showing up for the trip. This issue was exacerbated by the fact that the phone system in the building was not currently working so they were unable to call and remind those that were signed up.

Small Cooking Appliance Giveaway: Among the 37 Camelot residents who completed a post-intervention survey, 48% had received a crockpot and were happy with it, and 9% had received a crockpot and were not satisfied with this service. An additional 4% of survey respondents were not interested in the cooking appliance giveaway, 26% were unaware of the service and 13% did not take part in the giveaway because it didn't work for their schedule or cooking preferences.

New Community Kitchen: Among the 37 Camelot residents who completed a post-intervention survey, 54% had used the community kitchen and liked it, and 8% had used the kitchen but did not like it. An additional 8% of survey respondents were not interested in using

the kitchen, 8% were unaware of the kitchen and 21% did not use the kitchen because it didn't work well for them.

Positive Feedback: No positive feedback on the kitchen was given during the tenant interviews or focus group. However, Camelot site staff did share their experiences. They reported that approximately 10 residents (19% of the building) were using the kitchen on regular basis and that the site staff were hosting food-related events once or twice a month. One member of the site staff shared, *"It's been quite awesome. Every other month I do a cooking group. We get to cook more for the tenants, give them more meals. I try to cook something that's healthier for my tenants versus just ordering pizza."*

Challenges & Suggestions for Improvement: Site staff and tenants agreed that the largest challenge in increasing utilization of the community kitchen were the restricted hours of operation. Currently the kitchen is only open when administrative staff are present which limits tenants' ability to use the kitchen to cook dinner. Another theme that emerged in the focus group was limited interest. Many of the participants said they either weren't interested in cooking or that they preferred to cook in their rooms.

The new community kitchen is currently being utilized on a regular basis by only a small percentage of Camelot residents. However, the community kitchen has allowed Camelot site staff to host food-related events on a monthly or bimonthly basis and these events provide an opportunity for a healthy meal and community-building.

Food Resource Navigator⁷:

Challenges: The food resource navigator intervention strategy was not implemented as originally intended at the Camelot or the Ambassador. The project management team reported that they had originally intended to hire a Public Health Masters student for the position, but realized it would be difficult to attract a candidate given the low number of hours they were offering (6 hours a week). Instead they chose to contact agencies and programs for community health workers and ended up selecting an applicant who was a member of the community and an SRO tenant. Unfortunately, due to personal reasons, this individual was only able to work as the food resource navigator for the pilot project for a short period of time. Following her departure, the position was left unfilled.

Positive Feedback: None of the tenants that participated in the focus group or interviews could recall interacting with the food resource navigator during her short tenure with the pilot.

⁷ Implementation data on the food resource navigator is presented here, but is also applicable to the Ambassador.

However, Camelot site staff reported that she helped support the Tenant Leaders as they begin to supervise intervention strategies and that she was helpful and kind to residents at the community events she attended.

Tenant Leaders⁸: The project management team reported that they worked closely with site staff at both SRO buildings to identify residents that would be a good fit for the position. They supplied job descriptions and an application and were very transparent about the expectations and demands of the position. The project manager reported that they were very official in their process of hiring to help instill a sense of professionalism for the position. She shared, *“So, we kind of from the beginning wanted to set the tone that this was a job. This isn’t just like a fun thing that you might step in on like, no, this is something that you’re going to commit to for 26 weeks. So, we had pretty formal interviews and that process is pretty formal.”* Tenants that were selected for the position participated in training that included on-the-job shadowing to ensure they were well prepared to implement their responsibilities. Tenant Leader responsibilities at the Camelot included meeting the Meals on Wheels (MoW) delivery truck, distributing MoW meals to tenants and tracking attendance at these distributions events, setting up the weekly community meal, distributing these meals and drinks, tracking attendance and cleaning up after meals.

Positive Feedback: According to the project management team, the implementation of the tenant leader intervention strategy went well at both the Ambassador and the Camelot. Overall, they felt that this strategy allowed SRO residents to participate in the implementation of the pilot in a meaningful way, build relationships with site staff and tenants, and provided a voice for the tenants in the management of the project.

Site staff at the Camelot reported that the process of using tenant leaders for this project went pretty smoothly. With the exception of one tenant leader who was unreliable, they felt that the residents who had taken on this responsibility were thriving in their role. Staff at the Camelot felt that the tenant leaders communicated well with residents and had helped increase engagement in the pilot among Camelot residents. One staff member shared, *“Like, if people that aren’t down there like every Thursday, they get their meal for them. If the regulars aren’t there, they think maybe they’re sleeping or something or need a reminder. They’ll go up and knock on the doors, remind them, hey, it’s food day, dinner night, microwave meals. It’s just bringing more of a sense of community to my tenants. How they’re empowering this program here. They’ve taken ownership and pride in it.”*

Tenants in the focus group were very positive about the use of Tenant Leaders for the project. They felt that it was a good strategy because the tenants in this position knew the other residents better than staff or outside service providers. All of the participants agreed that the

⁸ Implementation data on the use of tenant leaders is presented here, but is also applicable to the Ambassador.

tenant leaders were helpful, knew how to do their job well, and treated the other residents respectfully.

Challenges & Suggestions for Improvement: The project management team and Camelot site staff reported a challenge with one of the individuals hired for the position. This individual did not work well with others and had to be let go. During the interview with Camelot tenant leaders they reported that it would have been helpful to provide a mechanism for them to give feedback to service providers. For example, they would have liked the community meal provider to supply menus ahead of time and asked the delivered prepared meal provider to include oranges instead of apples at the request of residents. Other suggestions for improvement included giving tenant leaders full access to the fridge to distribute leftovers and keeping attendance sheets updated with new tenants as they moved into the building.

The use of tenant leaders for the SFSHC pilot project was appreciated by staff and Camelot residents. This intervention strategy was described as empowering and community-building.

Camelot Resident Outcomes

Food Security

In this section we present data on the residents of the Camelot’s current food security. We draw on the results of the post-test as well as insights shared during the tenant interviews and tenant focus groups when available.

The food security of Camelot residents was measured at two time points during this project; the first time was in the fall of 2018 prior to the start of the intervention services being launched (pre-test) and the second after the intervention period in the fall of 2019 (post-test). Residents were assessed at two time points to determine whether there were any changes in food security and whether those changes could be attributed to the pilot program. Significant findings are highlighted throughout this chapter, when absent this indicates that there were no significant differences from pre-test to post-test.

Food security was assessed using the US Household Food Security Survey. A higher score on these items indicated a higher level of food insecurity. As shown in Table 3, at the time of the post-test, 40% of residents reported that in the last month they often could not afford to eat a balanced meal. Although 38% of residents reported often feeling that the food they bought just didn’t last and they didn’t have enough money to buy more, an additional 38% reported feeling that way some of the time.

Table 3. Camelot Food Security				
In the past month ,				
N = 37	Often	Sometimes	Never	I don't know
I couldn't afford to eat balanced meals	40%	43%	11%	6%
The food I bought just didn't last and I didn't have money to get more	38%	38%	19%	5%
I worried about whether my food would run out before I got money to buy more	38%	49%	11%	2%
I ate less than I wanted to or missed a meal because I didn't have enough money to buy food and couldn't get the food I needed for free	35%	41%	19%	5%

Results also indicated that 70% of participants had cut the size of their meals or skipped a meal because there wasn't enough money for food or free food wasn't available in the last month. Lastly, 70% of participants also reported not eating when they were hungry because there wasn't enough money for food in the last month (see Table 4).

Table 4. Camelot Food Security		
In the past month ,		
	No	Yes
Did you ever cut the size of your meal or skip meals because there wasn't enough money for food or free food available?	30%	70%
Were you hungry but didn't eat because there wasn't enough money for food?	30%	70%

Overall, there were no significant differences between the individual food security items (from Table 3 and Table 4) when comparing the pre-test and post-test results with the exception of one item. Residents at the Camelot reported that their food didn't last and they didn't have money to get more significantly less frequently at the post-test ($M = 1.96$) than they did at the pre-test ($M = 2.30$), $t(22) = 2.15, p < .05$. This change was also observed in one of three comparison sites such that residents also reported that their food didn't last and they didn't have money to get more significantly less frequently at the post-test ($M = 1.97$) than they did at the pre-test as well ($M = 2.30$), $t(36) = 2.16, p < .05$. Moreover, the change from pre-test to post-test was not found to be significantly different between the Camelot and the comparison site. In other words, there was no difference in the magnitude of change between the sites.

Overall, data from the surveys indicate that there were no significant differences among residents in food security with one exception. However, this finding was also found at one of the comparison sites meaning that the significant change cannot be attributed to the program pilot.

To understand the experience of the residents a little more deeply, participants were asked how many meals they eat in a typical day, how long their monthly budget usually lasts, and how difficult it is to eat a healthy diet. The data indicates that most tenants (70%) eat two meals a day (see Table 5) and the majority of tenants (35%) can make

their food budget last 3 weeks out of the month (see Figure 9). Lastly, when asked about the difficulty of eating a healthy diet, the large majority residents (86%) felt that it was hard (see Figure 10).

Table 5. Camelot Resident Average Meals Per Day				
	1	2	3	More than 3
In a typical day , how many meals do you eat? (breakfast, lunch, or dinner – not including snacks)	14%	70%	11%	6%

Figure 9. Camelot Number of Weeks Monthly Food Budget Lasts

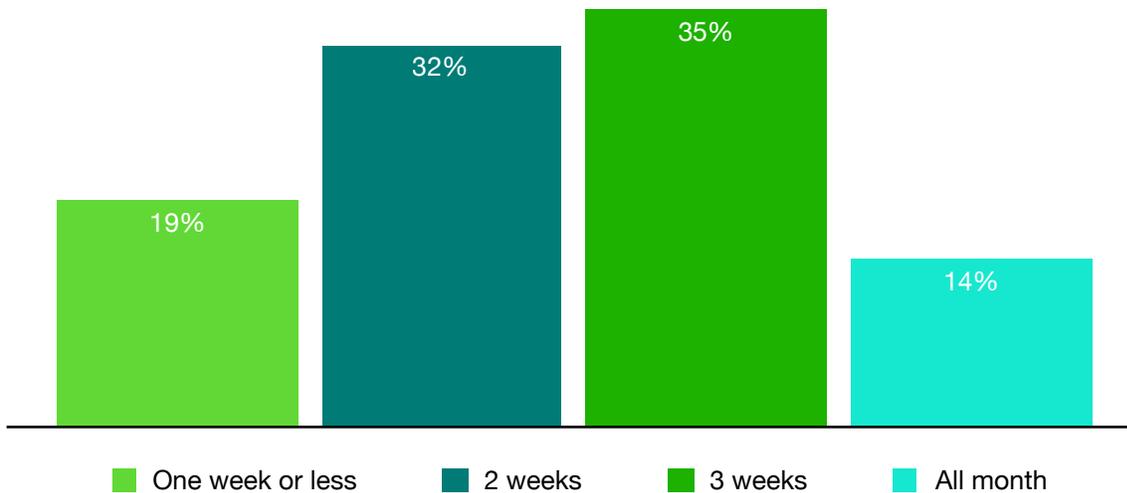
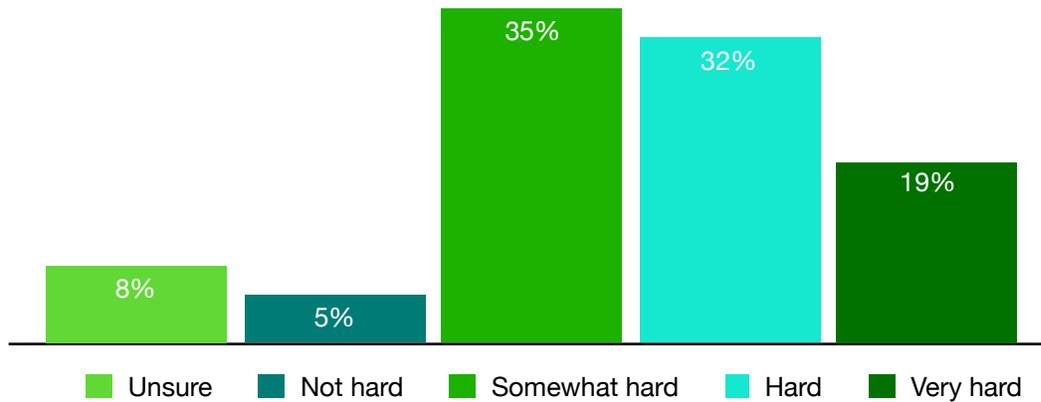


Figure Ten. Camelot Perceived Difficulty of Eating a Healthy Diet



Although the survey data did not find significant differences between the pre-test and the post-test on food security for residents, the tenant interviews provided a slightly different story. During their interviews, tenants shared the significant deficiencies in the quality and amount of food they had available prior to the intervention. For example, one participant shared, *“Well, I was going to those places, I would go up the hill to the senior center. I would go to star hotel. I was broke a lot. I was really broke a lot, because the food is really expensive.”* Subsequently tenants reported that the increase in food services has led to notable improvements in their food security. One participant noted, *“Yeah, it seems like here in this building we have almost wraparound services. We have a lot of opportunities to get food. Meals on Wheels, the food pantry. It’s really remarkable from what I can see. Yeah. It’s pretty cool.”* One participant also shared that they did not experience the same level of stress as a result of the intervention. Specifically, they experienced a reduction in worrying about where to get food.

Qualitative data indicates that for at least a subset of residents this intervention was very impactful in contributing to their overall food security.

Food-Related Self-Efficacy

Residents were also asked to report their food-related self-efficacy. This was assessed using 4 of the 6 items from the Self-Efficacy for Food Security Scale (Martin et al., 2016)⁹. A higher score on this scale indicated a higher level of self-efficacy. As shown in

⁹ Two items were omitted that did not seem appropriate for the population

Table 6, approximately 40% of residents reported that are confident in their ability to make a meal when they want or need to and 32% of residents feel that can make low cost meals. Additionally, over half of the residents indicated that they know how to buy food that is healthy for them. It should be noted, that roughly 40% of tenants do not feel confident in their ability to make their food budget last all month.

Table 6. Camelot Self-Efficacy for Food Security scale.

How confident are you that you can...

N = 37	Often	Sometimes	Never	I don't know
Get a meal when you want or need to?	38%	43%	16%	3%
Make low-cost meals?	32%	54%	8%	5%
Buy foods that you think are healthy for you?	24%	54%	14%	8%
Make your food money last all month?	19%	35%	43%	3%

Pre- and post-test differences were found on Camelot residents' overall food related self-efficacy such that Camelot residents reported significantly higher levels of self-efficacy in the post-test (M = 2.17) compared to the pre-test (M = 1.76), $t(24) = -3.036$, $p < .01$. Significant differences were found at the individual item level for three out of the four items.

Camelot residents reported being **more confident they can get a meal when they want or need** to when asked at the post-test (M = 2.36) compared to the pre-test (M = 1.84), $t(24) = -3.38$, $p < .01$.

Camelot residents reported being **more confident they can make low-cost meals** when asked at the post-test (M = 1.84) compared to the pre-test (M = 1.52), $t(24) = -2.11$, $p < .05$.

Camelot residents reported being **more confident they can buy healthy foods** when asked at the post-test (M = 2.17) compared to the pre-test (M = 1.79), $t(24) = -2.10$, $p < .05$.

* change in self-efficacy was tested for the comparison sites and no significant differences were found either at the composite level or with individual items.

Camelot residents reported significantly higher levels of food related self-efficacy at the post-test compared to the pre-test. It should be noted, that the only item that was not significantly different was the tenants' confidence in their ability to make their money last all month.

Food Habits

Current food habits of Camelot residents were explored in the tenant surveys as well as in the tenant interviews and focus group. Resident food intake was measured in the pre- and post-test surveys using an 11-item scale (see Table 7 for all items). At the time of the post-test, the majority of participants indicated that on an average day they mostly eat food that requires refrigeration and are able to eat whole grain foods. Over half of Camelot participants indicated that on an average day they are able to eat a piece of fruit but also eat mostly from Fast Food restaurants. This indicates that tenants may be able to make healthy choices but can only afford to do so for a subset of their meals.

Table 7. Camelot Food Intake

On an average day...

	No	Yes
I eat mostly foods that require refrigeration or preparation		79%
I eat whole grain foods (e.g. whole wheat bread or pasta, whole oats, brown rice, etc.)		78%
I eat lean proteins (e.g., chicken, turkey, seafood, etc.)		69%
I eat mostly pre-prepared meals		69%
I eat at least one piece of fruit		57%
I eat mostly shelf-stable foods that don't require refrigeration or preparation		56%
I eat mostly food from Fast Food restaurants		56%
I eat mostly food that is healthy for me		54%
I eat mostly food that is unhealthy for me		53%
I eat at least one helping of vegetables	53%	
I eat mostly snack food rather than meals (e.g., chips, granola, candy, jerky)	60%	

Camelot residents were also asked to report on their interest in eating healthy as well as their perceptions of healthy eating. This was assessed using an 11-item scale, which was developed for the purpose of this project. As indicated in Table 8, the majority of post-test survey participants reported that eating healthy is important to them and that they want to live healthier lives. Although over 60% of the survey respondents agreed that it's possible to be healthy while living in an SRO, they also agreed that finding healthy food in their neighborhood is difficult as is cooking healthy food in their SRO. That being said, there is a notable openness among residents to making changes to their own lifestyle and routines to become healthier. During the interviews, two of out three tenants reported that they were eating healthier food as a result of the intervention. For example, one tenant shared, *"I think I'm eating a lot better. I know that. That's about it. I eat a lot better. I have a fridge full of food. That's a good thing."*

Table 8. Camelot Interest in Eating Healthy	
	Agreed
Eating healthy is important to me	87%
I want to live a healthier life	87%
I think the SRO site staff are interested in my health	65%
I am interested in making changes to my routine in order to be healthier	65%
I think it's possible to be healthy while living in my SRO hotel	62%
Healthy food is difficult to cook in my SRO	60%
Healthy food is too expensive	54%
Eating healthy is a bit important, but many other things are more important	51%
Healthy food is difficult to find in my neighborhood	51%
Free food isn't healthy	32%
I don't like the taste of healthy food	22%

Use of Services

According to the post-test survey, the majority of Camelot residents relied predominantly on vouchers, the food pantry, and Camelot breakfast for sources of food (see Table 9 for all items). Alternatively, the Lyft concierge service was at the bottom of the list with only 5% of participants indicating that this had been a source of food for them. When asked which of the sources listed were their top 2 sources for meals (see

Table 10 for list), the vouchers and Camelot breakfast were at the top of the list again. Only 19% of participants indicated that buying groceries to prepare for themselves was a source of food but it emerged as a top 2 source. One possibility is that given that the vouchers are a means to the same end (buying food to cook for yourself), these results indicate that the vouchers were particularly important in providing tenants with the means to do so. Another explanation is that perhaps those who rely on buying food to prepare for themselves as a source of food for their meals consider it particularly important. This idea was echoed during the tenant interviews. Two participants shared that their favorite way to get food was by going to the grocery store and they enjoy the process of selecting their food and buying it. One participant shared, *“I prefer to go buy {groceries}. Buying and cooking or put it in the microwave or buying it already cooked.”* The tenant focus group also discussed the use of existing services. During the conversation, two of the six participants reported a reduction in use of food kitchens as result of the intervention (one using them less and one stopping altogether). *“Since you guys started all this, I haven’t had to go to those places to eat at all.”* Three participants reported that they are continuing to use food kitchens as a source of food but do so because they like them.

Table 9. Camelot Resident Sources of Food in the Last Month (check all that apply)	
Using vouchers to purchase food (EatSF Fruit & Vegetable voucher or EatSF SNAP food voucher)	68%
Food pantry at the Camelot	63%
Camelot Breakfast	62%
Buying ready to eat food	46%
Weekly Community Meal	43%
Home-delivered Meals from Meals on Wheels	41%
Grocery donations (Trader Joes, Safeway)	41%
Meals cooked for my by another person	27%
Delivered prepared individual meals	27%
Free meal sites (e.g., St. Anthony’s or Glide)	22%
Buying groceries to prepare for myself	19%
Lyft Concierge Service	5%

Table 10. Camelot Resident Top 2 Sources of Meals in the Last Month

Using vouchers to purchase food (EatSF Fruit & Vegetable voucher or EatSF SNAP food voucher)	35%
Camelot Breakfast	35%
Buying groceries to prepare for myself	35%
Food pantry at the Camelot	24%
Home-delivered Meals from Meals on Wheels	19%
Free meal sites (e.g., St. Anthony's or Glide)	19%
Weekly Community Meal	16%
Buying ready to eat food	14%
Grocery donations (Trader Joes, Safeway)	5%
Lyft Concierge Service	5%
Meals cooked for my by another person	3%
Delivered prepared individual meals	3%

The quantitative data suggest that the EatSF vouchers were the most utilized and most important source of meals for the Camelot residents. Tenant interviews mirror that finding and suggest that tenants particularly enjoyed the ability to go out and shop for their own meals.

Overall Reflections

In this section we present data on the overall reflections of various program stakeholders on their perceived impact of the pilot on Camelot residents. We draw on data shared during the site staff interviews, tenant leader interviews as well as the tenant focus group when available.

According to the site staff, the program has significantly improved the food security among the residents both in the quality of the food and the number of meals available. Tenant leaders felt that the food vouchers in particular had positively impacted their fellow tenants' ability to get the food they need. They elaborated and shared that they

felt the vouchers had made it slightly less stressful for tenants to get food and the Fruit & Vegetable Voucher made the it possible for tenants to get fresh food.

When asked about other outcomes associated with the pilot, the site staff shared that it has given the tenants something to look forward to. They have seen an improvement in the outlook and engagement of the residents, with them becoming more driven and looking for more opportunities.

“I feel like they’ve been a little bit more open because they’ve seen all these different opportunities and then kind of looking for more. You know what I mean? Instead of just waiting around to see what we’re doing, it’s making them want to get out more.” - Camelot site staff

This sentiment was shared by the tenant leaders who noted that because of the food services, some tenants were experiencing less isolation. However, they did note that there are some residents who just don’t want to take part in programs such as this one. One tenant leader even knocked on every door to try and encourage people to join. In a similar vein, tenants in the focus group all concurred that there was a difference in the building as a result of the pilot program. One participant shared, *“Usually towards the end of the month people are on edge and tense and I haven’t seen that lately”*.

Community Building

One theme that emerged in both the tenant focus group and the site staff interviews in terms of tenant outcomes was around community building because of the pilot services and activities. One participant in the focus group explained that the shared meals and kitchen allow people to get to know each other more easily because it creates opportunities for residents to encounter each other more frequently.

“Since they put the kitchen in and started the shared meals, you run into people more and get to know your neighbors and it helps to build community.” - Camelot focus group participant

Another focus group participant did point out, however, that it was helpful that everyone already got along (prior to the intervention) because then with community meals and other such activities, people felt comfortable being around each other.

The perspective of the focus group participants was shared by the site staff. They felt that tenants come down to participate in most of the programs and that the program has created unity at the site. For example, one site staff member noted *“Just to see the unity of the two representatives and the tenants has just been very positive here.”* They added that the pilot services not only provide an opportunity for their residents to eat a healthy meal but it has helped to create a community.

“They’re getting to eat healthy. They know they have a healthy meal every Thursday, their microwave meals. I don’t know, it’s really wonderful here and it’s really empowering to see it every week. The togetherness of our community, how everybody gets to sit down with everybody, eat a meal, break bread with tenants, or welcoming each other. It’s kind of like family. It’s bringing them into a family feeling.” - Camelot site staff

Tenant Leader Outcomes

In this section, we draw on the interviews with the Camelot Tenant Leaders and the Camelot site staff to understand what the outcomes have been for the tenants in the tenant leader position. Two primary themes emerged regarding outcomes for the tenant leaders. The first was that it has provided tenants with greater financial stability. One tenant leader shared that it was the first job they had held in over 10 years and other shared that it was allowing them to save up to go on a trip across the country to see family.

“I like the work it’s actually pretty cool, I haven’t had a job in eleven years and it’s pretty cool to actually be able to save up some money.” - Camelot Tenant Leader

“My grandpa is passing away, if it wasn’t for this job then I wouldn’t be able to go see him in New York” - Camelot Tenant Leader

The second theme was that the position had positively impacted the tenant leaders social lives. The site staff felt that the position provided tenants with a sense of purpose. As one site staff member shared, *“You’re giving tenants, some tenants here, two of my tenants, purpose every day, every week.”* The tenant leaders themselves also commented stating that the position had forced them to be more social and get to know other tenants - it felt good to be able to go door to door telling people about services and knowing everyone’s name. The experience also helped them grow. For example, one tenant leader shared, *“It’s been a real positive experience, I’m not the most sociable of people and it’s forced me to be more sociable.”* Lastly, although not a dominant theme, with regards to their own food security - both tenant leaders also shared that they are personally eating more variety and more fresh food as a result of the vouchers.

Tenant leaders experienced two primary outcomes as a result of the job which were increased financial stability and a greater sense of purpose.

Continued Needs at the Camelot

In this final section of this chapter, we present data from the tenant focus group on the current unmet needs or desired changes to food services that remain among tenants. One theme that emerged from the discussion with tenants was around the importance of timing of services and the need for them to complement each other to avoid gaps in food availability. Some participants reported dissatisfaction with the timing of services stating that they were too close together. There was not consensus on when the timing of services was most needed among participants. For example, one person shared, *"everything is binding up at the end of the month."* Another person corroborated that feeling and said, *"everything is binding up at the end of the month."* Two other participants disagreed and felt that they would benefit from more support at the end of the month. They did note, however, that prior to the intervention they would be out of food by the middle of the month and now they are able to make it closer to the end of the month.

When asked about what additional changes could be made to support food security, the following suggestions were offered:

- Keeping the kitchen open after 5pm (3 participants)
- Providing tenants with their own kitchen (2 participants)
 - *"I think you folks are doing a wonderful thing, I can't think of anything else I'd need other than my own kitchen, a better ability to cook the foods I need"*
 - *"It's a normalizing thing you know? To be able to cook for yourself in your own space"*
- Two participants were totally satisfied (2 participants)
 - *"I'm happy, I'm fine with what's happening right now."*

CHAPTER FIVE: AMBASSADOR EXPERIENCES & OUTCOMES

Introduction

This chapter focuses on findings related to the implementation of the SFHC pilot project at the Ambassador SRO and the outcomes of the pilot at this building. Using data from various project stakeholders we first present findings related to Ambassador residents' experiences, including intervention service utilization and feedback on these services. The second section of this chapter describes the outcomes that residents reported from participating in the pilot related to food security, food-related efficacy, eating habits, and overall reflections on pilot impact.

Data Sources for Chapter Five Results

- Site Staff Interviews
- Tenant Focus Group
- Tenant Interviews
- Attendance & voucher redemption data
- Pre-post pilot project survey

Ambassador Intervention Resident Experiences

Intervention Service Utilization

In this section we present data on residents' utilization of each intervention strategy. When available, we share tenant focus group and interview data related to knowledge and use of the service and then present findings from the attendance data on overall utilization of the service.

EatSF Vouchers: All of the participants in the tenant focus group and interviews were aware of the vouchers. Tenants reported learning about the vouchers in multiple ways. Two of them reported learning about them through fliers posted at the building, why others reported hearing about them through word of mouth. One participant shared their frustration that they hadn't been personally told about the vouchers and that as a result, they had missed out on the first few months of vouchers. Another participant mentioned that there was a map posted in the common space that showed the location of stores where the vouchers could be used (see Figure 11).

Table 11. Ambassador EatSF Food Voucher Utilization

	SNAP Eligible Vouchers	Fruit & Vegetable Vouchers
Total Vouchers Distributed, <i>range</i>	4-24	4-24
Average Vouchers Distributed, <i>mean</i>	18	18
Vouchers Redeemed, <i>range</i>	0-24	0-24
Average Vouchers Redeemed, <i>mean</i>	12	10
Total Amount Redeemed*, <i>range</i>	\$15-120	\$5-120
Average Total Amount Redeemed*, <i>mean</i>	\$72	\$61

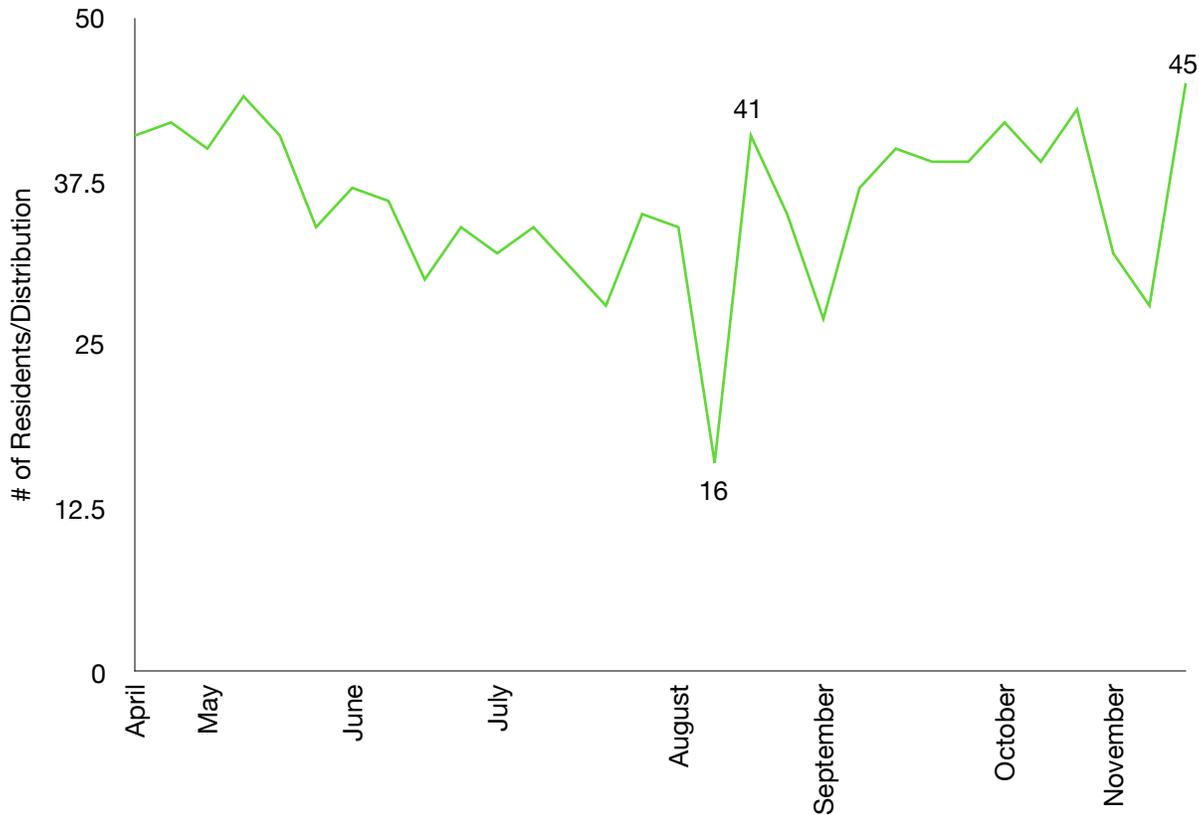
*Note: Range and mean represent residents that redeemed their vouchers at least once (N=82 for SNAP eligible vouchers and N=80 for F&V vouchers).

EatSF voucher redemption data at the Ambassador indicates that the majority of the residents participated in this service (71%). However, the average level of overall redemption of vouchers was significantly less than what was offered, indicating that this service was not utilized to the fullest extent possible by many residents.

Delivered Prepared Meals: Tenants that were interviewed were all aware of the delivered prepared meal service and were using this service.¹¹ Attendance data indicated that this service was active at this building from April to November 2019 and that approximately three quarters of residents used this service at least once (37 residents never participated). The range of meals utilized by residents ranged from 0-29, with the average number of meals per resident equalling eight. On average, 36 residents took advantage of each distribution. As shown in Figure 12, participation in the delivered prepared meals service was pretty steady across the intervention period with the exception of August 2019 in which there was dip.

¹¹ The Ambassador focus group facilitator did not ask participants in this group about their awareness and use of this service.

Figure Twelve. Number of Prepared Meal Distributed at the Ambassador



Attendance data indicates that although the majority of Ambassador residents utilized the delivered prepared meal service at least once, only approximately 25% of residents took advantage of the service at any given distribution. These data indicate that this service was not utilized to its fullest potential.

Small Cooking Appliance Giveaway: At the Ambassador, a total of 33 crockpots and 38 toaster ovens were given to residents as part of the small cooking appliance giveaway. Tenants that were interviewed were all aware of the small cooking appliance giveaway and had taken advantage of this offering.¹² They had learned about the giveaway either from a flier posted at

¹² The Ambassador focus group facilitator did not ask participants in this group about their awareness and use of this service.

the building or through word of mouth. Two tenants reported receiving a toaster oven and another had received a crockpot.

CalFresh Eligibility Change- Raising Awareness for Ambassador SSI Recipients: Among focus group and interview participants, the majority were SSI eligible for CalFresh. However, only three focus group participants and one interview participant were enrolled. Among the focus group participants who were receiving these benefits, they reported a range of benefit amounts from \$42 to \$91. One tenant mentioned in an interview that they hadn't enrolled because it seemed like a hassle: *"And I just said that's just one more thing I don't feel like I have to go through."*

Site staff at the Ambassador reported that overall, their efforts to support residents in enrolling in CalFresh had gone well. They had assisted tenants in uploading documents as part of the application process and had hosted an enrollment event run by the SF Marin Food bank. They reported that this event was particularly successful and that 13 residents had enrolled during that event. Site staff did note that mental health challenges may have been a barrier to enrollment among some of their residents. They shared that some of the tenants found the application process daunting and could not follow through with the required screenings and appointments. They shared one particular example, *"I had one done yesterday. She had her CalFresh home screening yesterday and she got anxious on the phone and said, actually, I don't want to do CalFresh and hung up."*

Some residents at the Ambassador experienced barriers to enrolling in CalFresh as a result of mental health challenges that made it difficult for them to complete the application requirements. Additional support for these individuals may be necessary to ensure that all eligible residents are taking advantage of this service.

The post-intervention survey revealed that 62% (n=44) of survey respondents at the Ambassador received SSI benefits and therefore would be eligible for CalFresh. Within this group, 84% were aware of the eligibility changes for CalFresh, and the majority had heard about the eligibility change from SRO site staff (n=18), a friend (n=11) or through an information flier posted at the building (n=5).

Among residents who were eligible, 77% (n=37) had applied for CalFresh during the intervention period and 32 and successfully enrolled. These data indicate that 27% of Ambassador residents who receive SSI benefits were not yet taking advantage of CalFresh benefits. Three individuals noted on the survey that they had not applied because they didn't know how and six had not applied because the process was too difficult. Overall, these findings

indicate that the majority of Ambassador SSI recipients were successfully enrolled in CalFresh during the intervention period, but a fair amount are still not taking advantage of this opportunity.

Intervention Service Feedback

In this section we present tenant and site staff feedback on each of the services implemented as part of this pilot project including what they liked and didn't like about the service and suggestions for how the service could have been improved.

EatSF Vouchers: Among the 74 Ambassador residents who completed a post-intervention survey, 83% had used the vouchers and liked them and 3% had used the vouchers and didn't like them. An additional 8% of survey respondents hadn't used them because they weren't interested, 5% were unaware of the service and 1% hadn't used them because the service didn't work well for them. The majority of survey respondents also cited the vouchers as the intervention service that would have the greatest impact on them if discontinued. This finding was echoed by focus group participants, with half of them stating that if they could only continue using one of the intervention strategies they would choose the vouchers.

Positive Feedback: Ambassador site staff reported that their tenants were very enthusiastic about the vouchers. They felt that the vouchers allowed the tenants to save their money for other things they might need and that they gave tenants the freedom of choice in what they ate. For example, one staff member shared, *"It can either leave extra money to spend on non-food items like toilet paper, or cleaning supplies, or make them able to buy like a whole chicken, or buy some ribs. Or just things that maybe would be more luxury items like avocados. Or just stuff that folks maybe wouldn't normally be able to afford. And a lot of the services, they get a particular food and like, that's great, don't get me wrong, but there may be some instances where people might have specific dietary restrictions or whatever. So, those particular foods might not be the best. So, the vouchers eliminate that."*

Among focus group and interview participants, the most common piece of positive feedback about the vouchers was that they provided an opportunity to eat a variety of food and increased their ability to purchase fresh foods. For example, one tenant shared, *"I've found them very helpful; it was nice because I've never had something like that before, it was a chance to learn about and try different things,"* while another said, *"I've gotten a lot of fruit. I eat a lot of fruit. Fruit can get really expensive at the grocery store and at the farmer's market it's dirt cheap."*

Ambassador site staff reported that the EatSF food vouchers gave residents choice in their food purchases. Tenants appreciated the ability to try a variety of foods and increase the amount of fresh food they were able to purchase.

Challenges & Suggestions for Improvement: Site staff and tenants noted some minor challenges with store clerks being unfamiliar with the vouchers which led to some minor difficulties. However, when these issues were reported to EatSF, they were dealt with immediately. Tenants also noted that their lack of refrigerated food storage made it difficult to use the Fruit & Vegetable vouchers, as they had limited space to store fresh produce. Finally, the only recommendation related to the food vouchers was to please continue them as they were now reliant on this service.

Delivered Prepared Meals: Among the 74 Ambassador residents who completed a post-intervention survey, 43% had used the delivered meal service and liked it and 3% had used the service and didn't like it. An additional 18% of survey respondents hadn't utilized the meals because they weren't interested, 23% were unaware of the service and 12% hadn't used them because the service didn't work well for them. These findings indicate that the pilot was not as successful at advertising this intervention service as they were for the EatSF vouchers.

Positive Feedback: Tenants in the focus group and interviews were not as excited about this service as they were about the food vouchers. However, a few positive comments were made including that they appreciated the fact that it was an "easy meal" and that the breakfast was better quality than the dinner. One individual shared, *"I feel like I get enough to sustain me... It makes it easier for me because I'm not a food guy. It's nice and easy and I'm getting everything I need from the package and I can just throw it in the microwave."*

Challenges & Suggestions for Improvement: Although focus group and interview participants made use of the delivered prepared meals, they did not have very positive opinions of these meals. The majority felt that the meals were lacking in quality and were too small. One tenant shared, *"The one thing anybody will probably complain about is that the quality is so low on these. And they try to make it look like more by separating them into sections but it's really a tiny amount of food, a very tiny amount of food. Generally speaking, you have to eat two of those to fill anyone's belly."* One participant specifically noted that increasing the quality of the food would have resulted in increased utilization of the service and cited Project Open Hand as an example of a similar service with higher quality food.

Although tenants appreciated the delivered prepared meal service, they were unhappy with the quality of food and desired a change in vendor.

Small Cooking Appliance Giveaway: Among the 74 Ambassador residents who completed a post-intervention survey, 67% had received a crockpot or toaster oven and were happy with it, and 9% had received a small cooking appliance and were not satisfied with this service. An

additional 20% of survey respondents were not interested in the cooking appliance giveaway, 8% were unaware of the service and 2% did not take part in the giveaway because it didn't work for their schedule or cooking preferences.

Tenant Leaders¹³: The Ambassador tenant leaders were responsible for tracking attendance at Meals on Wheels food distributions and for distributing these meals to tenants.

Positive Feedback: According to site staff, use of the tenant leaders went smoothly including the hiring process and the tenant leaders were reliable and enthusiastic. They reported that the individuals that were hired for the position were already volunteering and so the transition into the position was smooth. The main benefit reported by site staff was that tenant leaders were now being financially rewarded for a role that they had previously done as a volunteer.

Challenges & Suggestions for Improvement: One of the largest reported barriers was eligibility for services at the Ambassador. As a requirement for SSI, there were limits on what income the tenants could receive that wouldn't interfere with their services and this caused the tenant leaders concern that earning money as part of the intervention would affect their benefits. On staff member shared, *"I think there may have been a few issues with folks like, concerned about getting the income. I don't know like if they were really like, if it was like a legitimate, like, they knew for a fact that it would be an issue or it was more just kind of general concern. It's hard for me to like specifically say this, but just it may possibly be helpful to maybe look into that a little bit or be able to talk to them a little."*

¹³ Additional information on the overall implementation of this intervention strategy can be found in Chapter Four.

Ambassador Resident Outcomes

Food Security

In this section we present data on the residents of the Ambassador’s current food security. We draw on the results of the post-test as well as insights shared during the tenant interviews and tenant focus groups when available.

The food security of Ambassador residents was measured at two time points during this project; the first time was in the fall of 2018 prior to the launch of intervention services (pre-test) and the second was after the intervention period in the fall of 2019 (post-test). Food security was assessed using the US Household Food Security Survey. A higher score on these items indicated a higher level of food insecurity. Residents were assessed at two time points to determine whether there were any changes in food security and whether those changes could be attributed to the pilot program. Significant findings are highlighted throughout this chapter, when absent this indicates that there were no significant differences from pre-test to post-test.

As shown in Table 12, at the time of the post-test 31% of residents reported that in the last month they often worried about whether their food would run out before they got money to buy more and almost 50% of residents reporting they felt that way some of the time.

Table 12. Ambassador Food Security				
In the past month ,				
N = 74	Often	Sometimes	Never	I don't know
I worried about whether my food would run out before I got money to buy more	31%	47%	22%	—
I couldn't afford to eat balanced meals	31%	40%	26%	3%
The food I bought just didn't last and I didn't have money to get more	25%	46%	26%	3%
I ate less than I wanted to or missed a meal because I didn't have enough money to buy food and couldn't get the food I needed for free	21%	43%	33%	3%

Of note, although 31% of residents reported often feeling that they could not afford to eat a balanced meal, 26% of residents reported never feeling that way. Additionally, one third of residents reported never eating less than they wanted to or missing a meal because they didn't have enough money to buy food or couldn't get the food they needed for free.

As shown in Table 13, 61% of post-test participants indicated they had cut the size of their meal or skipped a meal because there wasn't enough money for food or free food wasn't available in the last month. Additionally, 49% of participants reported that in the last month they had not eaten when they were hungry because there wasn't enough money for food.

Table 13. Ambassador Food Security		
In the past month,		
	No	Yes
Did you ever cut the size of your meal or skip meals because there wasn't enough money for food or free food available?	39%	61%
Were you hungry but didn't eat because there wasn't enough money for food?	51%	49%

Although there was no significant change from pre-test to post-test on the food security questions above, in order to understand the experience of the residents a little more deeply, participants were asked how many meals they eat in a typical day, how long their monthly budget usually lasts, and how difficult it is to eat a healthy diet. The data indicates that almost half of the tenants eat two meals a day and almost 30% eat three meals a day (see Table 14).

Table 14. Ambassador Resident Average Meals Per Day				
	1	2	3	More than 3
In a typical day , how many meals do you eat? (breakfast, lunch, or dinner – not including snacks)	15%	49%	28%	8%

Residents at the Ambassador reported eating significantly **more meals a day** at the time of the post-test ($M = 2.51$) than they reported at the pre-test ($M = 2.24$), $t(44) = -2.38$, $p < .05$

The majority of tenants (43%) can make their food budget last 3 weeks of the month (see Figure 13). When asked about the difficulty of eating a healthy diet, most residents (78%) felt that it was hard (see Figure 14).

Figure 13. Ambassador # of Weeks Monthly Food Budget Lasts

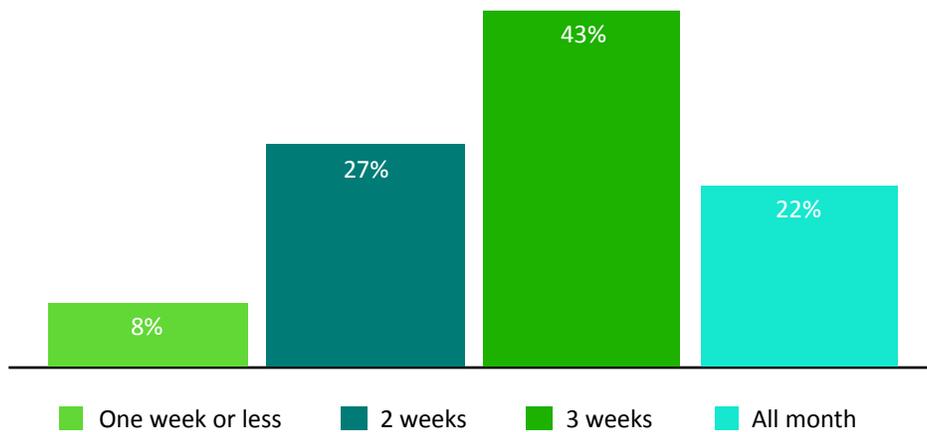
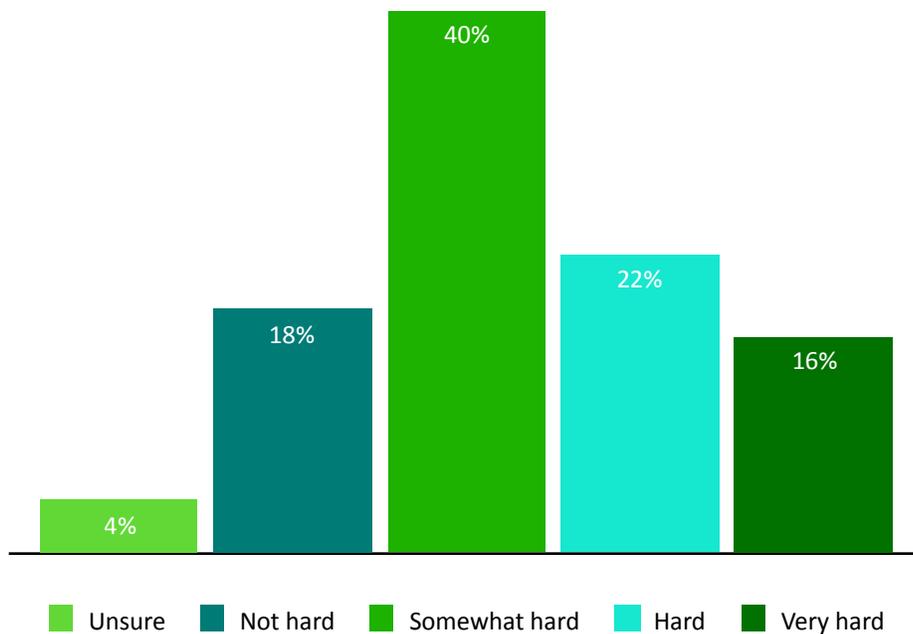


Figure Fourteen. Ambassador Perceived Difficulty of Eating a Healthy Diet



Food-Related Self-Efficacy

Residents were also asked to report on their food-related self-efficacy. This was assessed with using 4 of the 6 items from the Self-Efficacy for Food Security Scale (Martin et al., 2016)¹⁴. A higher score on this scale indicates a higher level of self-efficacy. As indicated in Table 15, approximately 32% of residents reported that are confident that they are able to make a meal when they want or need to and 32% of residents feel that can buy foods that they think are healthy. Additionally, over half of the residents indicated that they know how to buy foods that are healthy for them. It should be noted, that roughly 25% of tenants do not feel confident in their ability to make their food budget last all month. This finding mirrors the data presented above on how many weeks tenants food budgets typically last.

Table 15. Ambassador Self-Efficacy for Food Security scale.				
How confident are you that you can...				
n = 68 - 71	Often	Sometimes	Never	I don't know
Get a meal when you want or need to?	32%	54%	6%	6%
Buy foods that you think are healthy for you?	32%	55%	10%	3%
Make low-cost meals?	28%	54%	12%	6%
Make your food money last all month?	24%	49%	25%	1%

Although there were no significant differences on the food security or self-efficacy scales between the pre- and post-test, the tenant focus group and interviews provided a slightly different story. In the tenant focus group, only 2 out of 7 participants (29%) reported that they still do not get enough food. When the subject came up again later in the conversation, some of the group members (unknown number) also indicated that they were less stressed about food as a result of the intervention services and all agreed that they were doing better at getting food as a result of the intervention. When asked what changes they would like to see, one theme (3 out of 7) that emerged was around an increased availability of food vouchers or food stamps. During their interviews, all three participants noted a significant positive change in their ability to get enough food as a result of the new services. Two noted that the food provided previously was lower

¹⁴ Two items were omitted that did not seem appropriate for the population

in quality and less available, with the final participant going even further and discussing how they had previously looked through trash for food to make ends meet. *“Well, for me, a lot of times, I was just eating out of trash cans. I’ve been doing that for years. That’s where I was getting like 50% or more of what I was eating. So yeah, it’s better now.”* One tenant reported that it was previously very difficult to make ends meet and eat three meals a day.

“It got really, really hard at the end of the month. It always got really, really hard at the end of the month, to a point where -- I’m a diabetic and I was only eating like carbs at the end of the month because that’s the cheapest thing you can get, and that’s bad. That’s really bad. But now I can always get some vegetables instead and even though some vegetables are bad for diabetics, it’s still better than all carbs.” - Ambassador Tenant Interview

All three respondents who answered this question noted that the increase in services has led to a notable improvement in food security. This has led to less stress related to food and given them the ability to be more selective in what they eat.

“Well, it was more accessible. I don’t have to pay as much for it. It’s right in the building once a week. That’s good.” - Ambassador Tenant Interview

“I’m pretty satisfied, I guess, because I’m full now. I’m pretty satisfied with my food setup.” - Ambassador Tenant Interview

“I guess it has positively affected having the vouchers. Yeah, so, right now I’ve got things I wouldn’t have normally got yesterday. So, just good stuff.”- Ambassador Tenant Interview

Additionally, two tenants reported that their stress levels have been reduced as a result of the intervention. One shared, *“Well, it’s gotten easier. Yeah, it’s a little easier definitely. Just having the food drop once a week, as long as you make it there. Even if you don’t make it there, they always let you get whatever’s left over afterwards and that’s cool.”*

Food Habits

Current food habits of Ambassador residents were explored in the post-test survey as well as the tenant interviews. Resident food intake was measured in the pre- and post-test surveys using an 11-item scale (see Table 16 for all items). At the time of the post-test, the majority of survey participants indicated that on an average day they mostly eat food that requires refrigeration and are able to eat whole grain foods and/or lean proteins. Over half of Ambassador participants reported that on an average day they

are able to eat a piece of fruit. Although the difference in response rates are not drastic, overall the Ambassador residents appeared to engage in healthy eating behaviors more often than the unhealthy behaviors.

Table 16. Ambassador Food Intake		
On an <u>average day</u>...		
	No	Yes
I eat mostly foods that require refrigeration or preparation		74%
I eat whole grain foods (e.g. whole wheat bread or pasta, whole oats, brown rice, etc.)		69%
I eat lean proteins (e.g., chicken, turkey, seafood, etc.)*		66%
I eat at least one piece of fruit		54%
I eat mostly food that is healthy for me		53%
I eat mostly pre-prepared meals		53%
I eat at least one helping of vegetables		52%
I eat mostly food that is unhealthy for me	51%	
I eat mostly snack food rather than meals (e.g., chips, granola, candy, jerky)	51%	
I eat mostly shelf-stable foods that don't require refrigeration or preparation	55%	
I eat mostly food from Fast Food restaurants	64%	

Ambassador residents were also asked to report on their interest in eating healthy as well as their perceptions of healthy eating. This was assessed using an 11-item scale, which was developed for the purpose of this project. As indicated in Table 17, the majority of post-test survey participants reported that eating healthy is important to them and that they want to live healthier lives. Although over 50% of the survey respondents agreed that it's possible to be healthy while living in an SRO, they did also agree that healthy food is too expensive. That being said, there is a notable openness among residents to making changes to their own lifestyle and routines to become healthier. During the interviews, all three tenants noted a significant change in their food habits as a result of the new services.

Table 17. Ambassador Interest in Eating Healthy

	Agreed
Eating healthy is important to me	88%
I want to live a healthier life	73%
I am interested in making changes to my routine in order to be healthier	62%
I think the SRO site staff are interested in my health	61%
Healthy food is too expensive	53%
I think it's possible to be healthy while living in my SRO hotel	53%
Healthy food is difficult to cook in my SRO	39%
Eating healthy is a bit important, but many other things are more important	36%
Healthy food is difficult to find in my neighborhood	36%
Free food isn't healthy	32%
I don't like the taste of healthy food	14%

Use of Services

According to the post-test survey, the majority of Ambassador residents relied on vouchers as well as buying groceries to prepare meals for themselves (see Table 18 for all items). Alternatively, home delivered meals or picking up groceries from Project Open Hand and delivered prepared individual meals were at the bottom of the list with only 5% and 7% of participants respectively indicating that these had been sources of food for them. When asked which of the sources listed were their top 2 sources for meals (see Table 19 for list), buying groceries to prepare meals for themselves and the vouchers were at the top of the list again. This finding was echoed by the tenant interviews, who reported that their favorite way to get food was through the grocery store. They mentioned that they enjoy the process of selecting their food and buying it. Notably from Trader Joes. Participants also noted that the farmers market is very popular for using the EatSF fruit and vegetable vouchers. In the Ambassador focus group, however, only one tenant reported a change in use of existing services as a result of new services instead of going to the senior center every day, they only go once a week or so now.

Table 18. Ambassador Resident Sources of Food in the Last Month (check all that apply)

Using vouchers to purchase food (EatSF Fruit & Vegetable voucher or EatSF SNAP food voucher)	68%
Buying groceries to prepare for myself	61%
Food Pantry at the Ambassador	60%
Grocery donations (Trader Joes, Safeway)	28%
Emergency Food Pantry (with referral from TNDC social worker)	20%
Free Meal Sites (e.g., Fraternite Notre Dame, St. Anthony's, or Glide)	20%
Home-delivered Meals from Meals on Wheels	19%
Meal cooked for me by another person	18%
Delivered prepared individual meals	7%
Home-Delivery Meals or Picking Up Groceries from Project Open Hand	5%

Table 19. Ambassador Resident Top 2 Sources of Meals in the Last Month

Buying groceries to prepare for myself	53%
Using vouchers to purchase food (EatSF Fruit & Vegetable voucher or EatSF SNAP food voucher)	40%
Food Pantry at the Ambassador	27%
Free Meal Sites (e.g., Fraternite Notre Dame, St. Anthony's, or Glide)	15%
Grocery donations (Trader Joes, Safeway)	12%
Home-delivered Meals from Meals on Wheels	12%
Emergency Food Pantry (with referral from TNDC social worker)	10%
Meal cooked for me by another person	10%
Home-Delivery Meals or Picking Up Groceries from Project Open Hand	4%
Delivered prepared individual meals	1%

Overall Reflections

In this section, we present data on the overall reflections regarding outcomes associated with the pilot program on Ambassador residents. We draw on site staff data in this section. According to the site staff, the program has provided security to the residents and has become something they can count on. Tenants have shared with them personally that the extra food is immensely helpful. Furthermore, tenants are also reporting to staff that they are utilizing the services and feeling empowered to shop and purchase food. The site staff reported that the vouchers were a big success as indicated by the fact that tenants were remembering to get their vouchers. On that subject, one site staff member shared, *“I mean, I just know that having all the extra food is immensely helpful. I mean, everybody that comes, especially to pick up the EatSF vouchers, thank you so much. These are so helpful. So, \$40 is a lot if someone gets 900 bucks or 900 something for their SSI. And for folks that aren’t having subsidy and spend 550 in their rent, that extra \$40 a month is huge.”*

Tenant Leader Outcomes

In this section, we draw on the interviews with the Ambassador site staff to understand what the outcomes have been for the tenants in the tenant leader position. One theme that emerged from the site staff interviews regarding outcomes for tenant leaders was that it built fulfillment and purpose for tenants. They felt that the role allowed tenants’ to give back, use their skills, and get compensated. The one issue that was pointed out was there was confusion that arose around the compensation and benefit eligibility that needed to be clarified.

“And they seem to get fulfillment out of it. Like, they did their job well, they showed up on time, they were professional. It seemed to give them some responsibility.” - Ambassador site staff

“Oh, definitely. I think any time there is any sort of peer based model I think it’s a good thing. And it allows the tenant to give back and use their skills and get compensated for their time. Even though it ended up being an issue with people’s incomes because of their benefits, after we kind of realized that we’d ask them, is it possible that folks could receive gift cards? And I think because of funding sources that wasn’t possible. But maybe having that as an option, because I also do appreciate the fact that we’re getting a paycheck as opposed to getting a gift card.” - Ambassador site staff

The second theme that came up was around building relationships and the advantages of the peer-based model. Site staff pointed out that the role allowed tenants to take on positions of leadership in the building, which site staff felt was a positive experience for tenant leaders.

“Like them taking leadership and building relationships and getting more folks involved? I think so. No, I mean it’s hard to say because I think if that stuff did happen, if it would have happened, it was behind the scenes more. It seems like it did, because we got a lot more people. And they are pretty outgoing and friendly. So, without being able to put my finger on it and how specifically, I did kind of get the idea that that was happening.” - Ambassador site staff

Continued Needs at the Ambassador

In this final section of this chapter, we present data from the tenant interviews on the current unmet needs or desired changes to food services that remain among tenants. The primary request that emerged from tenants was for an improvement in the overall quality of the food offered. Though complaints were minor, the participants all reported trying to be healthier and more careful about what they eat.

- *“More access to those meals from the AIDS project. Those things are good because the thing is they have volunteer chefs, like head chefs from famous restaurants.”*
- *“Maybe different vegetables and more exotic fruits. It’s nice that we get a watermelon every now and then. But I’d like pomegranates and just stuff.”*
- *“Well, I just want organic foods. A lot of those at the food giveaway have some fruits, vegetables. Lot of things are packaged with lot of sugar and processed carbs.”*

Additionally, during the conversation about the vouchers, one participant noted a need for vouchers to cover non-food essentials such as toiletries and feminine hygiene products.

- *“Oh, the thing that pisses me off about food stamps is that it’s no good for feminine products. I mean, that really yanks my chain. It’s not like we can live without them and they’re expensive.”*

CHAPTER SIX: EVALUATIVE CONCLUSIONS

This chapter presents evaluative conclusions related to the project's guiding questions, and discusses next steps towards a research-based blueprint for achieving food security among San Francisco's SRO resident population.

Q1: To what extent were intervention activities implemented with sufficient dosage, high quality and fidelity to the project plan?

Evaluative Conclusion: The majority of services included in the final project plans for the Ambassador and the Camelot were implemented as intended. However, a few noteworthy deviations from the plan occurred, including a shorter intervention period than originally proposed, a less extensive suite of services at the Ambassador, and some specific services not implemented as intended.

Discussion: The original intention was to have pilot services operating at each SRO site from June 2018 until September 2019 (15 months). However, due to a lengthier planning period than originally intended, the intervention period was significantly shorter. The interventions were launched at each SRO site in March 2019 resulting in an intervention period of eight months.

As previously noted in the Ambassador challenges section of the report (see pg. 33-34), there was a significantly smaller suite of services offered to residents of the Ambassador than residents at the Camelot. This resulted in a lower dosage intervention at this site than originally intended. However, of the services that were selected to pilot at each site, the majority were implemented as planned with a few exceptions:

- The Lyft Concierge Service was intended to occur at least monthly at the Camelot throughout the intervention period but occurred only twice.
- Two planned intervention services for the Ambassador (Grocery Bag Delivery and Technical Assistance for the Food Pantry) were not implemented.
- The Food Navigator position, which was intended to provide support for residents at both intervention sites, was only filled for a brief time period (see pg. 44).

Q2: 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. Overall, 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. Tenant feedback indicated a range of preferences and opinions on services that provide useful information for future iterations of this project.

Discussion: Utilization data indicated that a higher portion of Camelot residents (85%) took advantage of the EatSF vouchers than Ambassador residents (71%). Utilization of the delivered prepared meals followed a similar pattern with 94% of Camelot residents using this service at least once versus 75% of Ambassador residents. At both sites, only approximately 25% of residents took advantage of the service at any given distribution. Post-test data indicated that the majority of SSI recipients at both sites were successfully enrolled in CalFresh benefits during the intervention period.

Across both sites, the EatSF vouchers were the most popular intervention strategy. Tenants particularly appreciated the autonomy this strategy afforded them rather than relying on donated food that they couldn't choose. Site staff agreed, reporting that there was dignity in this intervention service that made it preferable to donated food. Although Ambassador and Camelot tenants appreciated the delivered prepared meal service, they were unhappy with the quality of food and desired a change in vendor. The weekly community meal was a popular service at the Camelot and was noted as a source of community-building among the SRO tenants. Finally, the use of Tenant Leaders for the pilot project was appreciated by both staff and tenants. This intervention strategy was described as empowering and community-building at the Camelot and rewarding for tenant leaders at the Ambassador.

Q3: What were the strengths of the pilot intervention from the perspective of a variety of project stakeholders (i.e., 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. These topics are discussed in more depth in other sections of this chapter.

Q4: What were weaknesses of the pilot intervention from the perspective of a variety of project stakeholders (i.e., 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.

Discussion: This project was hampered by a lack of clarity regarding leadership responsibility and a lack of operating and decision-making principles. In particular, SFSHC members noted a need for stronger leadership during the planning phase, better use of timelines, and clearly defined process outcomes for meetings. These challenges had a significant impact on agency participation, the ability of the project to plan and fund more innovative intervention approaches, and the length of the intervention period (see pg. 25-26)

The project management team reported that as a result of multiple factors, the intervention at the Ambassador was much smaller than what was implemented at the Camelot. These factors included rules and regulations at the site that were difficult to navigate, low capacity for intervention support due to limited onsite staff, and Ambassador staff priorities (see pg. 23-34).

Q5: 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.

Discussion: The components of the client-centered, building-centered approach that were implemented in this project are discussed in detail below (Q9). This approach was resource and time intensive, which may make this project difficult to replicate on a larger scale. That being said, lessons learned from this project may allow future projects in this context to move through the planning phase more quickly and focus intervention efforts on cost-effective and impactful strategies.

The project management team felt that differences between the two SRO buildings had a large impact on the implementation of this project. The Camelot is a smaller building (54 units), has a higher staff-to-resident ratio, and places an emphasis on providing resources to their residents and trying to facilitate tenant engagement in community activities. The Ambassador is a much larger building (134 units), has significantly less onsite staff, and is more wary about increasing services for tenants. In particular, site staff capacity to support food service implementation was found to be a significant barrier to implementation at the Ambassador (see pg. 33-34). Future

projects in this area will need to attend to differences in site staff capacity among SRO buildings and should expect a need for significant external support to implement interventions.

Q6: How did participant outcomes change from pre to post test?

How does this change compare to that of residents in the comparison SROs?

How did participant outcomes differ among subgroups of SRO residents?

What elements of the program have had the greatest impact on participants?

Evaluative conclusion: Survey data did not find any significant change from pretest to post-test at the pilot sites, with the exception of food-related self-efficacy at the Camelot and number of meals eaten per day at the Ambassador. The qualitative data did however suggest that, for at least a subset of tenants, the pilot did have a positive impact on their food security and caused a reduction in the food-related stress they experience particularly around the end of the month. No meaningful differences were found between tenants who did not participate in services and those that did participate. Unfortunately, due to non-significant pre-post change overall, and the small sample size of matched pre-post tests at both sites, the evaluation was unable to examine the affect of attendance levels in different interventions on pre-post change.

Discussion: Overall, participant outcomes such as food security, number of weeks monthly food budget lasts, and perceived difficulty of eating a healthy diet were not found to be significantly different from pretest to post-test at both treatment sites. Food-related self-efficacy for Camelot residents was significantly higher at the post-test compared to the pre-test. This, however, was not the case for residents of the Ambassador. Residents at the Ambassador did however report eating significantly more meals per day at the time of the post-test than they did at the pre-test. Although statistical analyses of the post-test may not have yielded significant findings, the data should be interpreted with caution. First, there were issues with insufficient sample size (especially at the Camelot) that made certain statistical analyses impossible. Second, there were trends in the data that suggested there were either issues of attention or cognitive capacity of participants taking the survey.

The qualitative data sources did suggest that the pilot program had a positive impact on tenants at both sites. For example, themes of increased food security and reduced food-related stress among residents was discussed by tenants in interviews and focus groups at both SROs.

At each SRO site there were a handful of residents who did not participate in one event or service or only participated in a very small amount (< 11 at the Camelot; < 2 at the Ambassador) offered through the pilot program. Site staff were asked to examine the list of residents to see if there were any interesting trends or characteristics about this group of residents. No meaningful trends were seen, although, the Ambassador staff did point out that a handful of tenants who did not participate in services had jobs that would have prevented them from being on site during many, if not all, events. These findings indicate that the pilot

project was successful in serving all tenants, even those with limited physical capacities (i.e. room-bound residents).

The results of the evaluation of this project provide some indication that achieving food security for all SRO residents will require a more holistic approach that addresses a broader range of contributing factors such as social isolation, mental and physical health challenges, timing of services and other unidentified variables.

“I was thinking, do we expect that we’re going to get 100% food security with just food interventions? And I think that expectation -- we have people with significant mental health issues. How do we provide them with food security, if we’re not also thinking about mental health services for them? Because we provided for example, an onsite at the Camelot and there was a tenant who had to be banned, she was violent. So, we can’t meet that food security need, she couldn’t come to the meal.” -Project Manager

An SFSHC member made a recommendation for furthering understanding in this area. They suggested that future pilots should make use of more nuanced data collected by SRO case managers, rather than relying on surveys of tenants, to be able to provide a fuller picture for resident needs assessments and pre/post intervention change.

Q7: To what extent are food related services at the SROs different as a result of the pilot program?

Evaluative conclusion: At the time of the completion of this report, the San Francisco Bay Area was under directions to shelter in place due to the coronavirus outbreak. Therefore it was not possible to do an assessment of the state of post-intervention food services at the Camelot and Ambassador.

Discussion: The project manager noted that while the Camelot has the capacity to increase their staff hours to support expanded food services for their tenants, the Ambassador will most likely need a third party to continue to manage and implement food services. SRO building characteristics will strongly affect the extent to which food service interventions can be sustained and supported internally post pilot intervention. Currently, a sustainability plan for the SRO pilot project is not in place.

SFSHC members reported a lack of sustainability considerations during the planning phase of the project. One member in particular felt that sustainability conversations should have begun much earlier and that a sustainability plan should have been put in place. They felt that involving individuals with grant continuation expertise would have been helpful. Site staff echoed these concerns, particularly at the Ambassador, questioning how their tenants will feel about the new services being discontinued at the end of the pilot.

Q8: How did the pilot intervention ensure a systematic, coordinated, and integrated approach to service delivery?

Please refer to the final report from Leah's Pantry for a full discussion of their approach to service delivery.

Q9: 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. The discussion below highlights the strategies that were cited by project stakeholders as critical for achieving this goal.

Discussion: During the planning phase, the evaluation and project management teams collaborated to implement a **Needs Assessment** of residents at the Ambassador and Camelot (see Appendix A). The data from this needs assessment was kept at the forefront of planning discussions and helped the SFSHC design an intervention that took into account the needs, priorities, and preferences of the target population.

"I also think that not making any decisions about those communities and their needs without their explicit feedback and consent was apparent in the needs assessment process. I think focus groups are a really great client centered approach to evaluation. So, incorporating focus groups into our evaluation strategy, I thought lent itself to a real client centered approach."- SFSHC Member

A deep understanding of the target population came from the **extensive experience of the SFSHC members**. Each member of the planning team was very familiar with the SRO population.

"I don't think there were a lot of unrealistic ideas, because there was such a deep understanding of the population, because people have worked in this and they have an idea of what was feasible and what was going to happen and what wasn't that I think we were able to remain client focused, because everyone on the collaborative has done a lot of work in this neighborhood."- Project Manager

Engaging SRO site staff in the planning process provided additional insight into the needs and preferences of tenants and also allowed the project to be "building-centered;" taking into account the capacity of staff at each site to support service implementation and their expectations, preferences, and limitations as well.

"It wasn't just the tenants we had to consider; it was the staff too. This wasn't going to work without their buy-in so we really had to work closely with them to make sure they had a role in planning something that would work."- Project Manager

The **tenant leader intervention strategy** not only empowered these individuals to play a direct role in the pilot, but also provided another line of communication between the project management team and the tenants.

*“Well, for one, having the tenant leaders participate, they live there, they tell us what tenants like or what happened. We ask when we go on site, the stuff. So, I think their involvement just helped us gather more information on the tenants’ perspectives” -
Project Manager*

Q10: 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.

Discussion: The original pilot plan included training for all intervention service providers on trauma-informed service provision. This training was intended to be provided by Leah’s Pantry. The project manager reported that these training sessions were not provided partially due to delays in getting the implementation off the ground, but also as a result of changing priorities. When the plans to deliver trauma-informed training were made, they had believed that nutrition education services would be a component of the intervention. If this type of service had been part of the intervention, this training would have been a greater priority.

Please refer to the final report from Leah’s Pantry from additional discussion of their trauma-informed approach to service implementation.

Q11: 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.

Discussion: Using data from the Needs Assessment, comparisons were made between tenants stated preferences for new food services and the interventions that were implemented at each site. At both sites, one of the most common requests was more money to buy food, a request that was addressed by the EatSF food vouchers. The food vouchers may have also allowed

residents to obtain food that met their dietary requirements, which was a top priority for residents at the Ambassador and a desire of some Camelot residents as well.

Tenants at the Ambassador also shared a desire to have equipment to cook in their room and a desire for free meals to cook in their room. These needs were at least partially addressed by the small appliance giveaway and the delivered prepared meal service. One priority among Ambassador residents was not addressed by this intervention: free groceries delivered to their building. This intervention strategy was planned but not executed due to resistance from Ambassador staff (see pg. 33-34).

Tenants at the Camelot also shared the following priorities for food services: equipment to cook in their room, an equipped community kitchen, free groceries delivered to their building, free meals to eat in their room, and free meals to eat with other residents. All but one of these priorities (free delivered groceries) were reflected in the Camelot intervention.

The continued unmet needs identified at each site differed from each other. Based on discussion during the focus group at the Camelot and the tenant interviews at the Ambassador, one primary theme arose at each site. At the Camelot, residents expressed frustration around the gaps in services at various points in the month, indicating a need to attend more carefully to the timing of services to ensure full coverage across the month. At the Ambassador, the theme that arose was around food quality. Tenants expressed a desire for higher-quality and healthier food than what was currently being provided via donations.

Q12: What was the financial cost of the intervention? What are the implications of this cost for scale up?

This evaluation question was not addressed by RCC's evaluation of this pilot. However, please refer to the final report from Leah's Pantry for cost comparison project data.

Q13: 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. The largest contribution of this project were its *process* findings (versus *outcome* findings) about how different characteristics of SROs impact this type of intervention, resident and site staff feedback on different types of services, and lessons learned related to managing this type of project.

“I think that most of the learnings that we will have gotten by the end of this is process based. And I think that is equally valuable. But I don’t think that this project is going to lend itself well to saying- if you have an SRO building, these are the interventions that work. It’s more like, here is a process that we’ve vetted and you have to look at these factors and do this type of needs assessment, and here’s a menu of strategies you could try.”- SFSHC Member

Discussion: SFSHC members and the Project Management team shared their unanswered questions that they believe should be addressed in future iterations of this project to move in the direction of a research-based blueprint for SRO resident food security in San Francisco.

What can be done about structural barriers to SRO resident food security?

An issue that was brought up repeatedly in tenant focus groups and interviews, and that was echoed by site staff, was the lack of storage for fresh food in tenants’ rooms and the limited ability to cook. The SRO pilot project made an attempt to address this challenge at the Camelot by providing funding to complete their community kitchen. However, the issue of limited in-room fresh food storage was not addressed by this project and only a small portion of Camelot residents began using the community kitchen to cook. Structural barriers continue to exist at both sites for SRO residents who would like to buy and store fresh food and cook for themselves.

“We have done workshops on how you cook in an SRO. And I think there’s some value in that information. But I think we have to be realistic; it’s hard to try and prepare a little meal in a little microwave in your room, and it’s just too many pieces to figure out for a lot of people.” -Project Manager

How is it possible to scale up while maintaining a client-centered approach?

This project committed almost a year of time and extensive resources to planning a building-specific, client-centered intervention. This level of investment is not feasible on a city-wide scale. Therefore, the question becomes, how can this planning phase be duplicated with less resources and time? A member of the project management team shared recommendations for next steps towards this goal:

- √ Development of an instructional guide that summarizes the implementation lessons learned and best-practices of this project, along with key considerations related to SRO building characteristics, that could be used to plan similar interventions without the lengthy planning phase.
- √ Create a consultant position that is familiar with the findings from this project who works with individual SRO buildings to plan and launch food services funded by the city and provides support to build the site staffs’ capacity to manage these services on an ongoing basis.

How do we achieve *nutritional* security, not just food security?

The project management team expressed a hope that future work in this space would focus more directly on improving the overall nutritional quality of food consumed by SRO residents. They felt that elements of this project did provide more healthy food to participants (i.e., through the EatSF Fruit & Vegetable vouchers and the Camelot community meal), however this was not a primary focus of this project.

Can food security be achieved without a suite of resource-intensive food services?

During this project, the idea of implementing a cash-comparison study as part of the evaluation was brought up repeatedly by a few members of the SFSHC, but this idea was not implemented. These SFSHC members were curious to know if it was necessary to provide this suite of resource-intensive food services or if food security be achieved simply by increasing resident's ability to buy enough food through additional income. This important question remains.

"I think really, the element of having a cash control would have answered so many questions about whether this is even "worth it," or if it literally makes more sense to cut people a check every month." -SFSHC Member

What outcomes would result from more innovative intervention strategies than were implemented as part of this pilot?

One SFSHC member felt that the SRO pilot project was unable to be as innovative in its service provision as they had hoped. They questioned what additional impact would have resulted from more innovated interventions and hoped that future work in this space would be more successful at piloting new strategies for achieving food security.

Q14: What recommendations for future SRO food security programming can be made with confidence at this stage? (i.e., What elements of the intervention show particular promise for scale-up activities)

At the time of the completion of this report, the San Francisco Bay Area was under directions to shelter in place due to the coronavirus outbreak. Therefore a full convening of the SFSHC to review findings and generate recommendations was not possible. The SFSHC will convene at a future date to review the findings in detail and develop their recommendations for the San Francisco Food Security Taskforce.



APPENDICES

See pages that follow for Appendix A-D

Appendix A. Camelot & Ambassador Needs Assessment Report
{see next page}

SRO Food Security and Health Collaborative Pilot Project

Needs Assessment Report

March 16, 2018



Design, Site Descriptions, & Methodology

Introduction

In February of 2018, a needs assessment was conducted at two SROs, the Ambassador and the Camelot, to inform the SRO Food Security and Health Collaborative Pilot Project. The overarching goal of the needs assessment was to collect information from the SRO building tenants to support the design of tailored interventions, anticipate intervention implementation issues, and identify potential barriers to success. The project manager, Leah's Pantry, and the project evaluator, Redwood Consulting Collective, collaborated to design and implement the needs assessment. Support and input was also solicited from the project's Evaluation Advisory Committee, made up of members of the SRO Collaborative, and from staff at the Ambassador and Camelot.

Methods

For the needs assessment, a mixed methods approach was taken to try and understand how agencies can come together and provide services to SRO residents in a more holistic, targeted, and effective way. A mixed methods approach uses both quantitative and qualitative measures to produce rich, high quality data. This approach also helps overcome the weaknesses of using a single methodology and help create a more comprehensive picture. In this case, qualitative focus group data and contextual data was used as a means of collecting more specific information to supplement some of the results from the quantitative survey.

Tenant survey. SRO tenants at the Camelot (N=24, 44% response rate) and the Ambassador (N=56; 41% response rate) completed a paper and pencil survey. The survey contained questions focused on use of current services, current food context or conditions for tenants, values around food, and programming preferences. The surveys can be found in the Appendix. The Leah's Pantry team partnered with staff at each site to facilitate data collection and conducted at least three in-person data collection sessions at each site. The data collection period ran from February 15, 2018 to February 27, 2018.

Focus groups. SRO tenants participated in an hour long focus group implemented by the Leah's Pantry team (Camelot: N= 8; Ambassador: N=10). The goal of the focus group was to supplement the survey data by adding depth and understanding around certain subjects. The participants shared their perceptions of current services (what's working well and what might be improved) and provided insights into what services could be offered in the future that would most support the SRO residents.

Contextual data. During their time at each site, the Leah's Pantry team spoke with various staff members and became familiar with the structural and environmental features of the sites. These data sources provided contextual information to help frame and interpret data collected from the tenants. Understanding the buildings layout and facilities should also be used to inform potential interventions by understanding the possibilities as well as the constraints of each building.

Representativeness of the Data

Ambassador - The sample of residents who participated in the survey was a representative sample of the overall building demographics.

- Approximately three quarters of the participants were men
- Primarily African American and White, with some Latino
- Most if not all are low income, unemployed, and disabled (many experience mobility challenges)

Representativeness of the Data

Camelot - The sample of residents who participated in the survey represents a higher functioning, more independent subset of the population at the Camelot

- Two (out of 16) respondents were women, which is reflective of the low female population
- Those who are **not** represented include: residents who tend to be more isolative, have more severe mental health issues, and/or rely more heavily on outside services to meet daily needs

How to Interpret the Data

Response rate - the number of people who participated out of the total possible number of participants.

- ➔ Typical response rates for internal surveys range from 30-40%
- ➔ Survey results cannot be assumed to be reflective of all participants' experiences, feelings, etc.
 - ➔ We don't know what 66% of tenants at the Ambassador & 69% of tenants at the Camelot think about current food services.
 - ➔ *We must interpret with caution*

Supplemental data sources (e.g., focus groups) - are used to provide depth and greater understanding to another data source

- ➔ But, quotes are reflective of personal experience and themes can not be generalized to residents as a whole.

Structural and Environmental Features of the Pilot Sites

Ambassador. The Ambassador is an SRO building operated by the Tenderloin Neighborhood Development Corp., a housing developer that acts as both the property manager and the support service provider (i.e., case management). The building has 134 units, on-site support services staff, and limited in-unit and in-building cooking opportunities. Every tenant is provided with a small fridge and microwave for their unit and they are allowed to use appliances in their room that do not have an open flame (e.g., toaster ovens, rice cookers). All food is stored in tenants individual rooms. However, the

building does have a community kitchen, which has stoves and ovens for tenants to use and open shelving for quick storage while cooking.

The Ambassador hosts all the events in the community room of the Pavilion, which features an open outdoor space with potted plants. The interior community room includes several comfortable chairs and couches, a television, a table with six chairs, and access to two restrooms. The Pavilion does have a full kitchen, which is not available for resident use, rather staff use it for community events. The community room in the Pavilion hosts building events, including the weekly food pantry, building meetings, special community events, and weekly coffee hour. Support service staff offices are located on this floor and are open for residents to visit with staff during open office hours.

Full list of Current Services at the Ambassador	
Home-delivered meals from Meals on Wheels	Food pantry at the Ambassador
Emergency Food Pantry (with referral from TNDC social worker)	Home-delivered meals or picking up groceries from Project Open Hand
Grocery donations (Trader Joe's, Safeway)	Free meal sites (e.g., Fraternite Notre Dame, St. Anthony's, Glide)

Camelot. The Camelot Hotel is operated by DISH housing developer who provides the property management. The site support services are provided by the San Francisco Department of Homelessness and Supportive Housing. The building has 54 units and has no cooking facilities. The building does provide each tenant with a refrigerator and a microwave and allows tenants to use their own appliances that do not have open flames.

The Camelot hosts all of the events in the community room, which includes two couches, a television, one long table with six chairs, a counter space, sink with paper towels and soap, and access to a restroom. The community room hosts building events that include the monthly food pantry, building meetings, special community events, and a breakfast hour offered five days a week. Support service staff and property management offices are also located on this floor and are open for residents to come and speak with staff.

Full list of Current Services at the Camelot	
Home-delivered meals from Meals on Wheels	Grocery donations (Trader Joe's, Safeway)
Camelot Breakfast	Food pantry at the Camelot
Free meal sites (St. Anthony's or Glide)	Buying ready to eat food

RESULTS

Sources of Food

Ambassador. In the last month, residents at the Ambassador indicated that they got meals from a number of services including (see Figure 1 for full list):

- Buying groceries for themselves (N=45, 80%)
- Getting food from the Food Pantry in the building (N= 32, 57%)
- Grocery donations (Trader Joe's, Safeway) (N=21, 37.5%)
- Free meal sites (e.g., Fraternite Notre Dame, St. Anthony's, or Glide) (N=18, 32%)

When asked where they got **most** of their meals in the last month, buying groceries to prepare for themselves was indicated as the primary source of food (N=37) followed by the Food Pantry at the Ambassador (N=14), Free Meal Sites (N=13), Grocery Donations (N=10), Home delivered meals or groceries from Project Open Hand (N=9), Meals on Wheels (N=8), Emergency Food Pantry (N=7), and meal cooked by another person (N=5). During the focus group, participants expressed frustration about the refrigerator replacements because the new refrigerators do not have freezers and therefore, residents can not store or keep food they may want to. One participant noted *"Food storage is as important as food services. You can't talk about food services without talking about food storage."* Another participant explained *"You can't keep anything in the new fridges. That's going to be completely impossible to get delivered meals without a freezer."*

When prompted, 6 out of 10 participants said they would be interested in getting delivered meals if it was possible.

When discussing delivered meal services, such as Meals on Wheels and Project Open Hand, participants from the focus group mentioned liking Meals on Wheels because the food is sectioned off with protein, vegetables, etc. One participant noted *"Everyone knows Project Open Hand is one section and Meals On Wheels are sectioned off. I like having it separate. You can actually tell what it is."* It became apparent that there may also be a lack knowledge and understanding around eligibility for some of services. During the focus group, participants were debating and educating each other on the eligibility requirements for Project Open Hand - *"For myself, I like POH, but to qualify for POH meals you have to be HIV positive"* said one member. To which other responded *"Not only HIV, you can have diabetes, cancer - they've changed their perspective on that."* Most of the residents in the focus group expressed that if they were able to qualify, they would like to receive a delivered meal on site.

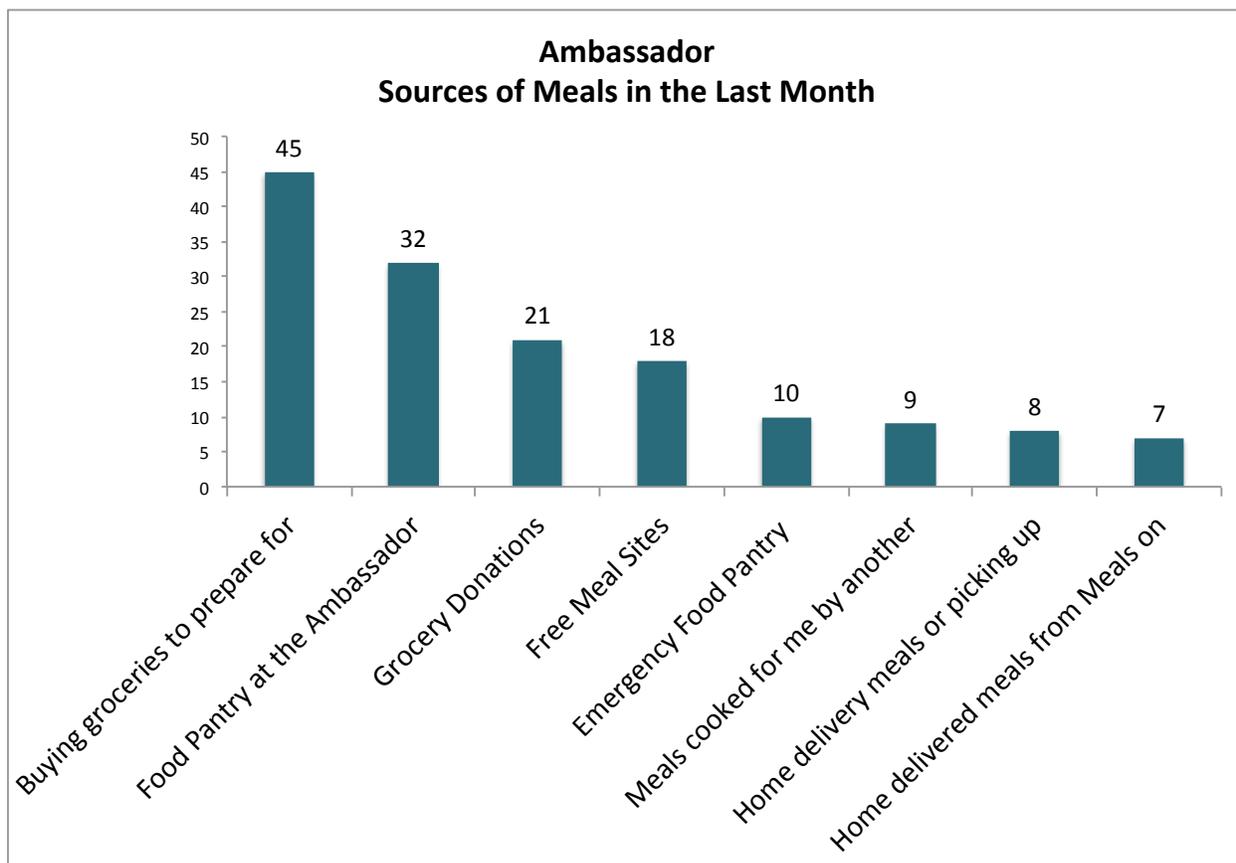


Figure 1: Sources of meals in the last month for Ambassador residents

Camelot. Residents at the Camelot echoed similar responses to those at the Ambassador regarding their sources of meals in the last month including (see Figure 2 for full list):

- Buying groceries to prepare for myself (N=19, 79%)
- Food Pantry at the Camelot (N=15, 62.5%)
- Camelot breakfast (N=11, 46%)
- Buying ready to eat food (N=10, 42%)

When asked where they got **most** of their meals, buying groceries for themselves was the primary source indicated (N=19) followed by the Food Pantry at the Camelot (N=12), Camelot breakfast (N=6), Buying ready to eat food (N=5), Free Meal Sites (N=3), Grocery Donations (N=1), Meals on Wheels (N=0), and Meals cooked for me by someone else (N=0). Interestingly, focus group participants were generally unaware of where and when the Pantry events took place, even though they acknowledged knowing that there was a calendar with the events listed and it being a primary source of food for residents in the survey. Although grocery shopping was a dominant source of meals, focus group participants did mention that it did pose a challenge in terms of accessibility and bringing the grocery bags home. One participant explained:

“My biggest problem is that I get food stamps. It’s hard getting back here. It’s a long way on the muni. If I don’t hit that right I have to carry bags on a crowded bus, maybe some way to get there and back so I can do it without taking 10 trips to the store...maybe a van? I prefer to do my own shopping but something like “come do your own shopping on this day and we can all go together.”” - Tenant, Camelot

Although residents in the focus group were not too enthusiastic about the Camelot breakfast, the large majority did say that they would not eat breakfast if it was not for this service. A few participants mentioned that the food served was always the same and offering some variety would be nice, while others did mention that they did appreciate the consistency of the service and the opportunity to socialize with others. When asked about free off-site meal services, like St. Anthony’s or Glide, some participants expressed that they find these services stressful and hard to manage with their mental health issues (i.e., being overwhelmed by large crowds).

The vast majority of participants (7 out of 8 participants) were interested in the idea of group transportation to buy groceries.

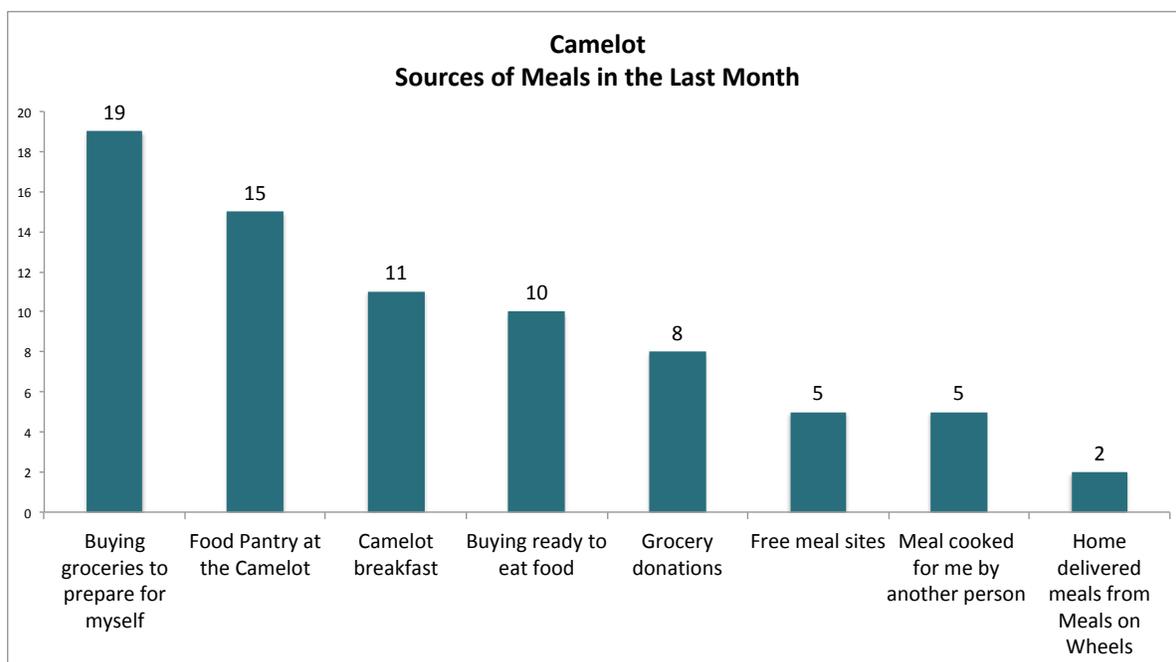


Figure 2: Sources of Meals in the last month for Camelot residents

Current Context and Conditions

Ambassador. Residents were asked about aspects of their lives that may be impeding their ability to access food services. Overall, most participants indicated they felt safe going out in their neighborhood to get food (N=38, 70%) and they prepare food in their room or building (N=48, 87%). However, residents also reported challenges being able to find the type of prepared food they want in their neighborhood (N=27, 51%), having enough money to buy the food they want (N=37, 74%), being able to find the type of groceries they would like in their neighborhood (N=27, 52%), finding the food they need for free (N=33, 69%), and they reported skipping meals because their health prevents them from leaving their room or traveling to get food (N=27, 59%; see Table 1 for list and responses). Additionally, when asked directly, **38 residents (68%) reported eating less than they wanted or missed a**

meal this month because *they did not have enough money* and **31 residents (56%)** said they missed a meal or ate less than they wanted to because *they could not get the food they needed for free*.

Table 1: Needs & Wants at the Ambassador

	No	Yes
I feel safe going out to get food in my neighborhood	16 (30%)	38 (70%)
I can find the type of prepared food I want in my neighborhood	27 (51%)	26 (49%)
I have enough money to buy the food that I want	37 (74%)	13 (26%)
I can find the type of groceries I want in my neighborhood	27 (52%)	25 (48%)
I can get the food I need for free	33 (69%)	15 (31%)
I often skip a meal because my health prevents me from leaving my room or traveling to go get food	27 (59%)	19 (41%)
I prepare some of my meals in my room/building	7 (13%)	48 (87%)

Camelot. The experiences reported by residents at the Camelot varied slightly from the experience of those at the Ambassador. They similarly indicated feeling safe going out to get food in their neighborhood (N= 15, 68%) and preparing food in their room or building (N=23 100%). When asked if they could find the types of prepared food they wanted in their neighborhood, the majority of respondents said they could (N=12, 57%). Respondents were split 50/50 (N=11/N=11) when asked if they had enough money to buy groceries to get the food they wanted. However, residents reported challenges finding the type of groceries they want in their neighborhood (N=14, 56%), finding the food they need for free (N=14, 70%), and often skip a meal because their health prevents them from leaving their room or traveling to get food (N=14, 70%; see Table 2 for list and responses). Additionally, when asked directly **10 residents (42%) reported eating less than they wanted or missed a meal this month because they did not have enough money** and **8 residents (33%) said they missed a meal or ate less than they wanted to because they could not get the food they needed for free**.

Table 2: Needs & Wants at the Camelot

	No	Yes
I feel safe going out to get food in my neighborhood	7 (32%)	15 (68%)
I can find the type of prepared food I want in my neighborhood	9 (43%)	12 (57%)
I have enough money to buy the food that I want	11 (50%)	11 (50%)
I can find the type of groceries I want in my neighborhood	14 (56%)	11 (44%)
I can get the food I need for free	14 (70%)	6 (30%)

I often skip a meal because my health prevents me from leaving my room or traveling to go get food	16 (70%)	7 (30%)
I prepare some of my meals in my room/building	0 (0%)	23 (100%)

Services to Improve Eating

Ambassador. Residents were asked to indicate the top three services that would *most* help them eat better. The most frequent services selected were (1) more money to buy food, (2) free groceries delivered to my building, and (3) getting food that meets my dietary needs (e.g., no dairy, no meat) or health restrictions (e.g., diabetes, dental needs). See Figure 3 below for full list of services and responses. If residents selected the ‘other’ option, suggestions included: more canned food that is shelf stable and easy to store, a freezer or full sized refrigerator, have social workers use the food bank to get better food for the produce drop, and part-time jobs to help pay for meals.

A theme that arose during the focus group was interest in finding a way to disburse food services throughout the week and throughout the month to help when things are tight. For example, one participant shared *“I wish there was more accessibility to Produce Drop. It is currently happening on Monday but when the weekend rolls around there is no cash and no food available. That’s a little stressful - just the accessibility, maybe one more 30 minute slot during the week.”* The majority of residents in the focus group also indicated that they were interested in meals being available on site, either in home delivered meals or a congregate meal.

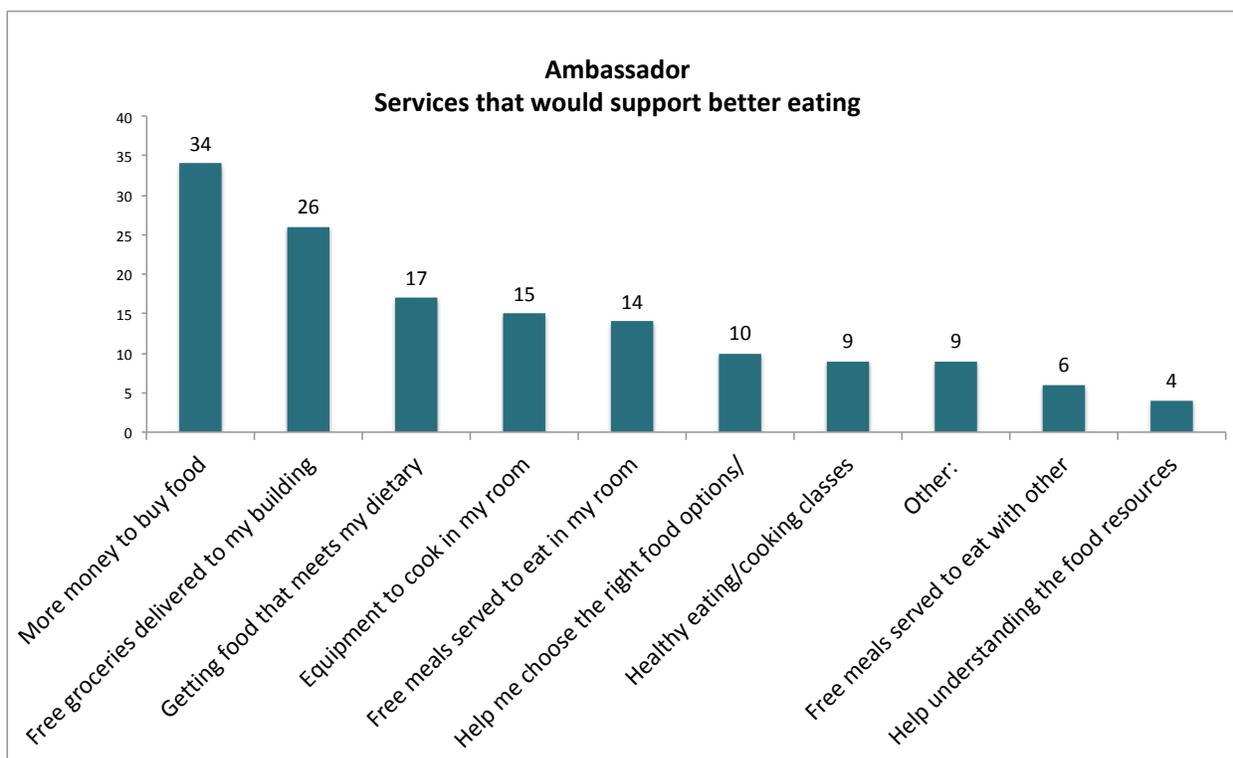


Figure 3: Services or things that would support better eating for Ambassador residents

I think about food 24/7. That's the truth. I go to bed thinking about what I'm eating and the next day as well. 7 am - I always think about what I am going to prepare. I don't know...social workers can go to the food bank, because I am diabetic and they have a lot of sweets, so I give it away. So maybe we can make a list and they can go down to the food bank and get what we need there - meat or whatever. That would help. I try to manage my own food stamps and by the 3rd week it's always gone. So more often so it can last longer but I think it's great. If the food drop wasn't here that would be bad.

- Tenant, Ambassador

Camelot. Residents of the Camelot most frequently selected (1) equipment to cook in my room, (2) an equipped community kitchen, and (3) more money to buy food as the services that would most help them eat better. Refer to Figure 4 for a full list of responses given. When focus group participants were first asked about the idea of a community kitchen, most of them expressed concerns. Comments included: *“I think it’s a good idea but no. I’d be worried about the cleanliness of it”, “the fighting over it, throwing people’s food out. I’d just as soon use my microwave”, or “I’ve got everything I need to cook in my room.”* However, when asked if it was possible to find a good way to make it work, 6 out of 8 participants (75%) indicated they would be interested.

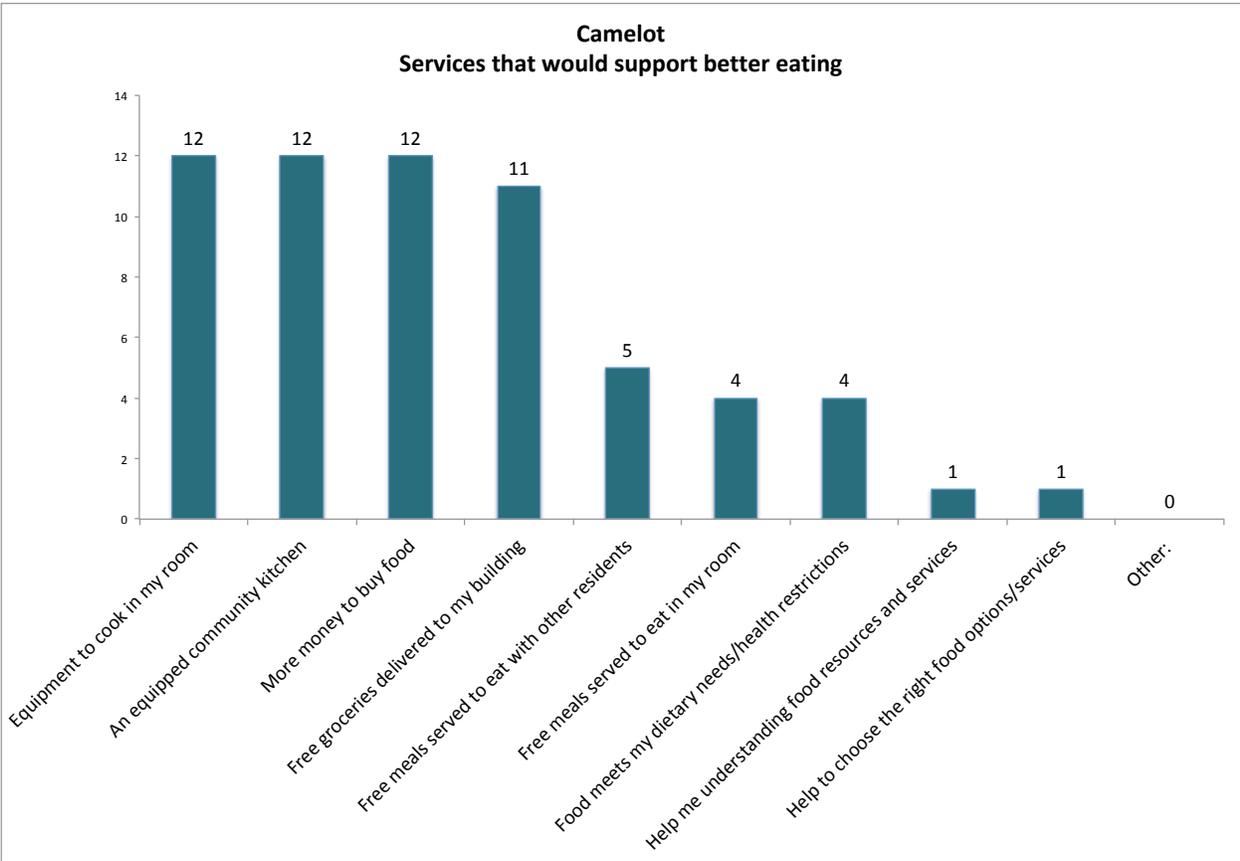


Figure 4: Services or things that would support better eating for Camelot residents

Food Values of Residents

Participants were asked to share their food-related values and what they find important with regards to the food they eat.

Ambassador. Although tenants at the Ambassador seemed to find every option important, there were some dominant values that emerged including: (1) valuing healthy food that is good for their body, (2) fresh food that is not old or leftover, (3) simple to cook, and (4) convenient for me to get. Refer to Figure 5 for the full list.

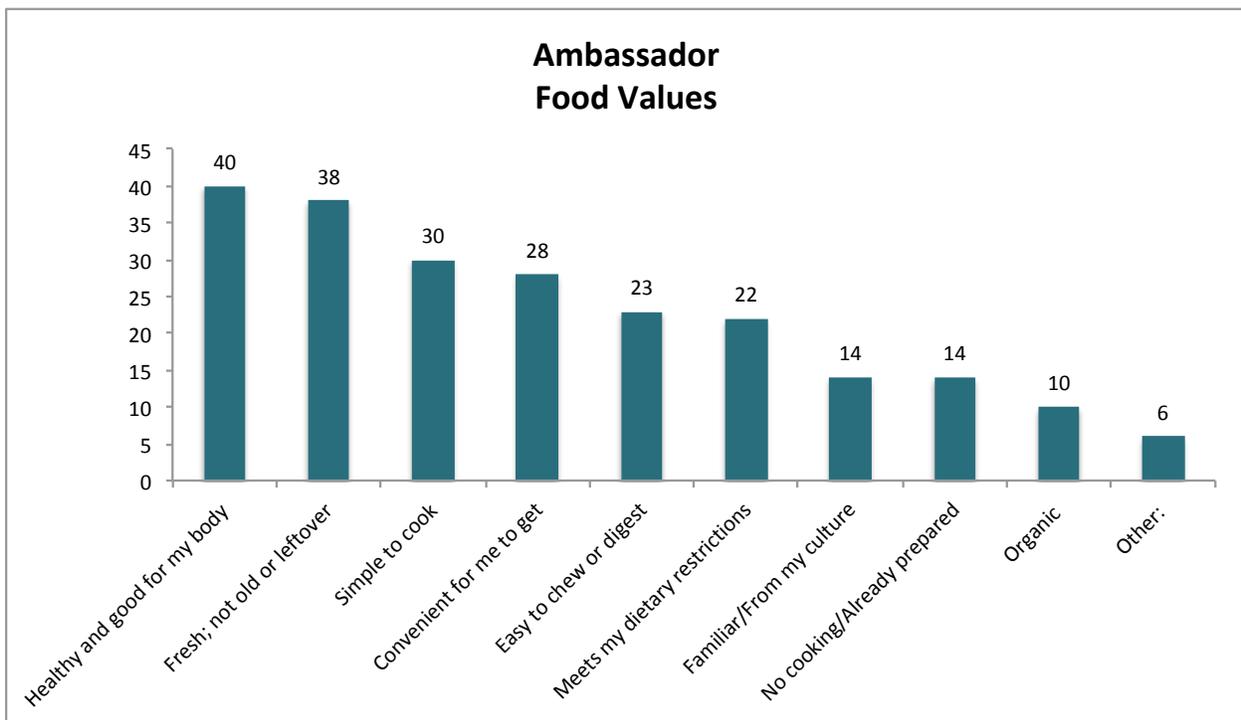


Figure 5: Ambassador resident values around food

Camelot. Participants from the Camelot echoed the same top values around food as those from the Ambassador (with the exception of the fourth - see Figure 6). They indicated that they value food that is (1) healthy and good for their body, (2) fresh food that is not old or leftover, (3) simple to cook, and (4) easy to chew and digest. Refer to Figure 6 for full list. The desire for fresh, healthy food was echoed by focus group participants. They mentioned that a lot of the food they receive is particularly sweet and were interested in more fresh fruits and vegetables as well as more sources of protein. Focus group participants were also worried about the freshness of the food that gets delivered to the building and being notified about its arrival.

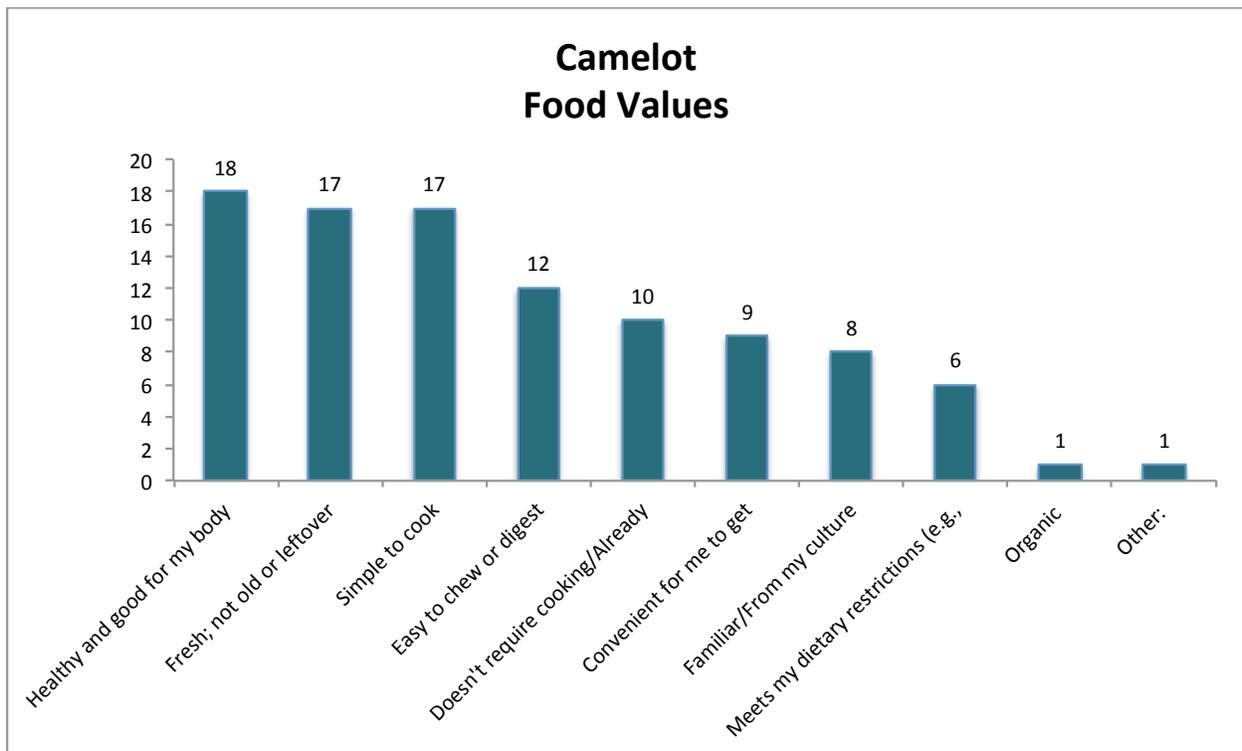


Figure 6: Camelot resident values around food

New Programming or Activities

The final question of the survey was focused on preferences regarding new programming, specifically focused on what type of social environment participants would prefer. Their responses indicated that future interventions may need to be comprised of services with varying structures, as tenants reported varying preferences.

Ambassador. Participants at the Ambassador were mixed with regard to preferred programming. Of the 53 participants that responded to this question:

- 15 people were interested in a one-on-one setting (individual counseling or coaching)
- 17 people were interested in a small group setting (fewer than 8 people)
- 9 people were interested in a large group setting (8 or more people)
- 12 people were not interested in participating in programs or activities

Camelot. Participants at the Camelot followed a similar pattern with regards to their interest in programming and activities. Of the 22 people that responded to this question:

- 5 people were interested in a one-on-one setting (individual counseling or coaching)
- 8 people were interested in a small group setting (fewer than 8 people)
- 2 people were interested in a large group setting (8 or more people)
- 7 people were not interested in participating in programs or activities

Perspectives of Ambassador and Camelot Staff

Key informant interviews were conducted by the Leah's Pantry team with Will Jensen, a social worker at the Ambassador and Kendra Leingang, the Director of Support Services at the Camelot. Informal discussions were also had with property managers and other site staff at both SRO sites. Additionally, conversations with the property manager and Director of Support Services from another DISH site, the Star Hotel, were had to learn more about their daily congregate meal.

When asked if he thought Ambassador residents' food needs were being met, Will Jensen responded "they are eating and surviving [but] they just don't have healthy food and have the stress of a piecemeal approach." Will sees a wide range of capacity and motivation among residents to take care of their food needs and states that some have the ability and money to meet their needs but wonders what essentials might they be dropping when they meet their food needs. Many residents have addictions, which interferes with their ability to feed themselves. Will also highlighted personal barriers and issues that affect residents' food security. For example, many need personal assistance with connecting their health to good nutrition, managing their limited finances, cooking skills, and having a greater awareness of options for services. He suggested that overall, residents need more access to healthy, affordable food, more money, and more education and skill building. Will agrees with the suggestion made by tenants in the focus group that it would be helpful for residents to have transportation to grocery stores and additional staff support to navigate and troubleshoot individual food security issues.

Kendra Leingang, from the Camelot, expressed an active interest in exploring a variety of options to improve food security and resident engagement at the site. She feels the daily breakfast is very well received and the support services team is currently looking for more ways to improve the options of food served. Kendra mentioned the initiative launched at the Star Hotel to serve congregate meals and heard that they have had fair success with that service. She also indicated that the Camelot is considering transporting residents to that location for the daily lunch. With regard to the amenities at the site, Kendra felt that residents could use more equipment to prepare food in their room and that transportation to food shopping would be helpful to residents.

A follow up conversation was had with Christine Odena, Director of Support Services and Lois Butler, General Manager at the Star Hotel to learn more about the daily congregate meal. They both felt that the service had immediate benefits. Their residents do not have easy access to meal sites and often consumed snack foods from local corner stores. Therefore having a daily hot meal has made a significant positive impact on their food security. It has allowed severely depressed and hard to reach residents to engage and access food in a safe and familiar place. Residents that normally cannot and will not leave their rooms are slowly starting to engage by walking downstairs for lunch. The staff of the outside agency that serve the meal (Centro Latino) are kind and respectful of clients space, which encourages clients to return. The congregate meals have also opened up the food budget and both Christine and Lois indicated that they are looking forward to having more time to focus on other engaging activities and case management.

Key Take-Aways

Ambassador

- Primary sources of meals (top 3):
 1. Buying groceries to cook for themselves
 2. Food Pantry at the Ambassador
 3. Grocery donations (Trader Joes, Safeway)
- Sufficient money or access to free food throughout the month was an issue
- Participants value food that is:
 - Healthy
 - Fresh
 - Simple to cook
 - Convenient to get

Camelot

- Primary sources of meals (top 3):
 1. Buying groceries to cook for themselves
 2. Food Pantry at the Camelot
 3. Camelot breakfast
- Sufficient money or access to free food throughout the month was an issue
- Participants value food that is:
 - Healthy
 - Fresh
 - Simple to cook
 - Easy to chew or digest

Questions to Guide Next Steps

1. Do we focus on the programs and services that are most used and improve those? For example, do we focus on helping tenants buy groceries for themselves and consider suggestions such as group transportation services? Can staff shop for the Food Drop at the Ambassador? Can residents make requests for what is offered at the pantry?
2. Do we focus on increasing utilization of currently under-utilized services? For example, do we just need to raise awareness of eligibility for services? Can staff help residents troubleshoot their food access challenges?
3. Can we expand promising programs and strategies that are well liked by the few who can use them but are limited by funding, resources, frequency, or other factors? Can home delivered meals be offered to more residents? Can group meals be expanded and offered more regularly? Can residents be provided with equipment to assemble their own meals?

Food Services for Ambassador Residents

You are being asked to participate in this survey by the SRO Food Security Collective.

PURPOSE: A group of agencies have come together to understand how they can provide food services to the Ambassador in a more helpful way. To do that, we need to first understand what the Ambassador residents need and want from the services they receive. The purpose of this survey is to better understand *your* current experiences with food providers, find out what *you* like and don't like about them, and learn about what *you* are missing.

PARTICIPATION: Participation in this survey is completely your choice. Your decision to participate will in **no way** affect your relationship with Ambassador staff or service providers. Your decision will not affect your ability to receive services. If you start the survey but feel uncomfortable answering certain questions, you can skip the question or stop the survey for any reason.

CONFIDENTIALITY: Your privacy is *really important* to us. Your name won't be associated with the responses in any way. We are asking people to tell us their unit number so we can track overall participation and enter you in the raffle, but it won't be linked to you or shared with anyone, other than the research team.

RAFFLE: To thank you for participating in the survey, you will be entered into a raffle for a **\$25 Walgreens gift card**. Please make sure to fill in your unit number on the survey to be entered into the raffle.

HELP COMPLETING SURVEY: If you need any help filling this out or if you have any questions, there is someone available! Please ask the site staff for help.

FINISHED SURVEYS: Once you're done with the survey, **please leave it in the folder on the social worker's door** (Will Jensen).

Thank you so much for participating!

You can also contact Monica Bhagwan if you have any questions or want any more information about the survey and/or the project at monica@leahspantrysf.com or (415) 385-1350.

What is your housing unit #? _____ (to be entered in raffle)

Where do you get your meals from? Please **circle all** the places you got food in the last month.

Home-delivered Meals from Meals on Wheels	Emergency Food Pantry (with referral from TNDC social worker)	Grocery donations (Trader Joes, Safeway)	Buying groceries to prepare for myself
Home-Delivery Meals or Picking Up Groceries from Project Open Hand	Food Pantry at the Ambassador	Free Meal Sites (e.g., Fraternite Notre Dame, St. Anthony's, or Glide)	Meal cooked for me by another person

Great! Now we want to know where you get **most** of your meals. Circle the **top 2** places you get your food.

Home-delivered Meals (e.g., Meals on Wheels)	Emergency Food Pantry (with referral from TNDC social worker)	Grocery donations (Trader Joes, Safeway)	Buying groceries to prepare for myself
Home-Delivery Meals or Picking Up Groceries from Project Open Hand	Food Pantry at the Ambassador	Free Meal Sites (e.g., Fraternite Notre Dame, St. Anthony's, or Glide)	Meal cooked for me by another person

Thanks! Please **circle the answer** that is true for you.

I feel safe going out to get food in my neighborhood	Yes	No
I can find the type of prepared food I want in my neighborhood	Yes	No
I have enough money to buy the food that I want	Yes	No
I can find the type of groceries I want in my neighborhood	Yes	No
I can get the food I need for free	Yes	No
I often skip a meal because my health prevents me from leaving my room or traveling to go get food	Yes	No
I prepare some of my meals in my room/building	Yes	No

In the last month, did you ever **eat less** than you wanted to or **miss a meal** because you didn't have **enough money**?

Yes

No

I don't remember

In the last month, did you ever **eat less** than you wanted to or **miss a meal** because you couldn't get the **food you needed for free**?

Yes

No

I don't remember

Now, **circle the top 3** services or things that would **most** help you eat better.

1. Equipment to cook in my room
2. More money to buy food
3. Free groceries delivered to my building
4. Free meals served to eat *in my room*
5. Free meals served to eat *with other residents*
6. Someone to help me understand the food resources and services available to me
7. Someone to help me choose the right food options/services to be healthier
8. Getting food that meets my dietary needs (e.g., no dairy, no meat) or health restrictions (e.g., diabetes, dental needs)
9. Healthy eating/cooking classes
10. Other: _____

It is important that the food I eat is (check all that are true for you):

- | | |
|---|---|
| <input type="checkbox"/> Healthy and good for my body | <input type="checkbox"/> Doesn't require cooking/Already prepared |
| <input type="checkbox"/> Familiar/From my culture | <input type="checkbox"/> Convenient for me to get |
| <input type="checkbox"/> Meets my dietary restrictions (e.g., vegetarian, dairy free, low sodium) | <input type="checkbox"/> Easy to chew or digest |
| <input type="checkbox"/> Fresh; not old or leftover | <input type="checkbox"/> Organic |
| <input type="checkbox"/> Simple to cook | <input type="checkbox"/> Other: _____ |

If there were new programs or activities provided here at the Ambassador, I would prefer that they were offered (**choose one**):

- In a one-on-one setting (individual counseling or coaching)
- In a small group setting (fewer than 8 people)
- In a large group setting (8 or more people)
- None; I do not want participate in any programs or activities

Food Services for Camelot Residents

You are being asked to participate in this survey by the SRO Food Security Collective.

PURPOSE: A group of agencies have come together to understand how they can provide food services to the Camelot in a more helpful way. To do that, we need to first understand what the Camelot residents need and want from the services they receive. The purpose of this survey is to better understand *your* current experiences with food providers, find out what *you* like and don't like about them, and learn about what *you* are missing.

PARTICIPATION: Participation in this survey is completely your choice. Your decision to participate will in **no way** affect your relationship with Camelot staff or service providers. Your decision will not affect your ability to receive services. If you start the survey but feel uncomfortable answering certain questions, you can skip the question or stop the survey for any reason.

CONFIDENTIALITY: Your privacy is *really important* to us. Your name won't be associated with the responses in any way. We are asking people to tell us their unit number so we can track overall participation and enter you in the raffle, but it won't be linked to you or shared with anyone, other than the research team.

RAFFLE: To thank you for participating in the survey, you will be entered into a raffle for a **\$25 Walgreens gift card**. Please make sure to fill in your unit number on the survey to be entered into the raffle.

HELP COMPLETING SURVEY: If you need any help filling this out or if you have any questions, there is someone available! Please ask the site staff for help.

FINISHED SURVEYS: Once you're done with the survey, **please return it to the front desk** and ask Kendra or Joy for help if you have questions.

Thank you so much for participating!

You can also contact Monica Bhagwan if you have any questions or want any more information about the survey and/or the project at monica@leahspantrysf.com or (415) 385-1350.

What is your housing unit #? _____ (to be entered in raffle)

Where do you get your meals from? Please **circle all** the places you got food in the last month.

Home-delivered Meals (e.g., Meals on Wheels)	Camelot Breakfast	Free Meal Sites (St. Anthony's or Glide)	Buying groceries to prepare for myself
Grocery donations (Trader Joes, Safeway)	Food Pantry at the Camelot	Buying ready to eat food	Meal cooked for me by another person

Great! Now we want to know where you get **most** of your meals. Circle the **top 2** places you get your food.

Home-delivered Meals (e.g., Meals on Wheels)	Camelot Breakfast	Free Meal Sites (St. Anthony's or Glide)	Buying groceries to prepare for myself
Grocery donations (Trader Joes, Safeway)	Food Pantry at the Camelot	Buying ready to eat food	Meal cooked for me by another person

Thanks! Please **circle the answer** that is true for you.

I feel safe going out to get food in my neighborhood	Yes	No
I can find the type of prepared food I want in my neighborhood	Yes	No
I have enough money to buy the food that I want	Yes	No
I can find the type of groceries I want in my neighborhood	Yes	No
I can get the food I need for free	Yes	No
I often skip a meal because my health prevents me from leaving my room or traveling to go get food	Yes	No
I prepare some of my meals in my room/building	Yes	No

In the last month, did you ever **eat less** than you wanted to or **miss a meal** because you didn't have **enough money**?

Yes

No

I don't remember

In the last month, did you ever **eat less** than you wanted to or **miss a meal** because you couldn't get the **food you needed for free**?

Yes

No

I don't remember

Now, **circle the top 3** services or things that would **most** help you eat better.

1. Equipment to cook in my room
2. An equipped community kitchen
3. More money to buy food
4. Free groceries delivered to my building
5. Free meals served to eat *in my room*
6. Free meals served to eat *with other residents*
7. Someone to help me understand the food resources and services available to me
8. Someone to help me choose the right food options/services to be healthier
9. Getting food that meets my dietary needs (e.g., no dairy, no meat) or health restrictions (e.g., diabetes, dental needs)
10. Healthy eating/cooking classes
11. Other: _____

It is important that the food I eat is (check all that are true for you):

- | | |
|---|---|
| <input type="checkbox"/> Healthy and good for my body | <input type="checkbox"/> Doesn't require cooking/Already prepared |
| <input type="checkbox"/> Familiar/From my culture | <input type="checkbox"/> Convenient for me to get |
| <input type="checkbox"/> Meets my dietary restrictions (e.g., vegetarian, dairy free, low sodium) | <input type="checkbox"/> Easy to chew or digest |
| <input type="checkbox"/> Fresh; not old or leftover | <input type="checkbox"/> Organic |
| <input type="checkbox"/> Simple to cook | <input type="checkbox"/> Other: _____ |

If there were new programs or activities provided here at the Camelot, I would prefer that they were offered (**choose one**):

- In a one-on-one setting (individual counseling or coaching)
- In a small group setting (fewer than 8 people)
- In a large group setting (8 or more people)
- None; I do not want participate in any programs or activities

Appendix B. Research & Best Practice Literature Review Results
{see next page}

SRO Food Security and Health Collaborative Pilot Meeting 4.23.18

Building Blocks of the Project Theory of Change

Tenant Priorities:

Both Sites: more money for food

Camelot: Cooking equipment in room & equipped community kitchen

Ambassador: Delivered groceries & better access to food that meets dietary needs

Tenant Values:

Food that is: Healthy & good for them, fresh, simple to cook or convenient to get

Ambassador Focus Group Findings: Majority said they would like delivered meals

Camelot Focus Group Findings: Majority said they were interested in group transportation to grocery stores

Contextual Considerations

- Differences in resources across sites
 - Differences in desired services across sites
 - Lack of knowledge related to current services
 - Eligibility for delivered meal services (Ambassador)
 - Schedule of the food pantry (Camelot)
 - ~1/3 respondents did not feel safe going out to get food in their neighborhood
 - ~1/3 of respondents often skip meals because of health prevents them from leaving room/traveling to get food
 - Tenants reported varying preferences for service structure
 - 1/3 at Camelot and 1/4 at Ambassador were not interested in participating in programs or activities
-

Possible New Strategies:

- Online Grocery Shopping
- Mobile Food Vending
- Transportation for food shopping
- Farmer's Markets
- Food Security Case Management
- Income Assistance
- Other possible options:
 - Communal Kitchens/Meals
 - Local market interventions (e.g., corner stores and liquor stores)

Current Strategy Enhancements:

- Food Pantry with client choice & case management components
 - Medically tailored home-delivered meals
-

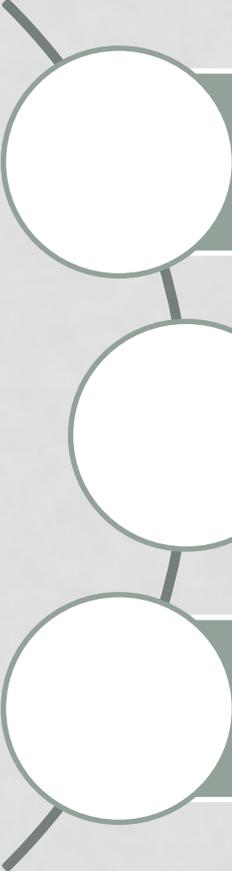
Intervention Strategy Discussion

1. How does this strategy address the needs that have been identified?
2. What needs or wants does it miss?
3. Who will this strategy target (i.e., who will participate/not be able to participate)?
4. Will this strategy work at both the Camelot and the Ambassador?
5. How does this strategy be affected by differences across the two sites?
6. Will this strategy bring about change within the pilot timeline (15 months)?
7. What will need to be in place to implement this strategy?
 - a. Personnel requirements
 - b. Food storage requirements
 - c. Technology requirements
 - d. Facility requirements
 - e. Financial requirements

SRO FOOD SECURITY & HEALTH COLLABORATIVE

BUILDING BLOCKS OF THE THEORY OF CHANGE

AGENDA



11-11:30 ToC Building Block Presentation

11:30-12:30 Intervention Strategy Discussion

12:30-:100 Plan for Picking/Designing the Pilot Intervention (Leah's Pantry)

BUILDING BLOCKS OF THE
THEORY OF CHANGE

Resources to Support the Program

+

Needs & Wants of Tenants

INTERVENTION

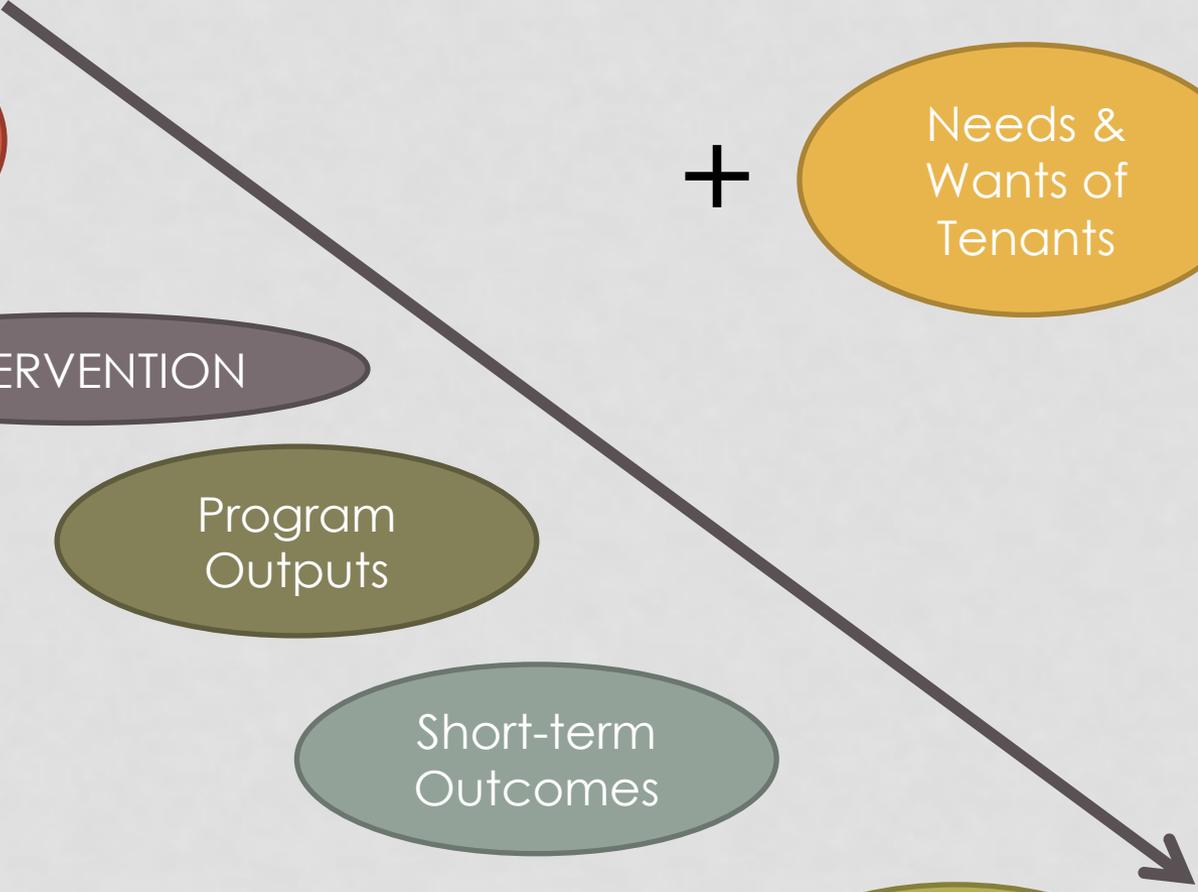
Program Outputs

Short-term Outcomes

Long-term Goal & Vision

+

Contextual Considerations



LONG TERM GOALS & VISION

Vision: Grounded in a tenant-centered approach, the SRO Food Security and Health Collaborative will work together differently to best leverage, coordinate and provide nutritious meals to tenants

Desired Outcomes:

- Improve tenant food intake
- Increase consumption of healthy food
- Decrease risk factors
- Improve overall health

NEEDS & WANTS OF TENANTS

Context:

Majority of Residents reported:

- Do not have enough money to buy the food they want
- Cannot get the food they need for free

Priorities:

- **Both Sites**: more money for food
- **Camelot**: Cooking equipment in room & equipped community kitchen
- **Ambassador**: delivered groceries and better access to food that meets dietary needs

Values:

- Food that is:
 - Healthy & good for them
 - Fresh
 - Simple to cook or convenient to get

NEEDS & WANTS OF TENANTS

Ambassador Focus Group Findings

- Majority said they would like delivered meals
- Participants mentioned:
 - They'd like free food to be more evenly distributed throughout the month
 - They were interested in meals on site (congregant or home delivered)

Camelot Focus Group Findings

- Majority said they were interested in group transportation to grocery stores
- Participants mentioned:
 - Difficulties getting to and from grocery stores
 - Off-site free meals can be stressful & overwhelming
 - They'd like free food to include more fresh fruits & vegetables
 - Concerns about the freshness of free foods

CONTEXTUAL CONSIDERATIONS

- ✓ Differences in resources across sites
- ✓ Differences in desired services across sites
- ✓ Lack of knowledge around..
 - ✓ eligibility for delivered meal services
 - ✓ Schedule of the food pantry
- ✓ ~1/3 respondents did not feel safe going out to get food in their neighborhood
- ✓ ~1/3 of respondents often skip meals because of health prevents them from leaving room/traveling to get food
- ✓ Tenants reported varying preferences for service structure

INTERVENTION RESOURCES

- Stupski Foundation Funding
- Collaborative Organizations
- Current food services at SRO sites
- SRO site staff
- Additional funding that can be secured by the collaborative

INTERVENTION STRATEGIES

- Online grocery shopping
- Mobile Vendors
- Farmers' Markets
- Transportation
- Home Delivered Meals
- Food Pantry
- Income Assistance

INTERVENTION: ONLINE GROCERY SHOPPING

- Virtual Supermarket Program (Ligisetti et al., 2017)
 - Baltimore, 2010
 - Launched an online grocery store pilot to provide a cost-effective solution to increase access to healthy food in food deserts
 - Outcomes:
 - ↑Ease to eat healthy
 - ↑availability of healthy options
 - ↑purchase of fruits and vegetables
 - ↑sense of community
 - ↓needed transportation
 - ↓snacks and desserts
 - Considerations:
 - Staff support for ordering
 - IT requirements
 - Partnership with grocery stores (e.g., subsidies to offset delivery costs)
 - Payment options (e.g., EBT processing)
 - Food storage

INTERVENTION: MOBILE VENDORS

- Goal: To Increase Access to Fresh, Healthy Food by bringing source to the client
- Outcomes:
 - ↑access to very low-income populations
 - ↑fruits and vegetable intake
 - ↓frequency of grocery store visits (less need to go more than once a week)
 - ↓overall food costs
- Considerations:
 - Vendors will typically locate themselves where it's profitable - may need incentives or requirements to be available at SROs
 - Payment processing
 - City permitting and policies
 - Project Open Hand - Getting to Zero Initiative

(Abusabha et al., 2011; Fuchs et al., 2014; Tester et al., 2010; Tester et al., 2012)

INTERVENTION: FARMERS' MARKETS

- Goal: Increased participation of low-income individuals at farmers markets
- Outcomes:
 - ↑fruit and vegetable consumption
 - ↑perceptions of access to higher quality food
 - ↑positive attitudes about produce preparation and consumption
- Considerations:
 - Providing vouchers to increase purchasing power (e.g., \$50 voucher)
 - Ensuring FMs take EBT
 - Ensuring ease of transportation

(Arneson et al., 2010; Freedman, 2013; Freedman et al, 2016)

INTERVENTION: TRANSPORTATION

- Goal: Increase ease of access to a wider range of healthy food and/or food that meets individuals' dietary and/or cultural needs
- Potential Outcomes:
 - ↑access to healthy food options
 - ↑sense of community
 - ↑sense of safety
- Considerations:
 - Literature on food insecurity cites lack of access to healthy food options as a key barrier

INTERVENTION: HOME DELIVERED MEALS

Goal: Increased ability to meet individualized nutritional needs and increased use of home delivered services

Medically-tailored Food and Nutrition Intervention Provides
(Ellwood et al., 2014)

- Provided nutritional counseling and delivery of medically-tailored, home-delivered meals

Outcomes:

- Increased adherence to medical regiments
- Decreased depression
- Less likely to make trade offs between food and healthcare

(Ellwood et al., 2014; Zhu & An, 2013)

INTERVENTION: FOOD PANTRY

- Freshplace Food Pantry – designed to increase food security and self-efficacy of members
 - Fresh food, including fruits, vegetables, meat, and dairy provided in *client-choice format* where members choose their own food and shop with dignity
 - Program members attend monthly case management meetings where they receive motivational interviewing
 - Individualized referral services to community programs and social services
 - Outcomes:
 - Self-efficacy was found to be strongly associated with food security

(Flynn et al., 2013; Martin et al., 2016)

INTERVENTION: INCOME ASSISTANCE

- A study of SROs in Chicago, IL
 - Food insecurity remained high even among SNAP recipients because of severe food storage and preparation limitation
 - Food insecurity among SRO residents could be better addressed through policy interventions to increase overall income
 - Elevated income would expand individuals' purchasing power for food and other necessities as well as their housing options
 - For examples, efficiency apartments have higher rents than SROs but would improve individuals' meal options since they typically include a stove and refrigerator

(Bowen & Barman-Adhikari, 2015)

INTERVENTION: FOOD SECURITY CASE MANAGEMENT

Goal: Help tenants navigate the range of food-related services available to meet their food security needs.

Considerations:

- Help increase use of existing services
- Incorporate motivational interviewing to support self-efficacy
- Provide tailored services that are tenant-centered
- Provide individualized referrals and support

INTERVENTION STRATEGY DISCUSSION

QUESTIONS TO CONSIDER

1. How does this strategy address the needs that have been identified?
2. What needs or wants does it miss?
3. Who will this strategy target (i.e., who will participate/not be able to participate)?
4. Will this strategy work at both the Camelot and the Ambassador?
5. How does this strategy be affected by differences across the two sites?
6. Will this strategy bring about change within the pilot timeline (15 months)?
7. What will need to be in place to implement this strategy?
 1. Personnel requirements
 2. Food storage requirements
 3. Technology requirements
 4. Facility requirements
 5. Financial requirements

PLAN FOR
PICKING/DESIGNING
INTERVENTION

LEAH'S PANTRY

KEY CONSIDERATIONS

FSTF Hypothesis: The tipping point for food security among SRO residents depends on how multiple, simultaneous interventions are paired, scaled, and integrated with existing resources so each tenant is able to obtain and consume enough nutritious food to support an active healthy life.

Commitment to tenants' active, meaningful and leadership roles in the selection and implementation of interventions, and to delivering services that are trauma-informed.

QUESTIONS TO CONSIDER

Three overarching choices:

1. New services to meet currently unmet needs
2. Adapting current services to better meet needs
3. Adapting current services AND adding additional services to meet tenant needs

Questions related to Existing Services:

1. In light of the needs assessment findings, do you think current services could be adapted to better meet the needs of the tenants?
2. Do we focus on the programs and services that are utilized the most and improve those?
3. Do we focus on increasing utilization of under-utilized services?
4. Should we try to create one plan for both sites or not?

Appendix C. SRO Pilot Midpoint Evaluation Report
{see next page}

**San Francisco SRO
Health Collaborative**
(SFSHC)

San
Francisco, CA

SRO PILOT PROJECT

Mid-Intervention Evaluation Report

Submitted by

Silvana McCormick, PhD

July 17, 2019



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INTRODUCTION

The SRO Pilot Project

The SRO Pilot is a project of the San Francisco SRO Health Collaborative (SFSHC), a subgroup of the San Francisco Food Security Task force and is funded by the Stupski Foundation. This pilot identifies and tests tenant-centered approaches to improve food security and dietary intake for residents in 2 SROs located in the Tenderloin, the Ambassador and the Camelot. It seeks to address identified gaps in food security by leveraging and coordinating existing food services, and by designing and implementing new ones. The objective is to provide the SF Board of Supervisors with a research-based blueprint to improve food security and dietary intake for SRO residents throughout San Francisco.

Since December 2017, Project Managers (Leah's Pantry), evaluators (Redwood Consulting), and the SFSHC have been engaged in exploring intervention strategies, conducting needs assessments, and planning the pilot. This work included regular collaborative meeting and discussion, a research and best practices literature review, tenant focus groups, tenant surveys, interviews and discussions with site staff. Project Managers researched costs and logistical details for possible interventions. Pilot interventions were identified to reflect tenant needs, site capacity, and availability of service providers and resources.

Mid-Intervention Evaluation Report

The purpose of the Midpoint Evaluation Report is to provide the SFHSHC project manager (Leah's Pantry) and the SFSHC Collaborative with a summary of formative evaluation findings related to the implementation of the pilot interventions thus far (March-June 2019). This report is intended to be used as a basis for discussion within the SFSHC Collaborative and an impetus for adjustments and course corrections as needed.

DATA SOURCES

This report includes both formal and informal data on the pilot intervention. Data from multiple sources was used to provide a holistic picture of first four months of the pilot intervention.

Monthly Project Manager & Evaluator Check-In Meetings

RCC and Leah's Pantry met monthly to discuss implementation of the project, reflect on implementation challenges, and document lessons learned. In addition, Leah's Pantry has kept an ongoing log of project implementation since the beginning of the intervention period (March 2019). These data were used by RCC to create an intervention implementation timeline and capture project challenges, successful strategies to overcome challenges, and critical lessons learned.

Intervention Service Usage Data

Beginning with the project launch events in March 2019, Leah's Pantry and the SFSHC Pilot Tenant Leaders at the Ambassador and Camelot have documented attendance at all intervention events and usage of intervention services. These data provide a pulse check on the extent to which services are being utilized as expected. These data are also being collected to track individual-level intervention dosage, which will be reported in the final evaluation report at the end of the intervention period. In this report we will share overall themes related to intervention service use between March and June 2019.

Tenant Focus Groups

On June 12th, 2019 focus groups were held at both pilot sites to get their feedback on the pilot food services. A copy of the tenant focus group protocol can be found in Appendix A. Site staff assisted in recruiting tenants to participate in the focus groups. Five male tenants participated in the Camelot focus group and six tenants (two women, four men) participated in the Ambassador focus group. All participants were compensated for their time with \$20 in cash.

Tenant Leader Group Interviews

On June 12th, 2019 two group interviews were held with the SFSHC pilot tenant leaders. Two tenant leaders participated in the interview at the Ambassador and three tenant leaders participated in the interview at the Camelot. The purpose of these interviews was to hear about their experience thus far providing support for the intervention services and to find out if there were any gaps in their tenant leader training that needed to be addressed. A copy of the tenant leader interview protocol can be found in Appendix B.

FINDINGS

MID-INTERVENTION IMPLEMENTATION UPDATE

The tables below provide an overview of the status of the planned pilot interventions services at both the Ambassador and the Camelot as of June 2019. Additional detail on the implementation of these services, other project activities, and challenges encountered can be found in the sections which follow.

Ambassador Mid-Intervention Implementation Overview		
Planned Intervention Service/Activity	Implemented as of June 2019	Implementation challenges reported
EatSF Fruit & Vegetable Vouchers	✓	
EatSF SNAP Food Vouchers	✓	
Delivered Prepared Individual Meals	✓	
Room Delivered Grocery Bags		
Technical Assistance to Food Pantry	✓	
Food Resource Toolkit for Site Staff	✓	✓
CalFresh SSI Eligibility Training for Staff	✓	✓
Tenant Leaders	✓	✓
Food Resource Navigator	✓	✓
Small Cooking Appliances		

Camelot Mid-Intervention Implementation Overview		
Planned Intervention Service/Activity	Implemented as of June 2019	Implementation challenges reported
EatSF Fruit & Vegetable Vouchers	✓	
EatSF SNAP Food Vouchers	✓	
Delivered Prepared Individual Meals	✓	
Lyft Concierge Service	✓	✓
Weekly Community Meal	✓	
Food Resource Toolkit for Site Staff	✓	✓
CalFresh SSI Eligibility Training for Staff	✓	
Tenant Leaders	✓	✓
Food Resource Navigator	✓	✓
Small Cooking Appliances		
Kitchen Infrastructure	✓	✓

March 2019 Intervention Activities

- Monthly collaborative check-ins were scheduled for the intervention period
- Food resource navigator job description were sent to the collaborative and then distributed to potential applicants (4) currently working in related service areas. Potential applicants were identified by Leah's Pantry and collaborative members
- Tenant Leader job descriptions were created by Leah's Pantry and approved by both sites. Interviews were scheduled with tenants who were nominated by site staff. The Camelot also opened the position for other tenants to apply as well
- Staff from both pilot sites attended training provided by the SF Marin Food Bank on changes to CALFresh eligibility, which allow tenants receiving SSI to receive CALFresh benefits
- Leah's Pantry began working with Meals on Wheels and Centro Latino to arrange for prepared meal and community meal intervention services
- Camelot community kitchen was completed

Leah's Pantry reports that providing a **community meal** is a very straightforward process because they are working with an experienced vendor

The completion of the Camelot kitchen makes it much easier to implement a **community meal** due to the ability to warm food onsite without needing a warming table.

- Staff at both sites received EatSF training prior to project launch events to learn about the food vouchers, and how to enroll and distribute vouchers to tenants
- Pilot intervention kick-off events took place on March 11th, 2019 (Ambassador) and March 15th, 2019 (Camelot)

Site staff are enrolling tenants in **EATSF food vouchers** either monthly or bimonthly

March Intervention Kick-Off Events

Kick-off events at both pilot SROs were well attended. The Ambassador kick-off hosted 43 residents (32% of tenants) and the Camelot kick-off hosted 18 residents (33% of tenants). The fliers for the launch events can be found in Appendix C and Appendix D.

The SFSHC intervention kick-offs were attended by a third of the SRO residents at both pilot sites

Leah's Pantry reported that tenants at both sites appeared to be excited about the pilot program, although energy and enthusiasm was higher at the Camelot. Higher levels of enthusiasm at the Camelot were thought to be related to the newly completed community kitchen and the fact that more services will be available at this site.

Unanticipated Positive Outcome: Now that the Camelot community kitchen has been completed with help from the SFSHC Pilot Project, a staff member plans to hold a taco night every weekend, resulting in an additional community meal beyond what will be provided as part of the intervention.

At the Ambassador, Leah's Pantry set up two tables for the launch event. Tenants were provided with spa water, popcorn bars, blueberries, and apples. There was a place for residents to vote on receiving a crockpot or a rice cooker later in the pilot period. Kitchen tools were distributed, and a raffle was held to win a cookbook. The tables held flyers that described upcoming services and people were given the opportunity to sign up for EatSF food vouchers. Residents that were unable to attend the event received a flyer taped to their door with more information on how to access the intervention services.



Ambassador Intervention Kick-Off Event

At the Camelot, Leah’s Pantry set up one table for the launch event. There were popcorn bars, oranges, apples, and flavored carbonated water to snack on. There was a place for residents to vote on receiving a crockpot or a rice cooker later in the pilot period. Kitchen tools were distributed, and a raffle was held to win a cookbook. The tables held flyers that described upcoming services and people were given the opportunity to sign up for EatSF food vouchers. Fliers were left at the front desk for residents who were unable to attend the event with information on how to access the intervention services

- Examples of Questions Asked During Kick-Off Events:
- What is SNAP?
 - Are you guys giving out the vouchers?
 - Is this a cooking class?
 - Is this a cooking demo?
 - Can I use my voucher at Safeway?
 - What is EASF?
 - Is this CalFresh?
 - Can I get CalFresh with my VA benefits?
 - Is there an application to participate in the pilot?
 - Do I have to sign up to participate?
 - Are you giving out food today? Hot food?
 - Does this EatSF voucher include meat and poultry?
 - Can I use the EatSF voucher at Foods Co?

Kitchen Tools Distributed by Leah’s Pantry at Kick-Off Events		
	Ambassador	Camelot
Containers of Olive Oil	12	4
Tupperware	8	7
Spoon Sets	7	3
Graters	6	1
Scrub Brushes	4	1
Spatulas	1	1

April 2019 Intervention Activities

- Prepared meal distribution from Meals on Wheels began at both sites
- Community meal from Centro Latino began at the Camelot
- Enrollment for EatSF food vouchers continued at both sites

Unanticipated Positive Outcome: Tenants reported that they have been going together in groups to go grocery shopping with the **EatSF vouchers** which provides an opportunity for community-building, which was not expected from this intervention services.

- Leah's Pantry prepared to implement the Lyft concierge service at the Camelot
- Leah's Pantry created and distributed a food resource navigation binder for staff at both sites
- Two individuals applied for the food resource navigator position
- Tenant leader applicants were interviewed, hired, and trained by Leah's Pantry
- Leah's Pantry recommended the formation of subcommittees within the SFSHC Collaborative to (1) explore the possibility of vending machines as an intervention service and (2) explore opportunities for additional funding of service beyond the pilot period

Leah's Pantry intended to provide staff at both sites with an in-person orientation to the **food resource navigation binder**. Both sites declined the orientation. Leah's Pantry expressed some concerns that the binder was not being fully utilized by site staff.

Unanticipated Outcome: A large number of Camelot residents ($\frac{2}{3}$) are taking their meal served at the weekly **community meal** back to their room rather than eating in the common space. As a result, this intervention service may not be having as large of a community-building effect as hoped.

Tenant Leader Hiring & Onboarding

During the month of April, residents at both sites were identified for the tenant leader positions, applied for the position, were interviewed, hired, and received onboarding training from Leah's Pantry staff. Two residents took on the role of Tenant Leaders at the Ambassador and three residents became Tenant Leaders at the Camelot. The Tenant Leader Policies & Expectations contract created by Leah's Pantry can be found in Appendix E.

Tenant Leader Code

Every Tenant Leader...

- Works as part of a unified team
- Takes responsibility for all aspects of our work
- Keeps his/her energy positive and enthusiastic
- Honors commitments
- Asks questions without fear
- Answers questions without judgment
- Looks for what is needed and does it
- Puts care and love into everything

Developed by Leah's Pantry

Overall, Leah's Pantry reported that the process of hiring and onboarding the Tenant Leaders went smoothly. The only challenges reported were related to setting up payment as not all applicants had the expected personal identification needed such as a Social Security card or bank account. There were also some concerns that money earned in this position would negatively impact the benefits they currently receive. For example, one of the Camelot Tenant Leaders made a point of clarifying in the group interview that his income from this position could not exceed \$200 or it would interfere with his benefits.

Lesson Learned: Be prepared to think of creative ways or give prospective employees time in advance to overcome barriers to onboarding process (some tenant leaders did not have standard personal identification ready during onboarding process).

Tenant Leader Experience & Feedback on Training for Position

Tenant Leaders at both pilot SROs reported that they found out about the position from site staff. The Tenant Leaders at the Ambassador shared that they were interested in the position because they were already long-time volunteers and happy to continue this role with the added bonus of compensation. The Tenant Leaders at the Camelot said they were interested in the position because of the opportunity to make money, keep busy, and to give back to their community. Tenant Leaders at both sites said they did not have any issues with the application process and were satisfied with the training they received from Leah's Pantry.

Camelot Tenant Leader comments on why they were interested in the position:

"It's cool to be able to say that I have a job."

"It's a nice opportunity to give back."

In the Tenant Leader group interviews, the leaders were also asked to share their experience on the job thus far. The Ambassador Tenant Leaders reported that they were enjoying the job and that everything was going smoothly. They said they liked the work because (1) it was in their building and (2) they liked giving out food and making people happy. They had divided the responsibilities for the prepared meal distributions; one Tenant Leader took responsibility for passing out the food while the other tracked attendance. Neither of the Ambassador Tenant Leaders had any suggestions for how the process of providing intervention services could be improved and both of them wanted the opportunity to help out more if the opportunity became available.

The Camelot Tenant Leaders reported that they were finding the job responsibilities easy to manage and that they hadn't encountered any difficulties on the job. Tenant Leaders at this site had divided the job responsibilities as well. During prepared meal distributions, one leader prepped the area, one distributed the food, and the third took attendance. For the community meals, the Tenant Leaders handled set up and break down and attendance. Two of the three

Tenant Leaders had been trained by Leah's Pantry to support residents using the [Lyft concierge service](#) and said they were confident that they could lead the shopping trips alone in the future.

Tenant Feedback on Tenant Leaders

Ambassador: Focus group participants all agreed that the tenant leaders were helpful and said they liked that tenants were helping with the food services. They reported that the tenant leaders treated them well and did not have any suggestions for how they could be more helpful. One participant said he would like to become a tenant leader and this information was noted by Leah's Pantry.

Camelot: Focus group participants all agreed that the tenant leaders were helpful and treated them well when they were using the intervention food services. They had no complaints about them and said they liked having tenants help with food services because they knew all the residents.

April Implementation Challenges

Food Resource Navigator Position

Leah's Pantry reported challenges filling the position of Food Resource Navigator. They felt that the issue was related to insufficient hours and pay to attract potential candidates. Only two individuals applied for the position and only one of these individuals was familiar with the Tenderloin and local food services.

Prepared Food Distribution

Leah's Pantry reported that the delivery time was an issue at both sites (8:30-8:45am) versus 10am as expected. This issue was resolved by having the Tenant Leaders take responsibility for meeting the delivery truck.

EatSF Food Vouchers

Two vendors that accept the EatSF vouchers expressed concerns to EatSF that tenants might be selling or trading vouchers as some people have been coming in with four vouchers at a time. Site staff at both the Camelot and Ambassador were asked about this issue and had not heard of anyone selling their vouchers but said they would reiterate the rules for the EatSF vouchers to their residents.

May 2019 Intervention Activities

- Pilot intervention services continued at both sites.
- Tenant leaders at both pilot sites successfully completed their assigned duties and received their first paychecks.
- The Food Resource Navigator was hired and began supporting intervention services at both sites. Her primary activity is to raise awareness among residents about SSI eligibility for CALFresh benefits.
- A collaborative meeting was held. The focus of the meeting was continued discussion about vending machines as an intervention strategy. Leah's Pantry presented their research on this topic, EatSF recommended doing user-testing and the collaborative decided to first explore the degree of interest among residents during the midpoint focus groups.

May Implementation Challenges

Staffing Changes

Two members from Leah's Pantry left the agency, putting some strain on the project management team. However, no service interruptions were reported. One of these members, Alex Neidenberg, had played a large role in the project since its inception. In order to capture her experience and lessons learned, RCC conducted an in-depth interview with her prior to her departure. Additional staffing changes occurred at the Camelot. The main point-of-contact and pilot support staff member left her position. As a result, the project management team reported

that they had to take a more hands-on role at this site. Again, no service interruptions were reported as a result of this staffing change.

Lesson Learned: Be prepared for staffing changes and cultivate multiple intervention champions at each site to ensure that staffing changes do not impede project implementation.

Tenant Leaders

Leah's Pantry reported losing one of the tenant leaders at the Camelot due to concerns about losing benefits as a result of receiving income.

Intervention Services

Implementation of the Lyft concierge service at the Camelot was delayed pending final discussions related to liability issues.

June 2019 Intervention Activities

- Pilot intervention services continued at both sites.
- Tenant leaders at both pilot sites successfully completed their assigned duties.
- Leah's Pantry hired and onboarded a new project management team member for the SFSHC project.
- Lyft concierge service began at the Camelot.

CALFresh Enrollment Training

Camelot staff participated in a training about the changing eligibility requirements which allow residents who receive SSI benefits to receive CALFresh. Although Camelot site staff are unable to enroll residents who have become eligible, they reported success in educating residents about these eligibility changes and providing screenings and referrals. Staff at the Ambassador did not take advantage of the training opportunity and cannot provide enrollment services. However, they are doing outreach and referring residents as well. As a result, for the purpose of

the SFSHC pilot, the CALFresh intervention service is direct outreach to raise_awareness only (not CALFresh enrollment).



CalFresh SSI Eligibility Flier at the Ambassador

Technical Assistance for Ambassador Food Pantry

The SFMarin Food Bank (SFMFB) met with Ambassador staff to discuss potential changes to the produce drop. SFMFB provided Ambassador staff with a survey to determine residents preferences for the day and time of the produce drop. Thirty residents provided responses to this survey and the large majority said they did not want changes to the day and time.

Ambassador staff discussed the possibility of changing the location of the food pantry to the main community room, however due to staffing challenges and tenant use of that room for watching TV and using the internet, the decision was made not to make changes to the produce drop. SFMFB reported that they are still having internal conversations about how improvements can be made to the menu and expects to be able to report more concrete information about planned changes in July 2019.

June Implementation Challenges

Food Resource Navigator Position

The newly hired Food Resource Navigator quit the position. The decision was made by Leah's Pantry not to rehire for this position for the pilot intervention period.

Recommendation: Leah's Pantry recommends partnering with a social service agency to support this role in the future.

Ambassador Intervention Services

The Ambassador decided not to move forward with room-delivered groceries due to concerns about a lack of ability to sustain this service after the pilot period. Specifically, their concerns included (1) ability to sustain the service after the intervention period because tenant leaders will no longer be paid to distribute the groceries, (2) concern about SF Marin Food Bank's requirement that tenant leaders submit to a background check (despite SFMFD discretion related to the results of the background check), and (3) the fact that the service required that tenants be at home in order to receive the grocery bags.

Concern: The extent to which the pilot program at the Ambassador will be able to reach tenants at the highest risk of food insecurity is seriously affected by the decision not to implement room-delivered groceries. This may be the only new service that room-bound tenants would have utilized on a regular basis.

Camelot Intervention Services

Site staff report that residents are not using the community kitchen as much as expected. Staff report that many are not using it because they are very limited in their ability to store ingredients for cooking meals in their room, particularly because they are receiving prepared meals which take up most of the room in their small fridge. These additional prepared meals also reduce the need to cook.

Unanticipated Outcome: Staff at the Camelot have stopped serving breakfast because tenants have other food resources. This is a concerning outcome as the pilot period is limited and it was not the intention of the pilot to replace existing food services, but rather to supplement and extend tenants options for food.

Intervention Activities- Looking Forward

- Pilot intervention services will continue at both sites until the end of October 2019
- Leah's Pantry will support site staff in the distribution of cooking equipment (crock pots) to residents in July 2019
- Qualitative data collection for the evaluation of the SFSHC project (i.e., focus groups, tenant leader interviews, collaborative member interviews, etc.) will take place in October and November 2019
- The posttest survey will be distributed at the pilot and comparison sites in November 2019
- The final evaluation report for the SFSHC project will be completed in January 2020

TENANT USE & FEEDBACK ON PILOT INTERVENTION SERVICES

Ambassador Intervention Services

EATSF Food Vouchers

Use of Service: As of June 2019, 92 Ambassador residents (69%) were enrolled and receiving both the EatSF Fruit & Veggie vouchers and the EatSF SNAP vouchers. These data indicate that approximately one third of residents are not taking advantage of the food vouchers.

Recommendation: Leah's Pantry may want to consider partnering with the site staff to conduct a second wave of outreach to enroll the remaining residents in the voucher program.

Tenant Feedback:

All of the participants in the June midpoint focus group had signed up for the vouchers and were using them regularly. Focus group participants reported that they were using the vouchers at the following locations:

- Food Co **The most popular vendor among focus group participants*
- Civic Center farmers market (changed the voucher into chips)
- Manila Oriental
- Safeway on Webster

Positive feedback: Most of the participants appeared to be aware of which vendors accepted the vouchers. This information was also publicly posted at the Ambassador and residents have received a flier which listed the participating vendors.



EatSF Vendor Map at the Ambassador

Challenges Reported:

Some confusion about the vouchers: One participant appeared to be confused about where the vouchers could be used and did not have the flier of participating vendors. Another participant wasn't aware that they could purchase meat with the SNAP voucher.

Issues using vouchers for specific types of food: Multiple participants reported issues at Food Co, Safeway, and Super Save using the vouchers. They shared that cashiers at Food Co and Safeway were not informed about what could be purchased. However, when issues were encountered, the managers at both stores were able to assist residents in making their purchases. One participant reported that the meat department in the back of the Super Save in Bayview wouldn't accept the SNAP voucher. Leah's Pantry informed participants that they would investigate these issues.

Suggestions for improving the food voucher service: The only suggestion provided by residents in the focus group was to provide more of them.

Prepared Meal Distribution

Use of Service: As of June 2019, prepared meals had been distributed to Ambassador tenants on nine occasions (see table). The number of residents who received prepared meals ranged from 30-44. On average, 38 residents took part in the meal distributions (28% of tenants). It appears that it is largely the same group of tenants that are taking advantage of the service every week. These data show that overall, less than a third of residents are taking advantage of the

Ambassador Prepared Meal Distributions	
April 22 nd	40
April 29 th	42
May 6 th	40
May 13 th	44
May 20 th	41
May 29 th	34
June 3 rd	37
June 10 th	36
June 17 th	30

prepared meals at the Ambassador and there is a downward trend in utilization.

Recommendation: Additional outreach may be necessary to increase the number of residents using this intervention service. Site staff and tenant leaders should do some outreach to learn why more tenants aren't taking advantage of this service.

Tenant Feedback:

Five of the six focus group participants knew about the prepared meals and four participants were using this service. The one participant who did not know about this service prior to the focus group was interested and said that they'd check it out in the future.

Positive Feedback: Most of the participants said they liked the food, some though it was just "ok." The breakfast food appeared to be more popular than the dinners.

Challenges Reported:

Confusion about storing prepared meals: One participant isn't using the service because the meals are frozen and he doesn't have a freezer to store the meals. Leah's Pantry provided clarification in the focus group that although the meals come frozen, they don't need to stay frozen, but rather can be thawed in the fridge and consumed within a few days.

Recommendation: Tenant leaders distributing the prepared meals may want to educate residents about the fact that prepared meals do not need to be frozen and how long they can be stored in the fridge prior to being consumed.

Limited space for storage: A few participants said it was a challenge to utilize this service due to limited refrigeration space to store the meals.

Recommendation: The issue of lack of refrigeration space has come up repeatedly at the Ambassador. Future interventions should explore the possibility of providing tenants with full size appliances.

Suggestions for improving the prepared meal service: A participant suggested that the food drop be later in the day (12-2pm) and most of the other participants voiced agreement that a later time in the day would be preferable. The same participant suggested that rescheduled food drops due to holidays should occur the following day rather than later in the week. They said that when food drops are rescheduled further out, it put a strain on tenants that depend on these meals for the week.

CalFresh SSI Eligibility Outreach

Use of Service: As of June 2019, enrollment data was not available for this report.

Tenant Feedback:

Among the six focus group participants, only one tenant had completed the enrollment process. However, they mentioned: "I only get \$15 so that's why the vouchers are great." Two participants were in the process of enrolling; one was working with their case manager to get signed up and another had an enrollment appointment but expressed frustration that the appointment had been set for over a month out. One participant had started the process but was found to be ineligible because of their income.

During the discussion of CalFresh SSI eligibility, there was a fair amount of confusion regarding both eligibility and the process of enrollment.

Recommendation: Given that the Ambassador staff declined training on this topic, direct outreach by Leah's Pantry and/or the tenant leaders may be necessary to raise awareness among Ambassador residents. If the Food Resource Navigator position remained active, this would have been an ideal role for them in the SFSHC pilot intervention.

Camelot Intervention Services

EATSF Food Vouchers

Use of Service: As of June 2019, 45 Camelot residents (83%) were enrolled and receiving both the EatSF Fruit & Veggie vouchers and the EatSF SNAP vouchers. These data indicate that the pilot has been very successful at enrolling almost all residents in this service at this site.

Recommendation: Leah's Pantry should investigate what strategies have been used at the Camelot to achieve such high levels of enrollment to see if these strategies can be applied at the Ambassador to increase use of this service at that site.

Tenant Feedback:

All of the participants in the June midpoint focus group had signed up for the vouchers and were using them regularly. Focus group participants reported using them at the following locations:

- Food Co
- Farmer's Market
- Daldas
- Radmans

Positive Feedback: Everyone had the list of vendors and most participants reported that they were purchasing more food now that they were receiving the vouchers. Participants did not report buying different food.

Challenges Reported:

Issues using vouchers for specific types of food: Similar to participants in the Ambassador focus group, Camelot residents reported issues buying specific foods at Food Co. For example, one participant shared "they only let you buy bread and juice,"

and another said “they won’t let you buy meat.” One participant reported similar issues at Daldas.

Recommendation: Leah’s Pantry or EatSF may want to conduct visits to vendors to ensure that they are all complying with voucher program and providing voucher-holders with the freedom to purchase all approved food items.

Prepared Meal Distribution

Use of Service: As of June 2019, prepared meals had been distributed to Camelot tenants on fifteen occasions (see table). The number of residents who received prepared meals ranged from 4-19. On average, 13 residents took part in the meal distributions (24% of tenants). It appears that it is largely the same group of tenants that are taking advantage of the service every week. However, offering the service two days in a row does appear to allow more residents to take advantage of the service (some only come Thursdays and some only come Fridays).

These data show that overall, about a fourth of residents are taking advantage of the prepared meals at the Camelot.

There does not appear to be the same downward trend in utilization that was observed at the Ambassador.

Camelot Prepared Meal Distributions	
April 25 th	15
April 26 th	19
May 2 nd	14
May 3 rd	12
May 9 th	15
May 10 th	15
May 16 th	15
May 17 th	8
May 23 rd	11
May 30 th	14
May 31 st	10
June 6 th	16
June 7 th	4
June 13 th	16
June 14 th	18

Recommendation: Additional outreach may be necessary to increase the number of residents using this intervention service. Site staff and tenant leaders should do some outreach to learn why more tenants aren’t taking advantage of this service.

Tenant Feedback:

All of the focus group participants were using this service weekly.

Positive Feedback: All of the participants said they liked this service. One participant liked it because the meals were ready to eat and they didn't have to shop. One specifically mentioned that they liked the food. Finally, one participant liked that when leftovers were distributed on Fridays, it was first come first served and they could take extra meals.

Suggestions for improving the prepared meal service: The only suggestion was to increase this amount of meals provided as part of this service.

CalFresh SSI Eligibility Outreach

Use of Service: As of June 2019, enrollment data was not available for this report.

Tenant Feedback:

Among the five focus group participants, one resident had a phone interview scheduled, two participants reported that they were planning on enrolling, and one shared that they had heard about the changing eligibility requirements. No additional discussion of this service took place.

Community Meal

Use of Service: As of June 2019, weekly community meals had occurred eleven times at the Camelot. The number of residents who participated in this meal ranged from 14-34. On average, 22 residents took part in the community meal (41% of residents). Leftover meals distribution was recorded for four additional dates and the number of residents who received leftovers ranged from 7-10. Overall, it appears that almost half of the Camelot residents are taking advantage of the weekly community meal.

Recommendation: Staff and tenant leaders should continue outreach to involve more residents in the weekly meal and perhaps investigate why a large portion of residents are taking the food to their rooms rather than eating in the community space.

Tenant Feedback:

All of the focus group participants were coming to the community meal every week

Positive Feedback: Participants were very enthusiastic about the quality of this meal. For example, one said "it's the best meal I eat all week," while another said "it's very good - nourishing and healthy. It's satisfying too." One participant mentioned that they couldn't attend the meal, a staff member saved them a plate and that they appreciated that.

Lyft Concierge Service

Use of Service: As of June 2019, one Lyft trip had taken place and five residents had participated.

Tenant Feedback:

None of the focus group participants had participated in the first Lyft shopping trip. A few of the participants had heard about it and a few were interested.

Recommendation: Staff and tenant leaders should publicize this service and ensure that residents are aware of when Lyft shopping trips will be taking place in the future.

INTERVENTION MIDPOINT FOCUS GROUP REFLECTIONS ON FOOD SERVICES

Changes to Use of Previously Established Services

During the focus groups, tenants at both intervention sites were asked whether they had changed their use of existing food services as a result of the pilot project at their SRO. Across both sites, all of the focus group participants reported that the biggest change was that they now had more money to buy food due to the vouchers. For example, one tenant shared, “it gives us another \$40 in our pocket for food and that’s made a big difference.”

Two Ambassador participants and one Camelot participant said they were no longer using the free meals provided by St. Anthony’s. These individuals were happy about this because they had been previously attending these meals out of necessity but did not enjoy them.

The majority of Ambassador participants (4) also said that as a result of this pilot program they were eating healthier. One participant shared, “For me, I’m eating healthier. It’s caused me to think healthier about what I’m buying and what I’m going to cook.”

Extent to Which Food Needs Have Been Met

All focus group participants at both sites agreed that they can get the food they need. At the Ambassador, they specifically said that this was not the case before the intervention.

Continued Challenges/Additional Needs

When asked about unmet needs or ongoing food-related challenges, the only comment received from Camelot residents was that they would miss the pilot services when they stopped at the end of the intervention period.

At the Ambassador, limited storage continues to be the dominant theme. Focus group participants were frustrated with the size of their fridge and the lack of a freezer. One

participant did note however, that these limitations forced them to eat better, they said, “but you’re constantly eating fresh and shopping every day so it’s a good thing.” The need for more storage for dry food also arose in the conversation. Specifically, participants said it was difficult to take advantage of sales because there was nowhere to store food in bulk.

Interest in (Full-Meal) Vending Machine

Focus group participants at both sites were asked about their interest in a full-meal dispensing vending machine, as well as their preferences and concerns:

Interest: At the Ambassador, a good portion of the participants were not interested but felt that others in the building would be interested. At the Camelot, most of the participants were interested, but said they’d prefer the free delivered meals they were currently receiving.

Preferences & Suggestions:

- Larger sized meals than those provided by Meals on Wheels
- Individual fresh ingredients rather than pre-made meals
- Fresh meals rather than frozen meals (others did not have a preference)
- Specific foods: Lasagna, pizza, spaghetti & meatballs, fish

Concerns: A few residents voiced concerns about the freshness of the food

Willingness to Pay: Participants were somewhat divided regarding what they’d be willing to pay for meals from the vending machine. One said \$1 (what they thought a meal from Meals on Wheels was worth), a few said \$2-3, one said \$3-5 if it was a full, good sized meal. At both sites, approximately 50% of participants said they’d be able to use the vending machine if it only took debit cards.

APPENDICES

Appendix A. Tenant Focus Group Protocol

Opening

- Welcome & introductions
- Brief description of the project
- What we're hoping to get from this listening session
- Ground rules
 - One person speaks at a time, no cross-talk, please be respectful of other people's opinions, don't have to agree- we want multiple perspectives, please be honest, we really want to hear your honest feedback so we can improve the services we're implementing as part of this program, allow time for others to speak, we may cut you off if your share goes too long to allow others to contribute, you don't have to answer every question, you can just say you agree with what others have said if that's the case or provide a different opinion
 - Remind everyone that we'll be recording the session just to make sure we capture everything that is said- but it will only be for us, won't be shared and your names won't be shared either
- Ask if there are questions before we start
- Start recording

Feedback on Pilot Services:

We're going to go through the list of food-related services that we've introduced as part of this program and want to ask you a few questions about each one:

1. Have you used it?
 - a. If so, are you using it only some time or a lot?
 - b. If no, why not?
 - i. What would we need to change in order for you to use this service?
2. What, if anything do you like about this service?
3. Is there anything about this service that you don't like?
 - . How could this service be improved? What should be changed?

***for services in which tenant leaders are involved:

1. Do {insert names} seem like they understand how to help you with this service and can they answer any questions you have?
2. How helpful were {insert names} with this service?
3. Do you feel like {insert names} treat you well when you're using this service?

Overall questions:

1. Do you like having tenants helping with food services?
 - a. Why or why not?
2. Now that these new services are available, are you using any of the previously available food services in a different way? (less, more, the same, etc.)

Interest in Vending Machine:

One of the services we're looking into for some point in the future is a vending machine stocked with full meals.

1. To start, can you tell us if that's something you'd like to have available in this building?
Why or why not?
2. What would you be willing to pay for these meals?
 - If it only accepted a debit or credit card, would you be able to use it?
3. Would you prefer these meals be fresh or frozen?
4. What type of food would you like to see in a vending machine?
5. Would you like this approach to meal delivery better than delivered meals that are available now? Why or why not?
6. If the vending machine was available, how often do you think you'd use it?

Appendix B. Tenant Leader Group Interview Protocol

Opening

- Welcome & introductions
- What we're hoping to get from this listening session
 - Learn about your experience as a tenant leader for the SRO pilot project
 - Get feedback on the training you received
 - Get feedback to improve the services that you're helping to provide to tenants
 - Overall, the purpose of this interview is to get information so we can better support you in your position and make sure it's a positive experience for you and the other tenants at the {insert SRO name}
- Ask if there are any questions
- Ask for permission to record
 - We're recording just so we don't have to take a lot of notes. We will be sharing the information you share today with the program manager of this project so they can improve the program and including your perspective in our report on the project. Because there are only a few of you working as tenant leaders we can't offer you confidentiality but we really do want your honest opinion on this job and the program in general and your feedback will not affect your job as a tenant leader at all.
- Start recording

Experience & Feedback on Training

1. Can you tell me a bit about the process of applying to be a tenant leader?
 - a. Prompts:
 - i. How did you learn about the position?
 - ii. Why did you apply? Why were you interested in the job?
 - iii. Did you have any difficulty completing the application?
2. Can you tell me a bit about the training you received from Leah's Pantry?
 - a. Prompts:
 - a. Do you feel like you got enough training to do the job well?
 - b. Have you dealt with any issues doing your job that you wish had been covered during the training?

Experience as a Tenant Leader

1. First, I just want to hear generally how it's going in your new position as a tenant leader.
2. What are you enjoying about the position?
3. Is there anything that hasn't gone well? Parts of the job that are difficult or confusing?
4. Now let's talk specifically about your different responsibilities. I'd like to you to share a little bit about what that part of the job is like for you. What's good about it and what, if anything isn't so great.
 1. Ambassador
 1. Meals on wheels/food pantry distribution
 2. Recording the data

2. Camelot
 1. Meals on wheels food distribution
 2. Recording food distribution data
 3. Community meals
 4. Recording attendance at community meals
 5. Lyft- accompanying tenants to grocery stores using Lyft
3. Both sites:
 1. Filling out timesheets

Feedback on Services

The last topic I want to cover is your opinion on the food services that the program has introduced at your site. We want to know how you think it's going and how these services could possibly be improved to work better for the tenants at the {insert SRO name}.

For each service:

1. Are you personally using this service?
 1. If so, are you using it only some time or a lot?
 2. If no, why not?
2. What, if anything do you like about this service?
3. Is there anything about this service that you don't like?
 1. How could this service be improved? What should be changed?

Closing

That's all the questions I have for you. We really appreciate you taking the time to talk to us and share your experiences so we can keep improving this program. Is there anything else you'd like to share with me about your experiences with the food services here at the {insert SRO name} or as a tenant leader before we wrap up?

Thanks so much!

THE SF SRO HEALTH COLLABORATIVE
INVITES YOU TO LEARN MORE ABOUT
A PILOT PROGRAM FOR

**NEW FOOD RESOURCES
FOR RESIDENTS
AT THE AMBASSADOR**

Come join us! There will be a raffle and snacks.

MONDAY, MARCH 11
AMBASSADOR HOTEL PAVILION
10:00am - 1:00pm

Questions? Please contact:
alex@leahspantry.org



Appendix D. Camelot Intervention Launch Flier



New Resources for Residents

- Monthly EatSF vouchers worth up to \$40 for groceries
- Group Lyft transportation to shop at grocery stores
- Weekly freshly-prepared individual and community meals
- Cooking tools and small appliances

Find Out More

Talk to your case manager to sign up for EatSF vouchers and Lyft transportation. Stop by the community room in April for weekly community meals and learn more about individual meals. In May, we'll be passing out cooking tools to residents. Contact your case manager or alex@leahspantry.org for more details.



Help Shape Food Services at Camelot

To ensure that we are improving future food services in ways that serve our residents, we will invite participants to talk about their experiences with new resources through interviews, focus groups, and surveys. Participation is optional and is not required to receive any of the new food resources.



PARTICIPATION: You have a choice to participate in this pilot. Your decision will not affect your relationship with Camelot staff or service providers, nor will it affect any services you currently receive. You are free to change your mind about participating at any time, and for any reason.



CONFIDENTIALITY: Your privacy is very important to us. Focus groups, interviews, surveys, and attendance information will be collected to help make decisions about the programs. Your name won't be associated with the responses in any way.

These resources will be available to every resident until the end of the pilot in September 2019. Some of the resources may become available after the pilot period.

This is a project of the SF SRO Health Collaborative and is managed by Leah's Pantry.

Appendix E. Tenant Leader Policies & Expectations Contract

Work Hours

- You must complete your sign in and sign out at the beginning and at end of your shift. Take a photo and text it to Monica.
- Be on time for your shift
 - Frequent lateness may be grounds for termination.
 - If your shift runs late, please let your supervisor (Sandy) know immediately.
- You are expected to be here for all scheduled workdays and meetings. Please notify your supervisor of planned absences at least 1 week prior to the absence.
- If you are unable to report to work at the scheduled time due to illness or an emergency, it is your responsibility to call and text. You must speak to your supervisor directly.
- Missing 3 or more workdays or meetings for any reason without notification will result in being placed on probation and/or termination from the program.

Personal Conduct and Professionalism

- No cellphone use during work and meeting hours. Personal business must be taken care of outside of your work hours. Cellphone must be put away. If there is an emergency, please notify your supervisor and take a break.
- Be helpful and courteous at all times. Our customers, fellow team members, and anyone we interact with should always be treated politely and served to the best of your ability.
- Communicate with your supervisor if you have concerns. Issues that have to do with your safety or the safety of others should be expressed to your supervisor immediately. Other concerns should be brought up in a private conversation with your supervisor. If you have an issue, arrange a time to discuss it as soon as possible.

Workplace Health and Safety

- There is no eating or snacking while working.
- You will be sent home if you arrive at work high or intoxicated. You may not work if you have been vomiting or had fever or diarrhea in the last 24 hours.
- Profanity and demeaning language of any kind will not be tolerated.

I certify that I have read and understand the policies and expectations of being a Tenant Leader. I understand that my failure to observe these rules may result in my being put off duty or termination.

Appendix D. Camelot & Ambassador Pilot Plans
{see next page}



Ambassador Hotel Pilot Plan

Monica Bhagwan and **Alex Neidenberg**, *Leah's Pantry, Project Managers*

Molly Rottapel and **Silvana McCormick**, *Redwood Consulting, Evaluators*

Pilot Summary

The SRO Pilot is a project of the San Francisco SRO Health Collaborative (SFSHC), an offshoot of the San Francisco Food Security Task force and is funded by the Stupski Foundation. This pilot identifies and tests tenant-centered approaches to improve food security and dietary intake for residents in 2 SROs located in the Tenderloin, the Ambassador and the Camelot. It seeks to address identified gaps in food security by leveraging and coordinating existing food services, and by designing and implementing new ones. The objective is to provide the SF Board of Supervisors with a research-based blueprint to improve food security and dietary intake for SRO residents throughout San Francisco.

Since December 2017, Project Managers (Leah's Pantry), evaluators (Redwood Consulting), and the SFSHC have been engaged in exploring intervention strategies, conducting needs assessments, and planning the pilot. This work included regular collaborative meeting and discussion, a research and best practices literature review, tenant focus groups, tenant surveys, interviews and discussions with site staff. Project Managers researched costs and logistical details for possible interventions. Pilot interventions were identified to reflect tenant needs, site capacity, and availability of service providers and resources. The interventions are comprised of adjustments to existing resources as well as the addition of new ones. They are categorized into three types:

- **New Services and Food Resources:** Additional food, services, or purchasing capacity provided directly to tenants
- **Coordination/Capacity Building:** Site-level enhancements to current resources including changes to service delivery
- **Equipment and Infrastructure:** Material support to improve utilization of food resources (i.e. storage and cooking)

Evaluation, Pilot Promotion, and Tenant Engagement activities will also be conducted.

Formative Evaluation Summary

A formative evaluation, conducted by Redwood Consulting Collective (RCC), will be launched in conjunction with the launch of the interventions at the each intervention site (i.e., the Ambassador and the Camelot). During this phase of the evaluation, the goal is to gather data from multiple sources and use multiple methods to holistically understand the interventions as they are implemented, understand program strengths and weaknesses as well as different stakeholder perspectives. A mix of both quantitative and qualitative methods will be used to track intake of services as well as gather insights and experiences from stakeholders. More specifically, the evaluation will focus on three primary areas:

- 1) *Monitoring intervention implementation*: tracking of intervention strategy at each site
- 2) *Utilization*: use of different services by residents
- 3) *Quality*: Degree to which strategies are implemented as planned; tenant satisfaction and perceived usefulness of services as well as perspectives of site staff and project management team

Pilot Timeline

- **August 2017—November 2017**
 - Stupski grant awarded
 - Project managers and evaluators retained by SFSHC
- **December 2017—November 2018**
 - Needs assessment
 - Identification of interventions
- **September—October 2018**
 - Baseline data Collection
- **November 2018—February 2019**
 - Selection, planning, and coordination of interventions
- **March 2019**
 - Community kick off and promotion
 - Ramp up to full implementation
- **March—September 2019 (expected)**
 - Intervention period (27 weeks)
- **September—October 2019**
 - Closing event
 - Final data collection

Ambassador Estimated Pilot Budget: \$48,920

(see pg 10 for further breakdown of intervention budget)

Ambassador Hotel Summary

The Ambassador is an SRO building operated by the Tenderloin Neighborhood Development Corp. (TNDC), a housing developer that acts as both the property manager and the support service provider (i.e., case management). The building has 134 units, on-site support services staff, and limited in-unit and in-building cooking opportunities. Every tenant is provided with a small fridge and microwave for their unit and they are allowed to use appliances in their room that do not have an open flame (e.g., toaster ovens, rice cookers). All food is stored in tenants' individual rooms.

Tenants primarily meet their food needs by, shopping for groceries to cook for themselves, utilizing the food pantry at the Ambassador, and food donations brought on site from stores such as Trader Joe's and Safeway. They prefer food that is healthy, fresh, simple to cook, and convenient to obtain.

Tenants' main barrier to food security is lack of sufficient money or access to free food lasting throughout the month. (*Source of data:* Needs assessment 2018, [full report](#))

Ambassador Pilot Overview

New Services and Food Resources for Tenants

[EatSF Fruit and Vegetable Vouchers](#)

[EatSF SNAP Foods Voucher](#)

[Delivered Prepared Individual Meals](#)

[Room Delivered Grocery Bags](#)

Coordination/Capacity Building

[Technical Assistance to Food Pantry](#)

[Food Resource Toolkit for Site Staff](#)

[CalFresh SSI Eligibility Training and Promotion for Staff and Tenants](#)

[Tenant Leaders](#)

[Food Resource Navigator](#)

Equipment and Infrastructure

[Small Cooking Appliances](#)

[Vending Machine \(pending; not included in budget\)](#)

Promotion and Tenant Engagement Events

[Community Kick Off](#)

[Thank You/Closing Community Meeting](#)

Evaluation Activities

[Observations](#)

[Focus Groups with Residents](#)

[Post Test Survey](#)

[Attendance Data Collection](#)

Intervention Descriptions

New Services and Food Resources

EatSF Fruit and Vegetable Vouchers (\$20 per month)

- **Objective:** Tenants will have additional funds to purchase fruits and vegetables.
- **Provider:** EatSF
- **Summary:** Tenants will receive vouchers to purchase fruits and vegetable from select food vendors in San Francisco. Vendors include neighborhood corner stores, Safeway, Foods Co, and the Civic Center Farmers Market. Tenants will receive four \$5 fruit and vegetable vouchers per month. EatSF will train staff on voucher utilization, assist with resident enrollment and support staff to distribute the vouchers directly to tenants.
- **Budget Estimate:** In-kind goods and services
- **Data collection strategy:** Staff monitoring form; Question on tenant post-test survey

EatSF SNAP Eligible Vouchers (\$20 per month)

- **Objective:** Tenants will have additional funds to purchase SNAP eligible food.
- **Provider:** EatSF
- **Summary:** Tenants will receive vouchers to purchase food from select food vendors in San Francisco. Vendors include neighborhood corner stores, Safeway, Foods Co, and the Civic Center Farmers Market. Tenants will receive four \$5 SNAP eligible food vouchers. EatSF will train staff on voucher utilization, assist with resident enrollment and support staff to distribute the vouchers directly to tenants.
- **Budget Estimate:** \$18,440
- **Budget Details:** \$5 per resident per week; implementation services
- **Data collection strategy:** Staff monitoring form; Question on tenant post-test survey

Weekly Delivered Prepared Individual Meals

- **Objective:** Tenants will receive ready to eat, reheatable prepared meals.
- **Provider:** Meals on Wheels
- **Summary:** Service provider will deliver individually-packaged, fresh prepared meals that will be distributed to tenants during the Monday food pantry. Tenants can consume the meals right away or refrigerate for later consumption.
- **Budget Estimate:** \$19,000
- **Budget Details:** \$5.25 per meal, per resident, per week
- **Data collection strategy:** Sign in/distribution sheet

Room Delivered Grocery Bags

- **Objective:** Room bound tenants will receive bags of groceries at their door
- **Provider:** San Francisco Marin Food Bank (SFMFB) Food Pantry Programs Team
- **Summary:** SFMFB will provide extra produce and products so that bagged groceries are available for tenants who are unable to leave their rooms or stand in line for the weekly food pantry. Ambassador case management staff will determine criteria and identify tenants who are eligible for room delivered groceries. Tenant leaders (see below) will prepare bags and deliver bags to tenants on pantry day.
- **Budget Estimate:** In-kind goods; additional food pantry food
- **Data collection strategy:** Distribution Sheet

Coordination and Capacity Building

Technical Assistance to Food Pantry

- **Objective:** Increase food pantry participation and improve pantry options
- **Provider:** San Francisco Marin Food Bank (SFMFB) Food Pantry Programs Team
- **Summary:** SFMFB and Ambassador pantry site staff will jointly determine how to improve attendance to the weekly on site food pantry. SFMFB staff will provide best practices on the physical layout of the distribution, coordinate best day and time for distribution and how to improve overall participation.
- **Budget Estimate:** In-kind goods and services; consultation and coordination services offered as needed
- **Data collection strategy:** Interviews with Leah's Pantry team

Tenant Leaders

- **Objective:** Provide additional personnel to support food security interventions. Provide leadership roles to tenants through pilot project.
- **Summary:** Site staff will advise on the recruitment and selection of up to two tenant leaders to support interventions. Project managers will be responsible for hiring and overall retention of tenant leaders. Site staff will assign tasks and supervise tenant leaders during food pantry distribution, which includes preparation and delivery of grocery bags and distribution of prepared meals. Additional roles and responsibilities to be determined by Project Manager and site staff. All duties outside of pantry distribution or regular social work-run activities will be managed by Project Managers or Food Resource Navigator.
- **Budget Estimate:** \$4,225
- **Budget Details:** \$17/hr +15% overhead; 6-8 total hours per week
- **Data collection strategy:** Interviews with RCC; Timesheets

Food Resource Toolkit for Site Staff

- **Objective:** Staff will have improved access to a toolkit of food resources for clients.
Provider: Project Managers
- **Summary:** Project Managers will develop a comprehensive printed toolkit of San Francisco-based food resources including neighborhood food pantries, free meals sites, produce donations and other programs that would support nutrition security. Site staff will receive a one time orientation on the food resources available and how to use the toolkit. Staff will provide printed resources to clients as needed and keep track of resources that are distributed to clients. Project manager will ensure ongoing consultation to staff and digital copy updates to toolkit, as needed.
- **Budget Estimate:** \$100 for printed materials, as needed
- **Data collection strategy:** Site staff sign-in sheet

CalFresh SSI Eligibility Training and Promotion for Staff and Tenants

- **Objective:** Site staff trained to enroll as many newly eligible tenants as possible in SNAP.
- **Provider:** San Francisco Marin Food Bank CalFresh Outreach Team
- **Summary:** San Francisco Marin Food Bank CalFresh Outreach Team will invite site staff to participate in a day long training on how to enroll clients in CalFresh. SFMFB CalFresh Outreach Team will conduct a second meeting exclusively for site staff and provide a CalFresh presentation for tenants.
- **Budget Estimate:** In-kind services; 2-3 presentations and/or trainings
- **Data collection strategy:** Attendance sign-in sheets

Food Resource Navigator

- **Objective:** Tenants receive assistance in navigating food security challenges and resources. Site will have overall improved coordination of food security resources.
- **Provider:** TBD
- **Summary:** Project Manager will hire a staff person to provide onsite food resource case management to tenants, to oversee tenant leaders, consult with case managers (as needed), and to serve as on site point person for pilot interventions, as needed. Staff person will be able to answer questions about food resources in the area, benefits eligibility, and how to access information about health and food.
- **Budget Estimate:** \$3,105
- **Budget Details:** \$22-25/hour + 15% overhead; 4 hours per week
- **Data collection strategy:** Interviews with Redwood Consulting

Equipment and Infrastructure

Small Cooking Appliances

- **Objective:** Tenants receive small cooking tools and appliances to prepare food in their rooms or community kitchens.
- **Provider:** Project Managers
- **Summary:** CookIt Kits containing basic kitchen equipment appropriate for SRO residents will be provided for each resident.
- **Budget Estimate:** \$3,350
- **Budget Details:** \$25 per kit
- **Data collection strategy:** Distribution Sheet

Pilot Promotion and Tenant Engagement

Community Kickoff

- **Objective:** Promote upcoming pilot and engage tenants to participate in interventions.
- **Provider:** Project Managers
- **Summary:** Project Managers will disseminate information about the pilot and services to be offered. Printed materials will be provided to each tenant. In addition, there will be a scheduled on site event with refreshments to allow tenants to learn more and ask questions about the pilot. Additional details pending.

Thank You/Closing Event

- **Objective:** Mark the ending of the pilot and to share what's next
- **Provider:** Project Manager
- **Summary:** Tenants will be invited to a community meeting to learn about the results of the pilot and what is next. A community meal will be served to thank the Ambassador for their participation in the pilot. Additional details pending.

Total Promotion and Engagement Budget Estimate: \$700

Evaluation Activities

- **Observations:**
Conducted by: Leah's Pantry

Observations will be conducted of intervention strategies that involve in-person food distribution or trainings. Observations will involve qualitative note taking and informal data collection from residents and site staff (e.g., impromptu conversations at events).

Targeted interviews

- **Focus Groups with Residents**

Conducted by: RCC

Focus groups will be conducted at the two sites in Spring and Fall 2019. Focus groups will include a sample of SRO residents and will explore how the changes at each SRO have impacted tenants, their perceptions of quality and utility of different interventions, and recommendations for improving services (esp. in Spring focus groups).

- **Post Test Survey**

Conducted by: Leah's Pantry (data collection) & RCC (data analysis)

The same survey, which was implemented in Fall 2018, will be distributed again to SRO tenants to examine whether there have been any changes in their food security or experience over the course of the pilot. The post-test survey will include an extra page to allow residents to report on use of different intervention services and satisfaction with these services.

- **Attendance data**

Conducted by: Leah's Pantry & SRO site staff (data collection) & RCC (data analysis)

Utilization of services will be primarily monitored through attendance data (sign-in sheets). The project management team, Leah's Pantry, will work with SRO site staff to ensure that sign-in sheets are being implemented at all events (i.e., brought to events for tenants sign, copied, and placed in a folder/file for collection).

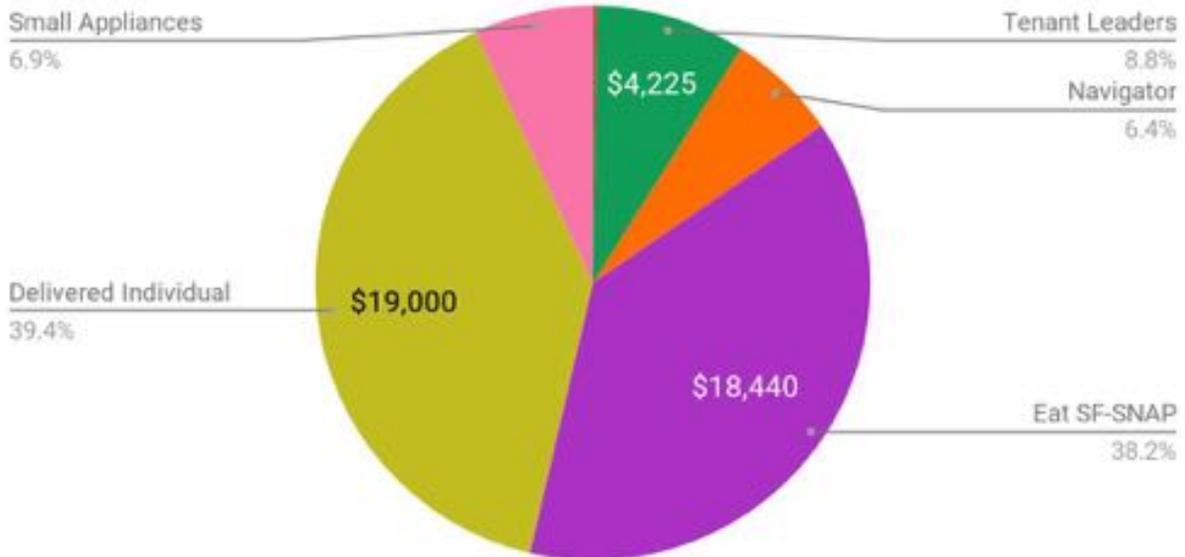
Intervention Budget Analysis

Total Intervention Budget Estimate: \$48,220

Spending per tenant: \$360

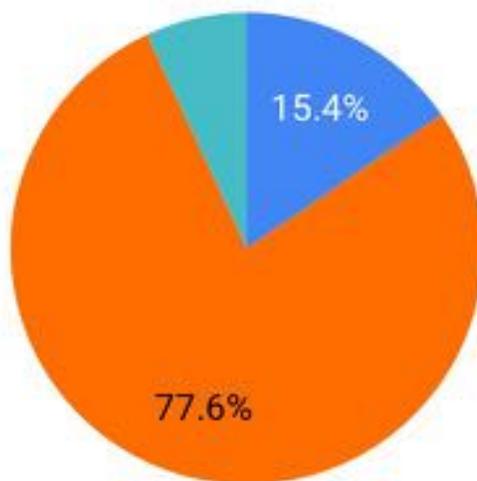
Percentage of Budget: By Intervention

total intervention budget: 45,170



Percentage of Budget: By Intervention Type

- Coordination/Capacity Building
- New Resources
- Equipment





Camelot Pilot Plan

Monica Bhagwan and **Alex Neidenberg**, *Leah's Pantry, Project Managers*

Molly Rottapel and **Silvana McCormick**, *Redwood Consulting, Evaluators*

Pilot Summary

The SRO Pilot is a project of the San Francisco SRO Health Collaborative (SFSHC), an offshoot of the San Francisco Food Security Task force and is funded by the Stupski Foundation. This pilot identifies and tests tenant-centered approaches to improve food security and dietary intake for residents in 2 SROs located in the Tenderloin, the Ambassador and the Camelot. It seeks to address identified gaps in food security by leveraging and coordinating existing food services, and by designing and implementing new ones. The objective is to provide the SF Board of Supervisors with a research-based blueprint to improve food security and dietary intake for SRO residents throughout San Francisco.

Since December 2017, Project Managers (Leah's Pantry), evaluators (Redwood Consulting), and the SFSHC have been engaged in exploring intervention strategies, conducting needs assessments, and planning the pilot. This work included regular collaborative meeting and discussion, a research and best practices literature review, tenant focus groups, tenant surveys, interviews and discussions with site staff. Project Managers researched costs and logistical details for possible interventions. Pilot interventions were identified to reflect tenant needs, site capacity, and availability of service providers and resources. The interventions are comprised of adjustments to existing resources as well as the addition of new ones. They are categorized into three types:

- **New Services and Food Resources:** Additional food, services, or purchasing capacity provided directly to tenants
- **Coordination/Capacity Building:** Site-level enhancements to current resources including changes to service delivery
- **Equipment and Infrastructure:** Material support to improve utilization of food resources (i.e. storage and cooking)

Evaluation, Pilot Promotion, and Tenant Engagement activities will also be conducted.

Formative Evaluation Summary

A formative evaluation, conducted by Redwood Consulting Collective (RCC), will be launched in conjunction with the launch of the interventions at the each intervention site (i.e., the Ambassador and the Camelot). During this phase of the evaluation, the goal is to gather data from multiple sources and use multiple methods to holistically understand the interventions as they are implemented, understand program strengths and weaknesses as well as different stakeholder perspectives. A mix of both quantitative and qualitative methods will be used to track intake of services as well as gather insights and experiences from stakeholders. More specifically, the evaluation will focus on three primary areas:

- 1) *Monitoring intervention implementation*: tracking of intervention strategy at each site
- 2) *Utilization*: use of different services by residents
- 3) *Quality*: Degree to which strategies are implemented as planned; tenant satisfaction and perceived usefulness of services as well as perspectives of site staff and project management team

Pilot Timeline

- **August 2017—November 2017**
 - Stupski grant awarded
 - Project managers and evaluators retained by SFSHC
- **December 2017—November 2018**
 - Needs assessment
 - Identification of interventions
- **September—October 2018**
 - Baseline data Collection
- **November 2018—February 2019**
 - Selection, planning, and coordination of interventions
- **March 2019**
 - Community kick off and promotion
 - Ramp up to full implementation
- **March—September 2019 (expected)**
 - Intervention period (27 weeks)
- **September—October 2019**
 - Closing event
 - Final data collection

Camelot Estimated Pilot Budget: \$47,239.15

(see pg 11 for further breakdown of intervention budget)

Camelot Summary

The Camelot is operated by Delivering Innovation in Supportive Housing (DISH) who provides the property Management services. The site support services are provided by the San Francisco Department of Homelessness and Supportive Housing. The building has 54 units and has no cooking facilities. The building does provide each tenant with a refrigerator and a microwave and allows tenants to use their own appliances that do not have open flames.

Tenants primarily meet their food needs by, shopping for groceries to cook for themselves, utilizing the monthly food pantry at the Camelot, and the four times a week breakfast served on site. They prefer food that is healthy, fresh, simple to cook, and easy to chew and digest.

Tenants' main barrier to food security is lack of sufficient money or access to free food lasting throughout the month. (*Source of data:* Needs assessment 2018, [full report](#))

Camelot Pilot Overview

New Services and Food Resources for Tenants

[EatSF Fruit and Vegetable Vouchers](#)

[EatSF SNAP Foods Voucher](#)

[Delivered Prepared Individual Meals](#)

[Lyft Concierge Service](#)

[Weekly Community Meal](#)

Coordination/Capacity Building

[Tenant Leaders](#)

[Food Resource Toolkit for Site Staff](#)

[CalFresh SSI Eligibility Training and Promotion for Staff and Tenants](#)

[Food Resource Navigator](#)

Equipment and Infrastructure

[Small Cooking Appliances](#)

[Kitchen Infrastructure](#)

Promotion and Tenant Engagement Events

[Community Kick Off](#)

[Thank You/Closing Community Meeting](#)

Evaluation Activities

[Observations](#)

[Focus Groups with Residents](#)

[Post Test Survey](#)

[Attendance Data Collection](#)

Intervention Descriptions

New Services and Food Resources

EatSF Fruit and Vegetable Vouchers (\$20 per month)

- **Objective:** Tenants will have additional funds to purchase fruits and vegetables.
- **Provider:** EatSF
- **Summary:** Tenants will receive vouchers to purchase fruits and vegetable from select food vendors in San Francisco. Vendors include neighborhood corner stores, Safeway, Foods Co, and the Civic Center Farmers Market. Tenants will receive four \$5 fruit and vegetable vouchers per month. EatSF will train staff on voucher utilization, assist with resident enrollment and support staff to distribute the vouchers directly to tenants.
- **Budget Estimate:** In-kind goods and services
- **Data collection strategy:** Staff monitoring form; Question on tenant post-test survey

EatSF SNAP Eligible Vouchers (\$20 per month)

- **Objective:** Tenants will have additional funds to purchase SNAP eligible food.
- **Provider:** EatSF
- **Summary:** Tenants will receive vouchers to purchase food from select food vendors in San Francisco. Vendors include neighborhood corner stores, Safeway, Foods Co, and the Civic Center Farmers Market. Tenants will receive four \$5 SNAP eligible food vouchers. EatSF will train staff on voucher utilization, assist with resident enrollment and support staff to distribute the vouchers directly to tenants.
- **Budget Estimate:** \$7,900.00
- **Budget Details:** \$5 per resident per week; implementation services
- **Data collection strategy:** Staff monitoring form; Question on tenant post-test survey

Delivered Prepared Individual Meals

- **Objective:** Tenants will receive ready to eat, reheatable prepared meals.
- **Provider:** Meals on Wheels
- **Summary:** Service provider will deliver individually-packaged, fresh prepared meals that will be distributed to tenants. Tenants can consume the meals right away or refrigerate for later consumption.
- **Budget Estimate:** \$7,654.50
- **Budget Details:** \$5.25 per meal, per resident, per week
- **Data collection strategy:** Sign in/distribution sheet

Lyft Concierge Service

- **Objective:** Provide regular transportation to shop at grocery stores.
- **Provider:** Lyft Concierge service, plus support from Tenant Leaders and Camelot staff to schedule trips.
Summary: Site staff will coordinate and schedule bi-monthly shopping trips to affordable grocery stores in the area. The transportation will be scheduled in advance and tenants will sign up to be included in the shopping trip. Tenant Leaders will accompany residents on the shopping trips.
- **Budget Estimate:** \$325.00
- **Budget Details:** \$25 per roundtrip, 13 trips total
- **Data collection strategy:** Distribution Sheet

Weekly Community Meal

- **Objective:** Tenants will have access to a hot meal that will be served in their building.
- **Provider:** Centro Latino de San Francisco
- **Summary:** Service provider will prepare, deliver, set up, and serve a community meal for tenants to eat together and socialize one day per week. Tenants that wish to eat in their rooms can take the food to go. Tenant leaders will help support the set up and break down of the community meal in the community room space.
- **Budget Estimate:** \$8,819.50
- **Budget Details:** \$5.25 per resident, per week and \$4,000 for equipment and set up.
- **Data collection strategy:** Sign in sheet

Coordination and Capacity Building

Tenant Leaders

- **Objective:** Provide additional personnel to support food security interventions. Provide leadership roles to tenants through pilot project.
- **Summary:** Site staff will advise on the recruitment and selection of up to two tenant leaders to support interventions. Project managers will be responsible for hiring and overall retention of tenant leaders. Site staff will assign tasks and supervise tenant leaders during monthly food distribution, prepared meal distribution, grocery shopping tours and the set-up/break down of community meals. Additional roles and responsibilities to be determined by Project Manager and site staff. All duties outside of the activities listed above or regular social work-run activities will be managed by Project Managers or Food Resource Navigator.
Budget Estimate: \$2,111.40

- **Budget Details:** \$17/hr +15% overhead; 4 total hours per week
- **Data collection strategy:** Interviews with RCC; Timesheets

Food Resource Toolkit for Site Staff

- **Objective:** Staff will have improved access to a toolkit of food resources for clients.
Provider: Project Managers
- **Summary:** Project Managers will develop a comprehensive printed toolkit of San Francisco-based food resources including neighborhood food pantries, free meals sites, produce donations and other programs that would support nutrition security. Site staff will receive a one time orientation on the food resources available and how to use the toolkit. Staff will provide printed resources to clients as needed and keep track of resources that are distributed to clients. Project manager will ensure ongoing consultation to staff and digital copy updates to toolkit, as needed.
- **Budget Estimate:** \$100 for printed materials, as needed
- **Data collection strategy:** Site staff sign-in sheet

CalFresh SSI Eligibility Training and Promotion for Staff and Tenants

- **Objective:** Site staff trained to enroll as many newly eligible tenants as possible in SNAP.
- **Provider:** San Francisco Marin Food Bank CalFresh Outreach Team
- **Summary:** San Francisco Marin Food Bank CalFresh Outreach Team will invite site staff to participate in a day long training on how to enroll clients in CalFresh. SFMFB CalFresh Outreach Team will conduct a second meeting exclusively for site staff and provide a CalFresh presentation for tenants.
- **Budget Estimate:** In-kind services; 2-3 presentations and/or trainings
- **Data collection strategy:** Attendance sign-in sheets

Food Resource Navigator

- **Objective:** Tenants receive assistance in navigating food security challenges and resources. Site will have overall improved coordination of food security resources.
- **Provider:** TBD
- **Summary:** Project Manager will hire a staff person to provide onsite food resource case management to tenants, to oversee tenant leaders, consult with case managers (as needed), and to serve as on site point person for pilot interventions, as needed. Staff person will be able to answer questions about food resources in the area, benefits eligibility, and how to access information about health and food.
- **Budget Estimate:** \$2,328.75
- **Budget Details:** \$22-25/hour + 15% overhead; 3 hours per week
- **Data collection strategy:** Interviews with Redwood Consulting

Equipment and Infrastructure

Small Cooking Appliances

- **Objective:** Tenants receive small cooking tools and appliances to prepare food in their rooms or community kitchens.
- **Provider:** Project Managers
- **Summary:** CookIt Kits containing basic kitchen equipment appropriate for SRO residents will be provided for each resident.
- **Budget Estimate:** \$1,350
- **Budget Details:** \$25 per kit
- **Data collection strategy:** Distribution Sheet

Kitchen Appliances

- **Objective:** Residents will have access to a kitchen for food preparation. Site staff will be able to prepare and store hot and cold foods for programs and food distribution.
- **Provider:** Installation managed by DISH
- **Summary:** Stainless steel commercial grade fixtures and appliances will be installed into the kitchen including sink, prep tables, storage, electric convection oven, induction cooktop and pots and pans that can be checked out. Commercial grade lockable refrigerator and freezer will be provided to increase the amount of frozen or refrigerated goods that are stored on site and distributed to residents. Refrigerator and freezers will be located near the case management offices but can be accessed by clients throughout business hours 5 days a week. Installation will be completed by March 2019.
- **Budget Estimate:** \$16,250. Below is the estimate for all appliances and kitchen infrastructure.

○ Sink Counter	2,500.00
○ Commercial Freezer	1,500.00
○ Commercial Refrigerator	1,500.00
○ Counters	750.00
○ Cook Tops	500.00
○ Oven	4,000.00
○ Storage	3,000.00
○ Pots & Pans	2,500.00
- **Data collection strategy:** Interviews with staff and residents and sign out sheets for cooking equipment.

Pilot Promotion and Tenant Engagement Summary

Community Kickoff

- **Objective:** Promote upcoming pilot and engage tenants to participate in interventions.
- **Provider:** Project Managers
- **Summary:** Project Managers will disseminate information about the pilot and services to be offered. Printed materials will be provided to each tenant. In addition, there will be a scheduled on site event with refreshments to allow tenants to learn more and ask questions about the pilot. Additional details pending.

Thank You/Closing Event

- **Objective:** Mark the ending of the pilot and to share what's next
- **Provider:** Project Manager
- **Summary:** Tenants will be invited to a community meeting to learn about the results of the pilot and what is next. A community meal will be served to thank the Camelot for their participation in the pilot. Additional details pending.

Total Promotion and Engagement Budget Estimate: \$400

Evaluation Activity Descriptions

- **Observations:**
Conducted by: Leah's Pantry
Observations will be conducted of intervention strategies that involve in-person food distribution or trainings. Observations will involve qualitative note taking and informal data collection from residents and site staff (e.g., impromptu conversations at events).
- **Targeted Interviews:**
Conducted by: Leah's Pantry
Interviews will be conducted with residents periodically throughout the pilot period. The interviews will try to capture barriers to participating in interventions as well as successes of interventions. Questions around wellbeing and self reported health will also be gauged.
- **Focus Groups with Residents**
Conducted by: RCC
Focus groups will be conducted at the two sites in Spring and Fall 2019. Focus groups will include a sample of SRO residents and will explore how the changes at each SRO have

impacted tenants, their perceptions of quality and utility of different interventions, and recommendations for improving services (esp. in Spring focus groups).

- **Post Test Survey**

Conducted by: Leah's Pantry (data collection) & RCC (data analysis)

The same survey, which was implemented in Fall 2018, will be distributed again to SRO tenants to examine whether there have been any changes in their food security or experience over the course of the pilot. The post-test survey will include an extra page to allow residents to report on use of different intervention services and satisfaction with these services.

- **Attendance data**

Conducted by: Leah's Pantry & SRO site staff (data collection) & RCC (data analysis)

Utilization of services will be primarily monitored through attendance data (sign-in sheets). The project management team, Leah's Pantry, will work with SRO site staff to ensure that sign-in sheets are being implemented at all events (i.e., brought to events for tenants sign, copied, and placed in a folder/file for collection).

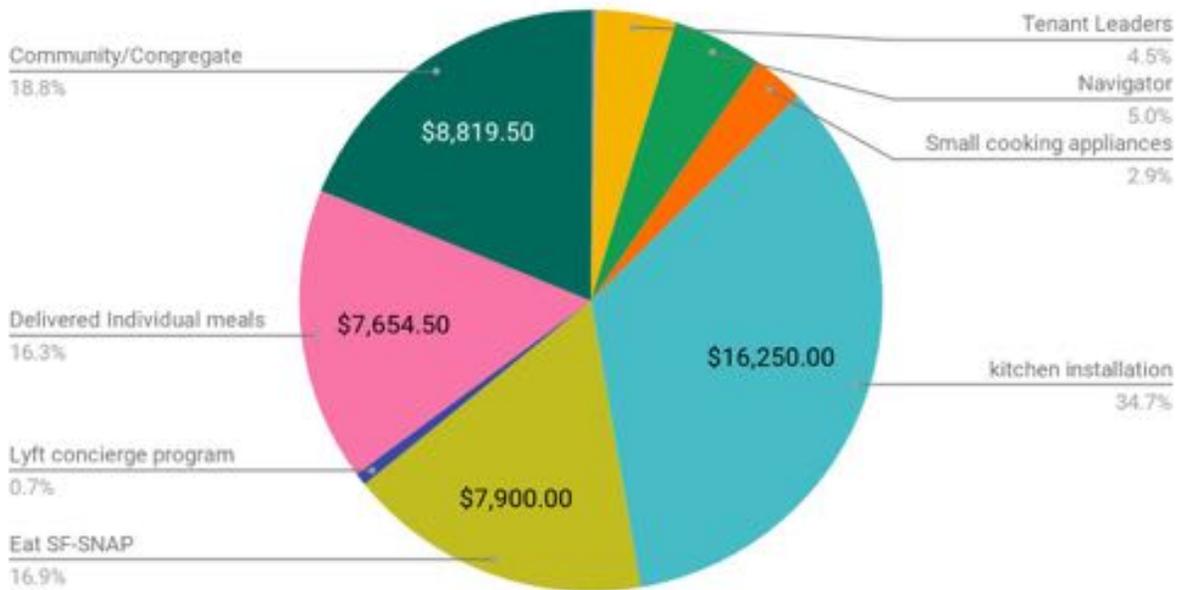
Intervention Budget Analysis

Total Intervention Budget Estimate: \$46,839.15

Spending per tenant: \$867.54

Percentage of Budget: By Intervention

total budget: \$45,789.15



Percentage of Budget: By Intervention Type

● Coordination/Capacity Building ● Equipment ● New Resources

