

San Francisco Food Security Task Force (FSTF)

Strategic Plan (SP) for Multi-Sector Collaboration to Ensure Food Security in San Francisco

SP Implementation Work Group Meeting

March 4, 2020

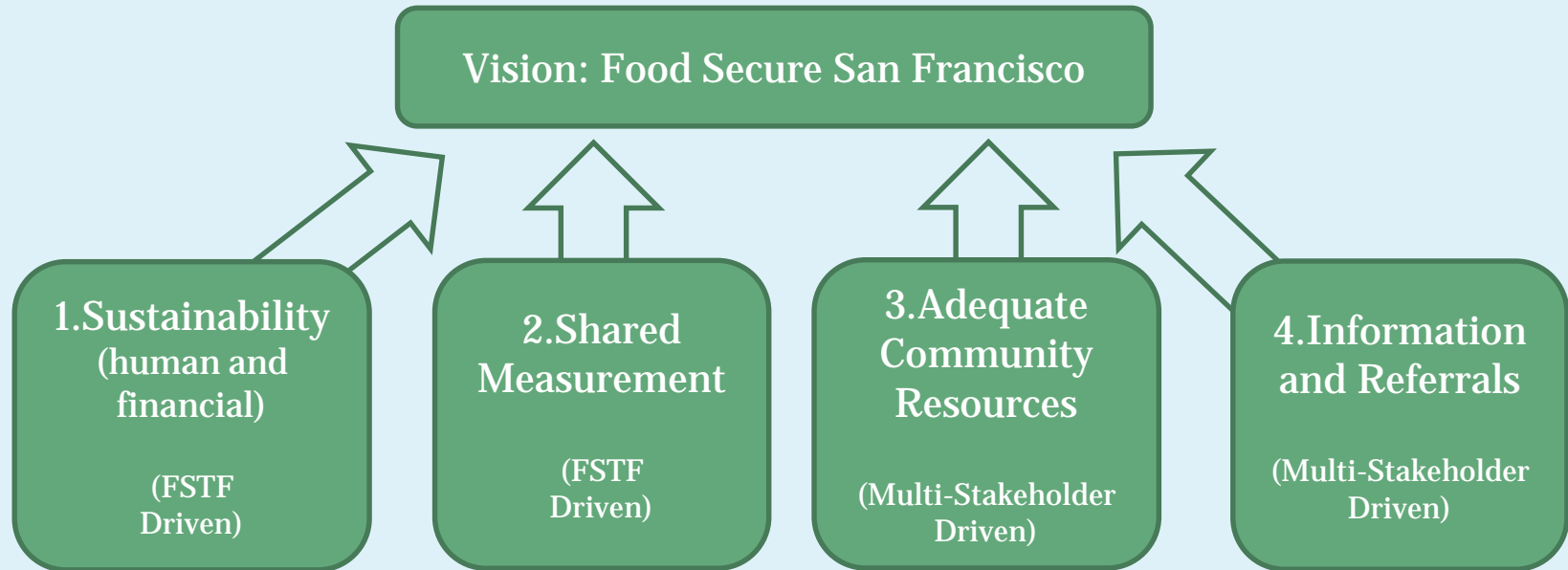


Meeting Objectives

- ❑ Adopt the “living” **project charter** for this work group
- ❑ Continue the evaluation phase of **Priority 4: Information and Referrals**
- ❑ Determine next steps for **Priority 4: Information and Referrals**

Meeting Objectives

- 1. Welcome, Introductions, Approval of Minutes, Action Items (10 min.)**
- 2. Project Charter (20 min.) - Discussion**
- 3. Priority 4: Information and Referrals (55 min.) - Discussion**
- 4. Public comment, Wrap up (5 min.)**



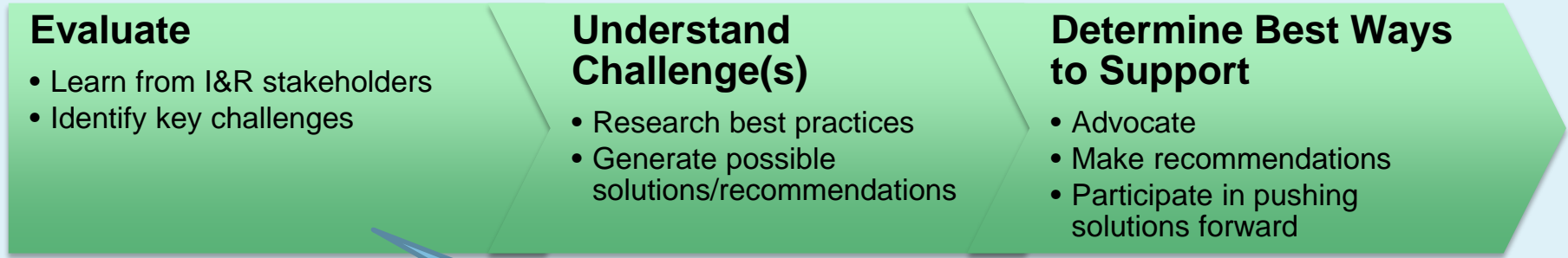
Discussion: Project Charter for Work Group



Project Charter

Discussion: Priority 4: Information and Referrals (I&R)

□ **Process**



Learn from I&R stakeholders

- ✓ 211
- ✓ OCOF
- ✓ One Degree
- ✓ *Food Locator - SFMFB*
- ✓ *DAS Benefits and Resources Hub*

Data, bi-directional feedback, and client evaluation are all key challenges.

Report Out: Existing Data on Food-Related I&R

- ❑ Data from food-related calls to 211 (Kelly)
- ❑ Learnings on food-related data from OCOF (Kelly)
- ❑ Learnings on food-related data from One Degree (Alex)

Discussion: Priority 4: Information and Referrals (I&R)

□ **Process**

Evaluate

- Learn from I&R stakeholders
- Identify key challenges

Understand Challenge(s)

- Research best practices
- Generate possible solutions/recommendations

Determine Best Ways to Support

- Advocate
- Make recommendations
- Participate in pushing solutions forward



Research best practices

(Leverage existing work)

- ✓ DPH study
- ✓ Kaiser Permanente Colorado

Study for San Francisco

Title: Operationalizing Food Security Screenings in Health Care Settings in the City and County of San Francisco

Purpose of the project:

- 1. Identify best practices for operationalizing screening and referral models between health systems and food resources;**
- 2. Identify organizational policies facilitating or inhibiting the integration of health systems with available community food resources; and**
- 3. Provide recommendations to the City and County of San Francisco for operationalizing screening and referrals.**

By: Jasmine Ariana Fernández, MPH Candidate, Tufts University (2019)

Referral Models

Table 1. Framework for Referrals

Referral Type	Description
On Demand Onsite Assistance	Patients are referred to a full-time, onsite resource coordinator to assist with applying for SNAP and accessing additional food resources.
Intermittent Onsite Assistance	Patients are referred to an onsite partner organization to assist with applying for SNAP and accessing additional food resources. Availability of service may vary based upon capacity.
Partner-Initiated Phone-Based Referral	After providing consent, patient receives a follow-up call from a partner organization to provide phone-based application assistance and additional food resource referrals.
Patient-Initiated Phone-Based Referral	Patients are provided with a phone number to call for assistance.
List or Prescription Based Referral	Patients are provided with names, addresses and phone numbers of local community based organizations for assistance.

Organization & Partners Interviewed by J. Fernández

1. **Hunger Free Colorado (HFC) – Kaiser Permanente Colorado, Denver Health, and Children’s Hospital Colorado**
2. **Cambridge Health Alliance [CHA] – Project Bread**
3. **Greater Lawrence Family Health Center – Greater Boston Food Bank & Project Bread**
4. **San Diego Hunger Coalition – Family Health Centers of San Diego, Sharp Grossmont Hospital, San Diego County’s Public Health Services, University of California, San Diego School of Medicine (UCSD)**
5. **Boston Medical Center – Health Leads - The Greater Boston Food Bank**
6. **Oregon Food Bank’s Screen & Intervene Program – The Child Hunger Coalition**

Wrap up

❑ **Public Comment**

❑ **Next Steps**

