San Francisco
Food, Nutrition, and Agriculture
Directory, 6th Edition
The “San Francisco Food, Nutrition and Agriculture Directory”, 6th edition (2017) (FNAD) provides a listing of useful resources and services available to San Francisco residents. We have made an effort to include resources for low income, mostly CalFresh eligible residents. The purpose of this directory is to assist health care and community service providers, service agencies and educational institutions, help their clients to:

- identify and use locally available food and nutrition resources
- learn about and advocate for change in their local food system

In addition, we want to provide resources for agencies to:

- purchase lower cost food
- receive food from the San Francisco Food Bank
- take food handling courses

The information listed in this directory was derived from the San Francisco Food and Nutrition Resource Directory 4th edition (2008). All resources contacted were asked to refer us to any additional resources they were aware of.

No agency or resource listed in the San Francisco Food, Nutrition and Agriculture Directory pays for its listing. All information has been provided by the individual agency or resource and its listing here does not imply endorsement by the City and County of San Francisco Department of Public Health, the California Department of Public Health, the Nutrition Education and Obesity Prevention Branch, the USDA SNAP-Ed Program or any of its directors or sponsors. An omission of any resource is just that, an omission. It does not imply any judgment of any organization or a resource’s merit.

Corrections should be sent to:

Food, Nutrition and Agriculture Directory
Feeling Good Project, Nutrition Services
San Francisco Department of Public Health
30 Van Ness Ave, Suite 3500
San Francisco, CA  94102
Tel. (415) 575-5689    Fax (415) 575-5797
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INTRODUCTION

Who is the San Francisco Food, Nutrition and Agriculture Directory for?

This Food, Nutrition and Agriculture Directory is intended for use by providers and organizations, rather than potential clients. By including information on eligibility, language capabilities and whether there is a fee, we hope to assist providers in guiding low income CalFresh eligible clients to the most accurate and appropriate resources. To create a directory with the greatest longevity, we have in some cases omitted specific service sites and/or hours of operation. By calling the number listed or checking the website, when available, the provider or client will be able to get the most current information available.

What’s included in the San Francisco Food, Nutrition and Agriculture Directory?

The Food, Nutrition and Agriculture Directory is divided into six major sections: Food Resources (Government Food Assistance Programs, Free Meals and Groceries, Meals and Food for Special Populations, Low Cost Food Resources, and Farmers Markets); Nutrition Counseling resources; Weight Management resources; Nutrition Information and Education resources; Food Safety resources and Food Systems, Advocacy and Agriculture resources.

How to use the San Francisco Food, Nutrition and Agriculture Directory

We suggest users review the table of contents of the Food, Nutrition and Agriculture Directory (FNAD) ahead of time so that they are familiar with the range of organizations listed. There is a table of contents for the whole FNAD in the beginning. Organizations are listed alphabetically within each of the major sections and within each of the various sub-headings in the Food Resources and Food Systems, Advocacy and Agriculture sections. In addition, at the end of the directory there’s an alphabetical index listing all the organizations in the FNAD. This is a web based resource and you can navigate the FNAD by clicking on any listing in the Table of Contents or the Index.
ACKNOWLEDGMENTS

Co-Editors San Francisco FNAD 6th edition, Winter 2017 (alphabetical)

Laura Brainin-Rodriguez, MS, MPH, RD
Coordinator, Feeling Good Project
Nutrition Services, Maternal Child Adolescent Health Section
San Francisco Department of Public Health
Produced the 2nd edition of the San Francisco Food and Nutrition Directory; provided oversight for the review, production and formatting of the Nutrition Counseling, Weight Management and Nutrition Information and Education sections; compiled and edited the final draft of the FNAD 3rd Edition; oversaw the development of the CD-ROM version of the FNAD; oversaw printing and the production of the CD-ROM; fundraised for the printing of the FNAD 3rd edition; located the Eating Disorders resources and participated in both the FNAD work group and advisory committee. Ms. Brainin-Rodriguez oversaw research and assembly of the 6th edition.

Laura Campos
Program Assistant
Feeling Good Project
Contacted listings in the Food Resources, Nutrition Counseling, Weight Management, Nutrition Education, Food Safety, Food Systems, Advocacy and Agriculture sections and formatted these for inclusion in the FNAD; researched listings on the internet to update; tracked agencies and organizations via phone, email and fax for updates; edited and formatted entries and Table of Contents to reflect changes; cross-checked websites from the Eating Disorders Resources section to ensure accuracy; assisted with the editing of the final draft; created and completed the final draft of the interactive electronic version of the FNAD; compiled the index for the 6th Edition of the FNAD.

Janice Lee
Assistant Health Educator
Feeling Good Project and SF WIC Program
Contacted listings in the Nutrition Counseling, Weight Management sections and formatted these for inclusion in the FNAD; researched listings on the internet to update; tracked agencies and organizations via phone, email and fax for updates; edited and formatted entries and Table of Contents to reflect changes; cross-checked websites from the Eating Disorders Resources section to ensure accuracy; assisted with the editing of the final draft; created and completed the final draft of the interactive electronic version of the FNAD; compiled the index; designed the cover and spine; coordinated printing and the production of the CD-ROM all for the 3rd edition.
Supervised and advised Colleen Ma, intern from CORO, Summer of 2007, who did the initial research for sections 1-4 and 6, of the SF FNAD, 4th edition. Assembled the information gathered by Colleen Ma. Ms. Lee contacted the remaining agencies of sections 1-4 and 6, for which information was not yet received, and updated those listings. Tracked communication with agencies researched and updated agency contact list. Confirmed and compiled all information contained in the 4th edition. Created and completed the final draft of the interactive electronic version of the FNAD; compiled the index; designed the cover; and the final draft of the online 4th edition.
Special Thanks to the following individuals who made important contributions to updating the 6th Edition of the FNAD (listed alphabetically)

**Mylena Dominguez RD** – As staff of the Feeling Good Project Ms. Dominguez continued the work began by Fiona Tham to update the FNAD.

**Erica Eilenberg MPH, RD** – As staff of the Feeling Good Project, while completing her MPH, Ms. Eilenberg reviewed and updated the FNAD, building on the work of Ms. Tham and Ms. Dominguez.

**Kitty Ha MPH, CHES** – As staff of the Feeling Good Project, Ms. Ha reviewed and updated the database created by Ms. Tham and identified a number of listings that needed updating.

**Amber Teran CCSF Nutrition Assistant Program Intern** - Assisted in creating the Interactive version of the FNAD. Ms. Teran completed this task by linking all of the remaining pages listed on the Table of Contents and Index.

**Fiona Tham RD** – As an intern from the City College of San Francisco’s Nutrition Assistant Program, Ms. Tham created a database of the FNAD listings that has been very helpful in tracking contacts and revisions of the FNAD.

Staff time and funding for development of the SF FNAD, 6th edition was provided by the SNAP-Ed Program through the Nutrition Education and Obesity Prevention Branch funded Feeling Good Project, Nutrition Services, San Francisco Department of Public Health. Funded by the USDA Supplemental Nutrition Assistance Program. An equal opportunity provider and employer. Visit www.cachampionsforchange.net for healthy tips. California Department of Public Health. For CalFresh information, call 877-847-3663.
# San Francisco Food, Nutrition and Agriculture Resource Directory

## Table of Contents

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foreword</strong></td>
<td>i</td>
</tr>
<tr>
<td><strong>Introduction to the Directory</strong></td>
<td>ii</td>
</tr>
<tr>
<td><strong>Acknowledgements</strong></td>
<td>iii-iv</td>
</tr>
<tr>
<td><strong>Section 1: Food Resources</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction to Food Resources Section</strong></td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Government Food Assistance Programs</strong></td>
<td></td>
</tr>
<tr>
<td>CalFresh Program (formerly the Food Stamp Program)</td>
<td>1.2-1.4</td>
</tr>
<tr>
<td>Child Care Food Program</td>
<td>1.5-1.8</td>
</tr>
<tr>
<td>National School Breakfast and Lunch Program</td>
<td>1.9-1.10</td>
</tr>
<tr>
<td>Special Assistance for CaLWORKS Recipients on Therapeutic Diets</td>
<td>1.11-1.12</td>
</tr>
<tr>
<td>Summer Food Service Program (SFSP)</td>
<td>1.13-1.14</td>
</tr>
<tr>
<td>Commodity Supplemental Food Program (CSFP)</td>
<td>1.15</td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC) Supplemental Nutrition Program (See Native American Health Center WIC and SFDPH WIC)</td>
<td>1.16-1.19</td>
</tr>
<tr>
<td>Native American Health Center Women, Infants, and Children Supplemental Program (WIC)</td>
<td></td>
</tr>
<tr>
<td>SFDPH Women, Infants, and Children Supplemental Program (WIC)</td>
<td>1.20-1.22</td>
</tr>
<tr>
<td><strong>Free Meals and Free Groceries</strong></td>
<td></td>
</tr>
<tr>
<td>HELPLINK 211, Information and Referral Service</td>
<td>1.23</td>
</tr>
<tr>
<td>Human Services Agency, Department of Aging &amp; Adult Services, Information, Referral and Assistance</td>
<td>1.24</td>
</tr>
<tr>
<td>Organization</td>
<td>Page Number</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>San Francisco-Marin Food Bank</td>
<td>1.25-1.27</td>
</tr>
<tr>
<td>San Francisco Free Eats Chart</td>
<td>1.28-1.32</td>
</tr>
<tr>
<td>San Francisco Free Pantry Chart</td>
<td>1.33-1.37</td>
</tr>
<tr>
<td><strong>Meals and Food for Special Populations</strong></td>
<td></td>
</tr>
<tr>
<td>Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS)</td>
<td>1.38-1.39</td>
</tr>
<tr>
<td>Congregate Meal Program for Seniors</td>
<td>1.40</td>
</tr>
<tr>
<td>Meal Program for Homebound Seniors</td>
<td>1.41</td>
</tr>
<tr>
<td>Meals on Wheels of San Francisco, Inc.</td>
<td>1.42-1.43</td>
</tr>
<tr>
<td>Project Open Hand Wellness Program</td>
<td>1.44</td>
</tr>
<tr>
<td>San Francisco Head Start/ Early Head Start Program</td>
<td>1.45-1.46</td>
</tr>
<tr>
<td>Salvation Army Congregate Meal Program</td>
<td></td>
</tr>
<tr>
<td>Mission Corps</td>
<td>1.47-1.48</td>
</tr>
<tr>
<td>Ray &amp; Joan Kroc Corps</td>
<td></td>
</tr>
<tr>
<td>South of Market Corps</td>
<td></td>
</tr>
<tr>
<td>Salvation Army Meals that Heal Program</td>
<td>1.49</td>
</tr>
<tr>
<td><strong>Low Cost Food Sources</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bargain Shopping</strong></td>
<td></td>
</tr>
<tr>
<td>Big Lots</td>
<td>1.50</td>
</tr>
<tr>
<td>Costco</td>
<td>1.51</td>
</tr>
</tbody>
</table>
## Organization

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foods Co.</td>
<td>1.52</td>
</tr>
<tr>
<td>Rainbow Grocery</td>
<td>1.53</td>
</tr>
<tr>
<td>Smart and Final</td>
<td>1.54</td>
</tr>
<tr>
<td>Trader Joe’s</td>
<td>1.55-1.56</td>
</tr>
</tbody>
</table>

### Farmers’ Markets

**Introduction to Farmers’ Markets**

<table>
<thead>
<tr>
<th>Contact Information for Farmers’ Markets in San Francisco</th>
<th>1.57</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Farmers’ Markets in San Francisco (English-Spanish)</td>
<td>1.59-1.60</td>
</tr>
<tr>
<td>List of Farmers’ Markets in San Francisco (English-Chinese)</td>
<td>1.61-1.62</td>
</tr>
</tbody>
</table>

### Section 2: Nutrition Counseling

**Introduction to Nutrition Counseling Section**

<table>
<thead>
<tr>
<th>Academy of Nutrition and Dietetics (AND)</th>
<th>2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association (AHA)</td>
<td>2.2</td>
</tr>
<tr>
<td>California Pacific Medical Center (CPMC), Center for Diabetes Services</td>
<td>2.3</td>
</tr>
<tr>
<td>Sutter Pacific Medical Foundation, Maternal Fetal Medicine and Diabetes and Pregnancy Program</td>
<td>2.4</td>
</tr>
<tr>
<td>Chinatown Public Health Center</td>
<td>2.5-2.6</td>
</tr>
<tr>
<td>Chinese Community Health Resources Center</td>
<td>2.7-2.8</td>
</tr>
<tr>
<td></td>
<td>2.9</td>
</tr>
</tbody>
</table>
## Table of Contents

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Resource Center</td>
<td>2.10</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center (KPMC)</td>
<td>2.11</td>
</tr>
<tr>
<td>Mission Neighborhood Health Center (MNHC)</td>
<td>2.12</td>
</tr>
<tr>
<td>North East Medical Services (NEMS)</td>
<td>2.13-14</td>
</tr>
<tr>
<td>On Lok Senior Health Services</td>
<td>2.15-16</td>
</tr>
<tr>
<td><strong>Zuckerberg San Francisco General Hospital and Trauma Center</strong></td>
<td>2.17-2.19</td>
</tr>
<tr>
<td>(ZSFG) Based Clinics</td>
<td></td>
</tr>
<tr>
<td>Castro-Mission Health Center</td>
<td></td>
</tr>
<tr>
<td>Children’s Health Center, ZSFG</td>
<td></td>
</tr>
<tr>
<td>Family Health Center, ZSFG</td>
<td></td>
</tr>
<tr>
<td>General Medical Center, ZSFG</td>
<td></td>
</tr>
<tr>
<td>Maxine Hall Health Center</td>
<td></td>
</tr>
<tr>
<td>Ocean-Park Health Center</td>
<td></td>
</tr>
<tr>
<td>Positive Health Program-AIDS/Oncology, ZSFG</td>
<td></td>
</tr>
<tr>
<td>Potrero Hill Health Center</td>
<td></td>
</tr>
<tr>
<td>Silver Avenue Family Health Center</td>
<td></td>
</tr>
<tr>
<td>South East Health Center</td>
<td></td>
</tr>
<tr>
<td>Women’s Health Center, ZSFG</td>
<td></td>
</tr>
</tbody>
</table>
### Table of Contents

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister Mary Phillipa Health Center</td>
<td>2.20</td>
</tr>
<tr>
<td>St. Mary’s Hospital Nutrition Clinic</td>
<td>2.21</td>
</tr>
<tr>
<td>Teenage Pregnancy &amp; Parenting Project (TAPP)</td>
<td>2.22</td>
</tr>
<tr>
<td>University of California San Francisco (UCSF)</td>
<td></td>
</tr>
<tr>
<td>Diabetes Teaching Center, UCSF</td>
<td>2.23</td>
</tr>
<tr>
<td>Nutrition Counseling Clinic, UCSF</td>
<td>2.24</td>
</tr>
<tr>
<td>Weight Assessment for Teen and Child Health (WATCH Clinic), UCSF</td>
<td>2.25</td>
</tr>
<tr>
<td>Women, Infants and Children Supplemental Nutrition Program (WIC)</td>
<td>2.26-2.28</td>
</tr>
</tbody>
</table>

### Section 3: Weight Management Programs

#### Introduction to Weight Management Section

- Eating Disorders Resource List/Other Resources                            | 3.1-3.11    |
- Obesity Resource List                                                     | 3.12-3.13   |
- Kaiser Permanente Medical Center (KPMC)                                  |             |
  - Weight Management Programs, KPMC                                       | 3.14-3.15   |
- University of California San Francisco (UCSF)                            |             |
  - Outpatient Nutrition Counseling Clinic, UCSF                           | 3.16-3.17   |

### Weight Management and Resource Information
## Section 4: Nutrition Information and Education

### Position of the American Dietetic Association in Weight Management

3.18-3.37

### Selected Nutrition and Weight Management Resources

3.38

### Introduction to Nutrition Information and Education

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy of Nutrition and Dietetics (AND)</td>
<td>4.1</td>
</tr>
<tr>
<td>American Cancer Society (ACS)</td>
<td>4.2</td>
</tr>
<tr>
<td>American Diabetes Association (ADA)</td>
<td>4.3</td>
</tr>
<tr>
<td>American Heart Association (AHA)</td>
<td>4.4</td>
</tr>
<tr>
<td>Bay Area Dietetic Association (BADA)</td>
<td>4.5</td>
</tr>
<tr>
<td>California Healthy Kids Resource Center (CHKRC)</td>
<td>4.6</td>
</tr>
<tr>
<td>City College of San Francisco Health Education Department</td>
<td>4.7</td>
</tr>
<tr>
<td>Dairy Council of California</td>
<td>4.8-4.9</td>
</tr>
<tr>
<td>18 Reasons</td>
<td>4.10-4.12</td>
</tr>
<tr>
<td>Feeling Good Project</td>
<td>4.13-4.14</td>
</tr>
<tr>
<td>Internet Resources for Nutrition Information and Education</td>
<td>4.15-4.16</td>
</tr>
<tr>
<td>La Leche League of San Francisco</td>
<td>4.17-4.20</td>
</tr>
<tr>
<td>Leah’s Pantry</td>
<td>4.21-4.23</td>
</tr>
<tr>
<td>March of Dimes</td>
<td>4.24</td>
</tr>
</tbody>
</table>

### Internet Resources for Nutrition Information and Education

4.25
## Organization

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Education and Obesity Prevention Branch (NEOPB)</td>
<td>4.26-4.29</td>
</tr>
<tr>
<td>Nutrition Education and Obesity Prevention Branch Chinese Project</td>
<td>4.30-4.31</td>
</tr>
<tr>
<td>Nutrition Education Project- San Francisco Unified School District</td>
<td>4.32</td>
</tr>
<tr>
<td>San Francisco Study Center</td>
<td>4.33</td>
</tr>
<tr>
<td>United States Food and Drug Administration (FDA)</td>
<td>4.34</td>
</tr>
<tr>
<td>University of California Cooperative Extension (UCCE), San Francisco/San Mateo Counties</td>
<td>4.35-36</td>
</tr>
<tr>
<td>Vegetarianism and Vegetarian Diets Paper</td>
<td>4.37-4.48</td>
</tr>
<tr>
<td>Useful Vegetarian Websites</td>
<td>4.49-4.50</td>
</tr>
</tbody>
</table>

### Section 5: Food Safety

## Introduction to Food Safety Section

<table>
<thead>
<tr>
<th></th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Food Handler Information</td>
<td>5.1</td>
</tr>
<tr>
<td>Federal Websites Providing Food Safety Information</td>
<td>5.2</td>
</tr>
<tr>
<td>Food Safety Research Information Office</td>
<td>5.3-5.4</td>
</tr>
<tr>
<td>Foodsafety.gov - U.S. Department of Human Health Services</td>
<td>5.5</td>
</tr>
<tr>
<td>Food Borne Illness Information</td>
<td>5.6</td>
</tr>
<tr>
<td>Golden Gate Restaurant Association</td>
<td>5.7-5.8</td>
</tr>
<tr>
<td>Restaurant Inspections and Violations</td>
<td>5.9</td>
</tr>
</tbody>
</table>
### Section 6: Food Systems, Advocacy and Agriculture

#### Introduction to Food Systems, Advocacy and Agriculture

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco Department of Public Health, Environmental Health Section</td>
<td>5.12</td>
</tr>
<tr>
<td>Saving Leftover Food</td>
<td>5.13-5.14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gardening and Farming Programs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alemany Farm</td>
<td>6.2</td>
</tr>
<tr>
<td>Center for Agroecology and Sustainable Food Systems</td>
<td>6.3</td>
</tr>
<tr>
<td>City College of San Francisco Environmental Horticulture and Floristry Program</td>
<td>6.4</td>
</tr>
<tr>
<td>Garden for the Environment</td>
<td>6.5</td>
</tr>
<tr>
<td>Education Outside</td>
<td>6.6</td>
</tr>
<tr>
<td>Healthy Living Ambassadors Program (HLA)</td>
<td>6.7-6.8</td>
</tr>
<tr>
<td>Hidden Villa</td>
<td>6.9</td>
</tr>
<tr>
<td>Merritt College Landscape Horticulture Program</td>
<td>6.10</td>
</tr>
<tr>
<td>Mission Pie Cafe</td>
<td>6.11</td>
</tr>
<tr>
<td>Pie Ranch</td>
<td>6.12-6.13</td>
</tr>
<tr>
<td>Santa Rosa Junior College and Shone Farm</td>
<td>6.14-6.16</td>
</tr>
<tr>
<td>Slide Ranch</td>
<td>6.17</td>
</tr>
</tbody>
</table>
## Organization

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Agriculture Program</td>
<td>6.18</td>
</tr>
<tr>
<td>Urban Sprouts</td>
<td>6.19</td>
</tr>
</tbody>
</table>

### Education and Advocacy

<table>
<thead>
<tr>
<th>Organization</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural Commissioner</td>
<td>6.20</td>
</tr>
<tr>
<td>California Certified Organic Farmers (CCOF)</td>
<td>6.21</td>
</tr>
<tr>
<td>California Food Policy Advocates (CFPA)</td>
<td>6.22</td>
</tr>
<tr>
<td>California Foundation for Agriculture in the Classroom</td>
<td>6.23</td>
</tr>
<tr>
<td>Californians for Pesticide Reform (CPR)</td>
<td>6.24</td>
</tr>
<tr>
<td>Center for Ecoliteracy</td>
<td>6.25</td>
</tr>
<tr>
<td>Center for Urban Education about Sustainable Agriculture (CUESA)</td>
<td>6.26</td>
</tr>
<tr>
<td>Community Alliance with Family Farmers (CAFF)</td>
<td>6.27</td>
</tr>
<tr>
<td>Community Food Assessments</td>
<td>6.28-6.29</td>
</tr>
<tr>
<td>Ecology Center</td>
<td>6.30</td>
</tr>
<tr>
<td>Food Research and Action Center (FRAC)</td>
<td>6.31</td>
</tr>
<tr>
<td>Girls 2000</td>
<td>6.32</td>
</tr>
<tr>
<td>La Cocina</td>
<td>6.33</td>
</tr>
<tr>
<td>Literacy for Environmental Justice (LEJ)</td>
<td>6.34</td>
</tr>
<tr>
<td>Om Organics</td>
<td>6.35</td>
</tr>
<tr>
<td>Pesticide Action Network of North America (PANNA)</td>
<td>6.36</td>
</tr>
<tr>
<td>Organization</td>
<td>Page Number</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Quesada Gardens Initiative</td>
<td>6.37</td>
</tr>
<tr>
<td>San Francisco Department of the Environment</td>
<td>6.38</td>
</tr>
<tr>
<td>San Francisco Food Systems</td>
<td>6.39</td>
</tr>
<tr>
<td>Sustainable Agriculture Education (SAGE)</td>
<td>6.40</td>
</tr>
<tr>
<td>University of California Cooperative Extension (UCCE), San Francisco/Santa Clara/San Mateo Counties</td>
<td>6.41-6.43</td>
</tr>
<tr>
<td>Urban and Environmental Policy Institute</td>
<td>6.44</td>
</tr>
</tbody>
</table>

**Farm to Consumer**

| Alternative Food Projects                                                   | 6.45-6.46   |
| Community Supported Agriculture (CSA)                                       | 6.47        |

**Index – alphabetical listing of all entries** 1.1-1.15
The resources listed in this section provide information to help individuals or families with an immediate need for food or a need for supplemental food from various programs. The information is also subdivided to address special populations such as seniors, children, pregnant women, etc. The section “Low Cost Food Sources” includes resources to help individuals, families, or meal service agencies find low cost shopping around the city. Farmers Markets are listed since they are an excellent way to increase the community’s access to low-cost fresh produce.
FOOD RESOURCES
GOVERNMENT FOOD ASSISTANCE PROGRAMS

CalFresh
(Formerly the Food Stamp Program)

San Francisco Human Services Agency
1235 Mission St. (between 8th and 9th Streets)
San Francisco, CA 94103

CalFresh Office Phone: (415) 558-4700
or Toll Free Phone: (877) 366-3076
Email: food@sfgov.org

http://www.sfhsa.org/154.htm
https://getcalfresh.org/

Services Description

- The CalFresh Program provides assistance to low-income households, or individuals in the form of an Electronic Benefit Transfer (EBT) Card. The EBT plastic debit card is used to make purchases from stores that accept CalFresh Benefits. The stores have machines called POS (Point Of Sales) machines, through which the customers swipe their EBT debit cards. The amount of the purchase will be automatically deducted from the CalFresh EBT account.

- The CalFresh Program also offers a Restaurant Meals Program for the Elderly, Disabled, and Homeless. Participants of the Restaurant Meals Program are able to buy prepared (cooked) meals with CalFresh benefits from authorized restaurants in San Francisco.

Eligibility Criteria

Applicant must:

- Be a U.S citizen or legal resident of the county where they apply. (Citizen children of undocumented residents may be eligible).
- Certain non-citizens and students may be eligible.

Continued on next page

1.2
CalFresh Program, cont.

- Meet income and resource guidelines - gross income is evaluated based on household size and allowable deductions.
- Not be an SSI recipient

Enrollment Procedures
Apply online or in person at the following locations:

Calfresh Office:
1235 Mission Street
**Hours:** M-F 8:30 am-5pm (Closed for lunch 12-1pm)

Outstation Offices:
- **Career Link Center**
  3120 Mission Street
  **Hours:** M-F 8 am-5pm (Closed for lunch 12-1pm)
- **Medi-Cal Office**
  1440 Harrison Street
  **Hours:** M-F 8 am-5pm

Bring the following with you:
- photograph identification
- birth certificates for all applicants
- proof of legal residence (green card)
- school verification for all children
- rent and utility receipts
- proof of income including wage stubs
- bank statements
- unemployment program documentation, disability documentation, and medical expenses.
- Parents and their children 22 years of age or younger who live together must apply together.
- If unable to apply in person, an authorized representative who knows the client’s circumstances may apply and be interviewed on behalf of the applicant.

Continued on next page
CalFresh Program, cont.

- If the applicant is unable to designate an authorized representative, is disabled or has work/childcare schedules that make it difficult to apply in person, call (415) 558-1001 to apply by mail or for a special intake appointment.

Languages Available
- Call Center and Outreach phone line have messages in English, Spanish, Cantonese, Mandarin, Russian, Tagalog, and Vietnamese.
- Services available in English, Cantonese, Mandarin, Spanish, Russian and Vietnamese. Translators available for other languages, as needed. Written materials in Arabic, Armenian, Cambodian, English, Farsi, Cantonese, Spanish, Russian, Japanese, Korean, Lao, Mandarin, Mien, Portuguese, Punjabi, and Vietnamese.
FOOD RESOURCES
GOVERNMENT FOOD ASSISTANCE PROGRAMS

Child Care Food Program

Children’s Council of San Francisco
445 Church Street
San Francisco, CA 94114
Phone: (415) 276-2900
Fax: (415) 392-2399
www.childrenscouncil.org

Wu Yee Children’s Services
880 Clay St. 3rd Floor
San Francisco, CA 94108
Phone: (415) 677-0100
Email: communications@wuyee.org
www.wuyee.org

Services Description

Children’s Council of San Francisco
- Family Child Care Providers participate in the Child Care Food Program, a federal
  program that reimburses the providers for serving nutritious meals to the children in
  their care.

- Family Child Care Providers maintain daily records including menus and attendance
  and are visited a minimum of three times per year by program staff.

- Family Child Care Providers benefit from on-going nutrition and health information
  and educational workshops, cooking classes as well as nutrition education, physical
  activity and policy development workshops (at Children’s Council).

Continued on next page
Childcare Food Programs, cont.

- Children are assured higher-quality food that contains essential nutrients such as dietary iron and vitamins A & C to promote proper growth and brain development.

Eligibility Criteria
- Family Child Care Homes, licensed
- Children up through age 13 or up to age 21 for children with special needs

Languages Available
English and Spanish

Fees
No Fee

Additional Services

Healthy Apple Program
The Healthy Apple Program is a free, voluntary opportunity open to all child care providers in San Francisco caring for children ages 0-5. Providers participate by taking a self-assessment of their Nutrition and/or Physical Activity practices and receive support on implementing best practices at their site, including developing a written policy that supports healthy habits for life. Workshops and technical assistance are available year-round and sites will be recognized annually with Healthy Apple Awards for meeting or exceeding best practices.

Any child care provider in San Francisco who wants to inspire children in their care to eat healthier foods and be more active should participate. Staff, teachers, or anyone offering care at a center, family child care home, or unlicensed setting are all encouraged to take part.

Get started today by registering at www.HealthyApple.org or contact the Healthy Apple Program Coordinator at Children’s Council of San Francisco for more information.

Continued on next page
Childcare Food Programs, cont.

Eligibility Criteria
Any child care provider in San Francisco caring for children ages 0-5 (including center-based staff, Family Child Care Homes, and unlicensed caregivers)

Languages Available
English, Spanish and Chinese; workshops typically offered in English only

Fees
No Fee

Services Description

Wu Yee Children’s Services:
- Delivers a comprehensive range of services to low-income children and families with three focus areas – Child Development, Family Services, and Provider Services.

- The Child Development Department provides comprehensive child development services to families with children aged 0-5 through the twelve child development centers located throughout San Francisco, while offering other child care options such as Home-based program and Family Child Care Provider Option to families.

- The Family Services Department provides a child care resource & referral clearinghouse, which connects families to services they need. In addition, the Department processes child care subsidies, does outreach for the citywide Preschool for All initiative, and provides family support services through the Joy Lok Family Resource Center.

Continued on next page
Childcare Food Programs, cont.

- The Provider Services Department’s goal is to support child care providers in enhancing the quality of services so that children and families in San Francisco can receive support in child development. The Provider Services Department includes a child care subsidies program funded by the city, a training program for those interested in becoming family child care providers, and a food program which provides training and support to child care providers so that they can serve nutritious meals to children in their care.

**Eligibility Criteria for Providers**
- Be a licensed family child care provider in San Francisco
- Attend a Food Program orientation
- Serve nutritious USDA approved meals to children
- Maintain attendance and records of meals served daily
- Participate in annual nutrition trainings

**Languages Available:**
English and Chinese

**Fees**
No Fee
FOOD RESOURCES
GOVERNMENT FOOD ASSISTANCE PROGRAMS

National School Breakfast and Lunch Program

San Francisco Unified School District, Student Nutrition Services
841 Ellis Street
San Francisco, CA 94109
Phone: (415) 749-3604
Fax: (415) 749-3618
www.sfusd.edu/nutrition

Services Description

- The National School Breakfast and Lunch Programs and After School Snack Program help provide nutritious meals to school children each school day. These meals are aimed at providing an important contribution to good nutrition and to educate the children on proper dietary practices.

- Students with food allergies need to fill out a “Medical Statement to Request Special Meals and/or Accommodations Form” with a physician’s signature and the specific dietary restrictions. Please send the complete form to Student Nutrition Services. The form can be obtained from the district website: www.sfusd.edu. The National School Breakfast and Lunch Program and After School Snack Program will then meet their diet requirements.

Eligibility Criteria

Depending on household income and family size, breakfasts and lunches are provided free, at a reduced price or for the prices indicated under fees.

Enrollment Procedures

Application and income guidelines are mailed home, and are available at the Student Nutrition Services Office and the school sites. You can also obtain a guideline on how to fill out the meal application on the following website: https://schoolmealapp.sfusd.edu;

Continued on next page
National School Breakfast and Lunch Program, cont.

Languages Available
Applications are available in English, Spanish, and Chinese

Fees
Any student may purchase a school breakfast and/or lunch.
Prices (as of September 2016):
- Breakfast $1.50
- Lunch $3.00
Special Assistance for CaLWORKS Recipients on Therapeutic Diets

San Francisco Human Services Agency
170 Otis Street, 1st Floor
San Francisco, CA 94103
Phone: (415) 557-5723
Fax: (415) 558-1156

Services Description

- This is a special recurring needs allowance for CaLWORKS recipients who need to be on special diets; allowance can be up to $10 per month or up to the highest amount for certain diets or combination diets. For information specific to your case, call your case worker.

Eligibility Criteria

Client must be receiving CaLWORKS. Special diet needs must be recommended by a physician. If diet plan includes one or a combination of the following diets, the amount indicated for the highest cost diet may be allowed without verification of actual cost.

- $15 per month maximum for one of the following diets:
  - Diabetic, 2,200 calories or more
  - High calorie-high protein (including special formula for infants)
  - Lactation

- $9 per month maximum for one of the following diets:
  - Diabetic, under 2,200 calories
  - Bland
  - Low fat, low cholesterol
  - Pregnancy

Continued on next page
Special Assistance for CalWORKS Recipients on Therapeutic Diets, cont.

Enrollment Procedures
1. Obtain dietary enrollment form from the eligibility worker and fill out the eligibility worker’s name, unit number, and phone number.

2. Fill out the Diet Recommendation form and make sure to:
   a) Have the physician fill in the diagnosis and check off the appropriate diet
   b) Include the physician’s phone number
   c) Have the physician sign the form

3. Mail form to: Human Services Agency
   P.O. Box 7988
   San Francisco, CA 94120
   Attn: applicant’s eligibility worker unit #

   or

   Hand deliver to: Human Services Agency
   170 Otis Street
   San Francisco, CA 94103
   Mon - Fri, between 8:00 a.m. - 5:00 p.m.

Languages Available
Services available in English, Cantonese, Cambodian, Russian and Vietnamese.
Translators are available for other languages, as needed.

Fees
No Fee
Summer Food Service Program (SFSP)

Department of Children, Youth, and Their Families (DCYF)
1390 Market St., Suite 900
San Francisco, CA 94102
Phone: (415) 554-8990
Email: info@dcyf.org
www.dcyf.org

Services Description
- DCYF is a sponsor of the Summer Food Service Program, which is funded by USDA and CDE. USDA is an equal opportunity provider.
- This program serves free healthy lunches and snacks to children during the summer months when school is not in session at various sites located in the city.

Eligibility Criteria
- Sites that serve free meals must be located in an attendance area where 50% or more youth qualify for free or reduced price meals.
- Sites need to follow rules and regulations set by USDA/CDE and local sponsor.
- All youth 18 years and younger, regardless of income, can get a free meal.

Enrollment Procedures
- Sites can apply to become a feeding site by contacting their local sponsor.
- Youth enrollment in program is not necessary. Youth need to arrive during meal service times as listed and eat the meal on site.
- For the most up to date information on sites serving free meals, please call 211.

Continued on next page
Summer Food Service Program, cont.

Languages Available
English, Spanish, and Cantonese services are available.

Fees
No Fee
Commodity Supplemental Food Program (CSFP)

San Francisco Food Bank
900 Pennsylvania Avenue
San Francisco, CA 94107

Phone: (415) 282-1900
Fax: (415) 282-1909
Email: info@sfmfoodbank.org
www.sfmfoodbank.org

Services Description
- The Commodity Supplemental Food Program provides a monthly box (approximately 30 pounds.) of quality U.S. Department of Agriculture (USDA) food to low-income seniors.
- The SF-Marin Food Bank operates distribution sites that are open to the community throughout San Francisco and Marin County.

Eligibility Criteria
- To qualify, a participant must be 60 years old AND have their total gross income below 130% of the federal poverty level AND live in San Francisco or Marin County.

Enrollment Procedures
- Visit https://www.sfmfoodbank.org/find-food/ for information flyers in multiple languages and the distribution calendar
- Call HELPLINK at 2-1-1 or (415) 808-4357 for site locations and schedules.
- Contact the Program Manager at (415) 282-1900 ext. 370 for more information.

Languages Available
Services available in English, Spanish, Cantonese, Mandarin, and Russian.

Fees
No Fee
FOOD RESOURCES
GOVERNMENT FOOD ASSISTANCE PROGRAMS

Native American Health Center
Women, Infants, and Children (WIC)
Supplemental Nutrition Program
160 Capp Street (16th and Mission BART)
San Francisco, CA  94011
Phone: (415) 621-7574
Alt: (510) 434-5300
Fax: (415) 621-3985
www.nativehealth.org

Services Description
This is a federal nutrition program for pregnant, breastfeeding or postpartum women and for infants and children under 5 years of age. WIC provides:

Nutrition Education
• Group/individual discussions on various nutrition topics, focused on participants’ needs and learning styles.
• Individual dietary counseling of high-risk clients by a Registered Dietitian Nutritionist

Supplemental Foods
• The WIC program issues vouchers every month redeemable at authorized retail food outlets throughout San Francisco and the State of California. The foods (see below) provide essential nutrients such as Vitamins A, C and D, iron, protein, calcium and naturally occurring fats. In most cases, the food or formula that is provided is intended to supplement food obtained through other means, and it is not enough to sustain the recipient for a month.

Breastfeeding Support
• Pumps, including manual and electric, are given for mothers and babies as needed.

Continued on next page
WIC Program, cont.

- Certified Lactation Educators and Board Certified Lactation Consultants are available to assist participants with breastfeeding issues.
- Breastfeeding education before and after the birth
- Breastfeeding Warm Line: 510.434.5310

Referrals to Health Care and Social Services
- WIC Program staff provides information and referrals for health care and social service programs, and other community services

Eligibility Criteria
Applicant must fit one of the following:
- Pregnant
- Breastfeeding
- Was pregnant within the past 6 months
- Infant
- Child (up to 5 years of age)
AND
- Meet current federal income guidelines (low-to-moderate income). Many working families qualify.
- Live in the area of the WIC clinics
- Be willing to visit the clinic location every 1-3 months
- Nutrition Risk
- Care takers with foster children (up to 5 years of age)

Enrollment Procedures
Clients apply directly to the WIC agency and clinic where they would like to receive services. NAHC has one clinic in the city and the Department of Public Health has 6 more. Call 1-888-942-9675 for an up-to-date listing of clinics in California. At your first appointment bring:

- Yourself and/or children you plan to enroll on the WIC program
- Proof of income
- Proof of address

Continued on next page
**WIC Program, cont.**

- Identification for the applicant and the person who will receive benefits, such as a driver’s license, Photo ID card or birth certificate
- WIC medical referral form, CHDP PM 160 form or copy of the medical record containing height and weight and results of blood tests, with the date and the provider’s signature, if available.

**Languages Available**
Native American Health Center currently have staff who speak English, Spanish, and Mandarin.

**Fees**
No Fee
WIC Program, cont.

FOODS PROVIDED BY THE WIC PROGRAM
(as printed on the March 2016 WIC Shopping Guide)

For more details go to:

Pregnant Women and Breastfeeding Women
Dairy products, cereal, eggs, juice, whole grains, juice, fruits and vegetables and a choice of dried beans or peanut butter

Exclusively Breastfeeding Women Only
In addition to the food package above, women who are exclusively breastfeeding receive fish and extra dairy products and eggs.

Women who are not Breastfeeding or Pregnant and Children aged 1-5
Receive the same foods as pregnant and breastfeeding women, but in smaller quantities.

Infants
Infants who are exclusively breastfed begin to receive bananas; infant cereal; and jarred fruits, vegetables, and meat at the age of 6 months. May replace jarred foods with fresh fruits and vegetables.

Infants who are formula-fed receive iron-fortified formula, generally only after the first month of life. At the age of 6 months, they also receive bananas, infant cereal, and jarred fruits and vegetables (they do not receive jarred meats as exclusively breastfed infants receive).

Non-dairy alternatives and special formulas for those over 12 months of age are available based on program guidelines and individual prescriptions. Please discuss with a Nutritionist at your local agency.
FOOD RESOURCES
GOVERNMENT FOOD ASSISTANCE PROGRAMS

San Francisco Department of Public Health
Women, Infants, and Children (WIC)
Supplemental Nutrition Program
Administrative Office
30 Van Ness Avenue, Suite 220
San Francisco, CA  94102
Phone: (415) 575-5788
Fax: (415) 575-5797

Services Description
This is a federal nutrition program for pregnant, breastfeeding or postpartum women and for infants and children under 5 years of age. WIC provides:

Nutrition Education
- Group/individual discussions on various nutrition topics, focused on participants’ needs and learning styles.
- Individual dietary counseling of high-risk clients by a Registered Dietitian Nutritionist

Supplemental Foods
- The WIC program issues vouchers every month redeemable at authorized retail food outlets throughout San Francisco and the State of California. The foods (see below) provide essential nutrients such as Vitamins A, C and D, iron, protein, calcium and naturally occurring fats. In most cases, the food or formula that is provided is intended to supplement food obtained through other means, and it is not enough to sustain the recipient for a month.

Breastfeeding Support
- Pumps, including manual and electric, are given for mothers and babies as needed.

Continued on next page
Certified Lactation Educators and Board Certified Lactation Consultants are available to assist participants with breastfeeding issues.

Breastfeeding education before and after the birth

Breastfeeding Warm Line: (415)575-5688

Referrals to Health Care and Social Services

- WIC Program staff provides information and referrals for health care and social service programs, and other community services

**Eligibility Criteria**

Applicant must fit one of the following:

- Pregnant
- Breastfeeding
- Was pregnant within the past 6 months
- Infant
- Child (up to 5 years of age)

AND

- Meet current federal income guidelines (low-to-moderate income). Many working families qualify.
- Live in San Francisco County. Clients not residing in San Francisco can call (888) 942-9675
- Be willing to visit the clinic location every 1-3 months
- Nutrition Risk
- Care takers with foster children (up to 5 years of age)

**Enrollment Procedures**

Clients apply directly to the WIC agency and clinic where they would like to receive services. **Call 1-888-942-9675** for an up-to-date listing of clinics in California. At your first appointment bring:

- Yourself and/or children you plan to enroll on the WIC program
- Proof of income
- Proof of address

**Continued on next page**
WIC Program, cont.

- Identification for the applicant and the person who will receive benefits, such as a driver’s license, Photo ID card or birth certificate
- WIC medical referral form, CHDP PM 160 form or copy of the medical record containing height and weight and results of blood tests, with the date and the provider’s signature if available.

Languages Available
English, Spanish, Chinese (Cantonese, Mandarin, several other dialects), Tagalog, Cambodian, Vietnamese and Thai. Please call for language availability at each clinic when making your appointment.

Fees
No Fee
FOOD RESOURCES
FREE MEALS AND FREE GROCERIES

HELPLINK 211, Information and Referral Service
221 Main Street, Suite 300
San Francisco, CA  94105
Phone: 211 or  (415) 808-4357
Spanish (415) 808-4444
Chinese (415) 808-7339
TTY (415) 808-4440
Email: resources@uwba.org
http://www.211bayarea.org

Services Description
- Comprehensive, free, confidential, and regional information and referral service available 24 hours a day, 7 days a week.
- Provides referrals to food, housing, health care, senior services, child care, legal aid and much more.
- Provides screening for CalFresh.

Eligibility Criteria
Any individual or organization is eligible to request information.

Languages Available
Over 150 languages, including English, Spanish, Cantonese, Mandarin and Tagalog

Fees
No Fee
Services Description

- Information, Referral, and Assistance provides 24-hour services for older adults and adults with disabilities, caregivers, and community-based organizations serving older adults and adults with disabilities.

- Network of Care is the web-based information system of the San Francisco Department of Aging and Adult Services. The website is designed to help older adults and people with disabilities who need to locate supportive services and resources to help themselves or a loved one to continue living at home and in the community. By using this website, information about San Francisco’s in-home and community-based services, plus social, volunteer and job training opportunities can easily be obtained. The website also provides a community calendar, tools to build your own web-page, message boards, legislative information, news, library and much more.

Eligibility Criteria
Any individual or organization is eligible to request information

Languages Available
Services available in English, Spanish, Chinese, and Russian. Services available over the phone, in writing, or online.

Fees
No Fee
FOOD RESOURCES
FREE MEALS AND FREE GROCERIES

San Francisco-Marin Food Bank
900 Pennsylvania Ave
San Francisco, CA 94107
Phone: (415) 282-1900
www.sfmfoodbank.org

If you are in need of food, please visit the Food Locator Tool to find a weekly pantry near you or dial 211.

http://www.sfmfoodbank.org/get-food

Services Description
The SF-Marin Food Bank’s mission is to end hunger in San Francisco and Marin. They work toward the goal of ending hunger by distributing food and advocating for improvements in government food programs and policies. The Food Bank supplies food to more than 450 nonprofit anti-hunger programs-to senior centers and afterschool programs to soup kitchens-reaching tens of thousands of individuals each month.

- Pantry Network: Weekly farmers’-market style distributions enable pantry participants to select the foods that best meet their families’ needs. From fresh fruits and vegetables to staples like bread and rice, each participant can choose from a variety of nutritious foods that might otherwise be unaffordable. Working in partnership with a variety of organizations and faith-based groups, they make sure that pantries are located in places that are easy for participants to access, such as low-income housing developments, community centers and places of worship.

- Shopping Program: Enables nonprofit agencies to select from the Food Bank's supply of packaged groceries and fresh produce, allowing them to provide nutritious food for their meal and snack programs. There are approximately 330 organizations participating in this program.

Continued on next page
SF- Marin Food Bank, cont.

- **Supplemental Food Program**: Provides a monthly box of quality USDA food to low-income seniors. The SF-Marin Food Bank operates distribution sites that are open to the community throughout San Francisco and Marin Counties.

- **Emergency Food Box Program**: Provides a three-day emergency food supply to families and individuals in crisis. Cooking and non-cooking boxes are available and can be picked up at a variety of different social service agencies located throughout San Francisco.

- **CalFresh Outreach Program**: Provides direct assistance to apply for CalFresh (Food Stamp) benefits and trains community-based partners across both counties to assist their clientele through the application process. Additionally, the San Francisco team holds bimonthly same day service events during which clients can complete the entire application and interview process in less than one hour. Both the San Francisco and Marin CalFresh Outreach teams work with county staff to improve processes and outcomes.

- **Nutrition Education Program**: Provides cooking demos, nutrition education classes, training and technical assistance and recipes to agency partners and community members to promote healthy cooking on a budget. The Food Bank also provides Food Handler Certification Trainings & food safety trainings to agency partners.

- **Home Delivered Groceries Program**: Delivers supplemental groceries to seniors and other homebound adults with disabilities in San Francisco who are unable to access a pantry. Volunteers and staff provide wellness checks during deliveries and may be able to connect participants with other types of assistance if needed.

**Eligibility Criteria**
Eligibility criteria vary by program. Please call the SF-Marin Food Bank for more information: (415) 282-1900

**Enrollment Procedures**
Enrollment procedures vary by program. Please call the SF-Marin Food Bank for more information: (415) 282-1900

**Continued on next page**
SF-Marin Food Bank, cont.

Languages Available
Services available in English, Spanish, Cantonese, Mandarin, and Russian.

Fees
No Fee
FOOD RESOURCES
FREE MEALS AND FREE GROCERIES

San Francisco Free Eats Chart
Phone: (415) 648-3222
Fax: (415) 648-4466
Email: free@freep.org
http://freeprintshop.org

Service Description
• From the website above, you can download a “Free Eats Chart”, which lists resources that provide meals free of charge to anyone in need of food.

• Attached is a sample copy of the list. Please check the website for the most updated version.

• The above website also provides charts to help find free food, shelter, medical aid, and help with neighborhood problems in San Francisco. Each of the charts can be downloaded to your computer (and printed if you wish).

• These charts are published bi-monthly and are distributed by various agencies, including the Human Services Agency located at 170 Otis Street, and Department of Public Health at 101 Grove Street, Room 118.

Eligibility Criteria
Any individual in need of food. Drop-in service, many are on first come, first served basis.

Languages Available
Handouts in English and Spanish

Fees
No Fee

Continued on next page
# San Francisco Free Eats Chart

**April-June 2017**

**Kitchens**

<table>
<thead>
<tr>
<th>#</th>
<th>Kitchen Name</th>
<th>Address</th>
<th>Phone</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All Saints’ Episcopal Church</td>
<td>1350 WALLER (nr Masonic)</td>
<td>415-621-1862</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Church Without Walls</td>
<td>STANYAN ST (at Haight)</td>
<td></td>
<td><em>Indicates important changes since January-March 2017.</em></td>
</tr>
<tr>
<td>3.</td>
<td>Curry Senior Center</td>
<td>333 TURK (btw Hyde &amp; Leavenworth)</td>
<td>415-292-1086 (8am-1pm)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Curry Without Worry</td>
<td>HYDE &amp; FULTON (by statue of Bolivar on horse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Food Not Bombs</td>
<td>16TH &amp; MISSION (SW BART Plaza)</td>
<td><a href="http://www.sffnb.org">www.sffnb.org</a></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Fraternité Notre Dame</td>
<td>54 TURK ST. (btw Market/Jones; MARKET ST (btw 7th/8th)</td>
<td>415-793-5686</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Glide Memorial Church</td>
<td>330 ELLIS (at Taylor)</td>
<td>415-674-6043 (M-F 8am-4:30pm)</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Homeless Church</td>
<td>EMBARCADERO (at Brannan)</td>
<td>16TH &amp; MISSION (NE BART Plaza)</td>
<td>415-722-9517</td>
</tr>
<tr>
<td>9.</td>
<td>Martin de Porres House of Hospitality</td>
<td>225 POTRERO (nr 16th St.)</td>
<td>415-552-0240</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>North Peninsula Food Pantry &amp; Dining Center of Daly City</td>
<td>31 BEPLER (by Mission)</td>
<td>650-994-5150</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Providence Foundation of SF</td>
<td>1601 MCKINNON (at Mendell)</td>
<td>415-206-0263</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>St. Anthony’s Dining Room</td>
<td>121 GOLDEN GATE (btw Leavenworth &amp; Jones)</td>
<td>415-241-2690</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>St. Peter &amp; Paul Catholic Church</td>
<td>666 FILBERT (nr Washington Sq.)</td>
<td>415-421-0809</td>
<td></td>
</tr>
</tbody>
</table>

**San Francisco Free Eats Chart**

<table>
<thead>
<tr>
<th>#</th>
<th>Kitchens</th>
<th>Sundays</th>
<th>Mondays</th>
<th>Tuesdays</th>
<th>Wednesdays</th>
<th>Thursdays</th>
<th>Fridays</th>
<th>Saturdays</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All Saints’ Episcopal Church</td>
<td>1350 WALLER (nr Masonic)</td>
<td>415-621-1862</td>
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<tr>
<td>2.</td>
<td>Church Without Walls</td>
<td>STANYAN ST (at Haight)</td>
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<tr>
<td>3.</td>
<td>Curry Senior Center</td>
<td>333 TURK (btw Hyde &amp; Leavenworth)</td>
<td>415-292-1086 (8am-1pm)</td>
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<td>4.</td>
<td>Curry Without Worry</td>
<td>HYDE &amp; FULTON (by statue of Bolivar on horse)</td>
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<tr>
<td>5.</td>
<td>Food Not Bombs</td>
<td>16TH &amp; MISSION (SW BART Plaza)</td>
<td><a href="http://www.sffnb.org">www.sffnb.org</a></td>
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<tr>
<td>6.</td>
<td>Fraternité Notre Dame</td>
<td>54 TURK ST. (btw Market/Jones; MARKET ST (btw 7th/8th)</td>
<td>415-793-5686</td>
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<tr>
<td>7.</td>
<td>Glide Memorial Church</td>
<td>330 ELLIS (at Taylor)</td>
<td>415-674-6043 (M-F 8am-4:30pm)</td>
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<td>8.</td>
<td>Homeless Church</td>
<td>EMBARCADERO (at Brannan)</td>
<td>16TH &amp; MISSION (NE BART Plaza)</td>
<td>415-722-9517</td>
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<tr>
<td>9.</td>
<td>Martin de Porres House of Hospitality</td>
<td>225 POTRERO (nr 16th St.)</td>
<td>415-552-0240</td>
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<tr>
<td>10.</td>
<td>North Peninsula Food Pantry &amp; Dining Center of Daly City</td>
<td>31 BEPLER (by Mission)</td>
<td>650-994-5150</td>
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<td>1601 MCKINNON (at Mendell)</td>
<td>415-206-0263</td>
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**Notes**: We'd like your corrections, comments, or additions for our next update. Please call 415-648-3222, or email free@freeprintshop.org. Up-to-the-minute charts available at http://freeprintshop.org. This chart may be reproduced freely (but revised only with permission). ©2017 Free Print Shop.
<table>
<thead>
<tr>
<th>Kitchens</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>S. F. Rescue Mission</td>
<td>140 Turk (btw. Taylor/Jones)</td>
<td>415-441-1628</td>
<td>Mon-Fri Breakfast 10:30am (coffee &amp; pastry); doors close 10:45. Mon-Fri Dinner: 3:45pm, doors close 4pm.</td>
<td>Lunch 12:30-1:30pm</td>
<td></td>
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<td></td>
<td>Mandatory prayer service. Meals sometimes cancelled.</td>
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<tr>
<td>Third Baptist Church</td>
<td>1399 McAllister (near Pierce)</td>
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<td></td>
<td>Meat, bread, vegetables, salad, punch &amp; dessert.</td>
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<tr>
<td>United Council of Human Services</td>
<td>2111 Jennings (at Van Dyke)</td>
<td>415-671-1100 (M-Th 9am-5pm)</td>
<td>Breakfast 7-9am Dinner 4-6pm</td>
<td>Breakfast 7-9am Dinner 5-7pm</td>
<td>Breakfast 7-9am Dinner 5-7pm</td>
<td>Breakfast 7-9am Dinner 5-7pm</td>
<td>Breakfast 7-9am Dinner 4-6pm</td>
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<td></td>
<td></td>
<td>Hot breakfast. Hot dinner.</td>
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<tr>
<td>Meals served once/twice a month</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Friday</td>
<td>Saturday</td>
<td>Sunday</td>
<td>Notes</td>
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<tr>
<td>Annunciation Greek Orthodox Cathedral</td>
<td>245 Valencia (at 14th) <a href="mailto:communitykitchensf@gmail.com">communitykitchensf@gmail.com</a></td>
<td>Dinner 6:30-8:30pm Apr 18, May 16, Jun 20</td>
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<td></td>
<td>Full course meal served the 3rd Tuesday of the month. 6:30-8:30pm or until food runs out.</td>
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<tr>
<td>Iglesia Adventista del 7º Dia</td>
<td>3024 - 24th St. (near Harrison)</td>
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<td></td>
<td>Breakfast 9:30-11am (Apr 16, May 21, Jun 18)</td>
<td></td>
<td>Vegetarian Breakfast on the 3rd Sunday of each month: eggs, rice, beans, &amp; cocoa or punch.</td>
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</tr>
<tr>
<td>Jones Memorial United Methodist Church</td>
<td>1975 Post (by Steiner) 415-921-7653</td>
<td>Lunch 11:30am-1pm Apr 12, 19; May 10, 17, Jun 14, 21</td>
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<td></td>
<td>Full hot lunch the 2nd &amp; 3rd Wed of each month. Clothing &amp; toiletries available.</td>
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<tr>
<td>Macedonia Missionary Baptist Church</td>
<td>2135 Sutter St. (near Steiner) 415-346-1154</td>
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<td></td>
<td>Lunch: 11:30am-1pm Apr 22, May 27, Jun 24</td>
<td></td>
<td>Full course meal served the Saturday before the 4th Sunday of each month. There’s a short blessing before the meal.</td>
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<tr>
<td>Mercy on Wheels</td>
<td>20 Jones St (near Golden Gate Ave, outside Islamic Society of SF) 408-588-1566</td>
<td>Lunch 11:45am Apr 15, 28; May 13, 27, Jun 10, 24</td>
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<td></td>
<td>Chicken with rice, bottled water, served 2 Saturdays every month.</td>
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<tr>
<td>Philadelphia 7th-Day Adventist Church</td>
<td>2520 Bush (at Divisadero) 415-567-0263</td>
<td>Lunch 10am-noon Apr 9, 23; May 14, 28; Jun 11, 25</td>
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<td></td>
<td></td>
<td>Vegetarian. A full course meal served the 2nd &amp; 4th Sundays of the month: entrée, fruit, cereal, juice, bread, milk.</td>
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<tr>
<td>River of Life Christian Fellowship</td>
<td>Embarkadero on the north side of Ferry Building (near Starbucks)</td>
<td>Dinner: 4:30 or 5pm ’til food runs out Apr 9, 23; May 14, 28; Jun 11, 25</td>
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<td></td>
<td>Hot meal served the 2nd &amp; 4th Sundays of the month: soup, coffee &amp; bread. Meal starts between 4:30-5pm.</td>
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</tr>
<tr>
<td>SEVA: Selfless Service</td>
<td>Market between 7th/8th St (near the UN Plaza fountain) <a href="mailto:langarseva@gmail.com">langarseva@gmail.com</a></td>
<td></td>
<td></td>
<td>Lunch 1:30-3pm Apr 22 (closed Apr 15); May 20, Jun 17</td>
<td></td>
<td>Vegetarian. Vegan! option. A hot meal on the 3rd Saturday of the month. Rice, beans, curry &amp; dessert; clothing available. Closed Apr 15.</td>
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</tr>
<tr>
<td>VolkKuche</td>
<td>110 Julian St (at 15th St.) <a href="mailto:info@vokusf.org">info@vokusf.org</a></td>
<td>Dinner 6-9pm May 12, 26; Jun 9, 23; closed Apr</td>
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<td></td>
<td>Vegetarian. Vegan! option. A full course meal the 2nd &amp; 4th Friday of the month. 2nd Fri: comedy; 4th Fri: vaudeville. Volunteer 2-9pm. Closed April.</td>
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</tr>
</tbody>
</table>

* indicates important changes since January-March 2017.
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**Listo de Comidas Gratis en San Francisco**

<table>
<thead>
<tr>
<th>Comedores</th>
<th>Domingo</th>
<th>Lunes</th>
<th>Martes</th>
<th>Miércoles</th>
<th>Jueves</th>
<th>Viernes</th>
<th>Sábado</th>
<th>Notas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. All Saints’ Episcopal Church</strong></td>
<td>1350 WALLER (a Masonic) 415-621-1862</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Carne; papas/pasta o arroz; vegetales, ensalada, postre, café, pan.</td>
</tr>
<tr>
<td><strong>2. Church Without Walls</strong></td>
<td>STANYAN ST (por Haight)</td>
<td></td>
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<td></td>
<td>Generalmente Opción Vegetariana. Pizza, chocolate caliente.</td>
</tr>
<tr>
<td><strong>3. Curry Senior Center</strong></td>
<td>333 TURK (entre Hyde y Leavenworth) 415-292-1086 (8am-1pm)</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Desayuno 10:30-11:30am</td>
<td>Mayores de 60 años con ID. Se sugiere donacion de $2; nadie rechazado.</td>
</tr>
<tr>
<td><strong>4. Curry Without Worry</strong></td>
<td>HYDE Y FULTON (por estatua de Bolívar en caballo)</td>
<td>Desayuno 8-9am Almuerzo 10:30am hasta acabar boletos</td>
<td>Cena 6:30-7:30pm hasta acabar comida</td>
<td></td>
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<td></td>
<td>¡Vegano! Vegetales y curri; sopa de 9 frijoles; puris, arroz y chutney.</td>
</tr>
<tr>
<td><strong>5. Food Not Bombs</strong></td>
<td>CALLE16/MISSION (SO plaza del BART) <a href="http://www.sffnb.org">www.sffnb.org</a></td>
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<td></td>
<td>¡Vegano! Sopa, pan (a veces con productos animales), ensalada. Puede traer su propia sopera.</td>
</tr>
<tr>
<td><strong>6. Fraternité Notre Dame</strong></td>
<td>54 TURK (entre Market y Jones) MARKET ST (entre calles 7 y 8) 415-793-5686</td>
<td>Almuerzo TURK 11:30am-1:30pm</td>
<td>Almuerzo TURK 11:30am-1:30pm</td>
<td>Almuerzo TURK 11:30am-1:30pm</td>
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<td></td>
<td>Una comida caliente. Arroz, carne, verduras, ensalada (si disponible) y postre. A veces las comidas comienzan tarde.</td>
</tr>
<tr>
<td><strong>7. Glide Memorial Church</strong></td>
<td>330 ELLIS (con Taylor) 415-674-6043 (L-V 8am-4:30pm)</td>
<td>Desayuno: Cada día 8am hasta acabar los boletos; mayores de 60+ 7:30am. Almuerzo: Cada día 12pm hasta acabar los boletos, excepto días festivos. Sab y dom se dan almuerzo de bolsa después del almuerzo (o del desayuno días festivos).</td>
<td>Cena lunes—viernes 4pm hasta acabar los boletos, excepto días festivos (vea las Notas).</td>
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<td>29 mayo: solo desayuno; se dan almuerzo de bolsa después de la comida.</td>
</tr>
<tr>
<td><strong>8. Homeless Church</strong></td>
<td>EMBARCADERO (por Brannan) CALLE16/MISSION (NE plaza del BART)</td>
<td>Brunch EMBARC 11am-12pm Almuerzo CAL 16 4:30-5:30pm Cena EMBARC 6:30-7:30pm</td>
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<td>Brunch: Café, pasteles, crepas, salchicha. Almuerzo: pollo, arroz. Cena: pizza. Servicio opcional de oracion comunitaria comienza 1 hora antes de la comida.</td>
</tr>
<tr>
<td><strong>9. Martín’s (San Martín de Porres)</strong></td>
<td>225 POTRERO (por calle 16) 415-552-0240</td>
<td>Brunch 9-10:30am</td>
<td>Desayuno 6:30-7:30am</td>
<td>Desayuno 6:30-7:30am Almuerzo 12-2pm</td>
<td>Desayuno 6:30-7:30am Almuerzo 12-2pm</td>
<td>Desayuno 6:30-7:30am Almuerzo 12-2pm</td>
<td>Desayuno 6:30-7:30am Almuerzo 12-2pm</td>
<td>Desayuno 11:30am-1:30pm</td>
</tr>
<tr>
<td><strong>10. North Peninsula Food Pantry &amp; Dining Center of Daly City</strong></td>
<td>31 BEPLER (y Market) 650-994-5150</td>
<td>Cena 5-5:30pm</td>
<td>Cena 5-5:30pm</td>
<td>Cena 5-5:30pm</td>
<td>Cena 5-5:30pm</td>
<td>Cena 5-5:30pm</td>
<td>Cena 5-5:30pm</td>
<td>Una comida completa. 5-5:30pm o hasta acabar comida. Cerrado 29 mayo.</td>
</tr>
<tr>
<td><strong>12. St. Anthony’s Dining Room</strong></td>
<td>121 GOLDEN GATE (entre Leavenworth y Jones). 415-241-2690</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Almuerzo 11:30am-1:30pm</td>
<td>Comida completa. 10-11:30am: los mayores de 59+, o con niños, o incapaces de llevar bandejas.</td>
</tr>
</tbody>
</table>

* indica cambios importantes desde enero-marzo 2017

### Lista de Comidas Gratis en San Francisco

#### Abril-Junio 2017

#### Página 2. Vea al otro lado para más comidas!

<table>
<thead>
<tr>
<th>Comedores</th>
<th>Domingo</th>
<th>Lunes</th>
<th>Martes</th>
<th>Miércoles</th>
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<th>Notas</th>
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<tr>
<td>140 TURK (entre Taylor y Jones)</td>
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<td>415-441-1628</td>
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<td><strong>15. Third Baptist Church</strong></td>
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<td>1399 MCALLISTER (cerca de Pierce)</td>
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<td><strong>16. United Council of Human Services</strong></td>
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<td>2111 JENNINGS (con Van Dyke)</td>
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<td>415-671-1100 (Lu-ju 9am-5pm)</td>
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<td><strong>Comedores que sirven 1 o 2 veces al mes</strong></td>
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<td><strong>1. Annunciation Greek Orthodox Cathedral</strong></td>
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<td>245 VALENCIA (at 14th)</td>
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<td><a href="mailto:communitykitchensf@gmail.com">communitykitchensf@gmail.com</a></td>
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<td><strong>2. Iglesia Adventista del 7º Día</strong></td>
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<td>3024 CALLE 24 (cerca de Harrison)</td>
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<td><strong>3. Jones Memorial United Methodist Church</strong></td>
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<td><strong>4. Macedonia Missionary Baptist Church</strong></td>
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<td>2135 SUTTER ST. (cerca de Steiner)</td>
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<td>415-346-1154</td>
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FOOD RESOURCES
FREE MEALS AND FREE GROCERIES

San Francisco Free Pantry Chart
Phone: (415) 648-3222
Fax: (415) 648-4466
Email: free@freep.org
http://freeprintshop.org

Description
• You can download charts to help find free food, shelter, medical aid, & help with neighborhood problems in San Francisco. Each of the charts can be downloaded to your computer and printed if you wish.

• Attached is a sample copy of the list. Please check the website for the most updated version.

• These charts are published bi-monthly and are distributed by various agencies, including the Human Services Agency located at 170 Otis Street, and Department of Public Health at 101 Grove Street, Room 118.

Languages Available
Handouts in English and Spanish

Fees
No Fee

Continued on next page
## San Francisco Free Pantry Chart

**Citywide**

**Bayview TLC Family Resource Center.** 1601 LANE St (at Quesada, in Bayview YMCA). 415-822-9404. Call M-F 9am-4pm for one-time-only emergency food box for any SF resident with photo ID showing SF address. **Closed May 11, 29.**

*Food Locator.* Visit <sfmfoodbank.org/find-food> to find a neighborhood pantry where you can apply for weekly groceries or 1-time emergency food box for any SF resident with ID. See Note at right.

**Project Open Hand.** 730 POLK (near Ellis). 415-447-2326 or 800-551-6325 (toll-free). For SF residents with critical illness (including HIV, AIDS, or breast cancer), or recovering from trauma or major surgery. **Call Tu-Sa 9am-4pm** for interview appt. If accepted, pick up food Tues 9am-4pm or Wed-Sat 11am-4pm. They'll need your physician's signature on application; plus proof of medical insurance, income, & address; & photo ID. **Closed May 11, 29.**

**S.F. Rescue Mission.** 140 TURK (bet. Taylor & Jones). Apply **Th 12:30pm** to pick up food the next Thurs 12:30pm. Photo ID required. **Closed May 11, 29.**

**Supplemental Food Program.** Call **211** (or 1-800-273-6222) or visit <sfmfoodbank.org> for signup info. Low-income Bay Area seniors age 60+ can register for a monthly 35-lb box of dry & canned goods (proof of age & of residency required).

**211.** Call **211** (or 1-800-273-6222). Any SF resident can call 211 for a referral to a food pantry in their zip code. (However, 211 pantry information may be incomplete or unreliable.) **Closed May 11, 29.**

### Neighborhood pantries

**Note:** All neighborhood pantries listed below accept any SF resident with ID for advance registration. Bring photo ID & proof of SF address to any pantry during the hours listed (or call for appointment if indicated). Your application will be screened by the Food Bank. If you qualify, they'll assign you to a nearby pantry where you may pick up food weekly.

#### Bayview/Hunters Point/Visitation

**Bayview TLC Family Resource Center.** 1601 LANE St (at Quesada, in Bayview YMCA). 415-822-9404. See Note above. Apply in person **Mon Tu Wed Fri 10am-3pm.** Serving mostly zip code 94124. Call M-F 9am-4pm for one-time-only emergency food box for any SF resident with photo ID showing SF address. **Closed May 11, 29.**

**Our Lady of Lourdes.** 410 HAWES (at Innes). 415-559-2637. See Note above. Apply in person **Sat 9:30-10am (except 1st Sat of the month).** Serving mostly zip code 94124. English, Cantonese, Mandarin, Spanish. **Closed Apr 1, May 6, June 3.**

**United Council of Human Services.** 1065 OAKDALE (near Griffith). 415-671-1100 (M-Th 9am-5pm). See Note above. Apply in person **Wed 8-9am.** Serving mostly zip code 94124.

#### Mission/Potrero/CASTRO

**St. Aidan's.** 101 GOLDMINE DR (at Diamond Heights Blvd). See Note above. Apply in person **Fri 1-2pm.** Serving mostly zip code 94131.

**Women's Building.** 3543 18TH ST. (bet. Valencia & Guerrero). 415-431-1180 ext. 11 (M-F 10am-5pm, W 10am-7pm). See Note above. For immigrant SF residents. Apply in person **Mon 9:30-11am, 1-5pm; TuThFri 1-5pm; Wed 1-7pm.** English, Cantonese, Spanish. **Closed May 1, 29.**

### Ocean View/Sunset/Richmond

*OMI Senior Ctr (Catholic Charities CYO).** 65 BEVERLY (at Shields). 415-334-5550. See Note at left. For seniors 60+ & disabled adults, with proof. Apply in person for weekly pantry **Mon Wed Fri 8:30am-2:30pm.** Apply in person for monthly food box **9am-12pm fourth Mon of the month** (Apr 24, May 22, Jun 26). Serving mostly zip code 94112, 94127, or 94132. English, Cantonese, Mandarin, Spanish, Tagalog, Vietnamese. **Closed Mar 27-31.**

**Tenderloin/Chinatown/SoMa**

**Salvation Army Chinatown.** 1450 POWELL (near Broadway). 415-781-7002. See Note above. **Call Tu-Sa 9am-4pm** for interview appointment. Serving mostly zip code 94108, 94109, 94111, 94123, 94129, 94130, 94133, or 94158. English, Cantonese, Mandarin. **Closed Apr 14, May 29.**

**Salvation Army Kroc Center.** 240 TURK (near Jones). 415-345-3414. See Note above. Apply in person **Mon Tu Wed Fri 10am-3pm.** Serving mostly zip code 94108. English, Cantonese, Spanish. **Thurs 10-11am.**

**Women's House.** 357 ELLIS (near Jones). 415-431-1180 ext. 11 (M-F 10am-5pm, W 10am-7pm). See Note above. Apply in person **Wed 1-7pm.** Serving mostly zip code 94124. **Closed Apr 1, May 29.**

**Mission Pocket.** 123 MARINE (bet. Sacramento & Ellis). 415-928-6596. See Note above. Apply in person **Thurs 9am-12pm.** Serving mostly zip code 94130. English, Cantonese, Khmer. **Closed May 16, 29.**

**Western Addition/Haight**

**S.F. Rescue Mission.** 140 TURK (bet. Taylor & Jones). Apply **Th 12:30pm** to pick up food the next Thurs 12:30pm. Photo ID required. **Closed May 11, 29.**

**Supplemental Food Program.** Call **211** (or 1-800-273-6222) or visit <sfmfoodbank.org> for signup info. Low-income Bay Area seniors age 60+ can register for a monthly 35-lb box of dry & canned goods (proof of age & of residency required).

**211.** Call **211** (or 1-800-273-6222). Any SF resident can call 211 for a referral to a food pantry in their zip code. (However, 211 pantry information may be incomplete or unreliable.) **Closed May 11, 29.**

**Mission/Potrero/CASTRO**

**St. Aidan's.** 101 GOLDMINE DR (at Diamond Heights Blvd). See Note above. Apply in person **Fri 1-2pm.** Serving mostly zip code 94131.

**Women's Building.** 3543 18TH ST. (bet. Valencia & Guerrero). 415-431-1180 ext. 11 (M-F 10am-5pm, W 10am-7pm). See Note above. For immigrant SF residents. Apply in person **Mon 9:30-11am, 1-5pm; TuThFri 1-5pm; Wed 1-7pm.** English, Cantonese, Spanish. **Closed May 1, 29.**

See other side for more pantries!
Note: All neighborhood pantries listed below accept any SF resident with ID for advance registration.

How to register: Bring photo ID & proof of SF address to any pantry during the hours listed below (or call for appt if indicated). Your application will be screened by the Food Bank. If you qualify, they’ll assign you to a nearby pantry where you may pick up food weekly.

Western Addition/Haight cont.

Jones Memorial United Methodist Church. 1975
Post (at Steiner). See Note above. Apply in person Sat 10:30am. Serving mostly zip code 94102, 94109, or 94115. Closed April 15; May 13, 27; June 17.

Korean American Senior Service. 745 Buchanan (at Grove). 415-255-9371. See Note above. Apply in person Fri 9:30-10:30am. Serving mostly zip code 94102, 94115, 94117, or 94118.

St. Andrew Missionary Baptist Church. 2565 Post (near Baker). See Note above. Apply Wed 10am.

Treasure Island

Treasure Island Homeless Development Initiative. 850 Avenue I on Treasure Island (at 9th St, in the Shipshape Building). 415-986-4810. For Treasure Island residents only; ID & lease required at signup. Apply Tues 2:30pm.

Other ways to get free groceries

Food Stamps (CalFresh). 1235 Mission (btw. 8th & 9th Sts.) or 1440 Harrison (btw. 10th & 11th). 415-558-4700 for info in English, Cantonese, Mandarin, Russian, Spanish, Tagalog, or Vietnamese. Food vouchers for low-income California residents. You can check eligibility & apply online at <mybenefitsCalWIN.org>, or apply in person M-F 8am-5pm. It’s best to get there early (8-10am), fill out an application, & turn it in. You’ll get an appointment for that day or for a few days later. Bring ID, Green Card (if you’re an immigrant), & proof of your rent, expenses, & income. If approved before 4pm, you may get your card that day; otherwise you may pick it up later or have it mailed to you within 2 weeks. Individuals can get up to $194 worth of food stamps per month (most individuals get less; most families get more). The amount you get depends on income and how much you pay for shelter (and for out-of-pocket medical costs if you’re over 60 or disabled). People with SSI/SSP cannot get food stamps. People with resources (house, car, bank account, etc.) or SSD but limited income can still get food stamps, & so can homeless people. Closed May 29.

WIC. Call 415-575-5788 (M-F 8am-12pm, 1-5pm) or 415-621-7574 (M-F 8:30am-1pm, 2-5pm). Food vouchers for children under 5. Pregnant or postpartum women, or guardians of children under 5 years, call for appointment to sign up in 1 of 6 locations. Bring ID, proof of income (check stubs, Medi-Cal card), & address (California ID/utility bill/piece of mail). WIC offers food vouchers, info & support for breastfeeding, & nutrition counseling. You can use vouchers at WIC-authorized grocery stores for produce, whole grains, beans (or peanut butter), cereal, eggs, milk, yogurt, cheese, juice, iron-fortified formula & baby food. Closed May 15, 29.
Página 1. Vea al otro lado para más alimentos!

**Lista de Alimentos Gratis en San Francisco Abril-Junio 2017**

**Locales que reparten alimentos gratis**

**Abarca Toda la Ciudad**

**Bayview TLC Family Resource Center.** 1601 LANE St (con Quesada, en Bayview YMCA). 415-822-9404. Llame lu-vi 9am-4pm por una caja con alimentos de emergencia (sólo una vez) para cualquier residente de San Francisco con foto ID con su dirección. **Cerrado 11, 29 mayo.**

Localizador de Alimentos. Vea al <www.sfmfoodbank.org/find-food> buscar un sitio del barrio donde se puede registrarse para recoger alimentos cada semana, o recibir una caja de alimentos de emergencia (sólo 1 vez) para cualquier residente de SF con ID. Vea a la *Nota* a la derecha.

**Project Open Hand.** 730 POLK (cerca de Ellis). 415-447-2326 ó 800-551-6325 (sin cargo). Residentes de SF con enfermedades críticas (incluidos HIV, SIDA, o cáncer de mama) o en recuperación de un trauma o de cirugía mayor: llamen Ma-S 9am-4pm para pedir una cita de entrevista. Si es aceptado/a, se puede conseguir alimentos mart 9am-4pm o mier-sáb 11am-4pm. Se requiere aplicación firmada por su médico, ID con foto, y prueba de domicilio, de ingresos, y de seguro de salud.

**S.F. Rescue Mission.** 140 TURK (entre Taylor y Jones). Regístrate **juév 12:30pm** para recibir alimentos el próximo juev 12:30pm. Se pide ID con foto.

**Supplemental Food Program.** Llame 211 (ó 800-273-6222 o vea al <www.sfmfoodbank.org>) para información sobre registración. Residentes del Bay Area de 60 años y más, de bajos ingresos, pueden registrarse recibir una caja de 35 lbs de alimentos secos y enlatados cada mes (se pide prueba de edad y de residencia).

**211.** Llame 211 (ó 800-273-6222). Cualquier residente de SF recibirán una referencia a un programa de alimentos en su código postal. (Pero la información de 211 suele ser incompleta o poco fiable.)

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**Sitios del barrio**

**Nota:** Todos los sitios del barrio debajo enumerados aceptan cada residente de SF con ID para registración previa. **Registrarse:** Traiga una ID con foto, y prueba de domicilio en SF, a uno de los sitios debajo durante el horario (o llame para apuntamiento si indicada). Su solicitud será verificada por el Food Bank. Si Vd califica, ellos le asignan a una despensa cerca para recoger alimentos cada semana.

**Bayview/Hunters Point/Visitacion**

**Bayview TLC Family Resource Center.** 1601 LANE St (con Quesada, en Bayview YMCA). 415-822-9404. Vea a la *Nota* arriba. Solicítarse en persona **LMaMiVi 10am-3pm.** Se sirve mayormente el código postal 94124. Llame lu-vi 9am-4pm por una caja con alimentos de emergencia (sólo una vez) para cualquier residente de San Francisco con foto ID con su dirección. **Cerrado 11, 29 mayo.**

**Our Lady of Lourdes.** 410 HAVES (con Innes). 415-559-2637. Vea a la *Nota* arriba. Solicítarse en persona **sáb 8:30-9:30am (excepto el 1° sáb del mes).** Se sirve mayormente el código postal 94124. Español, cantonés, inglés, mandarín. **Cerrado 1 abr, 6 mayo, 3 jun.**

**United Council of Human Services.** 1065 OAKDALE (por Griffith). 415-671-1100 (L-J 9am-5pm). Vea a la *Nota* arriba. Solicítarse en persona **miér 8-9am.** Se sirve mayormente el código postal 94124.

**Mission/Potrero/Castro**

**St. Aidan’s.** 101 GOLDMINE DR (con Diamond Heights Blvd). Vea a la *Nota* arriba. Solicítarse en persona **vier 1-2pm.** Se sirve mayormente el código postal 94131.

**Women’s Building.** 3543 18TH ST. (entre Valencia y Guerrero). 415-431-1180 ext. 11 (L-V 10am-5pm, Mi 12-5pm). Vea a la *Nota* arriba. Para residentes inmigrantes de SF. Solicítarse en persona **Lu 9:30-11am, 1-5pm; MaJuVi 1-5pm, Mi 1-7pm.** Español, cantonés, inglés. **Cerrado 1, 29 mayo.**

**Ocean View/Sunset/Richmond**

*OMI Senior Center (Catholic Charities CYO).* 65 BEVERLY (por Shields). 415-334-5550. Vea a la *Nota* al izquierda. Por ancianos 60+ y adultos discapacitados con prueba. Solicítense en persona para despensa semenal **LMiV 8:30am-2:30pm.** Solicítense para cajas de comida **9am-12pm el 4° lun del mes** (24 abr, 22 may, 26 jun). Se sirve mayormente el código postal 94112, 94127, ó 94132. Español, cantonés, inglés, mandarín, tagalo, vietnamís. **Cerrado 27-31 mar.**

**Tenderloin/Chinatown/SoMa**

**Salvation Army Chinatown.** 1450 POWELL (por Broadway). 415-781-7002. Vea a la *Nota* arriba. **Llame L-V 11am-4:30pm** para apuntarse para entrevista. Se sirve mayormente el código postal 94108, 94109, 94111, 94129, 94130, 94133, ó 94158. Cantonés, inglés, mandarín. **Cerrado 14 ab, 29 mayo.**

**Salvation Army Kroc Center.** 240 TURK (por Jones). 415-345-3414. Vea a la *Nota* arriba. Aplicarse en **persona** **Ma–S 9am-4pm** para pedir una cita de entrevista. Si es aceptado/a, tendrélo con prueba. Solicítense en persona una caja con alimentos de emergencia (sólo para cualquier residente de San Francisco con foto ID con su dirección) durante el horario **(o llame para apuntamiento si indicada). Su solicitud será verificada por el Food Bank. Si Vd califica, ellos le asignan a una despensa cerca para recoger alimentos cada semana. **

**Western Addition/Haight**


Vea al otro lado para más alimentos!
## Locales donde se reparten alimentos gratis

**Nota:** Todos los sitios del barrio debajo enumerados aceptan cada residente de SF con ID para registración previa. **Registrarse:** Traiga una ID con foto, y prueba de domicilio en SF, a una de los sitios debajo durante el horario (o llame por apnto si indicada). Su solicitud será verificada por el Food Bank. Si Vd califica, ellos le asignan a una despensa cerca para recoger alimentos cada semana.

### Western Addition/Haight cont.

**Jones Memorial United Methodist Church.** 1975 Post (por Steiner). Vea a la **Nota** arriba. Aplicarse en persona **sáb 10:30am.** Se sirve mayormente el código postal 94102, 94109, 94115. **Cerrado 15 abr; 13, 27 mayo; 17 jun.**

**Korean American Senior Service.** 745 Buchanan (con Grove). 415-255-9371. Vea a la **Nota** arriba. Solicitarse en persona **vier 9:30-10:30 am.** Se sirve mayormente el código postal 94102, 94115, 94117, 94118.

**St. Andrew Missionary Baptist Church.** 2565 Post (cerca de Baker). Vea a la **Nota** arriba. Aplicarse **miérc 10am.**

### Treasure Island

**Treasure Island Homeless Development Initiative.** 850 Avenida I en Treasure Island (con calle 9, en “Shipshape Bulding”). 415-986-4810. Residentes de Treasure Island aplicarse **mar 2:30pm.** Solo para los residentes de Treasure Island; se pide ID y arriendo para registración.

### Otras maneras a conseguir alimentos gratis

**Estampillas de Comida (CalFresh).** 1235 Mission (entre calles 8 y 9) ó 1440 Harrison (entre calles 10 y 11). 415-558-4700 para información en español, cantonés, inglés, mandarín, ruso, tagalo ó vietnamés. Cupones de comida para los residentes de California de bajos ingresos. Se puede determinar elegibilidad y solicitar en línea a <mybenefitsCalWIN.org>, o solicite en persona L–V 8am–5pm.

Venga temprano, 8-10am, llenar una solicitud y entregarla. Le darán una cita para ese día o en pocos días. A su cita, le pedirá su ID, Tarjeta Verde (si Ud. es inmigrante) y prueba de alquiler, gastos e ingresos. Si aceptado antes de 4pm, se puede recibir su cartas ese día; o regresar a recogerlo; o la arriva por correo dentro de 2 semanas. Individuos pueden recibir hasta $194 en Estampillas de Comida por meses (la mayoría recibe menos; la mayoría de las familias recibe más). Se dependerá de sus ingresos y la cantidad de su alquiler (y de gastos medicos, para personas mayores de 60 años o con descapacidades reconocidos federalmente). Personas que reciben SSI/SSP no califican. Personas desamperadas o personas con recursos (una casa, un auto, ahorros, etc.), o con SSD, pero con ingresos limitados, podrían calificar. **Cerrado 29 mayo.**

**WIC.** LLAME 415-575-5788 (L–V 8am–12pm, 1pm–5pm) o 415-621-7574 (L–V 8:30am–1pm, 2-5pm). Cupones de comida para los niños menores de 5 años. Mujeres embarazadas ó postpartos, ó guardianes de niños menores de 5, llame por apuntamiento a alguno de los 6 sitios. Lleve prueba de ingresos (talonario de cheque, tarjeta MediCal etc.) y domicilio (ID de California, cuenta de PG&E o recibo de teléfono). WIC ofrece bonos para comida, consejo sobre nutrición e información y apoyo sobre amamantamiento. Ud. puede utilizar los bonos en algunas tiendas de alimentos autorizada de WIC para obtener frutas y vegetales, granos, frijoles (o mantequilla de maní), leche fortificada con hierro, yogur, cereal, huevos, leche, queso, jugo, y alimento infantil. **Cerrado 15, 29 mayo.**
FOOD RESOURCES
MEALS AND FOOD FOR SPECIAL POPULATIONS

Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS)

Self-Help for the Elderly
731 Sansome Street, Ste. 100
San Francisco, CA 94111
Phone: (415) 677-7600
Fax: (415) 296-0313
https://www.sfchampss.org/

Services Description
- Self-Help for the Elderly receives funding from the Department of Aging and Adult Services partner to provide healthy and nutritious meals at a designated restaurant through the Choosing Healthy Appetizing meal Plan Solutions for Seniors (CHAMPSS) program.

- Seniors can select their choice of a complete meal and beverage

- Each meal includes the main entrée, a drink (milk or orange juice), a jello or fruit cup, and tax. Tips are optional.

Eligibility Criteria
- Adults 60 years or older (no income requirement), and their spouse/partner of any age.
- Adults 18 to 59 years old with disabilities (must reside in special/senior housing with its own meal site).
- Need to verify the applicant’s identity in-person before determining eligibility.

Continued on next page
**CHAMPSS program. cont.**

**Enrollment Procedures**
- Application forms are available at all Self-Help for the Elderly senior centers and online.
- Completed applications must be submitted **in-person** to a Self-Help for the Elderly senior center.
- Donations are accepted at the time of application

**Languages Available**
Services available in English, Spanish, Cantonese and Mandarin. Please call for detailed language availability.

**Fees**
$4 per meal donation suggested.
Services Description
• Numerous community dining programs for seniors who are ambulatory, there are 47 different meal sites located throughout San Francisco that serve tasty and nutritious meals. Different ethnic meals are available at the meal sites, including American, American-Latino, American-Hawaiian, American-Southern and Chinese. Vegetarian options are also available at some sites.

• Congregate meals are served in a warm dining room setting that abounds with friendship and opportunities to participate in various social activities.

Eligibility Criteria
Senior citizens age 60 or over regardless of income
Adults with Disabilities age 18-59 are also eligible

Enrollment Procedures
Applicant signs up at site of their choice and completes registration form

Languages Available
Services available in English, and bilingual staff usually available at the center based on the majority of ethnic consumers attending the site, including Chinese (Cantonese and Mandarin), Japanese, Korean, Russian, Spanish and Tagalog.

Fees
Free, some sites suggested donations but not required
Meal Programs for Homebound Seniors
Department of Aging and Adult Services, Office on Aging
170 Otis Street
San Francisco, CA  94103
(415) 355-6700
http://www.sfhsa.org/136.htm

Services Description

- **Home Delivered Meals** are for seniors who are homebound due to physical and/or mental conditions and meet the eligibility criteria, meals are delivered to the senior’s home.

- Different types of meals are available in some neighborhoods, including American-Southern, Chinese, Filipino, Japanese, Kosher, Latino, Russian, Samoan-Hawaiian and Western.

- **Emergency Meals** are available for seniors and adults with disabilities who have no meal support and are unable to provide meals for themselves. Emergency meals are reserved for people whose income is up to 300% of the federal poverty level.

Eligibility Criteria

Person must be a San Francisco resident who is age 60 or older, homebound, and have limited support for food. Seniors with income up to 300% the poverty level.

Enrollment Procedures

Initial intake will be done by telephone. Depending on space availability, person may be put on a waiting list for service.

Languages Available

English, Cantonese, Mandarin, Tagalog, Russian, Spanish, and Farsi

Fees

Donation requested. All eligible clients are served regardless of their ability to pay.
Services Description

- This non-profit service delivers prepared meals to homebound elderly, 60 years of age or older throughout San Francisco. Their mission is to provide the nutrition component that will allow homebound San Francisco seniors to remain in their homes for as long as appropriate and to foster independent living with dignity in the homebound senior population.

They provide:
- Hot, chilled, and frozen meals, which can be heated in the oven or microwave, delivered daily
- Modified diets (diabetic, low sodium/diabetic, and mechanical soft)
- Nutrition assessment and counseling
- Social work and case management intervention
- Volunteer companionship/shopping service
- A twice-weekly frozen delivery of food for 7 days (includes soups and some breakfast entrees)

Eligibility Criteria

Residents of the city of San Francisco who are:
- 60 years of age and older
- Homebound
- Limited in-home support
- Recent hospital stay or on-going health problems.

Continued on next page
Enrollment Procedures
They accept:
- Self-referrals
- Calls from family, neighbors.
- The application is taken by phone. Call: (415) 920-1111

Languages Available
English, Cantonese, Mandarin, Tagalog, Russian, Spanish, and Samoan.

Fees
Suggested donation of $5.00 per day for 2-meal package is requested. Participation is not dependent on contribution; all eligible clients are served regardless of ability to pay.
Project Open Hand Wellness Program
730 Polk Street
San Francisco, CA 94109
Phone: (800) 551-MEAL (6325) or (415) 447-2300
Fax: (415) 447-2490
Email: info@openhand.org
www.openhand.org

Services Description
- Registered clients may access the Grocery Center on a weekly basis for cost free groceries (designed to meet one third of overall nutritional needs, Tuesday 9:00 a.m.-4:00 p.m., Wednesday-Saturday 11:00 a.m.-4:00 p.m.)
- Registered clients receive an evening meal 7 days a week. Evening meals are hot or frozen depending on client preference. Meals can be home-delivered, as well as picked up at the Grocery Center.
- The Senior Meal Program is available to all seniors 60+ years and individuals with disabilities 18+years and serves healthy meals at dining rooms across the city.

Eligibility Criteria
Eligible clients must:
- Be a resident and provide proof of residency in the county (SF / Alameda)
- Have a valid and current photo ID
- Have an eligible primary diagnosis

Application Process:
Application can be found online.

Languages Available
Services available in English, Spanish, and Chinese.

Fees
No Fee
Services Description

- A federally funded child development program that offers comprehensive services at no cost to San Francisco’s low income families, foster families, and recipients of supplemental income (e.g. TANF, SSI). Pregnant women/teens and families with children birth to 5 years of age are encouraged to apply. Services are offered to meet the individual needs of children with special needs. Head Start helps children develop to their maximum potential.

- There are approximately 40 Head Start centers in San Francisco. Programs include full-day, full-year/part-year programs. Program options are home-based (Early Head Start), Family Child Care, and center-based. Centers are accessible to mobility impaired individuals.

- Visit the website or call the program for a list of the locations and phone numbers

Eligibility Criteria

- Pregnant women/teens and infants/children birth to 5 years of age
- Family must meet federal income guidelines
- Resident of the City and County of San Francisco

Continued on next page
San Francisco Head Start/Early Head Start Program cont.

**Enrollment Procedures**
Application can be found online.

Call (415) 920-0123 to speak with a Family Specialist

**Languages Available**
Services are available in English and Spanish.

**Fees**
No Fee
FOOD RESOURCES
MEALS AND FOOD FOR SPECIAL POPULATIONS

Salvation Army Congregate Meal Program
850 Harrison St., Ste # 2
San Francisco, CA 94107
Phone: (415) 777-2831
http://migration.salvationarmy.org/sanfrancisco/sfMetro

Services Description
- Provides hot, delicious meals to individuals at four congregate meal sites
- Meals are provided Monday through Friday
- Central Kitchen of the Salvation Army Meals Program prepares around 9,000 meals per month and delivered to the sites
- The Christmas Meal Delivery program delivers meals to those who could not get out of their homes to receive a meal at congregate meal site
- The Catering that Cares program offers low-cost catering to local business and non-profit organizations

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<thead>
<tr>
<th>Site</th>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Ray &amp; Joan Kroc Corps</td>
<td>240 Turk Street</td>
<td>(415) 345-3400</td>
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<td></td>
<td>San Francisco, CA 94102</td>
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<tr>
<td>South of Market Corps</td>
<td>360 Fourth Street</td>
<td>(415) 623-9309</td>
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<tr>
<td></td>
<td>San Francisco, CA 94107</td>
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<tr>
<td>Mission Corps</td>
<td>1156 Valencia Street</td>
<td>(415) 648-0260</td>
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<td></td>
<td>San Francisco, CA 94110</td>
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Eligibility Criteria
Seniors 60 years or older
Adults with disability

Continued on next page
The Salvation Army Congregate Meals Program cont.

Enrollment Procedures
Walk-ins welcome

Languages
Services are available in English and Spanish

Fees
No Fee
FOOD RESOURCES
MEALS AND FOOD FOR SPECIAL POPULATIONS

Salvation Army Meals that Heal Program
850 Harrison Street, ste # 3
San Francisco, CA 94107
Phone: (415) 440- HEAL (4325)
http://migration.salvationarmy.org/sanfrancisco/meals_sf

Services Description
- Provides home delivered meals to homebound individuals who are unable to leave their home and shop for food or travel to one of The Salvation Army’s congregated meal sites.

- Hot and nutritious meals are offered Monday through Friday and a weekend bag of groceries are available for those who need it.

Eligibility Criteria
Persons age 18 or older
Homebound due to physical or mental conditions

Languages
Services are available in English, Spanish and Chinese

Enrollment Procedures
The application is taken by fax and followed-up with a home visit

Fees
Donation requested
FOOD RESOURCES
LOW COST FOOD SOURCES

Big Lots
3333 Mission Street (at 30th Street)
San Francisco, CA 94110
Phone: (415) 648-5256
www.biglots.com

Description
• The store sells fresh dairy, frozen foods, and a variety of shelf stable food products, canned foods and other baked goods. They also carry a variety of household goods, cleaning products, health and beauty aids, clothing, toys, paper products, office goods, and furniture at closeout discount prices.

• Open every day 9:00 am – 9:00 pm

• Accepts SNAP/EBT

• Checkout the website for weekly sales ads.
FOOD RESOURCES
LOW COST FOOD SOURCES

Costco
450 - 10th Street
San Francisco, CA. 94103
Phone: (415) 626-4388
www.costco.com

Description
• Costco is a membership warehouse club, selling quality brand-name merchandise, including bulk food and beverage items, at low prices.

• Individuals can apply to be a member in the store at the membership counter, online, or by mail (print application online). Business memberships are available to all licensed businesses, nonprofit organizations, government agencies for $55 (as of January 2017).

• Costco offers free deliveries for orders over $250 for business members in the San Francisco Bay Area.

• Costco offers deliveries for a fee or free for certain items through Google Express

• Open M-F 10:00am-8:30pm, Sat. 9:30am-6:00pm, Sun. 10:00am-6:00pm

Enrollment Procedures
• Business identification (business license, resale certificate, or three pieces of business ID, card, letterhead) are required when applying for a Business Membership.

Fees
• Memberships are $55.
• Different memberships vary in price. Call for fees.
FOOD RESOURCES
LOW COST FOOD SOURCES

Foods Co.

Bayview Hunter’s Point Store
345 Williams Avenue
San Francisco, CA  94124
Phone: (415) 330-1870

Mission District Store
1800 Folsom Street
San Francisco, CA  94103
Phone: (415) 558-9137
https://www.foodsco.net/

Description
• They sell a variety of canned goods, by the case or as individual items. They have produce, dairy products, cold cuts and cheeses, frozen foods, bread, cleaning products, paper products, and food service-tableware supplies sold at a significant discount over retail outlets

• Bayview Foods Co. open every day from 6:00 am – 1:00am

• Mission Foods Co. open every day from 6:00 am- 12:00am
FOOD RESOURCES
LOW COST FOOD SOURCES

Rainbow Grocery
1745 Folsom Street
San Francisco, CA. 94103
Phone: (415) 863-0620
www.rainbow.coop

Description
• Rainbow Grocery sells a variety of mostly organic produce, grains, dried beans, and flours in bulk, dairy products and cheeses, frozen foods, canned foods, breads and other baked goods, natural cleaning products, health and beauty aids, vitamin and mineral supplements, paper products, and household goods, health related books, and magazines at lower prices than standard natural food stores.

• They offer discounts on vitamin and mineral supplements to PWAs (people with AIDS), seniors, and others. Call for information on their discount policies.

• Open every day 9:00am- 9:00pm
Description

- Smart & Final offers a variety of food, beverage, paper products, and cleaning supplies. All products are available for order online and immediate shipping.

- Smart & Final offers a huge selection of professional-quality food, drink, party supplies and cleaning items at low warehouse prices. Smart & Final caters to foodservice professionals and anyone else who entertains a crowd.

- Open every day 6:00 am – 10:00 pm

- No membership required
FOOD RESOURCES
LOW COST FOOD SOURCES

Trader Joe’s
Presidio Heights Store
3 Masonic Avenue
San Francisco, CA 94118
Phone: (415) 346-9964

Nob Hill Store
1095 Hyde Street
San Francisco, CA 94109
Phone: (415) 292-7665

Stonestown Store
265 Winston Drive
San Francisco, CA 94132
Phone: (415) 665-1835

South of Market Store
555 Ninth Street Retail Center
San Francisco, CA 94103
Phone: (415) 863-1292

Fisherman’s Wharf Store
401 Bay Street
San Francisco, CA 94133
Phone: (415) 351-1013

www.traderjoes.com

Continued on next page
Trader Joe’s, cont.

**Description**
- Trader Joe’s offers unique value-priced foods, including meatless items, flavorful fat-free and low-fat foods, fresh produce and organic food at prices comparable to non-organic foods. All Trader Joe’s private label products are made without artificial colors, flavors or preservatives.
- They also offer a variety of nuts, trail mixes, and cheeses from all over the world, at everyday low prices.
- Their unique fresh salads and fresh and frozen entrees are useful in preparing quick, healthy meals.
- Vitamins and supplements, as well as household and personal items, are sold at value prices every day.
- Open every day 8:00am – 9:00pm (some stores open till 10:00pm)
Farmers’ markets are an excellent way to increase a community’s access to fresh produce. These markets offer opportunities for consumers to connect with local farmers, learn where their food comes from, and gain exposure to new and different local and seasonal produce items. Food purchased at these markets can often be cheaper than in the supermarket and a greater amount of the consumer’s payment goes straight to the grower, therefore helping to sustain small farmers within our region.

All markets in San Francisco are required to accept CalFresh benefits on an Electronic Benefit Transfer (EBT) card, Women Infant and Children (WIC) Farmers’ Market coupons, and/or Senior Farmers’ Market Nutrition coupons. Please note that prices may vary substantially from market to market.

Market locations and hours of operation are subject to change. Contact the market manager and/or check their website for updates. See the list that follows of organizations that sponsor Farmers’ Markets in San Francisco. See the attached List of Farmers’ Markets in San Francisco, which is updated once a year, in May-June.
Contact Information for Farmers’ Markets in San Francisco

California Farmers’ Market Association
3000 Citrus Circle Suite 111
Walnut Creek, CA 94598
Phone: (800) 806-FARM/3276
Website: www.cafarmersmkts.com

Pacific Coast Farmers’ Market Association
5060 Commercial Circle Suite A
Concord, CA 94520
Phone: (925) 825-9090
Website: http://www.pcfma.org/visit/markets

Center for Urban Education about Sustainable Agriculture (CUESA)
1 Ferry Building, Suite 50
San Francisco, CA 94111
Phone: (415) 291-3276
Website: www.cuesa.org

Heart of the City Farmers’ Market
1182 Market St. Suite 415
San Francisco CA, 94102
Phone: (415)558-9455
Website: http://heartofthecity-farmersmarket.squarespace.com/

Mission Community Market
22nd St. Between Mission and Valencia Streets in San Francisco
Website: www.missioncommunitymarket.org

Noe Valley Farmers’ Market
3861 24th St Noe Valley
San Francisco, Ca 94114
Phone: (415) 248-1332
Website: www.noevalleyfarmersmarket.com

SF State Farmers’ Market
1600 Holloway Ave.
San Francisco, CA 94132
Phone: (415) 338-2442

Stonestown Farmers’ Market
3251 20th Ave.
San Francisco, CA 94132
Phone: (415) 472-6100
Website: https://agriculturalinstitute.org/directory/listing-details/stonestown-market
# Farmers’ Markets in San Francisco

## Mercados Agrícolas en San Francisco

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<tr>
<th>Locations</th>
<th>Locales</th>
<th>Sun</th>
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<td>Crocker Galleria Farmers’ Market</td>
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<td>Divisadero Farmers’ Market</td>
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<td>Ferry Plaza Farmers’ Market</td>
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<td>Fort Mason Farmers’ Market</td>
<td>Mercado Fort Mason</td>
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<td>Buchanan and Marina Blvd.</td>
<td>Calle Buchanan y Bulevar Marina</td>
<td>9:30 AM</td>
<td>1:30 PM</td>
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<td>Heart of the City Farmers’ Market</td>
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<tr>
<td>United Nations Plaza</td>
<td>“United Nations”</td>
<td>7 AM</td>
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<tr>
<td>Market St. between 7th &amp; 8th St.</td>
<td>Calle Market entre calles 7 y 8</td>
<td>(415) 558-9455</td>
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<td>(415) 558-9455</td>
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<tr>
<td>Inner Sunset Farmers’ Market</td>
<td>Mercado “Inner Sunset”</td>
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<tr>
<td>In the Parking Lot between 8th and 9th Ave, south of</td>
<td>En el estacionamiento entre las Avenidas 8 y 9 al sur de</td>
<td>9 AM</td>
<td>1 PM</td>
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<tr>
<td>Irving St.</td>
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<td>(800) 949-FARM / 3276</td>
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<tr>
<td>Kaiser Permanente San Francisco Farmers’ Market</td>
<td>Mercado Kaiser Permanente San Francisco</td>
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<tr>
<td>Geary Blvd. at St. Joseph’s St.</td>
<td>“Kaiser Permanente San Francisco”</td>
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<td>(800) 949-FARM / 3276</td>
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<tr>
<td>Mission Bay Farmers’ Market @ UCSF</td>
<td>Mercado “Mission Bay”</td>
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<tr>
<td>Gene Friend Way between 3rd &amp; 4th St.</td>
<td>Calle Gene Friend entre las calles 3 y 4</td>
<td>10 AM</td>
<td>2 PM</td>
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<tr>
<td>(800) 949-FARM / 3276</td>
<td>(800) 949-FARM / 3276</td>
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<tr>
<td>Mission Community Market</td>
<td>Mercado Comunitario de la Misión</td>
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</tr>
<tr>
<td>22nd St. and Bartlett between Mission &amp; Valencia St.</td>
<td>Calle 22 y Bartlett entre calles Mission y Valencia</td>
<td>4 PM</td>
<td>8 PM</td>
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</tr>
<tr>
<td><a href="mailto:mission@missioncommunitymarket.org">mission@missioncommunitymarket.org</a></td>
<td><a href="mailto:mission@missioncommunitymarket.org">mission@missioncommunitymarket.org</a></td>
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</tbody>
</table>

May 2017
# Farmers' Markets in San Francisco (Page 2)
**Mercados Agrícolas en San Francisco (Página 2)**

<table>
<thead>
<tr>
<th>Locations</th>
<th>Locales</th>
<th>Sun</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sábado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noe Valley Farmers' Market</td>
<td>Mercado “Noe Valley” Calle 24 entre calles Sánchez y Vicksburg</td>
<td>$8 AM – 1 PM</td>
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<tr>
<td>24th St. between Sanchez &amp; Vicksburg St.</td>
<td>(415) 248-1332</td>
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<tr>
<td>San Francisco State University Farmers' Market</td>
<td>Mercado “Universidad del Estado en San Francisco” Campus del SFSU - Edificio de Humanidades y Tapia</td>
<td>10 AM - 3 PM</td>
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<tr>
<td>SFSU Campus (Humanities Building &amp; Tapia Drive)</td>
<td>(415) 338-2443</td>
<td></td>
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</tr>
<tr>
<td>Stonestown Farmers’ Market</td>
<td>Mercado “Stonestown” En el Centro Comercial Stonestown (Entre Macy’s y UA (Teatro del Cine))</td>
<td>$9 AM – 1 PM</td>
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</tr>
<tr>
<td>Stonestown Galleria (Between Macy’s &amp; UA Stonestown Twin Cinema)</td>
<td>(415) 472-6100</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UCSF Parnassus Farmers’ Market</td>
<td>Mercado “UCSF Parnassus” “ACC Breezeway Atrium” 400-500 Avenida Parnassus</td>
<td>$10 AM – 2 PM</td>
<td></td>
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</tr>
<tr>
<td>ACC Breezeway Atrium 400-500 Parnassus Ave.</td>
<td>(800) 949-FARM/3276</td>
<td></td>
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</tr>
<tr>
<td>VA San Francisco Farmers’ Market</td>
<td>Mercado de Administración de Veteranos Veteran’s Drive por la Calle Clement y Ave. 42</td>
<td>$10 AM – 2 PM</td>
<td></td>
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</tr>
<tr>
<td>Veteran’s Drive, off of Clement St. &amp; 42nd Ave.</td>
<td>(800) 949-FARM/3276</td>
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</tbody>
</table>

This market may not be open during the entire year. Call to confirm day and time.
Este mercado puede que no esté abierto durante todo el año. Lláme para día y horario.

This market accepts Electronic Benefit Transfer (EBT) cards. Speak with the market manager when you arrive.
Este mercado acepta tarjetas de transferencia electrónica de beneficios (EBT). Habla con la persona encargada del mercado cuando llegue.

This market accepts WIC Farmers’ Market and Senior Farmers’ Market Nutrition Program vouchers from May-November 2016.
Este Mercado acepta cheques de los Programas de Mercados Agrícolas de WIC y de Personas Mayores de Mayo a Noviembre del 2017.

This market may offer Market Match and people using EBT may get additional benefits. Please visit market information tent/office for more details.
Este mercado ofrece “Market Match” y personas que usan CalFresh (EBT) pueden recibir beneficios adicionales. Por favor visite la casilla de Información/oficina para más detalles.

### Feeling Good
For more information about the Feeling Good Project and to download this schedule, please visit: [http://www.sfdph.org/dph/compg/oprograms/NutritionSvcs/FeelingGood/default.asp](http://www.sfdph.org/dph/compg/oprograms/NutritionSvcs/FeelingGood/default.asp)

This material was produced by the California Department of Public Health’s Nutrition Education and Obesity Prevention Branch with funding from the U.S. Department of Agriculture’s (USDA) Supplemental Nutrition Assistance Program-Education, known in California as CalFresh. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh Information, call 1-877-847-3653. For important nutrition information, visit [www.cachampionsforchange.cdph.ca.gov](http://www.cachampionsforchange.cdph.ca.gov).

Este material fue producido por la Rama de Educación en Nutrición y Prevención de la Obesidad del Departamento de Salud Pública de California con fondos del Suplemental Nutrition Assistance Program-Education del Departamento de Agricultura de los EE.UU. (USDA, por sus siglas en inglés), conocido en California como CalFresh. CalFresh provee asistencia a gente con bajos ingresos y puede ayudar a comprar comida nutritiva para una mejor salud. Para información sobre CalFresh, llame al 1-888-9-COMIDA. Para información nutricional, visite [www.campeonesdelcambio.cdph.ca.gov](http://www.campeonesdelcambio.cdph.ca.gov).

May 2017

1.60
# Farmers’ Markets in San Francisco

<table>
<thead>
<tr>
<th>Locations</th>
<th>地點</th>
<th>Sun 星期日</th>
<th>Tues 星期二</th>
<th>Wed 星期三</th>
<th>Thurs 星期四</th>
<th>Fri 星期五</th>
<th>Sat 星期六</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alemany Farmers’ Market</td>
<td>Alemany 農夫市場&lt;br&gt;100 Alemany Blvd.&lt;br&gt;(by freeways 101 and 280)&lt;br&gt;(415) 647-9423</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 AM-3 PM 上午六時至下午三時</td>
</tr>
<tr>
<td>Castro Farmers’ Market</td>
<td>Castro 區農夫市場&lt;br&gt;Noe St. at Market St.&lt;br&gt;(800) 949-FARM /3276</td>
<td></td>
<td></td>
<td></td>
<td>4 PM-8 PM 下午四時至下午八時</td>
<td></td>
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</tr>
<tr>
<td>Clement Street Farmers’ Market</td>
<td>Clement Street農夫市場&lt;br&gt;Clement St. between 2nd to 4th Ave.&lt;br&gt;(415) 472-6100</td>
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<td></td>
<td>$</td>
<td></td>
<td></td>
<td>9 AM-2 PM 上午九時至下午二時</td>
</tr>
<tr>
<td>Crocker Galleria Farmers’ Market</td>
<td>Crocker Galleria農夫市場&lt;br&gt;50 Post St. at Montgomery St.&lt;br&gt;(800) 806-3276</td>
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<td></td>
<td></td>
<td>11 AM-3 PM 上午十一時至下午三時</td>
<td></td>
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<tr>
<td>Divisadero Farmers’ Market</td>
<td>Divisadero 農夫市場&lt;br&gt;Grove St. at Divisadero St.&lt;br&gt;(800) 949-FARM /3276</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td>10 AM-2 PM 上午十時至下午二時</td>
</tr>
<tr>
<td>Ferry Plaza Farmers’ Market</td>
<td>運輸廣場農夫市場&lt;br&gt;The Ferry Building Embarkadero at Market St.&lt;br&gt;(415) 291-3276</td>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td>10 AM-2 PM 上午十時至下午二時</td>
</tr>
<tr>
<td>Fillmore Farmers’ Market</td>
<td>Fillmore 農夫市場&lt;br&gt;Fillmore Center Plaza O’Farrell and Fillmore St.&lt;br&gt;(800) 949-FARM /3276</td>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td>10 AM-2 PM 上午十時至下午二時</td>
</tr>
<tr>
<td>Fort Mason Farmers’ Market</td>
<td>Fort Mason 農夫市場&lt;br&gt;Buchanan and Marina Blvd.&lt;br&gt;(800) 806-3276</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 AM-2 PM 上午八時至下午二時</td>
</tr>
<tr>
<td>Heart of the City Farmers’ Market</td>
<td>市中心農夫市場&lt;br&gt;United Nations Plaza Market St. between 7th &amp; 8th St.&lt;br&gt;(415) 556-9455</td>
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<td></td>
<td></td>
<td></td>
<td>9 AM-1 PM 上午九時至下午一點</td>
</tr>
<tr>
<td>Inner Sunset Farmers’ Market</td>
<td>日落區農夫市場&lt;br&gt;In the Parking Lot between 8th and 9th Ave, south of Irving St.&lt;br&gt;(800) 949-FARM /3276</td>
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<td></td>
<td>8 AM-2 PM 上午八時至下午二時</td>
</tr>
<tr>
<td>Kaiser Permanente San Francisco Farmers’ Market</td>
<td>凱薩醫院農夫市場&lt;br&gt;Geary Blvd. at St. Joseph’s St.&lt;br&gt;(800) 949-FARM /3276</td>
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<td></td>
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<td></td>
<td>9 AM-1 PM 上午九時至下午一點</td>
</tr>
<tr>
<td>Mission Bay Farmers’ Market @ UCSF</td>
<td>三藩市加州大學Mission Bay 校園農夫市場&lt;br&gt;Gene Friend Way between 3rd &amp; 4th St.&lt;br&gt;(800) 949-FARM /3276</td>
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<td></td>
<td></td>
<td>10 AM-2 PM 上午十時至下午二時</td>
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May 2017
## Farmers’ Markets in San Francisco

### 星期日
<table>
<thead>
<tr>
<th>Locations</th>
<th>Locales</th>
<th>Sun</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
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<tbody>
<tr>
<td>Mission Community Market</td>
<td>Mission 社區市場</td>
<td>22 號 Mission 和 Valencia 街</td>
<td>4 PM-8 PM</td>
<td>下午四時至 晚上八時</td>
<td>8 PM-11 PM</td>
<td>上午八時至 晚上十時</td>
<td>$</td>
</tr>
<tr>
<td>San Francisco State University Farmers’ Market</td>
<td>三藩市州立大學農夫市場</td>
<td>SFU 校園 (Humanities Building &amp; Topia Drive)</td>
<td>10 AM-3 PM</td>
<td>上午十時至 下午三時</td>
<td>$</td>
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<td></td>
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<tr>
<td>Stonestown Farmers’ Market</td>
<td>Stonestown 購物商場 (位於 Macy’s 百貨公司和 UA Stonestown 雙座影院)</td>
<td>9 AM-1 PM</td>
<td>上午九時至 下午一時</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCSF Parnassus Farmers’ Market</td>
<td>UCSF 三藩市加州大學 Parnassus 校園農夫市場</td>
<td>ACC Breezeway 中庭 (400-500 Parnassus 大道)</td>
<td>10 AM-2 PM</td>
<td>上午十時至 下午二時</td>
<td>$</td>
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<tr>
<td>VA San Francisco Farmers’ Market</td>
<td>VA 三藩市退伍軍人農夫市場</td>
<td>42nd 路 &amp; Clement 街</td>
<td>10 AM-2 PM</td>
<td>上午十時至 下午二時</td>
<td>$</td>
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</table>

### Notes
- This market may not be open during the entire year. Call to confirm day and time.
- This market accepts Electronic Benefit Transfer (EBT) cards. Speak with the market manager when you arrive.
- This market accepts WIC Farmers’ Market and Senior Farmers’ Market Nutrition Program vouchers from May-November 2016.
- This market may offer Market Match and people using EBT may get additional benefits. Please visit market information tent/office for more details.
- For more information about the Feeling Good Project and to download this schedule, please visit:


- This material was produced by the California Department of Public Health’s Nutrition Education and Obesity Prevention Branch with funding from the U.S. Department of Agriculture’s (USDA) Supplemental Nutrition Assistance Program-Education, known in California as CalFresh. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit [www.cachampionsforchange.ca.gov](http://www.cachampionsforchange.ca.gov).

May 2017
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The resources listed in this section assist clients, whether healthy or in poor health, evaluate their food intake and choose a healthier diet in order to promote their own well-being. Services listed vary from individual nutrition counseling to group classes. Please note that access to these services varies from program to program, but many serve the low income CalFresh eligible population. Some are available to clinic members while other services are available to the public for a fee. **The programs listed here are not endorsed by the San Francisco Department of Public Health, Nutrition Services Program.** For more information on available services contact the clinic, hospital or community agency directly.
NUTRITION COUNSELING

Academy of Nutrition and Dietetics (AND)
Phone: 800-877-1600
www.eatright.org

Services Description
- Formally known as the American Dietetic Association (ADA), the organization changed its name to AND in 2012
- AND is an organization of food and nutrition professionals. The AND provides a national referral service that links consumers with nutrition practitioners. Participants in the Academy of Nutrition and Dietetics’ referral service are professionals or technicians who provide reliable, objective nutrition information and individual nutrition counseling. Participating members provide services on a fee-for-service basis. The referral service is available online at http://www.eatright.org/find-an-expert
- Publishes research journals about health, food safety and nutrition
- The website contains nutrition information for the public
- The California Academy of Nutrition and Dietetics- Bay Area District can be found on: http://www.dietitian.org/d_bada/bada_index.html

Eligibility Criteria
Services available to all.

Languages Available
English and Spanish

Fees
No fee for referral, but there is a cost to receive services from the Registered Dietitians.
NUTRITION COUNSELING

American Heart Association
120 Montgomery Street, Suite 1650
San Francisco, CA  94104
Phone: (415) 433- 2273
www.heart.org

Services Description
Individual nutrition counseling and medical nutrition therapy for modification of risk factors, hypertension, high cholesterol, diabetes, weight control and health promotion

Eligibility Criteria
Services available to all; no medical referral is required

Languages Available
English, Spanish and Chinese

Fees
Call for fees
NUTRITION COUNSELING

California Pacific Medical Center (CPMC)
Center for Diabetes Services
California Campus
3801 Sacramento Street, 7th floor
San Francisco, CA 94118
Phone: (415) 600-0506
Fax: (415) 600-6279
Email: cpmcdiab@sutterhealth.org
www.cpmc.org/services/diabetes/contact/default.html

Services Description
- Education and training in diabetes self-management for people with Type I and Type II diabetes

- Staff includes registered dietitians, registered nurses and social workers. All are Certified Diabetes Educators

- Program is accredited by the American Diabetes Association

Eligibility Criteria
Services available to all; medical referral is desirable but not required for nutrition services

Languages Available
English, Tagalog, and Cantonese speaking dietitians on staff. Spanish speaking staff at St. Luke’s location.
Interpreter services are available in all languages including American Sign Language upon request

Fees
- Call for fees
- May be reimbursed by health insurance
Sutter Pacific Medical Foundation
Maternal Fetal Medicine and Diabetes and Pregnancy Program
California Campus
3700 California St., Room G-321
San Francisco, CA 94118
Phone: (415) 600-6388
http://www.sutterpacific.org/

Services Description
• Pre and post conception program for women with Type I, Type II, or gestational diabetes
• Individualized counseling before and during pregnancy for women with all types of diabetes
• Follow-up, post-partum and breastfeeding nutrition consultation
• Provide services to clients with high risk multiple gestations (e.g. twins, triplets, etc.)

Eligibility Criteria
• Services available to all; medical referral is required for nutrition services, but clients do not need to be enrolled at CPMC
• Insurance authorization required prior to visit, MediCal is accepted
• Fee is charged for services provided without a referral; offered only to private patients

Languages Available
Interpreter services are available, please inquire to determine if language needs can be met

Continued on next page
Sutter Pacific Medical Foundation Maternal Fetal Medicine and Diabetes and Pregnancy Program, cont.

**Fees**
- Call for fees
- May be reimbursed by health insurance, including HMOs
NUTRITION COUNSELING

Chinatown Public Health Center
San Francisco Department of Public Health
1490 Mason St.
San Francisco, CA  94133
Phone: (415) 364-7600
Nutrition Services: (415) 364-7902
https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/ChinatownHlthCtr.asp

Services Description
- Individualized medical nutrition therapy to adults, infants and children for diabetes, high levels of blood fats and cholesterol, high blood pressure, weight management, prenatal, infant and toddler nutrition

- Services to pregnant and lactating women as part of the Comprehensive Perinatal Services Program (CPSP)

- Referrals to other community resources, including food, exercise and psychosocial

- Classes on healthy eating, diabetes & nutrition, and breastfeeding

- Telephone consultation

Eligibility Criteria
- Registration is required for each visit
- Primary care provider refers patient to clinic’s nutritionist
- When referrals are made by specialty service physicians (e.g. Orthopedics), the MD should make appointment with patient’s primary care clinic nutritionist, if available
- If no nutrition service is available, patients can be referred to the nutritionist at Zuckerberg San Francisco General Hospital and Trauma Center

Continued on next page
Chinatown Public Health Center, cont.

Languages Available
English, Cantonese, and Mandarin

Fees
Fees are determined by eligibility information collected at time of registration:
- Medi-Cal
- Medicare
- Private Insurance
- Sliding Scale Fee
Services Description
- Health education classes and individual nutrition counseling on medical nutrition therapy
- Library materials, books and video tapes are available for check-out by members and the general public

Eligibility Criteria
- Nutrition counseling is available to clients of physicians who are members of the Chinese Community Health Care Association and requires a written physician referral.
- Other services can be self-referred.

Languages Available
English, Cantonese and Mandarin

Fees
No fee for clients of physicians who are members of the Chinese Community Health Care Association
NUTRITION COUNSELING

Community Health Resource Center
(Affiliated with the California Pacific Medical Center)
2100 Webster St., Lobby Level
San Francisco, CA  94115
Phone: (415) 923-3155
Fax: (415) 441-5128
http://chrcsf.org/

Services Description
• Individual nutrition counseling for disease management, reduced disease risk and for general good health including diabetes, weight management, prenatal, pediatric/ adolescent and heart health

• Nutrition classes and lectures on a variety of health topics are provided on an ongoing basis.

Eligibility Criteria
• Clients of physicians of CPMC
• General public, no doctor referral needed
• Services and lectures are available to community groups

Languages Available
English and Spanish

Fees
Call for fees. Sliding scale available.
NUTRITION COUNSELING

Kaiser Permanente Medical Center, Nutrition Clinic
(Health Education and Nutrition Clinic Building)
2241 Geary Blvd.
San Francisco, CA  94115
Phone: (415) 833-3862

Services Description
- Individual nutrition appointments and classes for health plan members
- Weight management classes offered through the Health Education Department

Eligibility Criteria
- Individual counseling services available to plan members with a medical referral
- The classes are available to plan members without medical referral

Languages Available
English
Cantonese and Spanish interpreter services are available

Fees
Co-payment fee depending on plan coverage
NUTRITION COUNSELING

Mission Neighborhood Health Center (MNHC)
240 Shotwell St.
San Francisco, CA  94110
Appointment Phone: (415) 552-3870
Phone: (415) 552-1013
Fax: (415) 431-3178
www.mnhc.org

Services Description
Individual Assessment and Education:
- Prenatal and postpartum nutrition counseling and follow-up
- Pediatric nutrition counseling and follow-up for caretakers of infants and children
- Medical nutrition therapy for adults with conditions such as diabetes, high cholesterol, hypertension, and weight loss.

Group Education:
- Prenatal nutrition classes
- Pediatric nutrition classes
- Adult nutrition classes (diabetes, hypertension, high cholesterol, medication management)

Eligibility Criteria
Nutrition services are available to all MNHC clients

Languages Available
English and Spanish.  Please call ahead for schedule.

Fees
- Sliding scale with Medi-Cal
- Private insurance also accepted
NUTRITION COUNSELING

North East Medical Services (NEMS)
See below for phone numbers, addresses and neighborhoods
San Francisco, CA

Phone: (415) 391-9686
www.nems.org

Services Description
• Provide perinatal nutrition counseling and follow-up for NEMS clients
• Medical nutrition therapy available for adults and children in areas such as: diabetes, high levels of blood fats and cholesterol, high blood pressure and kidney problems
• Nutrition counseling available for adult and pediatric weight management and nutrition

<table>
<thead>
<tr>
<th>Health Center Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown</td>
<td>1520 Stockton St, San Francisco, 94133</td>
</tr>
<tr>
<td>Portola</td>
<td>2574 San Bruno Ave, San Francisco, 94134</td>
</tr>
<tr>
<td>Visitation Valley</td>
<td>82 Leland Ave , San Francisco, 94134</td>
</tr>
<tr>
<td>Sunset-1400 Noriega</td>
<td>1400 Noriega St, San Francisco, 94122</td>
</tr>
<tr>
<td>Sunset-1450 Noriega</td>
<td>1450 Noriega St, San Francisco, 94122</td>
</tr>
<tr>
<td>Sunset-Taravel</td>
<td>2308 Taraval St, San Francisco, 9411</td>
</tr>
<tr>
<td>Richmond-Clement</td>
<td>1033 Clement St, San Francisco, 94118</td>
</tr>
</tbody>
</table>

Eligibility Criteria
• Nutrition services are for NEMS members only
• Prior to nutrition appointment, patients need to be seen by a NEMS physician
• Medical referral required for nutrition services
• Contact the NEMS Intake Department for membership information

Continued on next page

2.13
North East medical Services (NEMS), cont.

Languages Available
English, Cantonese and Mandarin, Burmese, Korean, French, Hindi and Vietnamese

Fees
- Individuals need to go through a financial eligibility process
- Service cost included in member benefits package
NUTRITION COUNSELING

On Lok Senior-Health
1333 Bush St.
San Francisco, CA  94109
Phone: (415) 319- 6661 or 1-888-886-6565
www.onlok.org

Services Description
• Primary medical care and specialty care as needed (such as cardiology, neurology)
• Routine preventative care such as audiology, dentistry, optometry and podiatry
• Rehabilitation therapy (physical, occupational, speech) and recreational therapy.
• Home health care and personal care
• Social services and case management
• Nutrition services and home-delivered meals
• Transportation and emergency medical transport
• Acute hospital and nursing home care
• Nursing care and monitoring
• Adult day health care
• Prescription drugs and necessary health care related equipment and supplies
• Individual nutrition counseling
• Medical nutrition therapy is available for diabetes, high levels of blood fats and cholesterol, high blood pressure and kidney problems
• Food program provides breakfast, lunch and dinner, if medically necessary

Eligibility Criteria
Registration at On Lok is required to receive all services. Clients must also:
• Be 55 years of age or older
• Live in the city of San Francisco, Union City, Newark, or Fremont, or Santa Clara County ( except Gilroy, Morgan Hill, and San Martin), California
• Requires ongoing medical care and supportive services to continue living at home

Continued on next page
**On Lok Senior-Health, Nutrition Counseling, cont.**

- Be able to live in the community without jeopardizing personal health and safety or that of others

**Languages Available**
English, Chinese, Spanish, Tagalog, Korean, Vietnamese call center messages
Services offered in English and Chinese

**Fees**
- No fee for members of On Lok Senior-Health who are Medicare and Medicaid eligible
- A monthly co-payment for recipient of only Medicare
NUTRITION COUNSELING

Zuckerberg San Francisco General Hospital and Trauma Center
(ZSFG) Based Clinics
San Francisco Department of Public Health
1001 Potrero Avenue
San Francisco, CA 94110
Phone: (415) 206-8000
http://zuckerbergsan franciscogeneral.org/

Services Description

- Medical Nutrition Therapy is provided by registered dietitians
- Patients are seen individually for nutrition assessment and education for chronic diseases treatment and prevention
- Pediatric nutrition counseling is available for overweight and obese children (Requires an e-referral)
- HIV and Oncology nutrition counseling services
- Women are seen for perinatal nutrition services at Women’s Health Center and Family Health Center
- Referrals to community resources such as food and exercise programs are made
- Diabetes/general nutrition classes are available at some clinics

Continued on next page
**ZSFG, Nutrition Counseling, cont.**

Medical Nutrition Therapy is offered at the following ZSFG based clinics:

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Location</th>
<th>Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Health Center</td>
<td>6M5</td>
<td>(415) 206-8376</td>
</tr>
<tr>
<td>Family Health Center</td>
<td>995 Potrero 5th Floor</td>
<td>(415) 206-5252</td>
</tr>
<tr>
<td>General Medical **</td>
<td>1M</td>
<td>(415) 206-8492</td>
</tr>
<tr>
<td>Positive Health Program – AIDS/Oncology</td>
<td>Bldg 80 6th Floor</td>
<td>(415) 206-2400</td>
</tr>
<tr>
<td>Women’s Health Center</td>
<td>5M</td>
<td>(415) 206-3409</td>
</tr>
</tbody>
</table>

A limited number of nutrition consultations are available at the following Community Health Network CHN clinics. Only established patients will be given appointments. For more information, call the main number for a given clinic.

** If no nutrition service is available at the client’s clinic, or the wait time is too long, patients can be referred to the General Medical Clinic’s nutritionist, see above for number.

Clinic Main Phone (for more information see the Community Health Network Clinics listing in this section

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro-Mission Health Center</td>
<td>(415) 487-7500</td>
</tr>
<tr>
<td>Maxine Hall Health Center</td>
<td>(415) 292-1300</td>
</tr>
<tr>
<td>Potrero Hill Health Center</td>
<td>(415) 648-3022</td>
</tr>
<tr>
<td>Ocean Park Health Center</td>
<td>(415) 682-1900</td>
</tr>
<tr>
<td>Silver Avenue Health Center</td>
<td>(415) 657-1700</td>
</tr>
<tr>
<td>Southeast Health Center</td>
<td>(415) 671-7000</td>
</tr>
</tbody>
</table>
ZSFG, Nutrition Counseling, cont.

**Eligibility Criteria**
- Referrals/Registration required for each visit.
- Primary care provider refers patient to their clinic’s nutritionist (see list of where nutrition services are available).
- When referrals are made by specialty service physicians (e.g. orthopedics), the MD should make appointment with patient’s primary care clinic nutritionist, if available.
- Patient must have diet order written in chart or consult form. Diagnosis, recommended diet, and desired outcomes should be included, along with any other pertinent data. Patients without consult forms will be given general nutrition information only.

**Languages Available**
English and Spanish available in most locations
Other languages are available through the interpreter service at ZSFG
For language availability, check with the specific Community Health Network clinics

**Fees**
Fees are determined by eligibility information collected at time of registration:
- Medi-Cal
- Medicare
- Private Insurance
- Sliding Scale Fee
NUTRITION COUNSELING

Sister Mary Philippa Health Center
2235 Hayes Street
San Francisco, CA 94117
Phone: (415) 750-5513
Appointment Line: (415) 750-5513
Fax (for referrals): (415) 750-4033
www.stmarysmedicalcenter.org

Services Description
- Outpatient nutrition services provides medical nutrition therapy for high levels of blood fats and cholesterol, heart disease, diabetes, weight management, kidney disease, food allergies, etc.
- Offers a diabetes education program that is certified by the American Diabetes Association. The diabetes education program offers education from a registered nurse and a registered dietitian certified in diabetes education.
- Provides free group classes on diabetes education. These classes are an 8 week series on the care and treatment for diabetes. These classes are available to anyone with diabetes.

Eligibility Criteria
- Services available to all
- Physician referral is necessary for most insurance plans
- If clients do not have insurance but are in need of health care, contact Sister Mary Philippa Health Center at 415-750-5513.

Languages Available
English, Spanish, Chinese, Cambodian and Vietnamese
Other languages available, upon request

Fees
Call for fees
NUTRITION COUNSELING

St. Mary’s Hospital
Nutrition Clinic
450 Stanyan St.
Level C Mercy Conference Room
San Francisco, CA  94117
Phone: (415) 750-5513
http://www.dignityhealth.org/stmarys/medical-services/diabetes-services

Services Description
• Free Diabetes Classes offered every Monday 4-5 pm (for 8 weeks). Topics include Diabetes and Nutritional Management.

Eligibility Criteria
• Services are available to the public at no cost.
• Participants can join the class at any given week during the course.

Languages Available
Classes are held in English; some handout information available in other languages. Interpreters provided for Chinese, Vietnamese, Spanish, Cambodian, and other languages.

Fees
No Fee
NUTRITION COUNSELING

Teenage Pregnancy & Parenting Project (TAPP)
2730 Bryant St., 2nd Floor
San Francisco, CA  94110
Phone: (415) 695-8300

Services Description
- Individual nutrition counseling and breastfeeding counseling for pregnant teens, teen mothers and their infants as part of comprehensive case management services
- Nutrition classes/ workshops provided for prenatal health, infant and toddler feeding, and post-partum weight loss.
- Health care includes pre/post- natal care referrals, mental health services, family planning referrals, legal services, housing referrals, childcare referrals, and job readiness

Eligibility Criteria
- No medical referral required for nutrition services
- Services are available to girls and young women and young men up to 20 years of age at intake

Languages Available
English
Spanish and Tagalog interpreters are available, upon request

Fees
No Fee
Services Description
• Provide a full service diabetes education program including nutrition, insulin use, foot care, glucose monitoring, etc.
• Class program and individual counseling for people with diabetes
• Counseling for obesity, high blood pressure and high levels of blood fats and cholesterol
• Online class available offering support for blood sugar control and diabetes management

Eligibility Criteria
Medical referral is required for everyone (not just those with managed care insurance.)

Languages Available
English, Cantonese, Mandarin, Russian and Spanish - depending on availability

Fees
• Call for fees
• May be reimbursed by health insurance
University of California San Francisco (UCSF)
Nutrition Counseling Clinic
400 Parnassus, Room A435
San Francisco, CA  94143

Outpatient Clinic Phone: (415) 353-2291
http://nutrition.ucsf.edu/outpatient-info

**Services Description**
- Individual nutrition counseling on general nutrition and medical nutrition therapy
- Nutritional counseling for therapeutic and medically prescribed weight loss diets offered

**Eligibility Criteria**
- Services available to all
- Physician referral required
- Clients need to register with UCSF

**Languages Available**
English
Interpreters are available in many languages
Arrangements should be made at the time the appointment is made

**Fees**
- Call for fees
- Client is responsible for calling their insurance to see if service will be covered
  (If insurance covers service, client will still need to obtain a Pre-Authorization for Nutrition counseling)
NUTRITION COUNSELING

University of California San Francisco
Weight Assessment for Teen and Child Health (WATCH Clinic)
Ron Conway Family Gateway Medical Building
1825 Fourth St. 6th Floor
Phone: (415) 353-7337
Fax: (415) 476-8214
https://www.ucsfbenioffchildrens.org/clinics/watch/

Services Description
Clinic made up of doctors, nutritionists, exercise physiologists, and psychologists.
Clinic assists with weight management as well as treating diseases related to weight
including diabetes, high cholesterol, high blood pressure, asthma, and others.
Methods used include nutrition education and behavior modification.

Eligibility Criteria
• Medical referral from primary care doctor is required for services
• Clients need to register with UCSF (UCSF Benioff Children’s Hospital)

Languages Available
• English, Cantonese, Mandarin, Russian and Spanish - depending on availability
• Interpreters are available in many languages. Arrangements should be made at
  the time the appointment is made

Fees
• Call for fees
• Accepts most major insurance carriers, but clients are advised to check with
  insurance providers prior to scheduling an appointment.
Services Description
This is a federal nutrition program for pregnant, breastfeeding or postpartum women, and for children under 5 years of age. All WIC services are free. WIC provides:

Nutrition Education
- Individual dietary counseling of high-risk clients by a nutritionist/registered dietitian
- Group/individual discussions on various nutrition topics focus on participants’ needs and learning styles.

Supplemental Foods
- The WIC program issues vouchers every month redeemable at local retail food outlets. WIC foods provide Vitamins A, C and D, and iron, protein, and calcium
- For information on foods received, see Food Resources section

Breastfeeding Support
- Manual breast pumps are provided to breastfeeding women
- Electric breast pumps are loaned to women meeting qualifying criteria
- Certified Lactation Educators are available to assist clients with lactation management and breastfeeding related issues
- Breastfeeding video loan program (English or Spanish)
- Breastfeeding classes for prenatal clients

Continued on next page
Women, Infants, and Children Supplemental Nutrition Program, Nutrition Counseling, cont.

Referrals to Health Care and Social Services
- Staff provides appropriate information and referrals for health care and social service programs and other community services

Eligibility Criteria
- Be pregnant, breastfeeding, or a postpartum woman (pregnant within the last 6 months)
- Be a child under 5 years of age
- Meet current federal income guidelines (families with a low to moderate income, and working families may qualify)
- Live in San Francisco County
- Clients not residing in San Francisco can call (888) 942-9675 for a WIC Program serving their area

Enrollment Procedures
Clients apply directly to the WIC clinic serving their neighborhood.

There are five WIC clinics located throughout the city; call (415) 575-5750 to locate the clinic nearest to your client or see chart on page 2.30 for specific clinic locations.

At the time of application, client must bring:
- Proof of income
- Proof of address
- ID: driver’s license, California ID card or birth certificate
- WIC medical referral form, or CHDP PM 160 form or copy of the medical record containing height and weight and results of blood tests, with the date and the provider’s signature if available

Continued on next page
**Languages Available**
English, Spanish, Chinese (Cantonese, Mandarin, several other dialects), Tagalog, Cambodian, Vietnamese, and Thai – please check at the individual clinics when making your appointment.

**Fees**
No fee

<table>
<thead>
<tr>
<th>San Francisco WIC Program Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Location</td>
</tr>
<tr>
<td>Zuckerberg San Francisco General Hospital and Trauma Center</td>
</tr>
<tr>
<td>Silver Avenue Family Health Center</td>
</tr>
<tr>
<td>Chinatown Public Health Center</td>
</tr>
<tr>
<td>Ocean-Park Health Center</td>
</tr>
<tr>
<td>Southeast Health Center</td>
</tr>
<tr>
<td>Van Ness Avenue WIC Clinic</td>
</tr>
</tbody>
</table>
This section includes programs that help individuals and groups achieve a weight that can support their well-being. Programs listed here provide workshops and classes with a specific focus on weight issues and many provide services to the low income CalFresh eligible population. This section also includes a list of organizations and materials that deal specifically with eating disorders. These programs are not endorsed by the San Francisco Department of Public Health, Nutrition Services Department. To make appointments, contact the individual weight management programs.
WEIGHT MANAGEMENT

Eating Disorders Resource List/Other Resources

Review of Organizations with Resources and Referrals

National Eating Disorders Association (NEDA)

NEDA was formed in 2001 when the Eating Disorder and Prevention (EDAP) merged with the American Anorexia Bulimia Association, two of the largest eating disorder organizations in the world. NEDA is the largest nonprofit organization in the United States working to provide programs, products and services to help prevent, treat, and cure eating disorders as well as promote access to these through education, advocacy, and research.

The NEDA website includes a variety of resources, including toolkits, handouts, videos, webinars, and much more! Visit the NEDA website (http://www.nationaleatingdisorders.org/) to learn about these and a vast array of other resources and materials.

* Please note that the following organizations have merged to form the National Eating Disorders Association. Eating Disorders Awareness & Prevention (EDAP); American Anorexia Bulimia Association (AABA); National Eating Disorder Organization (NEDO); and Anorexia Nervosa & Related Eating Disorders (ANRED).

Continued on next page
Eating Disorders Resource List/Other Resources, cont.

Curriculums and Program Guides

Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!
Prevention curriculum written by Kathy Kater, LICSW. For grades 4-6, uses age appropriate prevention principles to help students:

- develop an identity based on inner strengths, not appearance
- understand normal weight gain during puberty
- respect genetic diversity of body shapes and sizes
- understand the dangers of dieting
- develop incentives for healthy eating & active lifestyles
- think critically about media messages
- resist unhealthy cultural pressures regarding weight and dieting.


Just for Girls
Preventive program guide designed by Sandra Friedman, B.A., B.S.W. for teachers of grades 6-7. Focuses on healthy eating, coping with stress, and the impact of self-image, gender, and culture on self-esteem. Group discussion guidelines and activities, visual aids, and handouts are included.

Purchase from: [https://www.smashwords.com/books/view/32071](https://www.smashwords.com/books/view/32071)

Continued on next page
Eating Disorders Resource List/Other Resources, cont.

Books on Eating Disorders and Body Image

Afraid to Eat: Children and Teens in Weight Crises
By Frances Berg
This book contains up-to-date research findings and practical guidelines for dealing with current problems related to children and weight, including: dysfunctional and disordered eating, undernutrition of teenage girls, hazardous weight loss, eating disorders, size prejudice, and overweight.

Order from:
https://www.abebooks.com/AFRAID-EAT-Children-Teens-Weight-Crisis/308848576/bd

Am I Fat? Helping Youth Children Accept Differences in Body Size
By Joanne Ikeda and Priscilla Naworski
This guide, for teachers, parents, school nurses, and other caregivers, provides ideas for communicating with kids up to age twelve about size diversity, teasing, body image, and self-esteem. It includes realistic case studies, nutrition guidelines, classroom activities, and suggestions for physical activities.

Order from:
http://www.amazon.com/Am-Fat-Differences-Suggestions-Providers/dp/1560710802

Continued on next page
**Eating Disorders Resource List/Other Resources, cont.**

**Body Talk I and II**
Produced by The Body Positive (www.thebodypositive.org). Body Talk I is geared for ages 12 and up. This excellent 28-minute video is ideal for prevention because it does not directly discuss (and thereby teach) the symptoms of eating disorders. It follows one group of girls and boys of diverse backgrounds and sizes who talk about the messages they receive from the media, family, and peers about their bodies and eating patterns. Their honesty is refreshing, and engaging. Body Talk II is geared for ages 8-11 and focuses on puberty, dieting, teasing, and trying to fit in.

Videos can be found at: [http://thebodypositive.3dcartstores.com/BodyTalk-DVD-for-Teens_p_29.html](http://thebodypositive.3dcartstores.com/BodyTalk-DVD-for-Teens_p_29.html)

**Body Wise Handbook**
Produced by the Department of Health and Human Services Office of Women’s Health in conjunction with the Girl Power! Campaign (see website below). For adults working with students in grades 5, 6, and 7. The packet addresses signs/symptoms of eating disorders, steps to take when concerned about students, and ways to create a school environment that discourages disordered eating.

Free downloadable PDF version can be found here: [http://maine.gov/education/sh/eatingdisorders/bodywise.pdf](http://maine.gov/education/sh/eatingdisorders/bodywise.pdf)

*Continued on next page*
Eating Disorders Resource List/Other Resources, cont.

Girl Power in the Mirror: A Book about Girls, their Bodies, and Themselves
By Helen Courdes
Written for adolescent girls ages 9-13, this book suggests ways for girls to develop self-esteem and become assertive in the face of pressures from advertisers, family, and peers to have the "perfect" body. Includes two resource sections: one for girls, the other for parents and teachers.

https://www.amazon.com/Girl-Power-Mirror-Bodies-Themselves/dp/0822526913

Growing a Girl: Seven Strategies for Raising a Strong, Spirited Daughter
By Dr. Barbara Mackoff
This research-based yet highly readable book offers parents (and other adults who care about girls) skills to help girls develop high self-esteem. Includes a helpful chapter on body image. Available online. Published by Bantam Doubleday, and Dell.


Continued on next page
**Eating Disorders Resource List/Other Resources, cont.**

If My Child is Overweight, What Should I Do About It?  
By Joanne Ikeda  
This 20-page booklet for parents provides information on how to help their overweight children. It includes a range of helpful information, including addressing emotional issues as well as making healthy food choices.

**Order from:**  
[ANR Catalog](http://anrcatalog.ucanr.edu/Items.aspx?search=If%20My%20Child%20is%20Overweight,%20What%20Should%20I%20Do%20About%20It)  
University of California  
Division of Agricultural and Natural Resources  
Communication Services Publications  
(800) 994-8849

If Your Child is Overweight: A Guide for Parents  
By Susan M. Kosherak  
This booklet, written for parents with overweight children ages 6-12, contains practical information and strategies to improve family eating habits (to benefit all members not just overweight children).

**Order from:**  
Academy of Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2000  
Chicago, IL 60606-6995  
(800) 877-1600  
[http://www.eatrightstore.org/product/A96ABC8D-2A01-49DC-B5F7-3B3DC776DBA0](http://www.eatrightstore.org/product/A96ABC8D-2A01-49DC-B5F7-3B3DC776DBA0)

*Continued on next page*
Eating Disorders Resource List/Other Resources, cont.

New Moon (The Magazine for Girls and Their Dreams) and New Moon Network (For Adults Who Care About Girls)
These bimonthly companion publications are devoted to nurturing the development of strong, confident girls. New Moon magazine has news and fiction for and about girls, without the usual diet, clothes, and boys articles.

Order from:
New Moon Girl Media
P.O. Box 161287
Duluth, MN 55816
(800) 381-4743

http://newmoon.com/store

Over It
By Carol Emery Normandi and Laurelee Roark, a teen guide to getting beyond obsessions with food and weight. The authors discuss the behaviors that may lead to eating disorders and the cultural, emotional, and physical reasons girls obsess about weight and eating. They offer girls and their parents a map and a method for finding a realistic and livable balance.

Order from:
New World Library
14 Pamaron Way
Novato, CA 94949
Phone: (800) 972-6657 X 52 or (415) 884-2100
Fax: (415) 884-2199

http://www.newworldlibrary.com/BooksProducts/ProductDetails/tabid/64/SKU/11485/Default.aspx#.WVQ0OE0ku70

Continued on next page
Win the Rockies (Wellness IN the Rockies)

WIN the Rockies, a community-based research, intervention and outreach project seeks to improve health in Idaho, Montana and Wyoming by addressing obesity innovatively and effectively. Through a four-year food and nutrition-related behavior-change consortium project involving the University of Idaho, Montana State University, the University of Wyoming, their extension services, their WWAMI Medical Education Programs, the Area Health Education Centers in Wyoming and Montana, along with other state organizations and community groups, WIN presents topics such as valuing health, respecting body-size differences, enjoying the benefits of self-acceptance, enjoying physically active living, and enjoying healthful and pleasurable eating to communities in the Rockies. Web pages of interest: A New You: Health for Every Body.

Educational Materials: http://www.uwyo.edu/wintherockies_edur/

Anorexia and Related Eating Disorders
This nonprofit organization provides information about anorexia nervosa, bulimia nervosa, binge eating disorder, compulsive exercising, and other less well-known food and weight disorders. www.anred.com/index.html

Beyond Hunger
Beyond Hunger is dedicated to helping individuals overcome the obsession with food and weight by providing the support, education and skills necessary to develop a positive and nurturing relationship to food, body and self. Beyond Hunger provides public programs that integrate the philosophies of intuitive eating, emotional wisdom and body acceptance that are essential to complete recovery from eating disorders. Beyond Hunger provides on-going support groups for adults and teens, one- day workshops, referral services, and prevention and education programs. www.beyondhunger.org/

Continued on next page
UC Berkeley’s What’s Eating You? Offered at the TANG Health Center

The What’s Eating You? website offers a variety of resources on topics such as: Eating on a budget, mindful eating, positive body image, eating disorders, healthy habits, and free nutrition events!

https://uhs.berkeley.edu/whatseatingyou/

Eating Disorders Coalition for Research, Policy & Action

The Eating Disorders Coalition is a cooperative of professional and advocacy-based organizations committed to federal advocacy on behalf of people with eating disorders, their families, and professionals working with these populations.

www.eatingdisorderscoalition.org

Eating Disorders: A Food & Nutrition Resource List for Consumers

A compilation of resources on eating disorders for the consumer, developed by Food and Nutrition Information Center (FNIC), provided on-line or by mail request. The materials on this list were recommended by eating disorder professionals or found on suggested reading lists of prominent organizations.


Continued on next page
Eating Disorders Resource List/Other Resources, cont.

National Association of Anorexia Nervosa and Associated Disorders (ANAD)
The oldest national nonprofit organization helping eating disorder victims and their families. Offers free hotline counseling, an international network of support groups for sufferers and families, and referrals to health care professionals, who treat eating disorders, across the US and in fifteen other countries.  [http://www.anad.org/](http://www.anad.org/)

The Renfrew Center
A women's mental health center and an innovative resource in education and treatment for eating disorders (anorexia, bulimia & compulsive overeating), trauma, anxiety, depression and women's issues. The Center has 15 locations in 12 states.  [www.renfrew.org/](http://www.renfrew.org/)
Obesity Resource List

Additional Obesity and Weight related Resources

CDC Division of Nutrition, Physical Activity and Obesity
The CDC website provides information and links to resources on the subject of obesity in childhood and adulthood that can be used to promote awareness and education, and improve public health practice.

http://www.cdc.gov/healthyweight/

http://www.cdc.gov/obesity/index.html

Center for Healthy Weight
The Center is an interdisciplinary, cross-departmental effort to tackle childhood obesity through advances in patient care, state-of-the-art research and the design and development of successful community programs. Under the direction of Thomas Robinson, MD, MPH, physicians and researchers from LPCH and the Stanford University School of Medicine address the different factors that cause obesity and overweight and provide a range of prevention and treatment strategies, including: Patient Care, Research and Community Programs.

http://www.stanfordchildrens.org/en/service/weight-control

Cyberdiet Center
Commercial site with adult BMI calculator, other assessment tools and tips.

http://www.cyberdietcenter.com

Continued on next page
Obesity Resource List, cont.

National Association to Advance Fat Acceptance (NAAFA)
An organization working to end discrimination based on body size and to provide people of size with the tools for self-empowerment, through public education, advocacy and member support.  http://www.naafaonline.com/dev2/

Obesity Society
An interdisciplinary society whose purpose is to develop, extend and disseminate knowledge in the field of obesity. The website contains links to related organizations, obesity journals, research centers. www.obesity.org

The Weight-Control Information Network (WIN)
A service of the NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) that assembles and disseminates to health professionals and the public science based information on weight control, obesity, and nutritional disorders.

http://www.niddk.nih.gov/health-information/health-communication-programs/win/Pages/default.aspx
WEIGHT MANAGEMENT

Kaiser Permanente
Weight Management Programs
Health Education Department
2238 Geary Blvd.
San Francisco, CA  94115
Phone: (415) 833-3808
https://www.kphealthyweight.com/

Services Description

Weight Management 101 Managing Your Weight
- Foundations in Weight Management is a one-session class to help participant determine his/her readiness to make lifestyle changes for weight loss and weight management
- This class gives information on the relationship between health and weight, effects of dieting, successful weight loss and management strategies and weight management resources

Medical Weight Management Program
- The program’s goal is to teach you a variety of tools to help make lifestyle changes for long term weight management
- These tools include goal setting, mindful eating, physical activity planning, social support, food shopping and eating out and more
- The focus is on learning how to maintain healthy lifestyle habits and a healthy weight

Fitness for Women 40+
- 8 session low impact aerobics, strength training and flexibility exercise course meant to improve health and well-being.

Continues on next page
Kaiser Permanente Weight Management, cont.

Internet Options
- Personalized on-line programs featured on www.kp.org to help participant manage his/her weight through lifestyle changes
- Nourish gives participant personalized strategies for making smart and delicious food choices to increase energy, manage weight, and live a longer, healthier life
- Balance gives participant personalized weight loss strategies for reaching his/her ideal healthy weight with a program that's helped thousands of people lose weight and keep it off

Eligibility Criteria
Sign up for orientations on the website

Languages Available
Mostly English but do offer Spanish/ Chinese services depending on the course

Fees
Call for fee
WEIGHT MANAGEMENT

University of California San Francisco (UCSF)
Outpatient Nutrition Counseling Clinic
400 Parnassus, Room 435
San Francisco, CA  94143-0310
Outpatient Clinic Phone:  (415) 353-2291
Weight Management Phone: (415) 353-2105

Services Description
Individual nutrition counseling on personal weight loss plan and other therapeutic diets tailored to patient’s needs and physician’s recommendations
Step by Step Program
- Weight management program for individuals with moderate obesity
- Individual consultations to develop diet plan and 10-month group sessions focusing on behavior change, stress management, and regular aerobic exercise
Meal Replacement Program
- Weight management program for individuals with moderate to severe obesity
- Physician supervised meal replacement program for obesity treatment
- Program includes medical evaluation with follow-up, individual diet consultations, and group education/support sessions focusing on long-term behavior change and regular aerobic exercise

Eligibility Criteria
A medical referral is required for the nutrition counseling clinic, but not for the weight management programs

Languages Available
Weight management groups are available in English only

Continued on next page
University of California San Francisco, Outpatient Nutrition Counseling Clinic, cont.

Fees
Call for information on fees
- Patient needs to check with insurance for coverage in the weight management program. If not covered then it will be self-pay
- Medi-cal does not currently cover for weight management nutrition counseling
- Diabetes and chronic renal failure are covered under Medi-Cal for nutrition counseling
The Academy of Nutrition and Dietetics (AND) is the nation’s largest organization of food and nutrition professionals with nearly 100,000 members, the majority of whom are registered dietitians. The goal of the ADA is to serve the public by promoting optimal nutrition, health, and well-being.

The following paper is printed with permission from the Academy of Nutrition and Dietetics.
Position of the Academy of Nutrition and Dietetics: Interventions for the Treatment of Overweight and Obesity in Adults

ABSTRACT
It is the position of the Academy of Nutrition and Dietetics that successful treatment of overweight and obesity in adults requires adoption and maintenance of lifestyle behaviors contributing to both dietary intake and physical activity. These behaviors are influenced by many factors; therefore, interventions incorporating more than one level of the sociocultural model and addressing several key factors in each level may be more successful than interventions targeting any one level and factor alone. Registered dietitian nutritionists, as part of a multidisciplinary team, need to be current and skilled in weight management to effectively assist and guide efforts that can reduce the obesity epidemic. Using the Academy of Nutrition and Dietetics’ Evidence Analysis Process and Evidence Analysis Library, this position paper presents the current data and recommendations for the treatment of overweight and obesity in adults. Evidence on interpersonal influences, such as dietary approaches, lifestyle intervention, pharmacotherapy, and surgery, is provided. Factors related to treatment, such as intensity of treatment and technology, are reviewed. Community-level interventions that strengthen existing community assets and capacity and public policy to create environments that support healthy energy balance behaviors are also discussed.


THE PURPOSE OF THIS ARTICLE is to provide an update to the 2009 position paper on adult weight management and incorporate the revised Academy’s evidence-based adult weight-management guidelines from the Evidence Analysis Library (EAL) and the 2013 American Heart Association, American College of Cardiology, and The Obesity Society (AHA/ACC/TO) Guideline for the Management of Overweight and Obesity in Adults. The scope of the paper has been expanded to include a sociocultural approach and provide evidence regarding community-based and policy-level interventions designed to reduce the prevalence of overweight and obesity in communities in the United States. Within those areas in which various interventions are described, included evidence focuses as much as possible on systematic reviews and/or meta-analyses, randomized controlled trials (RCTs) and other evidence-based guidelines.

In 2012, 34.9% of adults in the United States were obese and another 33.6% were overweight. The high prevalence of overweight and obesity in the United States negatively affects the health of the population, as obese individuals are at increased risk for developing several chronic diseases, such as type 2 diabetes, cardiovascular disease (CVD), and certain forms of cancer.1 Because of its impact on health, medical costs, and longevity, reducing obesity is considered to be a public health priority. Weight loss of only 3% to 5% that is maintained has the ability to produce clinically relevant health improvements (eg, reductions in triglycerides, blood glucose, and risk of developing type 2 diabetes). Larger weight loss reduces additional risk factors of CVD (eg, low-density and high-density...
FROM THE ACADEMY

Lipoprotein cholesterol and blood pressure) and decreases the need for medication to control CVD and type 2 diabetes. Thus, a goal of weight loss of 5% to 10% within 6 months is recommended.1

EAT Recommendation: “The registered dietitian nutritionist (RDN) should collaborate with the individual regarding a realistic weight-loss goal such as one of the following: up to 2 lb per week, up to 10% of baseline body weight, or a total of 3% to 5% of baseline weight if cardiovascular risk factors (hypertension, hyperlipidemia, and hyperglycemia) are present.” (Rating: Strong, Imperative)

GOALS OF ADULT OBESITY TREATMENT

While intentional weight loss of at least 3% to 5% improves some clinical parameters,1 to sustain these improvements, this degree of weight loss needs to be maintained. While there is no standard definition for length of time for maintenance of weight loss for it to be considered successful, duration of 1 year is often used.2 While long-term weight-loss maintenance is one of the challenges in obesity treatment, it is possible. For example, the Look AHEAD (Action for Health in Diabetes) trial, an RCT with >3,000 adults with type 2 diabetes, reported that 39.3% of the 825 participants who received a lifestyle intervention (consisting of a reduced-energy dietary and physical activity prescription, and a cognitive behavioral intervention) who lost at least 10% of their body weight at year 1 maintained at least a 10% weight loss at year 8, and another 25.8% maintained a 5% to <10% weight loss at year 8.3

To achieve a reduction in weight that can be sustained over time and improve cardiometabolic health, obesity treatment ideally produces changes in lifestyle behaviors that contribute to both sides of energy balance in adults. Thus, the diet should be altered so that reductions in excessive energy intake and enhancements in dietary quality occur, so that the likelihood of achieving recommendations provided in the 2010 Dietary Guidelines for Americans (DGA)4 is increased. Along with changes in dietary intake, obesity treatment should encourage increases in physical activity in order to increase energy expenditure, in the minimum to meet the 2008 Physical Activity Guidelines for Americans (150 minutes per week of moderate-intensity, or 75 minutes per week of vigorous-intensity physical activity)5 and ideally to meet the American College of Sports Medicine’s Position Stand for weight-loss maintenance (>250 minutes/wk of moderate-intensity physical activity),6 and enhance cardiovascular fitness. Preservation of changes in lifestyle behaviors is required to achieve successful weight-loss maintenance.7

FACTORS INFLUENCING FOOD INTAKE

Eating behavior is generally believed to be influenced by both internal and external cues.12 Internally, two systems have been identified that assist with regulating intake.7 The first system is the homeostatic system, in which neural, nutrient, and hormonal signals allow communication between the gut, pancreas, liver, adipose tissue, brainstem, and hypothalamus. The arcuate nucleus of the hypothalamus integrates these signals and regulates hunger, satiety, and safety in response to the signals via higher cortical centers that influence the sympathetic and parasympathetic nervous system, gastric motility and hormone secretion, and other processes relevant to energy homeostasis. The second internal system is the hedonic system, which is influenced by the hedonic (“liking”) and rewarding (“wanting”) qualities of food and is regulated by the corticolimbic system.3,12 It is through the hedonic system that environmental cues influence consumption.12 The hedonic system does have a strong impact on intake, as demonstrated in situations when eating occurs after reports of satiation and when there is no nutrition need (eg, the dessert effect).12 It is believed that cross talk does occur between these two internal systems; however, little is known about this process.12

Many external factors influence consumption, but environmental variables that appear to greatly influence intake are food availability and variety and energy density and portion size of food.5 Research has found that when availability, variety, energy density, and portion size increase, intake is heightened.2 The increased intake appears to be outside of awareness, is not associated with enhanced satiation, and compensation does not appear to occur over time.

FACTORS INFLUENCING ENGAGING IN MODERATE- TO VIGOROUS-INTENSITY PHYSICAL ACTIVITY

As with food intake, there are internal and external factors that influence how much moderate- to vigorous-intensity physical activity (MVPA) one engages in. Internally, physical limitations and discomfort and beliefs about how MVPA influences health have been related to amount of MVPA achieved.22 Mood and, specifically, core affective valence (eg, good/bad feelings) in response to engaging in MVPA are related to future physical activity.22 Also as engaging in regular MVPA involves consistently making decisions to engage in behavior that requires costs to achieve the long-term cumulative health benefits, it is theorized that strong executive control and optimized brain structures supporting executive functioning (ie, dorsolateral prefrontal cortex) is an important internal factor.23

The social and physical environments are also believed to be factors that influence engaging in MVPA. How supportive other individuals are to MVPA efforts and the potential interaction with others who are active are external factors that can promote physical activity.23 Different physical environmental dimensions, such as walkability, land use, public transportation availability, safety, and aesthetics in residential and/or work neighborhoods have also been shown to influence physical activity.20 Finally, within a home or work setting, the option of engaging in sedentary behaviors, especially those that are screen-based, can also influence MVPA.22

SOCIOECOLOGICAL MODEL OF OBESITY INTERVENTION

The sociocological model provides a framework that proposes that multiple levels of influence can impact energy balance behaviors and weight outcomes. Levels of influence include interpersonal factors, community and organizational factors, and government and public policies.33
Intrapersonal-Level Obesity Intervention

The vast majority of research forming an evidence-based approach to obesity treatment has focused on intervention at the individual level, in which treatment targets intrapersonal-level factors that assist with changing energy balance behaviors. The nutrition care process, which includes nutrition assessment, diagnosis, intervention, monitoring, and evaluation, represents an intrapersonal-level of focus. The Academy’s evidence-based adult weight-management guidelines from the EAL focus on obesity treatment at the intrapersonal level, incorporating the nutrition care process within its recommendations.

Assessment. As with any nutrition assessment, applicable information that can assist in the development of a nutrition diagnosis and intervention for obesity is essential (see Figure 1 for suggested data to collect for assessment). Determining body mass index (BMI; calculated as kg/m²) is often the first step of obesity treatment, as it identifies whether a client is overweight or obese. Using the current cutpoint for overweight and obesity, individuals with a BMI ≥25.0-29.9 (overweight) or ≥30 (obese) should be identified and provided with obesity treatment. Other anthropometric and medical measures, such as waist circumference, blood pressure, lipids, and glucose, should be taken to assess for cardiovascular risk. This will assist with matching obesity treatment benefits with risk profiles and making appropriate referrals.

EAL Recommendation: “The RDN, in collaboration with other health care professionals, administrators, and/or public policy decision-makers, should ensure that all adults have the following measurements at least annually: height and weight to calculate BMI, and waist circumference to determine risk of CVD, type 2 diabetes, and all-cause mortality.” (Rating: Fair, Imperative)

EAL Recommendation: “The RDN, in collaboration with other health care professionals, administrators, and public policy decision makers, should ensure that overweight or obese adults are referred to an RDN for medical nutrition therapy (MNT).” (Rating: Fair, Imperative)

Once an RDN initiates the nutrition care process, data about the client (see Figure 1) should be collected to assist in individualizing MNI. An assessment can include, but is not limited to, dietary intake; social history, including living or housing situation and socioeconomic status; and motivation for weight management. Resting metabolic rate should be determined, and that, combined with activity level and calculation of usual dietary intake in terms of energy and nutrient content, can assist with developing dietary parameters that may be appropriate to target during intervention. In the EAL, physical activity is listed with food and nutrition-related history, and level of physical activity is required to estimate energy needs. To assist with assessing physical activity, “A Physical Activity Toolkit for Registered Dietitians: Utilizing Resources of Exercise is Medicine,” was developed by the Weight Management and Sports, Cardiovascular, and Wellness Nutrition dietetic practice groups in collaboration with the American College of Sports Medicine.

EAL Recommendation: “The RDN should assess the following data in order to individualize the comprehensive weight-management program for overweight and obese adults: food- and nutrition-related history: anthropometric measures; biochemical data; medical tests and procedures; nutrition-focused physical findings; and client history.” (Rating: Strong, Imperative)

EAL Recommendation: “The RDN should assess the energy intake and nutrient content of the diet.” (Rating: Strong, Imperative)

EAL Recommendation: “If indirect calorimetry is available, the RDN should use a measured resting metabolic rate (RMR) to determine energy needs in overweight or obese adults.” (Rating: Consensus, Conditional)

EAL Recommendation: “If indirect calorimetry is not available, the RDN should use the Mifflin-St. Jeor equation using actual weight to estimate RMR in overweight adult women.” (Rating: Strong, Conditional)

EAL Recommendation: “The RDN should multiply the RMR by one of the following physical activity factors to estimate total energy needs: sedentary (1.0 or more to less than 1.4); low active (1.4 or more to less than 1.6); active (1.6 or more to less than 1.8); and very active (1.9 or more to less than 2.5).” (Rating: Consensus, Imperative)

EAL Recommendation: “The RDN should assess motivation, readiness and self-efficacy for weight management based on behavior change theories and models (such as cognitive-behavioral therapy, transtheoretical model, and social cognitive theory/social learning theory).” (Rating: Fair, Imperative)

Dietary Intervention. As treating obesity requires achieving a state of negative energy balance, all efficacious dietary interventions for obesity treatment must decrease consumption of energy. There are many dietary approaches that can reduce energy intake, with some approaches more greatly reducing intake than others. However, the degree of weight loss generally reflects the size of the decrease in energy intake achieved. Thus, the reduction in energy intake is the primary factor to address in a dietary intervention for obesity treatment. As many dietary approaches reduce energy intake, a client’s preference and health and nutrient status should be taken into consideration when a dietary intervention for obesity treatment is prescribed. See Figure 2 for dietary interventions and a summary of the evidence-based regarding ability to produce weight loss or not, or whether evidence is lacking for conclusions to be drawn.

EAL Recommendation: “During weight loss, the RDN should prescribe an individualized diet, including patient preferences and health status, to achieve and maintain nutrient adequacy and reduce caloric intake, based on one of the following caloric reduction strategies: 1,200 kcal to 1,500 kcal/day for women and 1,500 to 1,800 kcal/day for men; energy deficit of approximately 500 kcal/day or 750 kcal/day; one of the evidence-based diets that restricts certain food types (such as high-carbohydrate foods, low-fiber foods, or high-fat foods) in order to create an energy deficit by reduced food intake.” (Rating: Strong, Imperative)

EAL Recommendation: “For weight loss, the RDN should advise overweight...
<table>
<thead>
<tr>
<th>Food and nutrition-related history</th>
<th>Monitor and Evaluate</th>
<th>Client history</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs and attitudes, including food preferences and motivation</td>
<td>Beliefs and attitudes, including nutrition knowledge</td>
<td>Anthropometric measurements</td>
</tr>
<tr>
<td>Food environment, including access to fruits and vegetables</td>
<td>Dietary behavior, including eating out and screen time</td>
<td>Height, weight, body mass index</td>
</tr>
<tr>
<td>Diet experience, including food allergies and dietary history</td>
<td>Medications and supplements</td>
<td>Waist circumference</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Glucose and endocrine profile</td>
<td>Body composition</td>
</tr>
<tr>
<td>Weight, body mass index</td>
<td>Affect</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>Appetite</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Body composition</td>
<td>Body language</td>
<td>Body temperature</td>
</tr>
</tbody>
</table>

Figure 1. Data needed to assess, monitor, and evaluate a comprehensive weight management program from the Academy of Nutrition and Dietetics Evidence Analysis Library.
<table>
<thead>
<tr>
<th>Diet</th>
<th>Studied using RCTs with evidence considered supportive for weight loss</th>
<th>Studied using RCTs with evidence considered non-supportive for weight loss</th>
<th>Lacking investigation for weight loss using RCTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small food-based</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increasing fruits and vegetables</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Decreasing sugar-sweetened beverages</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Decreasing fast food</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Portion control</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Larger energy, macronutrient and/or dietary pattern-based</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Energy focused</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Very low-calorie diet</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Macronutrient-focused diet</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Low glycemic index without energy restriction</td>
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<td>X</td>
<td>X</td>
</tr>
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<td>High protein with energy restriction</td>
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<td>X</td>
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<tr>
<td>Dietary pattern focused</td>
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<tr>
<td>Energy density</td>
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<tr>
<td>DASH with energy restriction</td>
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</tr>
<tr>
<td>Mediterranean with energy restriction</td>
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<td>X</td>
</tr>
<tr>
<td>Dietary-dining focused</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Timing of eating</td>
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<td>X</td>
<td>X</td>
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</tbody>
</table>

Figure 2. Evidence base for dietary interventions for weight loss in adults. Sources include: 2013 American Heart Association, American College of Cardiology, and the Obesity Society Guideline for the Management of Overweight and Obesity in Adults; and the Academy of Nutrition and Dietetics Evidence Analysis Library.
or obese adults that as long as the target reduction in calorie level is achieved, many different dietary approaches are effective.” (Rating: Strong, Imperative)

EAL Recommendation: “During weight maintenance, the RDN should prescribe an individualized diet (including patient preference and health status) to maintain nutrient adequacy and reduce caloric intake for maintaining a lower body weight.” (Rating: Strong, Imperative)

EAL Recommendation: “For weight maintenance, the RDN should advise overweight and obese adults that as long as the target reduction in calorie level is achieved, many different dietary approaches are effective.” (Rating: Strong, Imperative)

Small, food-based changes. It has been proposed that small behavior changes, those that shift energy balance by 150 to 200 kcal/day, may be helpful for weight management. It is important to recognize that this degree of energy deficit is much smaller than what is currently recommended to produce clinically relevant weight loss. It is hypothesized that small behavior changes such as reducing the intake of sugar-sweetened beverages (SSB) may be more feasible and sustainable than larger behavior changes, such as changing macronutrient composition of the diet.

Fruits and vegetables. Within the context of promoting healthy diets, the increased consumption of fruits and vegetables has gained recognition, in large part due to the findings of the DASH (Dietary Approaches to Stop Hypertension) and DASH-Sodium RCTs. Increasing fruits and vegetables is a dietary change that can reduce dietary energy density, enhance satiation, and assist with decreasing overall energy intake, particularly if fruits and vegetables are consumed instead of other foods higher in energy density. Those RCTs that have examined the influence of solely increasing fruits and vegetables with no other dietary changes on weight management have generally not produced weight loss.

SSB. Reducing SSB should be helpful for weight management if compensation to the reduction in energy consumed from SSB does not occur and if energy-containing beverages are not consumed in place of SSB when SSB are reduced. While few studies have examined the effect of solely reducing SSB on weight loss, an RCT conducted by Tate and colleagues found that replacing caloric beverages with water or diet beverages resulted in weight losses of 2% to 2.3% during a 6-month period. While concerns have been raised about increases in hunger, which may increase overall energy intake when non-nutritive sweetened foods and beverages are consumed, a recent RCT found that consumption of at least 24 oz of non-nutritive sweetened beverages during a 12-week behavioral weight-loss intervention reduced subjective feelings of hunger as compared with a 24-oz water consumption comparison.

Fast food. Food prepared away from home, in particular fast food, comprises an increasing amount of the American diet and contributes to the epidemic of obesity. Fast food is generally high in energy density and commonly purchased in large portion sizes, thereby contributing to excessive energy intake. Due to the relationship between fast food and increased energy intake, in the context of a weight-loss dietary regimen, avoidance or reduction of the frequency of consumption of foods away from home is typically recommended. However, no RCT has been conducted to examine whether reducing fast food alone, with no other changes in the diet, produces weight loss.

At this time, research conducted in the area of small, food-based changes indicates that only changes in SSB, and no other small food-based change, can assist with weight management. It is important to note that the weight loss found with reducing SSB alone, while statistically significant, is below the amount of weight loss that is recommended to improve cardiometabolic health.

Portion-control changes. RDs have long endorsed skills that include portion control for lifelong weight management. Portion control can be accomplished in a variety of different ways, including using packages containing a defined amount of energy (e.g., complete meals, individual food items); portion-controlled utensils where food is delivered in specific serving sizes; or communication strategies such as MyPlate, developed as an adjunct to the DCA to assist with consuming appropriate serving sizes of specific foods. The EAL’s Relationship of Single Serving Portion Size Meals and Weight Management Project states that single-serving portion-sized meals are a tool that can be used as a part of a weight-management program. This project’s key findings were that eating one or more single-serving portion-sized meals per day as part of a weight-management program resulted in a reduction of energy intake and weight loss in adults.

Larger, energy, macronutrient, and/or dietary pattern-based changes. Dietary approaches that target larger nutrient (e.g., energy and/or macronutrient) and/or dietary pattern-based changes (e.g., Mediterranean diet) are prediabetes and are considered efficacious for weight loss and produce the recommended amount of weight loss as many RCTs investigating these diets have shown that they reduce energy intake enough (500 kcal/day to 750 kcal/day) so that the degree of negative energy balance achieved produces at least a 3% reduction in percent body weight. These dietary interventions have either an explicit energy goal per day or provide an ad libitum approach without a formal energy goal that still produces a reduction in energy intake, usually by restriction or elimination of specific foods and/or food groups, or provision of prescribed foods (e.g., meal replacement). Outcomes indicate that all of the larger, energy, macronutrient, and/or dietary pattern-based approaches produce a weight loss of about −4 to −12 kg at 6-month follow-up. After 6 months, slow weight regain occurs, and at 1 year, total weight loss is −4 to −10 kg and at 2 years, total weight loss is at −3 to −4 kg. At this is the posted effect of the weight loss achieved with the energy, macronutrient and/or dietary pattern-based change diet, the individual weight-loss outcomes for each diet described in this paper are not reported (except for the very-low-calorie diet [VLCD] as this diet has a lower energy prescription than all other diets; meal replacements, as they are a specific form...
of the low-calorie diet (LCD) and their weight loss is included to allow comparison with the LCD; and timing of eating, as this diet was not included in the AHA/ACC/ATS Guideline for the Management of Overweight and Obesity in Adults.  

Although no one diet approach that targets larger nutrients or dietary patterns is considered to be more efficacious than another diet approach, some of the diets have differential effects on cardiometabolic outcomes and dietary quality. While research in these differential effects is limited, available research on cardiometabolic outcomes specific to a diet intervention, after controlling for effects attributable to energy loss, and diet quality described here for the corresponding diet. If measures of cardiometabolic outcomes and diet quality are not reported in a section, this indicates that there is very little evidence available to report on the influence of the diet alone on these parameters.

Energy focused. Two of the most widely investigated dietary prescriptions for weight loss are the LCD and the VLCD. Along with varying in energy goals, these two diets differ in the amount of structure they provide.

**LCD.** An LCD is usually >800 kcal/day, and typically ranges from 1,200 to 1,600 kcal/day. Structure can be increased in the LCD with the use of a meal plan, in which all food choices and portion sizes for these choices for all meals and snacks are provided. Use of meal replacements, usually liquid shakes and bars, containing a known amount of energy and macronutrient content also increase structure in the LCD diet. These methods of increasing structure in the diet are believed to be helpful for adherence to an LCD because they reduce problematic food choices, and decrease challenges with making decisions about what to consume. In addition, meal replacements can enhance dietary adherence via portion control, limiting dietary variety, and concern with the LCD; and the meal replacement plan, which prescribes two portion-controlled, vitamin/mineral fortified meal replacements per day, with a reduced energy meal and snack compared of conventional foods, may produce greater short-term weight loss as compared with an LCD composed of traditional foods. For example, a meta-analysis of six studies comparing an LCD composed of conventional foods or meal replacements found a 2.54 kg and 2.43 kg greater weight loss in the meal-replacement group for the 3-month and 1-year follow-ups, respectively. 

**Low-carbohydrate.** A low-carbohydrate diet is commonly defined as consuming no more than 20 g of carbohydrate per day. Energy and other macronutrients are not restricted in low-carbohydrate diets. Once a desired weight is achieved, carbohydrate intake can increase to 50 g per day.

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**VLCD.** A VLCD provides <300 kcal/day and provide a high degree of dietary structure (VLCDs are commonly consumed as liquid shakes). The VLCD is designed to preserve lean body mass; usually 70 to 100 g/day of protein or 0.5 to 1.3 g/kg of ideal body weight are prescribed. VLCDs are considered to be appropriate only for those with a BMI >30, and are increasingly used with individuals before having bariatric surgery to reduce overall surgical risks in those with severe obesity. A meta-analysis of six RCTs comparing weight-loss outcomes of VLCDs to LCDs found that although VLCDs produce significantly greater weight loss in the short-term (4 months), -51.5% ± 11.6% vs. -29.2% ± 2.4% of initial weight, there was no difference in weight loss between the diets in long-term follow-up (>1 year), VLCD = -5.9% ± 3.2%; LCD = -5.0% ± 4.0%.

**Macronutrient focused.** Many RCTs have been conducted to help determine which mix of macronutrients best promotes weight loss, while including other positive metabolic benefits. What is important to recognize about macronutrient-focused diet prescriptions is that when one macronutrient is altered, there will be a change in the other macronutrients. Thus, prescriptions for macronutrient-focused diets have often targeted changing one macronutrient, allowing the other two macronutrients to change as different food choices are made. The name of the macronutrient-focused diet is usually based on the one macronutrient that is targeted for change.

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**Low-glycemic index/glycemic load.** There is currently no standard definition of a low-glycemic index or low-glycemic load diet. The effectiveness of a low-glycemic index diet without restriction of energy intake on weight loss is fairly poor. With regard to carbohydrate, heart disease, and overall mortality, a recent RCT found that when coupled with energy restriction, a low-glycemic index diet controlled glucose and insulin metabolism more effectively than a high-glycemic index, low-fat diet.

**High protein.** A high-protein diet is commonly defined as consuming at least 20% energy from protein, with no standard amount defined for fat or carbohydrate. For weight loss, high-protein diets also include an energy restriction. A high-protein diet is often achieved through consumption of conventional foods, but high-protein, portion-controlled liquid and solid meal-replacement products can also be used on a high-protein diet.

**Dietary pattern focused.** Dietary pattern-focused prescriptions emphasize the importance of the overall diet by providing recommendations about types of foods to consume, rather than providing recommendations about amount of energy or macronutrients, to consume. The DGA promotes adopting an eating pattern to assist with weight management and reduce
disease risk. As these diets focus on types of foods to consume and may not produce greater weight loss than other types of diets, they enhance consumption of foods that are generally considered beneficial in the diet and enhance overall dietary quality.\textsuperscript{41,42}

Energy density. Energy density is the ratio of energy of a food to the weight of a food (kcal/g). Energy density is largely determined by the water content (higher water content lowers energy density), but is also affected by the fiber and fat content (more fiber lowers energy density and less fat lowers energy density) of foods and beverages consumed. As low-energy density foods have fewer kilocalories per gram weight, low-energy density foods allow consumption of a greater weight of food relative to energy consumed, which may assist with appetite control and reducing energy intake.\textsuperscript{22,23}

Basic eating research has found that serving meals with foods low in energy density results in decreased meal energy intake.\textsuperscript{44} For example, one study reduced energy density by 20% for entries served at breakfast, lunch, and dinner, on three different days, using three different methods (reducing fat, increasing fruits and vegetables, or adding water to entries), with a different method used to reduce energy density each day. With the reduction in energy density, energy intake per day decreased, ranging from \(-366\pm44\) kcal/day to \(-230\pm35\) kcal/day, with the largest decrease occurring when fat was reduced in entries.\textsuperscript{44}

Few RCTs have been conducted to examine the effect of a low-energy density diet on weight loss and currently there is no standard method known to best reduce energy density in the diet.\textsuperscript{45} Results from these trials about weight loss are mixed, and this may be a consequence of the methods used to reduce energy density, the degree of reduction in energy density achieved, and whether or not energy restriction was included. To better understand how recommendations to reduce energy density can be implemented, guidelines need to be developed regarding what is considered to be low-energy density and high-energy density (currently no definition exists), how best to lower energy density of the diet, and how dietary energy density should be calculated (i.e., as energy density is greatly influenced by water, dietary energy density varies greatly depending on whether and how beverages are included in calculations and no standard calculation has been determined).\textsuperscript{46}

DASH. DASH is a dietary pattern that was developed to reduce hypertension in individuals with moderate to high blood pressure. DASH encourages the consumption of fruits, vegetables, whole grains, nuts, legumes, seeds, low-fat dairy products, and lean meats and limits consumption of sodium in addition to caffeinated and alcoholic beverages.\textsuperscript{24} A daily energy limit is not a component of the original DASH diet, but when one is provided with the DASH diet, weight loss occurs.\textsuperscript{47} The DASH diet combined with weight loss significantly enhances reductions in blood pressure above that achieved by weight loss alone.\textsuperscript{43}

Mediterranean. There is not a standard definition for the Mediterranean diet, but generally the Mediterranean diet reflects the dietary patterns of Crete, Greece, and southern Italy in the early 1960s.\textsuperscript{50} The traditional Mediterranean diet was focused on plant-based foods (eg, fruits, vegetables, grains, nuts, seeds), minimally processed foods, olive oil as the primary source of fat, dairy products, fish, and poultry consumed in low to moderate amounts, and minimal amount of red meat.\textsuperscript{51} As with the DASH diet, the Mediterranean diet can be prescribed with or without an energy restriction, but if weight loss is desired, it does appear that an energy-restriction component is needed.\textsuperscript{52} In addition, the Mediterranean diet may improve cardiovascular risk factors, such as blood pressure, blood glucose, and lipids, more so than a low-fat diet,\textsuperscript{24,51} but more research is needed in this area.

In summary, there are several dietary approaches that target larger nutrient (eg, energy and/or macronutrient) and/or dietary pattern-based changes (eg, Mediterranean diet) that can produce the recommended amount of weight loss.\textsuperscript{48} At this time, as long as the diet helps to reduce energy intake by 500 to 750 kcal/day, there is no one diet that falls into this category that has been shown to be more efficacious than another at producing clinically meaningful weight loss.

Dietary-timing focused. While research on dietary interventions for obesity have predominantly focused on food choices that impact energy, macro- and micronutrient, and food group intake,\textsuperscript{53} dietary interventions can also address factors that influence the overall timing of the diet (eg, frequency of consumption, timing of consumption, and breakfast consumption). It is important to note that research on the effect of timing of intake on obesity treatment outcomes is very limited.

Eating frequency. Eating frequency is commonly defined as the number of eating occasions (meals and snacks) occurring per day. A greater number of eating occasions consumed increases overall eating frequency. At this time, there is no standardized definition of what constitutes an eating occasion. Common parameters used to define an eating occasion include amount of energy consumed, type of substance ingested (eg, food or beverage), and the amount of time that has elapsed since the start of the previous eating occasion.\textsuperscript{56,57} Few RCTs have been conducted that examine the influence of eating frequency on weight loss, and those that have been conducted have not found that a higher eating frequency produces greater weight loss.\textsuperscript{58}

Timing of eating. When and how much energy you eat during the day can also be important for weight management. Potentially consuming more energy earlier in the day, rather than later in the day, can assist with weight management.\textsuperscript{59} The mechanism of action by which timing of eating might assist with weight management is by influencing circadian rhythms.\textsuperscript{56} Potentially, eating a greater amount earlier in the day may assist with synchronization of peripheral oscillators with the suprachiasmatic nucleus, assisting with maintenance of an appropriate circadian rhythm.\textsuperscript{56}

There is only one RCT that has been conducted to examine timing of energy intake and weight loss.\textsuperscript{58} In this 12-week intervention, the overweight and obese women with metabolic
syndrome who were randomized to the group that consumed most of their energy earlier in the day lost more weight (−8.7±1.4 kg vs −3.6±1.5 kg).

**Breakfast consumption.** One dietary pattern factor that has been proposed to influence weight status is regular consumption of breakfast.5,10 Similar to eating frequency, there is no standardized definition of breakfast, but common parameters that are believed to be important in defining breakfast include time of day of consumption, time of consumption after eating dinner the night before, and types of foods and beverages consumed at breakfast. Only three RCTs have examined the influence of breakfast consumption on weight loss, with all trials being of short duration (≤16 weeks), and no investigation found greater weight loss with breakfast consumption.5,20,21 Overall, the results of intervention research examining the effect of dietary-timing focused interventions do not suggest that increasing eating frequency or consuming breakfast improves weight-loss outcomes, but consuming most of an individual’s energy earlier in the day may enhance weight loss.

**EAT Recommendation:** “For weight loss and weight maintenance, the RDN should individualize the meal pattern to distribute calories at meals and snacks throughout the day, including breakfast.” (Rating: Fair, Imperative)

**Activity Intervention.** Activity interventions are designed to enhance energy expenditure, which assists with the achievement of negative energy balance that is required for weight loss. However, it is important to recognize that activity interventions may assist with weight management via other mechanisms that are not well understood (e.g., sparing of fat-free mass with weight loss, enhanced ability for energy regulation, and ability to buffer the negative effects of stress on weight).27 Traditionally, activity interventions have focused on increasing MVPA, as this type of activity has higher energy expenditure than other activities (e.g., light physical activity) and also improves cardiovascular health. Recently, focus has turned to the role of sedentary behaviors and obesity treatment.

**Physical activity.** MVPA is defined as activity that is ≥3.0 metabolic equivalent units (METs; a MET of 1 is generally considered the RMR).28 There is a large body of research, including RCTs, examining the influence of MVPA on obesity treatment. While increasing MVPA alone is not believed to be the best strategy for weight loss and produces less weight loss than decreasing energy intake, the combination of increasing MVPA with decreasing energy intake produces the largest weight loss.29,30 For example, a recent meta-analysis of diet or exercise interventions vs combined behavioral weight-management programs found at 12 months that the combined program had greater weight loss than the diet-only programs (mean difference in weight loss achieved for combined behavioral weight management vs diet only was −1.77 kg) and the exercise-only programs (mean difference in weight loss achieved for combined behavioral weight management vs exercise only was −0.29 kg).29,30 However, for weight-loss maintenance, research has consistently demonstrated that a high level of MVPA is imperative.29 The difference in the roles of MVPA for weight loss and weight-loss maintenance is believed to be due to the degree of energy deficit required. Weight loss requires a larger energy deficit (approximately −500 to −1000 kcal/day for 1 to 2 lb of weight loss per week), which is challenging to achieve via increased MVPA alone. For weight-loss maintenance, equilibrium of energy intake to expenditure is needed; thus, higher levels of MVPA allow energy intake to be greater, which may help long-term adherence to dietary goals. The current recommendations for physical activity is a minimum of 30 minutes of moderate-intensity activity on most days of the week (150 min/week).32 However, higher levels of MVPA (>250 min/week) are recommended for weight-loss maintenance.32 To enhance cardiovascular outcomes associated with increasing MVPA, ideally minutes spent in MVPA is accumulated in bouts of at least 10 minutes.

**EAT Recommendation:** “For weight loss the RDN should encourage physical activity as part of a comprehensive weight-management program, individualized to gradually accumulate 150 to 420 minutes or more of physical activity per week, depending on intensity, unless medically contraindicated.” (Rating: Consensus, Imperative)

**Sedentary behavior.** Sedentary behavior is defined as sitting activities with a very low level of energy expenditure (<1.5 METS).33 Sedentary behavior occurs in a variety of domains (i.e., leisure, occupation, transportation, and recreation) and includes working or playing on the computer or tablet, driving a car, and watching television (TV). Given that greater time spent in sedentary behavior, independent of time performing MVPA, has been associated with increased risk of obesity,33 it is now recommended that sedentary behavior, particularly leisure screen time (e.g., TV watching, computer and tablet use), be reduced in adults to improve weight and health status.32,34 There are several mechanisms by which reducing sedentary behavior may assist with weight management. The first is through increasing energy expenditure. Research indicates that when time engaged in sedentary behavior is reduced, while little to none of the newly acquired free time is reallocated to MVPA, a significant amount of time is reallocated to light physical activity (1.5 to 2.9 METS).34,35 The reallocation of time spent in sedentary behavior to light physical activity may increase overall energy expenditure due to light physical activity’s higher MET values as compared with sedentary behavior. The second mechanism is through reducing food consumption. Eating appears to be a complementary behavior to some sedentary behaviors, particularly TV watching.36 As TV watching is reduced, energy consumed while watching TV decreases, thus

FROM THE ACADEMY
FROM THE ACADEMY

lowering intake. Few RCTs have examined reducing sedentary behavior during obesity treatment, and the two trials that have were of a small sample size (<15 participants) and of short duration (8 weeks), and did not find significantly greater weight loss with the conditions that prescribed reducing sedentary behavior to <10 hours/week of TV watching (comparison was an intervention that prescribed increasing MVPA to 200 minutes/wk).19

The research on activity interventions demonstrate that increasing MVPA is an important behavioral target in weight management, particularly in weight-loss maintenance. Additional research is required to understand if reducing sedentary behavior should also be a behavioral target in obesity treatment interventions.

Behavior-Change Intervention.

Behavior-change theories and models provide an evidence-based approach for changing energy-balance behaviors that are important for obesity treatment. At this time, it is not known what is the best combination of behavior-change strategies and techniques to apply in obesity treatment.21 Instead, it is believed that a variety of strategies from different behavior change theories can be applied to assist with changing behaviors.22 Evidence-based interventions for behavior change have developed from behavioral theory, which is a theoretical framework that proposes that with the use of learning principles, such as classical and operant conditioning, healthy behaviors can be learned.

Cognitive behavioral therapy.

Cognitive behavioral therapy (CBT) uses a directive, action-oriented approach and provides skills to help individuals learn to develop functional thoughts and behaviors. CBT proposes that thoughts, feelings, and behaviors interact to impact health outcomes. Cognitive and behavioral strategies are emphasized in effect change. Commonly used strategies in CBT include self-monitoring, goal setting, problem-solving, and preplanning, stimulus control, cognitive restructuring, and relapse prevention. Two widely recognized obesity intervention trials, the Diabetes Prevention Program (DPP) and the Look AHEAD trial, provide examples of the use of CBT in assisting with changing eating and activity behaviors.23,24 In DPP, the lifestyle intervention received a reduced-energy diet and a physical activity prescription within the context of a CBT intervention.25 In DPP, during the 2.8 mean years of follow-up, the lifestyle intervention lost 5.6 kg of weight, which was significantly greater than the other two conditions (placebo—0.1 kg; metformin—2.1 kg).24 As mentioned previously, Look AHEAD produced significant weight-loss outcomes in the condition that received the CBT intervention, with significant weight loss reported across time, even up to 8 years follow-up (DPP intervention with CBT—4.7±0.2%; education comparison—2.1±0.2% of initial weight).25 The materials for the CBT intervention for both DPP and Look AHEAD are available and accessible to the public (DPP: https://dppos.larc.gov; DPP; Look AHEAD: www.lookaheadtrial.org/public/home.cfm). RDNs played a large role in intervention in Look AHEAD.25

Motivational interviewing. Motivational interviewing focuses on the style of interaction between a practitioner and client. Motivational interviewing emphasizes collaboration, evocation, and autonomy.26 Collaboration guides practitioners to be “supportive partners” rather than “persuasive experts,” which contrasts with the prescriptive, expert-driven style commonly used in dietary interventions. Evocation encourages the practitioner to draw out the client’s personal motives and values regarding behavior change. Finally, autonomy emphasizes a client’s personal choice, in which the responsibility and decisions about behavior changes fall under the client’s, rather than practitioner’s, control. Motivational interviewing emphasizes that the intervention for obesity would be driven by the client, rather than the practitioner. Using this approach, motivational interviewing is believed to enhance motivation and self-efficacy, which are considered to be key for changing and sustaining behavior change.26 Motivational interviewing has an additional benefit in that it can be delivered at a low intensity (ie, shorter and less frequent dosages).27 For example, a review of 10 RCTs examining motivational interviewing and obesity treatment found that participants receiving a median amount of 60 minutes of motivational interviewing in an encounter, with a number of encounters ranging from one to five or more, reduced BMI by 0.72 more than participants only receiving usual care.27

Acceptance and commitment therapy. A “third wave” of behavioral therapy has developed, which is based on the use of acceptance-based strategies. These strategies shift the focus from reducing the occurrence of aversive internal thoughts and feelings to being able to experience these thoughts and feelings to assist with promotion of behavior that is congruent with personal values. It is believed that this approach enhances mindfulness, which can enhance understanding of the personal decision one makes and reduce mindless behavior.28 One acceptance-based approach that has recently been examined for improving obesity treatment is Acceptance and Commitment Therapy (ACT). While few RCTs have examined ACT and obesity treatment, ACT appears to produce an amount of weight loss similar to CBT and may produce greater weight loss in those more susceptible to eating cues (eg, have greater food-related thoughts and feelings when exposed to external food cues), disinhibited eating or emotional eating.29

The research on behavior change interventions demonstrates that CBT and motivational interviewing effectively change eating and physical activity behaviors so that meaningful weight loss occurs. However, not all individuals respond to obesity treatment, even when CBT and/or motivational interviewing are implemented; thus, additional strategies, such as ACT, continue to be developed to assist with behavior change in obesity treatment.

EAL Recommendation: “For weight loss and weight maintenance, the RDN should incorporate one or more of the following strategies for behavior change: self-monitoring; motivational interviewing; structured meal plans and meal replacements and portion control; goal setting; and problem solving.” (Rating: Strong, Impressive)

EAL Recommendation: “For weight loss and weight maintenance, the RDN may consider using the following
behavior therapy strategies: cognitive restructuring, contingency management, relapse prevention techniques; slowing the rate of eating; social support; stress management; and stimulus control and cue reduction." (Rating: Fair, Imperative)

Comprehensive Lifestyle Intervention. Obesity treatment incorporating a dietary prescription that results in an energy deficit of at least 500 kcal/day, a physical activity prescription of at least 150 minutes of MVPA per week, and a structured behavior-change intervention is classified as a lifestyle intervention. Combining all three components—diet, physical activity, and behavioral strategies—in intervention produces greater weight loss than an intervention that uses these same components singularly. The lifestyle interventions of DPP and Look AHEAD that produced significant weight loss are examples of a comprehensive lifestyle intervention.  

EAL Recommendation: “For weight loss and weight maintenance, the RDN should include the following components as part of a comprehensive weight-management program: reduced-calorie diet increasing physical activity, use of behavioral strategies.” (Rating: Strong, Imperative)

Intensity of Intervention. According to the 2013 AHA/ACCP Guidelines for the Management of Overweight and Obesity in Adults, frequency of contact appears to be an important characteristic of intervention for weight-loss outcomes. Comprehensive, lifestyle intervention, delivered on site, with face-to-face contact, providing an average of one to two treatment sessions per month (eg, 6 to 12 sessions in 6 months), produces about 2 to 4 lbs of weight loss in 6 to 12 months, which is significantly greater than usual care (minimal intervention control group). Comprehensive, lifestyle intervention delivered at a high intensity (≥14 sessions in 6 months) produces greater weight loss relative to usual care than the weight loss that occurs with comprehensive, lifestyle intervention delivered at low-to-moderate intensity (eg, intervention delivered in ≤12 sessions in 6 months) relative to usual care.  

EAL Recommendation: “For weight loss, the RDN should prescribe at least 15 weekly phone calls or personalized interventions (either individual or group) over a period of at least 6 months.” (Rating: Strong, Imperative)

“...” (Rating: Strong, Imperative)

Health in Intervention. Interventions that can be delivered without face-to-face contact with the use of technology are believed to have the possibility to decrease intervention costs and increase the reach of the intervention for those who are in need of treatment. The development of efficacious technology-based weight-loss interventions are thought to have the potential for great public health impact.  

Computer-based Interventions. The first modern technology-based intervention developed for weight loss was computer-based programs, in which various aspects of the Internet were used. These programs include those with an intervention website, which provided many different Internet-based features (post education materials, tracking systems, discussion boards, chat rooms, e-mails), or more e-mail-based programs in which interventionists interact with participants via e-mail. A Cochrane Review of computer-based programs for weight loss found that for interventions lasting 6 months, computer-based interventions produced greater weight loss than minimal interventions (~1.5 kg). However, face-to-face interventions produced greater weight loss than computer-based interventions (~2.1 kg). Only one study in the review reported the cost-effectiveness ratio, thus conclusions could not be drawn about this aspect of computer-based programs. In agreement with this, the 2013 AHA/ACCP Guidelines state that comprehensive interventions delivered onsite by a trained interventionist produce larger weight loss than comprehensive interventions delivered by the Internet or e-mail.  

Smartphone-based Interventions. Unlike computers, smartphones are usually carried by users everywhere they go and are almost always on. These features of use provide the ability for real-time, on-demand interaction. Thus, it is believed that smartphones provide the opportunity for frequent and interactive feedback, tailored messaging (via text or e-mails) and immediate access to social support. Interactive applications, “apps,” can assist with decision making on behaviors, as they can provide timely feedback on health behaviors in real time. Smartphones are theorized to have the ability to maintain important components of face-to-face interaction (eg, accountability, feedback, social support) without face-to-face time. As this is a new area of research in weight management, it is not clear at this time how efficacious these programs will be, but it is believed that these types of programs will outperform computer-based interventions.

Supplements. In a 2009 systematic review of the efficacy and safety of herbal medicines used for obesity treatment, Hasani-Ranjbar and colleagues reported on weight change and body composition outcomes in 17 RCTs. Compounds containing ephedra, Cusus quadrangularis, ginseng, bitter melon, and zinger were found to be helpful in significantly reducing body weight (summary data were not included in the review); however, supplements containing ephedra and bohutushukan (an oriental herbal medicine) were found to have some adverse effects. Food-based supplements, such as caffeine, camphene, calcium, choline, chromium, lecithin, taurine, and tea, are labeled as “fat burners” and have been proposed to increase weight loss by increasing fat metabolism. However, according to a meta-analysis of six randomized controlled trials, only caffeine and green tea have shown enhanced fat oxidation, but the effect of the increased fat oxidation on weight management is not clear. All other proposed food-based supplements lack sufficient evidence of increased fat metabolism at this time. In 2013, Hasani-Ranjbar and colleagues reported on another 33 RCTs using herbal and food-based supplements and suggested that the efficacy and safety of these supplements is still mostly unknown and long-term RCTs are needed to enhance our understanding of the role of supplements and obesity treatment.
FROM THE ACADEMY

One helpful resource regarding supplements comes from the National Center for Complementary and Alternative Medicine, which houses a variety of fact sheets on a number of herbal- and food-based supplements (http://nccam.nih.gov/health/atoz.htm).

**Commercial Programs.** Commercial programs are weight-loss programs that are usually not delivered by a health care provider and can provide various options of types of support for weight loss to consumers. Options can include face-to-face programs, prepackaged food, and Internet-based programs. Little research has been conducted on commercial programs for weight loss, but what has been conducted suggests that commercial-based, comprehensive weight-loss interventions delivered in face-to-face formats have produced an average weight loss of 4.8 to 5.0 kg at 6 months when conventional foods are consumed and 0.6 to 10.1 kg at 12 months with use of prepackaged food, and that these weight losses are greater than minimal-treatment control interventions. This suggests that commercial programs that provide comprehensive programs may be a viable option for treatment.

**Medications.** Comprehensive lifestyle interventions are efficacious at producing weight loss, however, there is large variability in the ability to implement and maintain changes recommended in these interventions. For those that have difficulty losing weight (BMI ≥30 or BMI ≥27 with obesity-related medical issues, such as high blood pressure, high cholesterol, or type 2 diabetes) medications may be helpful for achieving weight loss. There are three medications for obesity treatment approved for long-term use (up to 2 years).

**Orlistat.** Orlistat is a lipase inhibitor that causes dietary fat to be excorated as oil in the stool and is recommended to be taken with a diet containing 30% fat. The nonprescription dose of orlistat provides approximately 80% of the weight loss seen with the prescription dose. Orlistat is not absorbed to any significant degree and the side effects relate to the fat in the stool, including abdominal cramps, flatus with discharge, oily spotting, and fecal incontinence. Due to the potential loss of fat-soluble vitamins, orlistat should be taken with a vitamin supplement. A meta-analysis concluded that weight loss with orlistat (60 to 120 mg three times/day) was 2.9 kg greater than placebo at 12 months.

**Lorcaserin.** Lorcaserin is an agonist of the serotonin (5-HT2c) receptor in the hypothalamus and enhances feelings of satiety. Lorcaserin at a dose of 10 mg twice a day resulted in a 3.3% greater weight loss than placebo.

Lorcaserin was well tolerated with side effects in >5% reported as headaches, dizziness, fatigue, nausea, dry mouth, and constipation. Lorcaserin is a Drug Enforcement Administration schedule IV drug, with low potential for abuse.

**Phentermine/topiramate.** Phentermine, an appetite suppressant, causes a decrease in food intake by stimulating the release of noradrenaline in the hypothalamus. A controlled-release formulation of phentermine/topiramate, a schedule IV drug, is approved for the treatment of obesity. The dosage begins at a low dose for 14 days (37.5 mg phentermine/23 mg topiramate extended-release once a day), transitions to a mid-dose (double the low dose), and then to a high dose (mid-dose twice a day) if weight loss is not achieved after 12 weeks. If 5% weight loss is not achieved after 12 weeks on the high dose, the medications should be discontinued. Weight loss was 3.3%, 6.2%, and 9.3% greater than placebo in the low, mid, and high doses, respectively.

**Adverse effects occurring in >5% of patients include paresthesia, dizziness, dysgeusia, insomnia, constipation, and dry mouth.**

**Laparoscopic gastric banding.** The lap-band does not permanently alter the anatomy of the gastrointestinal tract, but instead places a thin, inflatable band around the top of the stomach to create a new and smaller stomach pouch. This surgery requires extensive follow-up to make sure the band is properly adjusted. Ten-year follow-up of lap-band surgery indicates maximum weight loss was about 20% at 1 to 2 years, with maintenance of 15% weight loss at 10 years.

**Gastric bypass.** The bypass, long considered the gold standard obesity operation, permanently alters the anatomy of the gastrointestinal tract. In the bypass, a small pouch is created at the top of the stomach and a part of the small intestine, the jejunum, is attached to a small hole in the pouch. Thus, the surgery allows food to bypass part of the stomach and small intestine. The bypass results in a typical weight loss of 35% at 1 to 2 years, which has been shown to be maintained at 30% weight loss at 10 years. The bypass has the highest mortality rate, rate of complications, and the most severe metabolic abnormalities of the three surgeries. With the bypass, there is greater need for protein, iron and vitamin supplementation, and monitoring of calcium and vitamin D levels.

**Sleeve gastrectomy.** The sleeve, the newest of the three bariatric procedures, permanently alters the anatomy of the stomach because a portion of the stomach is removed, producing a tube-shaped stomach or sleeve, and now has data on more than 5 years of follow-up. The sleeve is gaining in popularity, as it produces similar weight loss and remission of type 2 diabetes (60% of patients with diabetes before surgery are able to control their blood glucose levels 5 years after bariatric surgery) as occurs with the bypass, but at lower cost, with lower rates of complications and mortality. Metabolic complications with the sleeve are also fewer than with the bypass, however, recommendations still include vitamin...
supplementation and monitoring of iron, calcium, and vitamin D levels.

For bariatric surgery, the 2017 AHA/ACC/AATS Guideline states that for individuals who are obese, weight loss at 2 to 3 years after bariatric surgery ranges from 20% to 35% of initial weight, with a greater weight loss of 14% to 27% for bariatric surgery as compared with nonsurgical comparators.12

EAL Recommendation: “For weight loss and weight maintenance, the RDN should implement MNT and coordinate care with an interdisciplinary team of health professionals (may include specialized RDNs, nurses, nurse practitioners, pharmacists, physicians, physician assistants, physical therapists, psychologists, social workers, and so on) especially for patients with obesity-related comorbid conditions. Coordination of care may include collaboration on use of US Food and Drug Administration–approved weight-loss medications; and appropriateness of bariatric surgery for people who have not achieved weight-loss goals with less invasive weight-loss methods.” (Rating: Consensus, Imperative)

Monitoring and Evaluation: To determine effectiveness of any intervention implemented, outcomes need to be monitored over time and evaluated for degree of success achieved. See Figure 1 for suggested areas to monitor and evaluate for effectiveness of a comprehensive weight-management program.

EAL Recommendation: “The RDN should monitor and evaluate the effectiveness of the comprehensive weight-management program for overweight and obese adults, through the following data: food and nutrition-related history; anthropometric measurements; biochemical data, medical tests, and procedures; and nutrition-based findings.” (Rating: Strong, Imperative)

If weight loss is not occurring at the expected rate, total energy needs may need to be reassessed.

EAL Recommendation: “For weight loss and weight maintenance, the RDN should monitor and evaluate total energy needs and consider one of the following (if necessary): re-measure RMR using indirect calorimetry; recalculate Mifflin-St. Jeor equation; or reapply a new physical activity factor to RMR to estimate total energy needs.” (Rating: Consensus, Imperative)

Community-Level Obesity Intervention

Within the sociobehavioral model framework, community-level obesity interventions focus on utilizing and strengthening existing community assets and capacity in changing energy balance behaviors that can produce weight loss. These types of interventions generally focus on increasing capacity for providing and enhancing access to intervention, with community-based organizations and/or interventionists providing the intervention, and/or altering the community environment to assist with promoting energy-balance behaviors helpful for weight management.

One example of a community-level intervention focusing on increasing capacity for providing and increasing access to intervention is the use of YMCAs as a site for delivering intervention. For example, a comprehensive lifestyle intervention modeled after the DPP delivered to community members at high risk for diabetes by YMCA employees produced 6% weight loss at 6 months.56 A review of faith-based interventions designed for African-American females, which are implemented in faith-based settings in the community and are also designed to increase capacity for providing and access to intervention, also found significant reductions in anthropometric measures across reviewed studies (for studies reporting change in weight, the range of change in weight was –3.6 to –9.8 lb).52 Another example that increases capacity and access to intervention and that often has a focus on changing the environment is worksite wellness programs. A review of worksite wellness weight-management programs found that those programs that focused on strategies to increase physical activity and change dietary intakes were generally successful at assisting with weight maintenance or producing modest weight loss (for studies reporting change in BMI the range of change was –0.14 to –1.4).52

For changing the community environment, it is hypothesized that environments with a greater density of fast-food outlets and/or lower density of farmers’ markets or other types of markets with fresh produce encourage dietary intakes that are high in energy density and, thus, contribute to excessive energy intake and obesity.27 In addition, it is proposed that environments with higher or decreased access to physical activity (few greenways, parks, sidewalks) produce inactivity, which also contributes to obesity.73 Most of the research in this area is observational, so it is not clear at this time whether changing these environmental factors will reduce the prevalence of obesity.74 When communities implement these environmental changes to assist with lowering the prevalence of obesity, a “natural experiment” is created, and evaluation is needed to understand how these environmental changes influence weight.

EAL Recommendation: “The RDN should recommend use of community resources, such as local food sources, food assistance programs, support systems, and recreational facilities.” (Rating: Strong, Imperative)

Policy-Level Obesity Intervention

Policy-level obesity interventions are generally framed as interventions developed at the federal, state, or local government level that implement broad changes that are believed to help change energy-balance behaviors that can produce weight loss. The broad changes are designed to influence everyone for whom the policy has been developed. Two policy-level interventions that are believed to be helpful for reducing the prevalence of obesity include menu labeling and taxing the cost of certain foods. Menus labeling is under Section 4205 of the Patient Protection and Affordable Health Care Act (www.gpo.gov/fdsys/pkg/BILLS-111hr3590enm/pdf/BILLS-111 hr3590enm.pdf). Ideally, consumers can use the labeling information on menus to make choices that could assist with reducing intake, provided they are motivated to do so.54,100 Menu labeling does seem to influence purchasing decisions that cause a reduction in overall energy purchased in some, but not all, consumers in some types of restaurants.54 For example, women were found to decrease mean amount of energy per purchase at coffee chain restaurants but men did not, and mean amount of energy per purchase did not decrease in burger and sandwich restaurants.54 More research is needed to
understand what factors influence purchasing decisions in restaurants for meal labeling to have a broader impact.

Another policy-level intervention gaining momentum is creating a tax that can be levied on unhealthy foods (e.g., non-nutrient-dense energy-dense foods) to help reduce their consumption. The tax could also potentially be combined with a plan to subsidize healthier foods, thus potentially increasing consumption of healthy foods. It is not clear at this time how this type of policy would influence eating behavior and obesity, but the little research conducted in this area suggests that small excise taxes are unlikely to affect obesity rates and that while higher excise taxes are likely to reduce obesity in at-risk populations, higher excise taxes are believed to be less politically palatable or sustainable.104

RESPONSIBILITIES OF FOOD AND NUTRITION PRACTITIONERS

To address obesity, it is believed that interventions are needed that can incorporate multiple levels of the sociocultural model that can be sustained for many years.105 Thus, interventions for obesity need to address changing individual-level energy balance behaviors; be delivered in many settings to increase accessibility to intervention; influence the environment in which clients live, work, and play; and impact on policy that can assist with providing a context for supporting engagement in energy-balance behaviors within the population to improve weight management.

Understanding the Sociocultural Model

Although obesity is a result of a chronic imbalance of energy intake and energy expenditure, it is now recognized that these individual-level behaviors are influenced by determinants at multiple levels, which enhances understanding that individual choices are shaped by the wider context in which they occur.106 Thus, ecological models—models that incorporate multiple levels or systems—of health promotion are increasingly promoted to address chronic health conditions.106 For RDNs to be included in the development, implementation, and evaluation of these interventions, an understanding of the SEM is required. Interventions with a SEM approach will target change at one or more levels, either directly or indirectly, through multi-level, multisectoral interventions.102 For example, an intervention designed to reduce overweight and obesity in adults might be developed in which a state enacts a law targeting worksites to ensure that worksite cafeterias provide nutrition information about available food choices to employees and provides financial incentives to companies to encourage the development of worksite wellness programs.107 A company with several worksites develops a wellness program that screens employees for health risks, refers employees who are overweight or obese to an on-site RDN, and provides financial incentives to employees to encourage improving weight status; and the worksite RDN provides MNL, incorporating employees’ individualized needs and preferences, to referred employees and incorporates family members into sessions to assist with changing the home environment and increasing family support. This approach incorporates several levels of the sociocultural model, allowing them to intersect, and enhance overall weight-management outcomes. To develop an ecological approach, developing collaborative partnerships among all stakeholders is key108 and should be encouraged within the field of nutrition.

Addressing Weight Bias

Individuals with overweight and obesity can encounter weight bias in health care settings by health professionals.109 Weight bias is demonstrated when health care professionals have beliefs that those with obesity are lazy, noncompliant to intervention, and lack self-control.109 Those experiencing weight bias from health care professionals are more likely to avoid health screenings, cancel appointments, demonstrate maladaptive eating behaviors, and experience poorer outcomes when receiving treatment for overweight or obesity.107,108 Thus, RDNs should ensure that health care experiences for individuals with overweight or obesity are free of weight bias. Ensuring that RDNs understand the complex etiology of obesity, thus that there are contributors to obesity that are outside of personal control, and the difficulties around achieving significant, sustainable weight loss, may increase empathy regarding the challenges of obesity treatment and reduce weight bias.109

Scope of Practice

Integrated ecological-based interventions will provide solutions that cover multiple jurisdictions, requiring a wide range of skills.109 No one profession will be able to provide all skills required for the development, implementation, and evaluation of these interventions to address obesity. Thus, rather than acting independently, RDNs will need to develop relationships with others to be involved in the SEM approach. These relationships will include traditional health care partners, such as physicians, pharmacists, and psychologists, as well as community and public health nutrition, foodservice systems,
nutrition, and sustainable resilient healthy food and water systems. 

**REIMBURSEMENT FOR OBESITY TREATMENT INVOLVING MNT**

Reimbursement for MNT provided by RDNs is essential to the field of dietetics. The Patient Protection and Affordable Health Care Act provides coverage for nutrition services in the area of obesity counseling for adults. However, the role of the RD in providing nutrition services covered by the Patient Protection and Affordable Health Care Act is open to interpretation by those paying for these services. In addition, the Centers for Medicare & Medicaid Services provides coverage for Intensive Behavioral Counseling for Obesity for eligible Medicare beneficiaries. As with Patient Protection and Affordable Health Care Act, the role of the RD in Intensive Behavioral Counseling for Obesity is not covered. While RDNs are not specifically designated as the sole providers of MNT under these reimbursement strategies, RDNs can provide services and receive reimbursement. Third-party payers use a standardized numeric coding set, and within this system the MNT codes, which include those for obesity, describe the services of RD. The diagnostic codes are usually determined by the referring physician, as it is not within the scope of practice for a RD to make a medical diagnosis. However, the exception to this is in the case of BMI codes, as BMI represents a mathematical calculation based on measurements that are within the RDs scope of practice to perform. In a recent survey of coding practices of RDNs collected by the Academy, of those RDNs who completed the survey, obesity was the second highest disease or condition from which reimbursement was received from third-party payers. Only diabetes was ranked higher than obesity for receiving reimbursement from third-party providers. 

**ROLE OF THE RDN AND NUTRITION AND DIETETICS TECHNICIAN, REGISTERED, IN TREATMENT OF OVERWEIGHT AND OBESITY IN ADULTS**

Changing dietary intake so that a reduction in energy intake occurs is a key component of obesity treatment. Thus, the expertise of the RD and nutrition and dietetics technician, registered (NDTIR) is essential for the development, implementation, and evaluation of any intervention designed to reduce overweight and obesity. 

MNT

The Academy’s definition of MNT is broader than other entities. MNT, as defined by the Academy, is an individualized approach to disease management that incorporates the nutrition care process and is provided by an RD. Thus, when treatment for overweight and obesity is being delivered at the individual level, the role of the RD, along with the NDTIR, is to provide evidence-based intervention that incorporates the nutrition care process.

**Multidisciplinary Teams**

As stated earlier, interventions for overweight and obesity that incorporate any level of the sociocultural model will require an intervention that includes more than just a focus on dietary intake. A multidisciplinary approach to disease treatment, especially in the case of obesity and chronic disease, is recommended. The type of intervention will designate what other disciplines should be involved, and what other training an RD and NDTIR may benefit from.

**Medicare and Intensive Behavioral Counseling**

The Centers for Medicare & Medicaid Services approved the provision of intensive behavioral counseling for obesity when delivered by qualified primary care and other select practitioners. Intensive behavioral counseling includes a maximum of 22 face-to-face sessions over 12 months, but a weight-loss goal of 3 kg must be met by 6 months in order for counseling sessions to continue to 12 months. Frequency of contact is one face-to-face visit every week for the first month, one face-to-face visit every other week for months 2 to 6, and one face-to-face visit every month for months 7 to 12 if the weight-loss goal has been met. Each visit is to include the five As approach adopted by the US Preventive Services Task Force. The five As are: 1) assess: ask about behavioral health risks (s) and factors affecting choice of behavior change goals or methods; 2) advise: provide specific and personalized behavior change advice; 3) agree: collaboratively select appropriate treatment goals and methods that take into account the clients values and motivation to change; 4) assist: aid the client in achieving goals by incorporating behavior change techniques, supplemented with adjunctive medical treatments when appropriate; and 5) arrange: schedule follow-up sessions so that ongoing assistant and support can be provided.

While RDNs are not specifically outlined as a practitioner for delivery of intensive behavioral counseling, if an RD provides care under conditions specified under the regulation, services can be billed by the one of the specific providers. RDNs developing relationships with the specified providers (general practice, family practice, internal medicine, obstetrics/gynecology, pediatric medicine, geriatric medicine, nurse practitioner, certified clinical nurse specialist, and physician assistant) may create avenues for RDNs to provide treatment for obesity that is reimbursed.

Walden and colleagues conducted a systematic review of behavioral counseling for overweight and obese primary care patients from RCTs published between 1980 and 2014, finding no studies in which primary care practitioners delivered counseling that followed the Centers for Medicare & Medicaid Services guidelines. However, the investigators found that trained interventionists (eg, those trained in lifestyle intervention, which included RDs) succeeded in producing weight loss within patients from primary care.

**Advocacy**

To address the obesity epidemic, interventions need to include larger environmental and policy changes, as well as public health initiatives, that will provide opportunities to support and behaviors that assist with weight management. These types of strategies have shown previous success in addressing public health concerns (eg, reducing smoking, increasing seat belt use). To develop these strategies, advocacy from RDNs and NDTIRs is...
required. One advocacy effort in the area of obesity that is particularly focused on nutrition is having accessible healthy and affordable foods, which is especially important to address health disparities. To proposed RDNs and NIDTRs with advocacy, the Academy has developed the Grassroots Manager. The Grassroots Manager assists RDNs with communicating with their legislators, elected officials, and others who may have the ability to influence policy and legislation that can assist with reducing obesity.

Outcome Data

The role of diet in obesity treatment is established. However, the role of food and nutrition practitioners in obesity treatment is not well documented, thus the need to include an RDN and NIDTR in planning or implementing obesity treatment is not clear to all stakeholders. RDNs and NIDTRs can assist with documenting the importance of their role in obesity treatment by collecting outcomes related to dietary change and health status. Comparison of outcomes can be made between interventions including RDNs and those not, and with the relationship between frequency of contact with RDNs and outcomes. Thus, to support establishing the role of RDNs and NIDTRs in obesity treatment, all practitioners are encouraged to collect and examine outcomes data to help increase capacity in this effort. RDNs and NIDTRs are encouraged to develop partnerships with others that may have skills that are needed in documenting the importance of the RDN in obesity treatment.

CONCLUSIONS

The high prevalence of overweight and obesity in the United States negatively affects the health of the population, thus reducing the prevalence of overweight and obesity is considered to be a public health priority. Weight loss of only 3% to 5% that is maintained has the ability to produce clinically relevant health improvement, with larger amounts of weight loss reducing additional risk factors for CVD. Successful treatment of overweight and obesity in adults requires the ability of adopting and maintaining lifestyle behaviors, which contribute to both sides of the energy-balance equation. Lifestyle behaviors are influenced by several factors at differing levels of the sociocultural model, which include factors at the interpersonal, community and organizational, and government and public level. To address obesity, it is proposed that several factors at differing levels need to be targeted to assist with the development and maintenance of behaviors that are necessary for weight loss and successful weight-loss maintenance.

The RDN and NIDTR, as part of a multidisciplinary team, need to be current and skilled in weight management to effectively assist and lead efforts that can reduce the obesity epidemic. Due to the many factors and levels of the sociocultural model that need to be addressed, these teams will include traditional health care partners, but also nontraditional partners. Within these relationships the role of the RDN is to provide expertise in the area of nutrition, which includes: MNT and related areas, community and public health nutrition, foodservice systems, school nutrition, and sustainable resilient healthy food and water systems.

References

23. Kabir KA, Brown AW, Brown MM, Shalaby PM, Mattes RM, Ntamolo DI. Increased fruit and vegetable intake has no discernible effect on weight loss: A
FROM THE ACADEMY


108. Academy Quality Management Committee and Scope of Practice Subcommittee of Quality Management Committee. Academy of Nutrition and Dietetics: Scope of practice for the
FROM THE ACADEMY

3.7


11. The Patient Protection and Affordable Care Act (PPACA), 111th Congress


SELECTED NUTRITION AND WEIGHT MANAGEMENT RESOURCES

Academy of Nutrition and Dietetics
www.eatright.org

Center for Science and the Public Interest
Nutrition Action newsletter
www.cspinet.org

University of California, Agriculture and Natural Resources
Nutrition Policy Institute
http://npi.ucanr.edu/

CDC Nutrition and Physical Activity
http://www.cdc.gov/nccdphp/dnpa/index.htm

Strategic Alliance
Promoting healthy food and activity environments
https://www.preventioninstitute.org/strategic-alliance

START YOUR PHYSICAL ACTIVITY PROGRAM

Let’s Move!
Learn more about the Let’s Move! Movement:
https://letsmove.obamawhitehouse.archives.gov/

San Francisco City Guide Walking Tours
http://www.sfcityguides.org/index.html
This section is intended to assist you in locating information or nutrition education materials in a variety of languages for use in serving all clients, including those that are low income CalFresh eligible, or supporting your staff. These resources are considered generally reliable and up-to-date. Because nutrition is a rapidly changing field, we cannot insure that all materials will be correct at all times. Whenever possible, we have included websites which may be updated regularly. We have also included some information on Vegetarianism.
NUTRITION INFORMATION AND EDUCATION

Academy of Nutrition and Dietetics (AND)
Consumer Nutrition Information Line
Phone: (800) 877-1600
www.eatright.org

Services Description
- Provides food and nutrition messages recorded by a registered dietitian
- Web site provides information on a variety of nutrition topics and includes a Find an Expert search function to locate a Registered Dietitian near you.
- Includes articles, recipes, and educational videos on nutrition topics.

Eligibility Criteria
Services available to all

Languages Available
English only

Fees
No fee
American Cancer Society (ACS)
71 Stevenson Street, Suite 400
San Francisco, CA 94105
Phone: (415) 394-7100
www.cancer.org

Services Description
Provide nutrition handbooks for cancer patients and information on cancer risk reduction, along with referrals to local nutrition services.

Eligibility Criteria
Services available to all

Languages Available
Services provided in English
Some pamphlets are available in English, Chinese, Spanish and Vietnamese and may be ordered upon request

Fees
No fee
NUTRITION INFORMATION AND EDUCATION

American Diabetes Association (ADA)
1970 Broadway Suite 425
Oakland, CA, 94612
Local Phone: (510) 654-4499
Toll Free Phone: (888) DIABETES
Diabetes Information and Action Line: 1-800-342-2383
Email: AskADA@diabetes.org
www.diabetes.org

Services Description
• Provide educational programs and advocate on behalf of people with diabetes
• Provide general information on diabetes and nutrition for Type I, Type II and gestational diabetes
• Books and cookbooks are available for purchase, single copies of pamphlets and brochures are available for free, quantities can be purchased
• For diabetes-related questions or to request a diabetes information packet, email AskADA@diabetes.org. In order to better serve you, please provide your name and address along with your request. Please note that the Diabetes Information Representatives cannot perform diagnosis or recommend medical treatment. They are able to provide general information about diabetes and its management.

Eligibility Criteria
Services available to all

Languages Available
English, Spanish and Cantonese speaking staff available
Materials available in English, Spanish and some Asian Languages.

Fees
No fee for information or single copies of pamphlets and brochures
NUTRITION INFORMATION AND EDUCATION

American Heart Association (AHA)
120 Montgomery Street, Suite 1650
San Francisco, CA 94104
Phone: (415) 433-2273
www.heart.org

Services Description
Pamphlets on weight control, hypertension, cholesterol, sodium and modification of risk factors, smoking cessation, etc. are available

Eligibility Criteria
Services available to all

Languages Available
English and Spanish speaking staff available. Materials available in English, some in Spanish, Chinese and Tagalog

Fees
• No fee
• Larger quantities of the written materials can be purchased
• Please request title list and prices of materials available
NUTRITION INFORMATION AND EDUCATION

BAY AREA DIETETIC ASSOCIATION (BADA)

Email: BADA_CDA@dietitian.org
http://dietitian.org/d_bada/bada_index.html

Services Description
- Registered dietitians available to present lectures on nutrition issues to professional and community groups, as well as at community events
- Registered dietitians available for television/radio interviews and to write nutrition articles for some publications
- Nutrition symposiums are offered annually to both dietetic professionals and the public

Eligibility Criteria
Services available to existing members of Academy of Nutrition and Dietetics (AND) - please fill out an online application and sign up online. Interested in becoming a BADA member? Membership categories are:
- A Registered Dietitian (RD), Dietetic Technician, Registered (DTR) dietetic student (BS, MS, MPH) or intern, or retired RD/DTR, all of whom are also a member of the Academy of Nutrition and Dietetics (AND).
- Non-AND members can sign up for our quarterly newsletter, The Bayleaf,

Languages Available
The dietitians who provide services have a variety of cultural and language skills. Call to check if we can accommodate the needs of your clients.

Fees
$30/year for AND non-student members
$50 for 2 years
$15/year for AND student members
$25 for 2 year memberships for AND members who have retired
NUTRITION INFORMATION AND EDUCATION

California Healthy Kids Resource Center (CHKRC)
313 West Winton Avenue, Room 176
Hayward, CA 94544
Phone: (510) 670-4583
Fax: (510) 670-3583
Email: chkrc@californiahealthykids.org

Services Description
• Comprehensive health education lending library for teachers (Pre-K-12) in California that includes nutrition education and food service materials
• Technical assistance with selection and use of materials is also available
• Books, DVDs, health frameworks, curricula, display models, etc. may be checked out for up to 4 weeks via phone, fax, or the Internet
• The CHKRC web site features searchable databases for materials available for loan, school health laws, school-health-related conferences and trainings in California, research summaries, assessment & planning documents and links to other web sites

Eligibility Criteria
• Teacher of grades Pre-K-12
• A loan agreement must be on file
• Materials must be returned via United Parcel Service (UPS) before the 4-week loan period ends (borrowers can request an extension for the loan period, free of charge and up to 4 additional weeks).

Languages Available
Materials are available in English
Some are also available in Spanish, Cantonese and Vietnamese

Fees
• No fee, comprehensive catalog of resource materials also available for free
• Borrower must pay return postage
NUTRITION INFORMATION AND EDUCATION

City College of San Francisco, Health Education Department
50 Phelan Ave, MUB 353
San Francisco, CA 94112
Phone: (415) 452-5570
Fax: (415) 452-5162
Email: bfreedman@ccsf.edu
http://www.ccsf.edu/

Service Description
Non-Credit Program
• Free Health and Nutrition classes targeting older adults at 30+ sites in San Francisco (e.g. senior centers, adult day health centers, and other community sites)

Credit Program
• Nutrition Assistant Program, a two-semester certificate program which combines academic coursework with a field experience component to train paraprofessionals for employment in public health settings and hospitals. Job placement and referrals also provided.

Eligibility Criteria
Non-Credit Program
• Anyone 18 years of age or older

Credit Program (Nutrition Assistant Program)
• High school diploma or equivalency
• English language proficiency
• Submission of a written application
• Successful completion of 1-unit pre-requisite course: HLTH 170: Introduction to the Dietetics Profession

Continued on next page
City College of San Francisco, Health Education Department, cont.

Languages
Non-Credit Program
- English, some classes may be available in Spanish and Cantonese (please call 415-561-1971 to check for language availability)

Credit Program (Nutrition Assistant Program)
- English only

Fees
Non-Credit Program
- No fee
Credit Program (Nutrition Assistant Program)
- Fees are per semester unit, plus Student Health fee per semester
NUTRITION INFORMATION AND EDUCATION

Dairy Council of California
1418 N. Market Blvd., Ste. 500
Sacramento, CA 95834
Phone: (916)263-3560
http://www.healthyeating.org/

Services Description
Programs for patients available to Dietitians, Nurses, Physicians, and Health Educators in private and government settings (e.g. WIC & Head Start)

- Pregnancy – Developing Healthy Moms + Babies: Provides helpful information on nutrition, exercise, weight gain, breastfeeding and managing postpartum weight.

- The Calcium Connection: Helps girls, boys, men and women throughout the lifecycle with age-specific information about the wide range of calcium’s health benefits from bone health, to a likely role in weight management.

- Making Meals Matter for Your Young Child and School-Age Child: Offers parents guidance and practical information about feeding their preschoolers (ages 2 through 5) and school-aged children (ages 6 through 12). Suggestions on managing individual feeding challenges are provided.

- Activity + Eating- Small Steps to a Healthier You: Helps adult women and men understand the connection between these two important lifestyle factors in achieving optimal health. Individuals assess current activity and food choices and create a plan for improvement. Includes a section on weight management.

Programs for students available to Teachers (K-12):
Building a Healthy Me! (K): Introduces the idea of choosing healthy, good-tasting foods each day. Includes a teacher’s guide, 2 posters, student workbooks (in English and Spanish), and food picture cards.

Continued on next page
Healthy Choices, Healthy Me (1st - 2nd): Focuses on food and physical activity behaviors that students can use to make healthy choices and develop healthy habits. Students learn about the importance of eating a balanced breakfast, how to plan for healthy snacks and meals, and how to become more physically active. Includes a teacher’s guide, 2 posters, student workbooks (in English and Spanish), and food picture cards.

- Shaping Up My Choices (3rd): Focuses on helping students identify and understand the main nutrients found in the five food groups, as well as their roles in maintaining a healthy body. Students learn how to read food labels, measure healthy food portions, and choose healthy beverages. Includes a teacher’s guide, student workbooks (English and Spanish), and master documents.

- Nutrition Pathfinders (4th-5th): Students analyze food and activity records while setting their personal goals for improvement. Students learn about the importance of consuming balanced meals and making healthy food choices. At the 5th grade level, students learn to analyze advertisements and make healthier choices when dining out at restaurants. Includes a teacher’s guide, student workbooks (English and Spanish), and master documents.

- Exercise Your Options (Middle School): Focuses on improving the daily food intake and activity choices of middle school students by helping them develop plans, set goals, and identify their current obstacles. Includes a teacher’s guide, student workbooks, a power point presentation, and DVD resources.

- Activity+ Eating (High School): Helps students address healthy food and physical activity choices for optimum fitness and well-being. Provides opportunities to developed personalized plans to increase physical activity and plan healthier food options. Includes student workbooks (English and Spanish) and a DVD with a power point presentation to guide students through the workbook.

Continued on next page
Dairy Council of California, cont.

Eligibility Criteria
- California health professionals
- Classroom teachers

Languages Available
All materials are available in English and most are also available in Spanish.

Fees
No fee for California health professionals or teachers
18 Reasons
3674 18th Street
San Francisco, CA 94110
Phone: (415) 568-2710
https://18reasons.org/

Services Description

18 Reasons shares their culinary skills and creativity with low-income communities through Cooking Matters, a program offering free, six-week-long series of cooking and nutrition classes throughout the Bay Area.

Eligibility Criteria

Cooking Matters courses serve participants from low-income households.

Enrollment

To host a Cooking Matters class, please complete the form online:
https://18reasons.org/cooking-matters/host

Languages Available

English & Spanish. If the host site would like classes in other languages, the host site must provide a translator for the entire 6-week series.

Continued on next page
**Fees**

18 Reasons provides all food, cooking equipment, curriculum materials, trained volunteer instructor, and one staff coordinator for each series. Some of the costs associated with certain courses are funded by the government, but 18 Reasons also relies on our partner organizations to share costs.

One six-week course costs:
- Adults, Parents or Family course | $1800
- Teens or Kids course | $1500

Each Cooking Matters Host Site will work with their Program Manager to determine the shared programming cost that is right for your organization. An organization will not be turned down solely on the basis of funding.

- $1800 | Covers all food costs, staff time, and participant education materials for the six-week course.
- $600 | Covers the food costs for participants in a six-week Adult, Parent, or Family course to make recipes in class and for take home groceries.
- $300 | Covers the food costs for participants in a six-week Teens or Kids course to make recipes in class.
Feeling Good Project
San Francisco Department of Public Health - Nutrition Services
30 Van Ness Avenue, suite 3500
San Francisco, CA  94102
Phone: (415) 575-5689
Fax: (415) 575-5797
https://www.sfdph.org/dph/comupg/oprograms/NutritionSvcs/FeelingGood/default.asp

Services Description

The Feeling Good Project is funded by the California Department of Public Health, Nutrition Education and Obesity Prevention Branch, whose mission is to create innovative partnerships so that SNAP-Ed eligible Californians are empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports. We are part of the Nutrition Services Program of the San Francisco Department of Public Health. To achieve this we:

- Develop and provide English, Spanish and Chinese nutrition education classes to community partners
- Develop and provide multilingual (English, Spanish and Chinese) nutrition education materials
- Support local cultural and community events to promote healthy eating and physical activity
- Provide training and technical assistance on nutrition and physical activity promotion to our Community Partners and the San Francisco Department of Public Health
- Work with media partners to create awareness of our activities and promote healthy eating and physical activity

Continued on next page
Feeling Good Project, cont.

- Collaborate with parents, SFUSD staff and students to increase nutrition education and physical activity opportunities and social marketing strategies to increase access to healthy foods and beverages in SF schools and afterschool programs
- Collaborate with organizations in the Early Childhood setting to promote healthy foods and beverages, physical activity and reduction in screen time
- Collaborate with organizations that seek to promote healthy foods and beverages and physical activity in the Faith-based setting
- Provide nutrition and healthy food cooking classes in a wide variety of community settings
- Collaborate with SNAP-Ed funded Local Implementing Agencies to improve fruit and vegetable intake, physical activity, food security and environmental supports in our county
- Carry out Community Food Assessments and engage with Community Partners to share findings and to develop and implement interventions with environmental supports
- Carry out nutrition education activities in support of local and Regional Rethink Your Drink healthy beverage promotion and support environmental change that enhances these efforts

Eligibility Criteria

- San Francisco residents that are 185% or less of Federal Poverty Level
- San Francisco community agencies/organizations that serve low-income clients
- San Francisco schools where at least 50% of students receive free or reduced price school lunches

Languages Available


Fees
No fee
NUTRITION INFORMATION AND EDUCATION

INTERNET RESOURCES

California Academy of Nutrition and Dietetics (CAND)
The California Academy of Nutrition and Dietetics is a dedicated group of 7,000 dietetic professionals who practice in California. The CAND website was designed to share expertise in the field of nutrition and to assist health care professionals and consumers in finding reliable nutrition information.  www.dietitian.org

California Adolescent Nutrition and Fitness (CANFit) Program
The main components of CANFit are providing training and technical assistance to youth serving organizations; developing, evaluating and disseminating effective culturally-appropriate nutrition and physical activity educational materials and social marketing programs; advocating for policies that enhance nutrition and physical activity; awarding academic scholarships; and funding innovative community-based projects.  www.canfit.org

California Project LEAN (Leaders Encouraging Activity and Nutrition) (CPL)
CPL is a joint program of the California Department of Health Services and the Public Health Institute focusing on youth empowerment, policy and environmental change strategies, and community-based solutions. CPL works with state and local physical activity and nutrition leaders to conduct programs in communities throughout California. CPL provides a wealth of resources, evaluations, articles and materials for promoting healthy eating and physical activity.  www.californiaprojectlean.org

Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion
CDC’s National Center for Chronic Disease Prevention and Health Promotion conducts studies to better understand the causes of chronic diseases, supports programs to promote healthy behaviors, and monitors the health of the nation through surveys.  http://www.cdc.gov/chronicdisease/index.htm

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Choose My Plate.gov
Choose My Plate.gov is your access point for the USDA food guidance system. It contains the latest news, background information, and resources about the food guidance system. The My Plate food guidance system provides many options to help Americans make healthy food choices and to be active every day.
https://choosemyplate.gov/

Dietary Guidelines for Americans 2015-2020
Dietary Guidelines for Americans is published jointly every 5 years by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. https://health.gov/dietaryguidelines/2015/

Food and Nutrition Information Center (FNIC)
The FNIC’s web site provides a directory to credible, accurate, and practical resources for consumers, nutrition and health professionals, educators and government personnel. Printable format educational materials, government reports, research papers and more are available. FNIC nutrition information specialists review all site content to ensure top quality resources. http://fnic.nal.usda.gov/

Fruits & Veggies – More Matters (formerly the 5 A Day for Better Health Program)
The Fruits and Veggies More Matters (formerly the 5 A Day for Better Health campaign) is a national initiative to increase consumption of fruits and vegetables by all Americans. The program seeks to do this by increasing public awareness of the importance of eating 5 to 9 servings of fruits and vegetables every day for better health, providing consumers with specific information about how to include more servings of fruits and vegetables into their daily routines, and increasing the availability of fruits and vegetables at home, school, work, and other places where food is served. The program also provides information on exciting new fruits and vegetables to try, including recipes.
http://www.fruitsandveggiesmorematters.org

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healthfinder®
healthfinder® is an award-winning Federal Web site for consumers, developed by the U.S. Department of Health and Human Services together with other Federal agencies. Since 1997, healthfinder® has been recognized as a key resource for finding the best government and nonprofit health and human services information on the Internet. healthfinder® links to carefully selected information and Web sites from over 1,500 health-related organizations.  www.healthfinder.gov

International Food Information Council (IFIC)
IFIC collects and disseminates science-based information on food safety, nutrition, and health, and helps translate research into understandable and useful information for health and nutrition professionals, educators, journalists, government officials and others providing information to consumers.  http://www.foodinsight.org/

National Institute on Health (NIH), Senior Health.Gov
NIHSeniorHealth.gov is a web site for older adults. NIHSeniorHealth makes aging-related health information easily accessible for family members and friends seeking reliable, easy to understand online health information.  https://nihseniorhealth.gov/

NIH Osteoporosis and Related Bone Diseases National Resource Center
The National Resource Center is dedicated to increasing the awareness, knowledge and understanding of physicians, health professionals, patients, underserved and at-risk populations (such as Hispanic and Asian women, adolescents, and men) and the general public about the prevention, early detection and treatment of osteoporosis and related bone diseases.  http://www.niams.nih.gov/Health_Info/Bone/

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Nutrition.gov

Nutrition.gov provides easy access to the best food and nutrition information from across the federal government. It serves as a gateway to reliable information on nutrition, healthy eating, physical activity, and food safety for consumers, educators and health professionals. Since dietary needs change throughout the lifespan, specialized nutrition information is provided about infants, children, teens, adult women and men, and seniors.

Users can find practical information on healthy eating, dietary supplements, fitness and how to keep food safe. The site is kept fresh with the latest news and features links to interesting sites. www.nutrition.gov

TeamNutrition

Team Nutrition is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. http://www.fns.usda.gov/tn/team-nutrition

The Center for Nutrition Policy and Promotion (CNPP)
CNPP works to improve the health and well-being of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers. Center staff helps to define and coordinate nutrition education policy within USDA and to translate nutrition research into information and materials for consumers, policymakers, and professionals in health, education, industry, and media. www.cnpp.usda.gov

United States Department of Agriculture
USDA develops and promotes dietary guidance and nutritional recommendations aimed at improving the health and well-being of Americans. www.usda.gov
La Leche League of San Francisco

Phone: (415) 320-8116
http://www.llli.org/
https://sites.google.com/site/lllsanfrancisco/

**Services Description**

- Group and individual support, education, and information on all breastfeeding issues. Our Mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

- Telephone help, informational and support meetings and home visits are offered to women starting with their 6th month of pregnancy and breastfeeding mothers. Support group meetings are offered once a month to all women interested in breastfeeding throughout the Bay Area.

- Local free meetings covering topics such as: advantages of breastfeeding, the family and the breastfed baby, the art of breastfeeding and avoiding difficulties, nutrition and weaning.

- La Leche League leaders are all volunteers and experienced breastfeeding mothers who have been accredited by La Leche League International (LLLI) National Breastfeeding Helpline access to a 24-hour toll free helpline service by calling 1-800-LALECHE (1-800-525-3243). This helpline provides information, education, and support for women who want to breastfeed, and to healthcare providers and others.

*Continued on next page*
La Leche League of San Francisco, cont.

- Their book “The Womanly Art of Breastfeeding” includes medical research on breastfeeding and the wisdom and experience of breastfeeding mothers is available in English, Spanish, French, German, Dutch, Italian, Japanese, Indonesian and Braille.

Meeting Time and Locations:

3rd Tuesday of the Month from 10-11:30am
Natural Resources
1367 Valencia Street, San Francisco, CA 94110

1st Wednesday of the Month from 6-7:30pm
San Francisco Public Library, Richmond Branch
351 9th Avenue (Between Geary & Clement), San Francisco, CA 94118

4th Sunday of the Month from 3:30-5pm
Community Well
78 Ocean Avenue, San Francisco, CA 94112

Eligibility Criteria
Services available to all interested women. Babies and children are always welcome.

Languages Available
Bay Area Locations (some not all)
Services mainly offered in English. However, local LLL centers have connections to other leaders/ counselors who may be able to provide services in Spanish, Mandarin, and Cantonese.

La Leche League International Publication, #558 is a LLLI Translation List and Directory.

Continued on next page
La Leche League of San Francisco, cont.

Please call (847) 519-9585 between 9:00am - 5:00pm (Central Standard Time) to order a free copy. Items in the following languages must be ordered from LLLI; they are not available at the local level.

- Afrikaans
- Arabic
- Braille (English)
- Cambodian
- Chinese
- Dutch
- Finnish
- French
- German
- Greek
- Hebrew
- Hmong-Hmoob
- Hungarian
- Indonesian
- Italian
- Japanese
- Korean
- Laotian
- Polish
- Portuguese
- Russian
- Sotho / Xhosa / Zulu
- Spanish
- Tagalog
- Thai
- Turkish
- Vietnamese

**Fees**

- Telephone help line is free to all mothers **1-800-LALECHE (1-800-525-3243)**
- Free online help available at [http://www.llli.org/help_form](http://www.llli.org/help_form) Mothers attending meetings are asked to join LLL by paying a membership fee.
- Support groups are free but membership is highly encouraged.
- $40 yearly membership fee includes:
  - A choice of one of the following books “The Womanly Art of Breastfeeding” OR “Mothering Your Nursing Toddler” OR “Sweet Sleep”
  - Granted access to the group library
  - A digital subscription to the LLL magazine titled Breastfeeding Today
  - An invitation to the Annual Member Appreciation Tea, held in October
- $25 yearly membership fee includes:
  - All of the above, minus the free book.
Services Description

Leah’s Pantry’s vision is to provide support to all San Francisco residents who want to live a healthy life. They encourage cooking at home, eating lots of fruits and veggies, being a "bright spot" in our communities, and keeping our bodies active. They inspire people to make healthy, lasting changes by encouraging them to start from where they are. Through interactive activities, recipes, and discussions, clients learn to use what they learn to inform their choices - one step at a time. They offer nutrition and cooking education programs, Food Smarts Workshops, to kids, adults, and seniors throughout San Francisco. They run the Food Smarts Training Program to train staff, volunteers, and community members to run workshops in the community.

EatFresh.org is a website with hundreds of healthy, easy recipes that fit your budget. Visit EatFresh.org to find fast dinner ideas, health tips, and county resources. Take the free EatFresh.org Mini Course to learn ways to support your family’s health, at http://eatfresh.org/

Languages Available
Services available in English, Spanish, Chinese, and Russian.

Fees and eligibility requirements
Food Smarts Workshops are available and free for qualifying sites that are approved by the agency and the San Francisco City and County SNAP-Ed Work Plan. Please call the number above for more information.
Services Description
- Provide a variety of health education materials and services. A catalog of materials is available upon request
- Continuing education resources are available for medical providers through print and online modules, provider conferences and workshops on topics related to improving prenatal outcomes
- Free service to businesses through the “Healthy Babies Healthy Business” program. HBHB delivers pregnancy and wellness information to employees through corporate Intranet systems

Eligibility Criteria
Services available to all

Languages Available
Materials and workshops are in English; some are also available in Spanish

Fees
Free or low cost
The California Department of Public Health (CDPH) conducts obesity prevention activities through programs in several of its Divisions, including Maternal, Child and Adolescent Health, Chronic Disease Prevention, Health in All Policies and the Women, Infants and Children (WIC) Nutrition Division. The mission of the Nutrition Education and Obesity Prevention Branch (NEOPB) is to reduce the prevalence of overweight and obesity in California residents through education and other strategies. Primary funding sources are the US Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, Education Program (SNAP-Ed) and the US Department of Health and Human Services (USDHHS) Centers for Disease Control and Prevention (CDC).

NEOPB addresses the statewide obesity epidemic through food and activity education, breastfeeding support, community development strategies and marketing of healthy behaviors, focusing on low income Californians. CDPH/NEOPB, in a manner consistent with tobacco control, immunizations, HIV/AIDS control and other public
health imperatives, works primarily through its counterparts in local health jurisdictions to assess and conduct surveillance of community needs, plan and implement strategies, engage with local stakeholders and to evaluate the health outcomes of the strategies to strengthen the evidence for future practices.

The expectation of declining funds drives the transition to the current service model, in which the state’s funds are granted to Local Health Departments (LHDs) for obesity prevention activities, with university-led research and state public health oversight to ensure the service model remains valid and sustainable.

Funding Background
A five-year plan to conserve resources for local obesity prevention efforts is in its implementation phase:

- Federal legislation, the Healthy Hunger Free Kids Act (HHFK), passed in 2010 transformed SNAP-Ed funding to a capped federal grant with a funding formula that will result in a 30 percent reduction in California’s SNAP-Ed funds by Federal Fiscal Year (FFY) 2018.
- At the same time, HHFK also enlarged the scope of activities of the grant from solely nutrition education to broader, obesity prevention efforts including policy, systems and environmental changes to improve access to healthier foods and opportunities for physical activity in low income neighborhoods.
- It is therefore incumbent on CDPH to allocate these funds through a mechanism that will maximize options for streamlining operations, ensuring fidelity of the program delivery through LHD partners and ensuring the most significant public health/obesity prevention outcomes.

The LHD Model of Obesity Prevention: State Driven, Locally Executed
- The new federal funding mechanism made it imperative for CDPH to consolidate its largest source of obesity prevention funds and ensure a sustainable infrastructure, while responding to USDA’s direction to implement proven public health strategies that transcend education-only approaches.
- In 2011, CDPH conducted a year-long analysis of the options, in collaboration with stakeholders and researchers. As a result of this analysis and of the changes brought about by HHFK 2010.

Continues on next page
NEOPB, cont.

- CDPH transitioned to a new funding model that distributes funds to LHDs based on their percentage of the SNAP-eligible population. Under the previous funding formula, 19 jurisdictions did not receive any SNAP-Ed funding.
- Distributing funds to LHDs provides statewide access to obesity prevention activities and ensures that SNAP-Ed activities are coordinated based on community needs.
- The LHD model ensures that funding continues to be delivered to CBOs with a mission of protecting the public’s health.
- The result, evident within the first year, is a more equitable distribution of obesity-prevention funds based on SNAP eligibility and locally-executed activities driven by state research, evidence based practices and LHD community activities.

The benefits of working systematically with 58 of the state’s LHDs are:

- Geographic equity and greater potential for ethnic equity.
- Investment of funds in recognized public health experts mandated to protect the health of their community.
- Leveraging of LHDs infrastructure, partnerships, and knowledge of community needs.
- Local direction, engagement and activities responsive to community assets.
- Creation and expansion of dynamic local partnerships to multiply LHD efforts.
- Statewide direction, development and distribution of targeted campaigns, media, resources and community event activities that can be tailored to the community’s needs.
- Streamlined and standardized evaluation.
- Opportunities for former SNAP-Ed contractors to work with the LHDs as resources allow.

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CDPH Capacity and Resources
CDPH provides statewide direction on nutrition education and obesity prevention strategies offering:

- Access to resources, targeting low income audiences, including mothers, children, youth, Latinos and African Americans and place-based initiatives including retail, worksite and faith communities.
- Training and technical guidance to LHDs on the execution of obesity prevention programs and strategies.
- Ongoing creation of marketing and support materials that are science based and audience tested.
- Planning, production, and placement of statewide mass media campaigns to spark awareness and action.
- Collection, analysis and dissemination of formative research on best practices of programs and policies that improve the health of underserved low-income populations.
- Evaluation for community-based projects, systems and environmental changes and data collection.
- Evaluation of statewide trends in obesity and dietary and other obesity-related behaviors.

In summary, obesity is a community challenge that requires a public health solution. The core functions of public health – monitoring disease status, implementing proven interventions, evaluating program effectiveness, etc. – are in alignment with the deliverables required for SNAP-Ed by USDA. In addition, LHDs enjoy a broad set of partnerships, including those with CBOs, school districts, health care agencies, and other government entities. These partnerships allow LHDs to best coordinate and implement SNAP-Ed across both public and private sector organizations and the community.

The mandate of LHDs is aligned with the mission of SNAP-Ed. Public health agencies are best positioned to work toward the local policy, systems, and environmental changes that are necessary to affect the target audience and fulfill the mission of SNAP-Ed.
NUTRITION INFORMATION AND EDUCATION

Nutrition Education and Obesity Prevention Chinese Project

Chinatown Public Health Center, Nutrition Services
1490 Mason Street,
San Francisco, CA 94133
Phone: (415) 364-7915
Fax: (415) 986-1130
https://www.sfdph.org/dph/comupg/oprograms/nutritionsvcs/chineseproj/

Services Description

Nutrition Education and Obesity Prevention Chinese Project is a project of Chinatown Public Health Center, San Francisco Department of Public Health, funded by the United States Department of Agriculture to empower the low-income Chinese community in San Francisco to improve their nutritional and physical well-being in order to reduce the risk of obesity and other chronic diseases. Through community nutrition outreach, media outreach, local coalition building, policy setting and collaboration with community partners, three key objectives are addressed: 1) Promote daily intake of fruits and vegetables according to the latest Dietary Guidelines for Americans recommendations; 2) Promote daily physical activity for a minimum of 30-60 minutes (for adults and children, respectively); and 3) Encourage participation in federal food assistance programs for qualifying participants.

Chinese Body, Mind & Soul is a wellness program under the Nutrition Education and Obesity Prevention Chinese Project. It is developed for the Chinese faith-based organizations in San Francisco to reduce risk of obesity and other chronic diseases. The Chinese Body, Mind & Soul program is made up of three pillars, including: 1) Committed church pastors/leaders who promote healthy eating and active living 2) Church activities that promote healthy eating and active living, and 3) Church environments that promote healthy eating and active living.

Weekly nutrition and physical activity classes have been offered to all Chinese families in local churches. Please call for more information.

Continued on next page
NEOPB Chinese Project, Cont.

**Eligibility Criteria**
Service available to all

**Languages Available**
English and Cantonese services are available.

**Fees**
No Fee
Nutrition Education Project
School Health Programs, San Francisco Unified School District
1515 Quintara St.
San Francisco, CA 94116
Phone: (415) 242-2615
Fax: (415) 242-2618
www.healthiersf.org

Service Description
The Nutrition Education Project works in low income public schools to support a healthy food and physical activity environment, as mandated by the SFUSD Wellness Policy. Implementation strategies include classroom lessons, family workshops, site-based wellness teams, peer education and Harvest of the Month activities.

Eligibility Criteria
Target schools must have at least 50% of students participating as free/reduced in the National School Lunch Program

Enrollment Procedures:
Target schools are determined by need, interest and capacity.

Languages offered: English

Fees:
No Fee
Services Description

- Information about where to get fresh fruit and vegetables in San Francisco's two lowest-income neighborhoods, Bayview Hunters-Point and the Tenderloin.

- Bayview-Hunters Point information includes walking distances between neighborhood public housing sites and nearest fresh food outlets.

Eligibility Criteria

- There are no eligibility criteria, but the information targets seniors and low-income.

- Bayview-Hunters Point information is available to all in brochure form and online.

- Tenderloin information is available to all in printed form as Issue 69 of Central City Extra by calling (415) 626-1650 and requesting a copy or online.

Languages Available

Information available in English only.

Fees

No fee
NUTRITION INFORMATION AND EDUCATION

United States Food and Drug Administration (FDA)
Public Affairs Office
1431 Harbor Bay Parkway
Alameda, CA  94502
Phone: (510) 337-6888
www.fda.gov

Services Description
• Public Affairs Specialists (PASs) office serves as a local liaison between the
general public, including the media, and the FDA

• Available to answer questions about food/food safety, nutrition, drugs, devices,
and other health - related issues relevant to the FDA. This can be done by phone,
mail, or e-mail (janet.mcdonald@fda.hhs.gov)

• Available to give speeches / workshops and staff exhibits for professional and
community events, depending on availability resources

• Reprints of articles from the agency’s magazine, “FDA Consumer”, and other
printed materials are available. Printed materials are available in quantities for
educational purposes

• A wealth of information, including educational materials and slide shows for
downloading, can be found on the website – www.fda.gov

Eligibility Criteria
Services available to all

Languages Available
Materials are available in English
Some materials are also available in Spanish and various Asian languages

Fees
No fee
Services Description

- Provide nutrition education instruction on basic nutrition, resource management, food shopping and preparation skills, child feeding practices, and food safety
- Program delivery approaches include group instruction, workshops, program, and in-home instruction
- Adult Nutrition Education Programs (UC CalFresh, EFNEP)
- UC CalFresh Youth Nutrition Education Program
- In-service training for teachers and child care providers to implement the various curricula
- Classroom presentations
- Coordination of special nutrition education events
- Newsletters

Eligibility Criteria

EFNEP
- Limited resource families with young children.

Adult UC CalFresh Education Program
- CalFresh recipients
- UC CalFresh Youth Nutrition Education Program
- Schools where at least 50% of students receive free or reduced price school lunches, and other youth organizations which serve low income children

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University of California Cooperative Extension, cont.

Languages Available
Instruction given in English, Spanish, Chinese and Vietnamese by bilingual paraprofessional Nutrition Education Program Representatives

Nutrition education literature available in English, Spanish, Chinese and Vietnamese

Fees
No fee
VEGETARIANISM and VEGETARIAN DIETS

The following paper is printed with permission from the Academy of Nutrition and Dietetics

We have additional online resources on vegetarian diets following the paper.
Position of the Academy of Nutrition and Dietetics: Vegetarian Diets

ABSTRACT
It is the position of the Academy of Nutrition and Dietetics that appropriately planned vegetarian, including vegan, diets are healthful, nutritionally adequate, and may provide health benefits for the prevention and treatment of certain diseases. These diets are appropriate for all stages of the life cycle, including pregnancy, lactation, infancy, childhood, adolescence, older adulthood, and for athletes. Plant-based diets are more environmentally sustainable than diets rich in animal products because they use fewer natural resources and are associated with much less environmental damage. Vegetarians and vegans are at reduced risk of certain health conditions, including ischemic heart disease, type 2 diabetes, hypertension, certain types of cancer, and obesity. Low intake of saturated fat and high intakes of vegetables, fruits, whole grains, legumes, soy products, nuts, and seeds (all rich in fiber and phytocchemicals) are characteristics of vegetarian and vegan diets that produce lower total and low-density lipoprotein cholesterol levels and better serum glucose control. These factors contribute to reduction of chronic disease. Vegans need reliable sources of vitamin B-12, such as fortified foods or supplements.


VEGETARIAN AND VEGAN dietary patterns can be quite diverse because of the variety of food choices available and the different factors that motivate people to adopt such patterns. People choose to adopt a vegetarian diet for many reasons, such as compassion toward animals, a desire to better protect the environment, to lower their risk of chronic diseases, or to therapeutically manage those diseases. A well-planned vegetarian diet containing vegetables, fruits, whole grains, legumes, nuts, and seeds can provide adequate nutrition. Vegetarian diets are devoid of flesh foods (such as meat, poultry, wild game, seafood, and their products). The most commonly followed vegetarian diets are shown in Figure 1. The adoption of a vegetarian diet may cause a reduced intake of certain nutrients; however, deficiencies can be readily avoided by appropriate planning.

VEGETARIAN DIETS IN PERSPECTIVE
Trends among Vegetarians
According to a nationwide poll in 2016, approximately 3.3% of American adults are vegetarian or vegan (never eat meat, poultry, or fish), and about 46% of vegetarians are vegan. The same poll revealed that 6% of young adults [18 to 34 years] are vegetarian or vegan, while only 2% of those 65 years or older are vegetarian. Sales of alternative meat products reached $8.5 billion in 2012, an 8% increase in 2 years. It was observed that 36% of survey respondents sought vegan meat alternatives largely from the 18- to 34-year-old age group. While whole plant foods serve best as dietary staples, some processed and fortified foods, such as nondairy beverages, meat analogs, and breakfast cereals, can contribute substantially to the nutrient intake of vegetarians.

Plant-based diets, including vegetarian and vegan diets, are becoming well accepted, as further evidenced by many nonprofit and government institutions highlighting this dietary choice. The American Institute for Cancer Research encourages a plant-based diet, suggesting Americans consume two-thirds of their dietary intake from vegetables, fruits, whole grains, and beans. In the 2015-2020 Dietary Guidelines for Americans, vegetarian diets are recommended as one of three healthy dietary patterns, and meal plans are provided for those following lacto-ovo-vegetarian and vegan diets. The National School Lunch Program, while not requiring vegetarian options per se, requires schools to increase availability of fruits, vegetables, and whole grains in current meal patterns in the school menu.

Those following a vegetarian diet now have technological support. To date, while no online nutrition food tracker exists strictly for vegetarian diets, some allow clients to select vegetarian and vegan plans. These applications for mobile devices allow vegetarians to discover nutritional needs, track intake, and locate restaurants and markets where vegan foods are available. The online tracking tool at www.supertracker.usda.gov is a part of the US Department of Agriculture Choose My Plate program.

NUTRITION CONSIDERATIONS FOR VEGETARIANS
Protein
Vegetarians, including vegans, diet typically meet or exceed recommended
Concerns about the iron status of vegetarians have led to questions of bioavailability of non-heme iron from plant foods. Non-heme iron absorption depends upon physiological need and is regulated in part by iron stores. Its absorption can vary greatly, depending upon both the meal composition and the iron status of the individual. Bioavailability also can be impacted by the ratio of inhibitors, such as phytates and polyphenolics, and enhancers, such as vitamin C, citric acid, and other organic acids. In a recent review, non-heme iron absorption was seen to vary from 1% to 23%, depending upon iron status and dietary enhancers and inhibitors. A newly developed regression equation enables iron absorption to be predicted from serum ferritin levels and dietary modifiers. Diet had a greater effect on iron absorption when serum ferritin levels were low. Nonheme iron absorption can be as much as 10 times greater in iron-efficient individuals compared with iron-replete individuals. The Dietary Reference Intake assigned to iron for vegetarians in 2001 was 80% more than that for non-vegetarians. This derives from the lower iron absorption of iron from a vegetarian diet is 10%, whereas that from a nonvegetarian diet is 18%. These assumptions were based on very limited data using single-meal absorption studies involving meals that were aypical of what most vegetarians consume in Western countries.

We now know that individuals can adapt and absorb non-heme iron more effectively. The magnitude of the effect of enhancers and inhibitors of iron absorption can diminish with time. Individuals are able to adapt to low intakes of iron over time and can reduce iron losses. In one study, total iron absorption significantly increased by almost 40% after 10 weeks of consuming the low-bioavailability diet.

**n-3 Fatty Acids**

While α-linolenic acid (ALA) intakes of vegetarians and vegans are similar to those of nonvegetarians, dietary intakes of the long-chain n-3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), are lower in vegetarians and typically absent in vegans. Compared with nonvegetarians, blood and tissue levels of EPA and DHA can be significantly lower.

The clinical relevance of reduced EPA and DHA status among vegetarians and vegans is unknown. Long-chain n-3 fatty acids are important for the development and maintenance of the brain, retina, and cell membranes and favorably impact pregnancy hormones and risk for cardiovascular disease (CVD) and other chronic diseases. Yet, vegetarian and vegan children do not appear to experience impairment in visual or mental development, and vegetarian and vegan adults experience reduced risk for CVD.

ALA is endogenously converted to EPA and DHA, but the process is somewhat inefficient and is affected by sex, dietary composition, health status, and age. High intakes of linoleic acid (LA) may suppress ALA conversion. A ratio of LA/ALA not exceeding 4:1 has been suggested for optimal conversion.

The Dietary Reference Intake for ALA is 1.6 g/day and 1.1 g/day for men and women, respectively. For vegetarians and vegans, it may be prudent to ensure somewhat higher intakes of ALA. The most concentrated plant sources of n-3 fatty acids are seeds (flax, chia, canola, and hemp), walnuts, and their oils. Evidence suggests that n-3 needs of healthy individuals can be met with ALA alone, and that endogenous synthesis of EPA and DHA from ALA is sufficient to keep levels stable over many years. Low-dose microalgae-based DHA supplements are available for all vegetarians with increased needs (e.g., pregnant or lactating women) of with reduced conversion ability (e.g., those with hypertension or diabetes).

**Iron**

Vegetarians generally consume as much iron as, or slightly more than, omnivores. Despite having similar iron intakes, the iron stores of vegetarians are typically below those of nonvegetarians. Lower serum ferritin levels may be an advantage because elevated serum ferritin levels have independently been associated with the risk of developing metabolic syndrome.

Figure 1. Types of vegetarian diets.
status are similar to those values seen in nonvegetarians.7

Zinc
Compared with nonvegetarian control groups, studies show adult vegetarians 
have dietary zinc intakes that are similar or somewhat lower, and serum 
zinc concentrations that are lower but within the normal range.2,24 There do 
not appear to be any adverse health consequences in adult vegetarians that 
are attributable to a lower zinc status, possibly due to homeostatic mecha-
nisms that allow adults to adapt to a vegetarian diet. Overt zinc deficiency is 
not evident in Western vegetarians. For the at-risk members of the 
population (older adults, children, and pregnant and lactating women), 
there is insufficient evidence to determine whether zinc status is lower in 
vegetarians compared with nonvegetarians. Zinc sources for the 
vegetarian include soy products, legumes, grains, cheese, seeds, and nuts. Food preparation techniques, such as soaking and sprouting beans, 
grains, nuts, and seeds, as well as leavening, can reduce binding of 
zinc by phytic acid and increase zinc bioavailability.28 Organic acids, such as 
citric acid, also can enhance zinc absorption to some extent.25

Iodine
Because plant-based diets can be low in iodine, vegans who do not consume 
key vegan sources of iodine, such as iodized salt or sea vegetables, may 
be at risk for iodine deficiency.27 The iodine content of sea vegetables varies 
widely and some may contain substantial amounts of iodine.28 Intakes 
should not exceed the Tolerable Upper Intake Level of 1,100 μg for adults.29 
Vegan women of child-bearing age should supplement with 150 μg/day 
iodine.27,29 Sea salt, kosher salt, and salty seasonings, such as tamari, are 
generally not iodized,30 and iodized salt is not used in processed foods. Dairy 
products may contain iodine, although amounts can vary considerably.31 
Although foods such as soybeans, cruciferous vegetables and sweet 
potatoes contain natural goitrogens, these foods have not been associated 
with thyroid insufficiency in healthy people, provided that iodine intake is 
adequate.24,29,32

Calcium
Intakes of lacto-ovo-vegetarians typically meet or exceed calcium recommen-
dations, while calcium intakes of vegans vary widely and sometimes fall 
below recommendations.7 Bioavailability of calcium from plant foods, 
which is related to oxalate content of foods and, to a lesser degree, phytate 
and fiber, is an important consideration. Fractional absorption from high-oxalate 
vegetables, such as spinach, beet greens, and Swiss chard, may be as low as 5%. Thus, 
these cannot be considered good sources of calcium, despite their high 
calcium content. In comparison, absorption from low-oxalate vegetables, 
such as kale, turnip greens, Chinese cabbage, and bok choy, is about 50%.31 
Absorption from calcium-set tofu (made with a calcium salt) and from 
most fortified plant milks is similar to that from cow’s milk, at approximately 30%.32,33 
Other plant foods, such as white beans, almonds, tahini, figs, and 
oranges, provide moderate amounts of calcium with somewhat lower 
bioavailability (about 20%). Comparing forms of calcium used for fortification, 
bioavailability of calcium-citrate 
malate can be at least 36%, while others are about 30%.34 Registered dieti-
nutritionists (RDNs) and nutrition and dietetics technicians (NDTAs) can help 
diets clients meet calcium needs by encouraging regular con-
sumption of good calcium sources and, when necessary, low-dose calcium 
supplements.

Vitamin D
Vitamin D status depends on sunlight exposure and intake of vitamin 
D—fortified foods or supplements.7,35 The extent of cutaneous vitamin D 
production after sunlight exposure is highly variable and is dependent on a 
number of factors, including the time of day, season, latitude, air pollution, 
skin pigmentation, sunscreen use, amount of clothing covering the skin, 
and age.35,36 Low vitamin D intakes have been reported in some vegetari-
nans and vegans, as well as low plasma or serum 25-hydroxyvitamin D levels, 
the latter especially when the blood was collected in the winter or spring, 
and especially in those living at high latitudes.36 Dietary and supplemental 
Sources of vitamin D are commonly required to meet the needs of this 
nutrient. Foods that are fortified with vitamin D include cow’s milk, some 
non-dairy milks, fruit juices, breakfast cereals, and margarines. Eggs may also 
provide some vitamin D. Mushrooms 
treated with ultraviolet light can be 
sources of vitamin D.3,37 Both vitamin D-2 and vitamin D-3 are 
used in supplements and to fortify foods. Vitamin D-3 (cholecalciferol) may 
be of plant or animal origin, while vitamin D-2 (ergocalciferol) is 
produced from the ultraviolet irradiation of ergosterol from yeast. At low doses, 
vitamin D-2 and vitamin D-3 appear to be equivalent, but at higher doses 
vitamin D-2 appears to be less effective than vitamin D-3.38 If sun exposure 
and intake of fortified foods are insufficient to meet needs, vitamin D supplemen-
tes are recommended, especially for the older adults.32,33,34 Because vitamin D 
influences a large number of metabolic pathways beyond bone meta-
bolism,31,36,37 some experts recommend daily intakes of vitamin D of 1,000 to 
2,000 IU, or even more.

Vitamin B-12
Vitamin B-12 is not a component of plant foods.7,25 Fermented foods (such 
as tempeh, nori, spirulina, chlorella 
algae, and unfortified nutritional yeast cannot be relied upon as adequate or 
practical sources of B-12.30,42 Vegans must regularly consume reliable sources— 
meaning B-12—fortified foods or B-12-containing supplements—or they 
could become deficient, as shown in case studies of vegan infants, children, 
and adults.8,39 Most vegetarians should include these reliable B-12 sources 
because 1 cup of milk and one egg per 
day only provides about two-thirds of the Recommended Dietary Allowance 
(RDA).7,23,40 Early symptoms of a severe B-12 deficiency are unusual fatigue, tingling 
in the fingers or toes, poor cognition, 
poor digestion, and failure to thrive in 
small children. A subclinical B-12 defi-
ciency results in elevated homocysteine 
levels. People with little or no B-12 intake 
may feel healthy, however, long-term subclinical deficiency can lead to 
stroke, dementia, and poor bone 
health.8,41 Laboratory tests to assess 
Vitamin B-12 status include serum 
methylmalonic acid, serum or plasma 
B-12, and serum holo-con 
binding protein (Holo-TC) or Holo-TCR.7,23,41
The normal mechanism for B-12 absorption is via the intrinsic factor, which becomes saturated at about half the RDA and requires 4 to 6 hours before further absorption. Hence, fortified foods are best eaten twice during the course of a day. A second absorption mechanism is passive diffusion at a rate of 1%, allowing less-frequent consumption of large supplemental doses. Recommendations based on large doses have been made (eg, 500 to 1,000 µg cyanocobalamin several times per week). The four forms of B-12 are differentiated by their attached groups. Cyanocobalamin is most commonly used in fortified foods and supplements because of its stability. Methylcobalamin and adenosylcobalamin are forms used in the body’s enzymatic reactions; these are available in supplement forms that appear to be no more effective than cyanocobalamin and may require higher doses than the RDA. Hydroxocobalamin is the form used effectively for injections.

THERAPEUTIC VEGETARIAN DIETS AND CHRONIC DISEASE
Previous research that adequate nutrition education is given, a therapeutic vegetarian diet performs as well as omnivorous diets in terms of adherence. As with implementation of any diet, employing a variety of counseling strategies, including motivational interviewing, frequent sessions, cooking demonstrations, and incentives, can improve nutrition-related outcomes when using a vegetarian diet therapeutically.

Overweight and Obesity
With more than two-thirds the American population overweight or obese and numbers increasing, RDs should be aware of the evidence to support the use of vegetarian and vegan diets for achieving and maintaining a healthy weight. A healthy body weight is associated with improved cardiovascular function and insulin sensitivity, as well as helping to reduce the risk of other chronic diseases.

Plant-based dietary patterns are also associated with lower body mass index (BMI, calculated as kg/m²). In the Adventist Health Study-2, mean BMI was highest (28.8) in meat eaters and lowest in those who avoided all animal products (23.6). Similarly, in the EPIC-Oxford Study, researchers found the highest mean BMI among meat eaters (24.4) and the lowest among vegans (22.5). In the Swedish Mammography Cohort study, researchers found that the prevalence of overweight or obesity was 40% among omnivores and 25% among vegetarians.

Research indicates that therapeutic use of a vegetarian diet is effective for treating overweight and may perform better than alternative omnivorous diets for the same purpose. Two meta-analyses of intervention trials showed that adoption of vegetarian diets was associated with greater weight loss compared with control diet groups. A vegan diet with structured group support and behavioral therapy compared with the National Cholesterol Education Program diet was associated with significantly greater weight loss after 1 and 2 years.

CVD, Including Hyperlipidemia, Ischemic Heart Disease, and Hypertension
Vegetarian diets are associated with a reduction in the risk of CVD. Vegetarian diets improve several modifiable heart disease risk factors, including abdominal obesity, blood pressure, serum lipid profile, and blood glucose. They also decrease markers of inflammation such as C-reactive protein, reduce oxidative stress, and protect from atherosclerotic plaque formation. Consequently, vegetarians have reduced risk of developing and dying from ischemic heart disease. Vegan diets seem to be most beneficial in improving heart disease risk factors. The EPIC-Oxford study revealed that those who consumed a vegan diet ate the most fiber, the least total fat and saturated fat, and had the healthiest body weight and cholesterol levels compared with omnivores and other vegetarians. A meta-analysis of 11 randomized controlled trials found that those participants assigned to a vegetarian diet experienced a substantial reduction in total, low-density lipoprotein, and high-density lipoprotein cholesterol, which corresponded with an approximately 10% reduced risk of heart disease. The vegetarian diet was especially beneficial for healthy weight and overweight individuals, but less effective for obese individuals, underscoring the importance of early dietary intervention for long-term risk reduction.

In the Adventist Health Study-2 of 73,308 Seventh-Day Adventists, researchers found that vegetarians had a 13% and 19% decreased risk for developing CVD and ischemic heart disease, respectively, compared with nonvegetarians. A previous analysis from the EPIC study found that vegetarian groups had a 32% lower risk of hospitalization or death from heart disease. Vegetarians enjoy a lower risk of heart disease by regularly consuming a variety of vegetables, fruit, whole grains, legumes, and nuts. Low-fat vegan and vegetarian diets, combined with other lifestyle factors, including not smoking and weight reduction, have been shown to reverse atherosclerosis. Risk factors for coronary heart disease, such as total and low-density lipoprotein cholesterol levels, body weight, and body fat, improve within a short time on a vegetarian diet even without the use of cholesterol-lowering drugs.

Compared with nonvegetarians, vegetarians have a lower prevalence of hypertension. Results of the EPIC-Oxford study showed vegans have the lowest systolic and diastolic blood pressure levels and the lowest rate of hypertension in all diet groups (vegans, vegetarians, fish eaters, and meat eaters). Data from the Adventist Health Study-2 confirmed that vegans have the lowest blood pressure levels and the lowest hypertension of all vegetarians, and significantly less than the meat eaters. A meta-analysis comparing blood pressure from more than 21,000 people around the world found that those who follow a vegetarian diet have systolic blood pressure about 7 mm Hg lower and diastolic blood pressure 5 mm Hg lower than study participants who consume an omnivorous diet.

Diabetes
Compared with meat eaters, lacto-ovo-vegetarians and vegans have lower risk of type 2 diabetes. The Adventist Health Study-2 reported that meat...
eaters had more than twice the prevalence of diabetes compared with lacto-ovo-vegetarians and vegans, even after correcting for BMI. Among those who were free of diabetes, the Adventist Health Study found that the odds of developing diabetes were reduced by 77% for vegans and by 54% for lacto-ovo-vegetarians compared with non-vegetarians (adjusting for age). When BMI and other confounding factors were adjusted for, the association remained strong. Vegans were 62% less likely to develop diabetes, while lacto-ovo-vegetarians were 36% less likely.  

Prevention. In the past 2 decades, prospective observational studies and clinical trials have provided significant evidence that diets rich in whole grains, fruits, vegetables, legumes, seeds, and nuts, and lower in refined grains, red or processed meats, and sugar-sweetened beverages, reduce the risk of diabetes and improve glycemic control and blood lipids in patients with diabetes. Whole-grain intake has been consistently associated with a lower risk of diabetes, even after adjusting for BMI. Legumes, which are low glycemic index foods, may provide benefits for diabetes by reducing postprandial glucose levels after consumption of a meal as well as after a subsequent meal, known as the “second-meal effect.” A meta-analysis demonstrated that higher intakes of fruit or vegetables, particularly green vegetables, were associated with a significant reduction in risk of type 2 diabetes. In the Nurses' Health Study I and II, greater nut consumption, especially walnuts, was associated with a lower risk of diabetes. Conversely, red and processed meats are strongly associated with increased fasting glucose and insulin concentrations and diabetes risk. Potential etiologies for the association of meat and diabetes include saturated fatty acid, advanced glycation end products, nitrates/nitrates, heme iron, trimethylamine N-oxide, branched amino acids, and endocrine disruptor chemicals.

Treatment. In a randomized clinical trial comparing a low-fat vegan diet to a diet based on the American Diabetes Association guidelines, greater improvements in glycemic control, blood lipids, and body weight were seen in the vegan group. In a 24-week randomized controlled trial in patients with type 2 diabetes, those on an isocaloric vegetarian diet reported greater improvements of insulin sensitivity, reduction in visceral fat, and a reduction in inflammatory markers than those on a conventional diabetic diet.

According to a meta-analysis of six controlled clinical trials, vegetarian diets were associated with improved glycemic control in people with type 2 diabetes. Vegetarian and vegan dietary patterns characterized by nutrient-dense, high-fiber plant foods lower the risk of type 2 diabetes and serve as effective therapeutic tools in the management of type 2 diabetes.

Cancer

Results from the Adventist Health Study-2 revealed that vegetarian diets are associated with a lower overall cancer risk, and especially a lower risk of gastrointestinal cancer. Furthermore, a vegan diet appeared to confer a greater protection against overall cancer incidence than any other dietary pattern. Recently, vegan diets were reported to confer about a 35% lower risk of prostate cancer. A meta-analysis of seven studies reported vegetarians having a 18% lower overall cancer incidence than non-vegetarians.

Epidemiologic studies have consistently shown that a regular consumption of fruit, vegetables, legumes, or whole grains is associated with a reduced risk of certain cancers. A vast array of phytochemicals, such as sulforaphane, ferulic acid, genistein, indole-3-carbinol, curcumin, epigallocatechin-3-gallate, diallyldisulfide, resveratrol, lycopene, and quercetin found in vegetables, legumes, fruits, spices, and whole grains may provide protection against cancer. These phytochemicals are known to interfere with a number of cellular processes involved in the progression of cancer. Vegetarians typically consume higher levels of fiber compared with other diets. The EPIC study involving 10 European countries reported a 25% reduction in risk of colorectal cancer for the highest intake of dietary fiber compared with the lowest. On the other hand, in two large US cohorts, a positive association was observed between processed red meat consumption and risk of colorectal cancer. Processed meat consumption was also seen to increase the risk of dying from cancer. In a systematic review and meta-analysis of 26 epidemiologic studies, the relative risk of colorectal adenomas was 1.27 per daily 100-g intake of red meat and 1.29 per daily 50-g intake of processed meat.

Osteoporosis

Bone studies have reported that vegetarians have either similar or slightly reduced bone mineral density levels compared with omnivores, with vegans typically having the lowest levels. While the differences are relatively modest, they appear not to be of clinical significance, provided the nutrients of concern are adequately provided. Vegetarian diets are associated with several factors that promote bone health, including high intakes of vegetables and fruits, an abundant supply of magnesium, potassium, vitamin K, vitamin C, and a relatively low acid load. Conversely, they can compromise bone health when low in calcium, vitamin D, vitamin B-12, and protein. EPIC-Oxford reported a 30% increase in fracture risk of vegetarians as a group, but no increase in fracture risk in lacto-ovo-vegetarians compared to non-vegetarians. However, when only vegans with calcium intakes >525 mg/day were included in the analysis, differences in fracture risk disappeared. The Adventist Health Study-2 reported that more frequent intakes of legumes and meat analogs reduced risk of hip fracture, with a greater protective effect than that of meat.

Protein has a neutral or slightly positive impact on bone health. Inadequate intakes of vitamins D and B-12 have been linked to low bone mineral density, increased fracture risk, and osteoporosis. To achieve and maintain excellent bone health, vegetarians and vegans are well advised to meet the RDA for all nutrients, particularly calcium, vitamin D, vitamin B-12, and protein, and to consume generous servings of vegetables and fruits.

VEGETARIAN DIETS THROUGHOUT THE LIFE CYCLE

Well-planned vegan, lacto-vegetarian, and lacto-ovo-vegetarian diets are
appropriate, and they satisfy the nutrient needs and promote normal growth at all stages of the life cycle, including pregnancy and lactation, infancy, childhood, adolescence, older adulthood, and for athletes.

**Pregnant and Lactating Women**

Limited research indicates that where food access is adequate, vegetarian pregnancy outcomes, such as birth weight and pregnancy duration, are similar to those in nonvegetarian pregnancy. Use of a vegetarian diet in the first trimester resulted in lower risk of excessive gestational weight gain in one study. Maternal diets high in plant foods may reduce the risk of complications of pregnancy, such as gestational diabetes. The Academy of Nutrition and Dietetics’ position and practice papers on “Nutrition and Lifestyle for a Healthy Pregnancy Outcome” provide appropriate guidance for pregnant vegetarians. Special consideration is required for iron, zinc, vitamin B-12, and EPA/DHA. Depending on dietary choices, pregnant vegetarians may have higher iron intakes than nonvegetarians and are more likely to use iron supplements. Because of the potential for inadequate iron intakes and the adverse effects of iron deficiency, a low-dose (30 mg) iron supplement is recommended in pregnancy. The recommended amount of iron could be provided via a prenatal supplement, a separate iron supplement, or a combination of these. There is insufficient evidence that zinc intake and status in vegetarian pregnancies differ from nonvegetarian pregnancies. Due to the increased zinc requirements of pregnancy and the lower bioavailability in diets based on high-phytate grains and legumes, increasing zinc intake and using food preparation techniques that improve bioavailability are recommended. Pregnant and lactating vegetarians need regular and adequate dietary and or supplemental sources of vitamin B-12.

Infants of vegetarian women have lower plasma DHA concentrations and breast milk of vegetarians is lower in DHA. These n-3 fatty acids can be synthesized to some extent from a-linolenic acid, but conversion rates are low (though somewhat enhanced in pregnancy). Pregnant and lactating vegetarians may benefit from direct sources of EPA and DHA derived from microalgae.

**Infants, Children, and Adolescents**

Exclusive breastfeeding is recommended for the first 6 months. If breastfeeding is not possible, commercial infant formulas should be used as the primary beverage for the first year. Complementary foods should be rich in energy, protein, iron, and zinc, and may include hummus, tofu, well-cooked legumes, and mashed avocado. Full fat, fortified soy milk, or dairy milk can be started as early as 1 year of age for toddlers who are growing normally and eating a variety of foods. Vegetable children and teens are at lower risk than their nonvegetarian peers for overweight and obesity. Children and adolescents with BMI values in the normal range are more likely to also be within the normal range as adults, resulting in significant disease risk reduction. Other benefits of a vegetarian diet in childhood and adolescence include greater consumption of fruits and vegetables, fewer sweets and salty snacks, and lower intakes of total and saturated fat. Consuming balanced vegetarian diets early in life can establish healthy lifelong habits.

The peak age of onset for the most common eating disorders is in the adolescent years. Eating disorders have a complex etiology and prior use of a vegetarian or vegan diet does not appear to increase the risk of an eating disorder, though some with preexisting disordered eating may choose these diets to aid in their limitation of food intake.

Nutrients that may require attention in the planning of nutritionally adequate diets for young vegetarians include iron, zinc, vitamin B-12, and for some, calcium and vitamin D. Mean protein intakes of vegetarian children generally meet or exceed recommendations. Protein needs of vegan children may be slightly higher than those of nonvegan children because of differences in protein digestibility and amino acid composition. Recommendations of 30% to 35% more protein for 1- to 3-year-old children, 20% to 30% more for 4 to 6 year olds, and 15% to 20% more for children older than 6 years have been suggested. While dietary factors may limit absorption of iron and zinc, deficiencies of these minerals are uncommon in vegetarian children in industrialized countries. Iron and zinc status of children on very restricted plant-based diets should be monitored. Supplementation of iron and zinc may be needed in such cases. Vitamin B-12 intake of vegan infants and children should be assessed and fortified foods and/or supplements used as needed to ensure adequacy.

**Older Adults**

Nutrient intakes of older vegetarians appear to be similar to or better than those of older nonvegetarians, although past research suggested lower zinc intakes and a greater incidence of poor iron status among vegetarians.

Caloric needs generally decrease with age, while requirements for some nutrients increase; thus, it is important that all older people choose nutrient-dense diets. Some evidence suggests that protein is used less efficiently with aging, which may translate to higher protein requirements. Thus, it is important for older vegetarians and vegans to include protein-rich foods such as legumes and soy foods in their diets. Meat analogs may be helpful as protein sources. Older people synthesize vitamin D less efficiently, and are likely to require supplements, especially if sun exposure is limited.

The higher calcium recommendations for older adults may be met more easily when fortified foods, such as plant milks, are included. The requirement for vitamin B-6 increases with aging, and may be higher than current RDAs for older people. Atrophic gastritis is common among people over the age of 50 years and can result in decreased absorption of vitamin B-12 from animal products. Therefore, many older people, regardless of diet, require vitamin B-12 supplements.

**ENVIRONMENTAL ISSUES**

Plant-based diets are more environmentally sustainable than diets rich in animal products because they use fewer natural resources and are associated with considerably less environmental damage. The current worldwide consumption of diets high in meat and...
dairy products is considered by some as unsustainable. The systematic review conducted by the Scientific Committee of the Dietary Guidelines for Americans provides evidence that diets higher in plant foods and lower in animal foods (like a vegetarian diet) are associated with lower environmental damage. Many scientists are calling for a substantial reduction of livestock products in the diet of humans as a major way to reverse climate change. Compared with omnivorous diets, vegetarian diets utilize less water and fossil fuel resources and use lower amounts of pesticides and fertilizers. Substituting beans for beef in the diet would significantly reduce the environmental footprint worldwide. To produce 1 kg protein from kidney beans requires 18 times less land, 10 times less water, 9 times less fuel, 12 times less fertilizer, and 10 times less pesticide in comparison to producing 1 kg protein from beef. In addition, beef production generates considerably more manure waste than from any other animal food production.

According to the US Environmental Protection Agency, about 70% of all water pollution in rivers and lakes in the United States is a result of pollution from animal farms. Animal agriculture is associated with land degradation, air pollution, loss of biodiversity, and global warming. Meat production makes a significant contribution to anthropogenic carbon dioxide emissions and anthropogenic methane and nitrous oxide emissions. Using calculations based on 210 common foods, greenhouse gas emissions from consuming a vegetarian diet were found to be 25% lower than from the use of a nonvegetarian diet. While a vegan diet can have >50% lower greenhouse emissions compared to a nonvegetarian diet.

While new technologies for animal farming are available, a recent study found that greenhouse gas emissions from the production and consumption of animal products were reduced only 5% due to a more efficient livestock production. The authors concluded that cuts in greenhouse gas emissions necessary to meet the global temperature target “imply a severe constraint on the long-term global consumption of animal food.” Others have suggested that reducing animal production has a greater potential to reduce greenhouse gas emissions than “technological mitigation or increased productivity measures.”

The use of antibiotics in farm animals as growth promoters and for the prevention and treatment of animal diseases has generated antibiotic-resistant bacteria. This antibiotic resistance can be transmitted to humans through animal food consumption and is now a major public health problem, causing illnesses that are difficult to treat, and resulting in increased morbidity, mortality, and health care costs.

ROLES, RESPONSIBILITIES, AND RESOURCES FOR THE RD AND NDTR

Vegan and vegetarian diets can provide significant health benefits compared with nonvegetarian diets. Ensuring energy balance; nutritional adequacy; and a focus on a variety of vegetables, legumes, fruits, whole grains, nuts, and seeds, can maximize these benefits. Nutrition and dietetics practitioners can play key roles in educating vegetarians about sources of specific...
vegetarian diets provide adequate nutrient intakes for all stages of the lifecycle and can also be useful in the therapeutic management of some chronic diseases. Overall nutrition, as assessed by the Alternative Healthy Eating Index, is typically better on vegetarian and vegan diets compared with omnivorous diets. While some vegetarian diets may be low in certain nutrients, such as calcium and vitamin B-12, this can be remedied by appropriate planning. Compared to nonvegetarian diets, vegetarian diets can provide protection against many chronic diseases, such as heart disease, hypertension, type 2 diabetes, obesity, and some cancers. Furthermore, a vegetarian diet could make more conservative use of natural resources and cause less environmental degradation. Greater educational resources are available today, and RDNs and NDTRs have more current information on vegetarian diets to better assist the general public and vegetarian diets in making well-informed decisions about their nutritional health.

CONCLUSIONS
Interest in and appreciation for plant-based diets continue to grow in the United States and other parts of the world as governmental agencies and various health and nutrition organizations promote the regular use of plant foods. Abundant choices in the marketplace facilitate following a plant-based diet. Well-designed

References

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USEFUL VEGETARIAN WEBSITES

General Vegetarian Nutrition:

Food and Nutrition Information Center, USDA
https://fnic.nal.usda.gov/

Loma Linda University Vegetarian Nutrition & Health Letter
http://www.llu.edu/allied-health/nutrition/links.page

Vegan Outreach
http://www.veganoutreach.org/whyvegan/health.html;
http://www.veganhealth.org/

The Vegan Society (vitamin B-12)
https://www.vegansociety.com/resources/nutrition-health/vitamins-minerals-and-more/vitamin-b12-your-key-facts
https://www.vegansociety.com/

Vegetarian Nutrition Dietetic Practice Group
http://www.vegetariannutrition.net/

Vegetarian Resource Group
http://www.vrg.org/

The Vegetarian Society of the United Kingdom
http://www.vegsoc.org/health/

The Vegan RD
http://www.theveganrd.com/

Continued on next pag
Useful Vegetarian Websites, cont.

Travel:

Happy Cow's Global Guide to Vegetarian Restaurants
www.happycow.net/

VegDining.com
www.vegdining.com/Home.cfm

Vegetarian Resource Group
www.vrg.org/travel/

Quantity Food Preparation:

Vegetarian Resource Group
http://www.vrg.org/fsupdate/
FOOD SAFETY
INTRODUCTION TO SECTION

This section includes organizations and programs that provide instruction and/or enforce regulations regarding the safe handling and preparation of food in restaurants and other (commercial and charitable) food establishments. Also included in this section is basic information that may be useful to providers who either prepare food for distribution or supervise someone who does (e.g. hygiene, food borne illness, health codes). This information can be of use to organizations and programs serving the low income CalFresh eligible population.
FOOD SAFETY

Certified Food Handler Information

- California Food Safety Law requires at least one employee at each retail food facility be certified as a food safety person by passing an approved examination. The certified person can be the owner, manager, chef, cook or any employee responsible for safe food handling and who may ensure that other employees use proper food handling techniques. However, all employees involved in the preparation, storage, or serving of food, must obtain a food handler card.

- The all-day food handling training covers: the causes of food poisoning and ways to prevent it, time and temperature controls, cross contamination, cleaning and sanitizing, and pest control. Participation in the training does not guarantee passage of the exam.

- All classes are held at 1390 Market Street, Suite 910, San Francisco, CA 94102. Each 8-hour class starts at 8:30 a.m. and usually ends at 5:00 p.m. Classes are offered in either English or Cantonese Chinese languages. If you would like to take the exam in Vietnamese, Korean, Arabic, or Spanish, you must PRINT that next to your name on the registration form and enroll for class at least 30 days in advance.

- Two options are offered by SFDPH, with different registration fees for each: Course with Examination and Examination only.

- To sign up for a class or exam, you must enroll by completing and submitting the course application form. Contact the SFDPH Environmental Health Branch by phone (415) 252-3918 or (415) 252-3800, or in person at 1390 Market Street, Suite 210 to obtain the form. Information is also available at the following website: https://www.sfdph.org/dph/EH/Food/FoodCert/default.asp
Federal Websites Providing Food Safety Information

Gateway to Government Food Safety Information
Includes news and safety alerts, consumer advice, industry assistance, information on food borne pathogens, national food safety programs, reporting illnesses and product complaints, and federal and state government agencies.
https://www.foodsafety.gov/

U.S. Food and Drug Administration (FDA)
Center for Food Safety and Applied Nutrition (CFSAN)
CFSAN is responsible for promoting and protecting the public's health by ensuring that the nation's food supply is safe, sanitary, wholesome, and honestly labeled, and that cosmetic products are safe and properly labeled. FDA's responsibility in the food area generally covers all domestic and imported food except meat, poultry, and frozen, dried and liquid eggs, which are under the authority of the U.S. Department of Agriculture’s Food Safety and Inspection Service (FSIS), the labeling of alcoholic beverages and tobacco, which are regulated by the U.S. Department of the Treasury's Bureau of Alcohol, Tobacco, and Firearms (ATF), and the U.S. Environmental Protection Agency (EPA), which establishes tolerances for pesticide residues in foods and ensures the safety of drinking water.
http://www.fda.gov/AboutFDA/CentersOffices/OfficeofFoods/CFSAN/

U.S. Department of Agriculture (USDA)
Food Safety and Inspection Service (FSIS)
FSIS is the public health agency in the U.S. Department of Agriculture responsible for ensuring that the nation's commercial supply of meat, poultry, and egg products is safe, wholesome, and correctly labeled and packaged.
http://www.fsis.usda.gov/

Continued on next page
Federal Websites Providing Food Safety Information, cont.

U.S. Environmental Protection Agency (EPA)
These websites answer questions about pesticides and food, including how the government regulates pesticides, what the residue limits are on food, why children may be especially sensitive to pesticides, "Integrated Pest Management", "organically grown" food, types of pesticides on foods, health problems pesticides may pose, and healthy, sensible food practices.
http://www.epa.gov/pesticides/food/
Servicess Description

- The USDA/FDA Food Borne Illness Education Information Center provides information about food borne illness prevention to educators, trainers, and organizations developing education and training materials for food workers and consumers.

- The Center created and maintains two databases of educational materials:
  - Hazard Analysis Critical Control Points (HACCP) Training Programs and Resources Database
  - Food Borne Illness Educational Materials Database

- The Center also provides networking opportunities for food safety professionals through Foodsafe, an e-discussion group where resources, information and innovative solutions to food safety problems can be shared. http://www.foodsafe.ca/

- Food Safety Links highlights topic areas such as consumer information, food borne illness statistics, food borne pathogens, food safety clip art, retail food safety, seafood and more.
FOOD SAFETY

U.S Dept. of Health and Human Services
200 Independence Ave, S.W
Washington, D.C. 20201
http://www.foodsafety.gov/index.html

Services Description

The foodsafety.gov website is a major online resource for:
- Listings of food re-calls and alerts
- Tips and information on food safety
- Food safety resources for at risk populations
- Information on food poisoning (causes, symptoms, effects)
- Asking experts about food safety related issues
FOOD SAFETY

Food Borne Illness Information

- Food Borne Illness (FBI) is sickness that is caused by eating or drinking contaminated food or beverage. FBI outbreak is defined by the FDA Food Code as any sickness involving two or more unrelated people who had eaten the same food or food from a common source. Laboratory tests can prove the association.

- Potentially Hazardous Foods (PHFs) are foods in which germs can grow rapidly. PHFs include milk and milk products, shell eggs, meats and poultry, fish and shellfish, crustaceans, cooked vegetables, cooked low-acid foods, tofu and soy protein products, beans and lentils, sliced melons, and raw seed sprouts. Pasteurized products such as eggs and milk are still treated as PHF’s. The #1 cause of bacterial FBI is improper cooling of hot food.

- A food borne infection is a disease that results from eating food containing living harmful microorganisms (germs). These kinds of germs attack the gut lining and invade the body. Symptoms include nausea, vomiting and/or diarrhea, and fever. Example of a bacterium, and a parasite that cause infections: Salmonella (found in animals, especially poultry and eggs, and in humans) and Trichinella Spiralis (found in domestic pigs and wild game). Example of viruses that cause infections: Noro viruses (found in human feces and vomitus of carriers and contaminated water) and Hepatitis A (found in human feces of carriers and contaminated water).

- A food borne intoxication is a disease that results from eating food contaminated with poisons or toxins (waste products) from bacteria, molds, or chemicals. These toxins are odorless, tasteless, and colorless. They can cause illness even after the germs in the food have been killed (i.e. by cooking). Examples of bacteria that cause intoxications: Staphylococcus aureus (found in the nose, on hands and skin, in cuts, burns, boils and pimples) and Bacillus cereus (found in meat, poultry, vegetables, and in grain products).

Continues on next page
Food Borne Illness Information, cont.

- A **toxin-mediated infection** is a disease that results from eating food containing live germs. These germs colonize the stomach or intestine and make toxins as they live and grow. An example of a *bacterium* that causes a toxin-mediated infection: *Escherichia Coli 0157:H7* (found in human and animal feces and thus in contaminated raw or undercooked ground beef and red meats, unpasteurized fruit juices, and contaminated raw fruit).

To report suspected food poisoning involving 3 or less persons, call: 3-1-1 (San Francisco Service Request Line) or (415) 252-3800 (Environmental Health Branch).

To report outbreaks of food borne illness involving four or more persons, call: (415) 554-2830 (Communicable Disease Reporting Line). Information also listed at this website: [http://sfcdcp.org/diseasereporting.html](http://sfcdcp.org/diseasereporting.html)
FOOD SAFETY

Golden Gate Restaurant Association
220 Montgomery Street, Suite 990
San Francisco, CA 94104
Phone: (415) 781-5348
Email: ggra@ggra.org
www.ggra.org

Classes are held at the Small Business Administration:
Entrepreneur Training Room
455 Market Street, 6th floor
San Francisco, CA 94105

Services Description
• GGRA offers Food Safety Certification Courses in English and Spanish and tests for employees of food facilities. With a passing test score, this course satisfies the California Food Manager Certification which requires specified food facilities to employ at least one certified person in their establishment.
• GGRA partners with Statefoodsafety.com to offer discounted online training and exams that satisfy the California Food Handler Card law.

Languages Available
• Food Safety classes are offered on a regular basis in English and Spanish.
• CA Food Handler training course are available in English, Spanish, Chinese, Korean, Vietnamese and ASL.
• Test-only options available
FOOD SAFETY

Restaurant Inspections and Violations

According to California Food Law 2007, a copy of the most recent inspection report shall be maintained at all food facilities (e.g. restaurants, bars, and markets). The food facility shall post a notice advising patrons that the copy of the most recent inspection report is available for review. A facility’s inspection score is not required to be posted on site. However, the score is noted on the said inspection report and is accessible on the Health Department’s website.

Inspection reports can be reviewed at the SFDPH Environmental Health Section Branch office during business hours. Please make an appointment for viewing so that the files will be available at the appointed time.

Detailed descriptions of the violations recorded by Food Safety Inspectors are based on California Food Law 2007. High risk Violations are those violations that pose an imminent risk to public health and warrant immediate closure of the food establishment or immediate correction. Moderate risk and Low risk Violations are those that do not pose an imminent public health risk, but do warrant correction. Examples of High risk violations include the following:

- Improper holding temperature
- Inadequate cooking temperatures
- Poor personal hygiene of food handlers
- Contaminated food surfaces
- Food from unapproved sources

In addition to the above criteria, other examples of violations include, but are not limited to:

- Vermin Activity (e.g. mice, rats, cockroaches, etc.)
- Improper sewage discharge
- Structural conditions in disrepair
- Lack of required food safety certifications

Continues on next page
To access information on local restaurants’ inspections and violations, you can make an appointment to visit:
SFDPH Environmental Health Branch office
1390 Market Street, Suite 210
(415) 252-3800.

You can also search for a specific food facility by name on the following website: https://www.sfdph.org/dph/EH/default.asp
FOOD SAFETY

San Francisco Department of Public Health
Environmental Health Branch
1390 Market Street, Suite 210
San Francisco, CA 94102
Phone: (415) 252-3800
https://www.sfdph.org/dph/EH/default.asp

Services Description
The Environmental Health Branch, Food Safety Program ensures that food provided for human consumption is wholesome and is produced under safe and sanitary conditions. The program’s services include, but are not limited to:

- Issuing Permits to Operate for all retail facilities
- Conducting inspections of restaurants, bars, markets, school cafeterias, mobile food facilities, sports stadiums, and miscellaneous food operations
- Enforcing health code regulations, which may result in administrative actions and suspensions of the Permit to Operate when violations are identified and/or not sufficiently corrected
- Issuing permits at Temporary Events (street fairs and festivals, musical and artistic presentations, small sport events, annual national days and ethnic celebrations, trade shows and products introductions at which food is sold or given away to the public) and ensuring that food handling practices employed throughout the City are in compliance with applicable health codes
- Educating and training food facilities operators on safe food handling practices
FOOD SAFETY

Saving Leftover Food

1. If you can't refrigerate / freeze leftovers within two hours from time of service, discard them.
   If pre-cooked food is left out too long, some bacteria, such as *staphylococcus aureus* (*staph*), can grow in the food and form a heat-resistant toxin that re-heating can't destroy. Perishable foods include: meat, poultry, seafood, dairy products, cooked pasta, cooked rice, cooked vegetables, and fresh, peeled and/or cut fruits and vegetables.

2. Cool leftovers quickly in shallow containers in your refrigerator.
   Refrigerate and cool leftovers in shallow containers; limit food depth to about two inches.
   Protect hot leftovers from cross-contamination from other foods by storing them on the top shelf of the refrigerator. Cover them LOOSELY so the food cools faster; then, cover them tightly when they're cool. Cold leftovers such as salads and pies should be covered and refrigerated immediately. Store packages of raw meat, poultry, or seafood on the BOTTOM shelf of your refrigerator so their juices don't drip onto other foods.

3. Eat leftovers in one to two days or freeze them for longer storage.
   For best safety and quality, eat leftovers in a day or two. Or, freeze them at 0 degrees F if you'd like to keep them longer. Thaw frozen leftovers in the refrigerator, as part of the cooking process, or in your microwave. If food is thawed in the microwave, cook it right away. Unlike food thawed in a refrigerator, microwave-thawed foods reach temperatures that encourage bacterial growth. At 0 degrees F, frozen leftovers are safe indefinitely; however the U.S. Dept. of Agriculture Food Safety and Inspection Service (USDA/FSIS) recommends most foods will have best quality if used within two to four months.

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4. Reheat leftovers to 165 degrees F measured at the center of the food mass. Reheat leftovers until they're steaming hot THROUGHOUT. At this temperature, harmful bacteria should be destroyed. Stir to promote even heating. Remember to follow the "two hour rule" regardless of how high and how long you heat a food.

5. When in doubt, throw leftovers out. Discard leftovers if you left them on the car seat overnight, let them sit over a week in the refrigerator, or forgot your frozen leftovers on the kitchen counter all day.

This information is from Food Reflections, a free monthly e-mail newsletter from University of Nebraska Cooperative Extension. Food Reflections provides a "how-to" message on food, nutrition, or food safety for health professionals, educators, and consumers. The newsletter is archived online at the following site: http://food.unl.edu/fnh/fr-archive
This section includes organizations that act in an educational and/or advocacy capacity around the food system, including those who serve the low income CalFresh eligible population. The “food system” includes any and all processes involved in keeping us fed: growing, harvesting, processing, packaging, marketing, distributing, cooking, and disposing. Organizations listed here can be important resources for providers who would like to understand more “where their food comes from” and how they might be able to play a role in influencing these decisions. Some organizations offer tours, classes, workshops, or have email lists for educational and/or advocacy purposes. Organizations listed here work towards such goals as community food security, sustainable food systems, and environmental justice. This section will also show you how you can connect with small, regional farmers or conduct research that will illustrate the status of your local food system.
Alemany Farm
Site address
700 Alemany Boulevard
San Francisco, CA 94110

.Mailing address
Phone: (415) 341-3019
Email: community.gardeners@gmail.com
www.alemanyfarm.org

Description
• Alemany Farm’s mission is to encourage people to engage with their communities through the process of growing their own food.

• Alemany Farm has four main goals – 1) Ecological-Economic Development – to provide jobs for Alemany residents 2) Food Security – to provide healthy organic and local food to the community 3) Environmental Education– to introduce residents to the importance of local food production 4) Building People’s Power– to engage residents in decision making processes and activities that foster community involvement for social, economic and environmental justice. The farm offers regular volunteer workdays and opportunities to learn about urban agriculture in the city.

• Alemany Farm is on Recreation and Park Department property. Programming is managed by a collaborative effort of different stakeholders who operate under the Alemany Farm Community Advisory Committee and the Alemany Management Plan. Some of those groups include the Friends of Alemany Farm, Alemany Natives, A Living Library, Alemany Residents Management Corporation, and the Recreation and Park Department.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
GARDENING AND FARMING PROGRAMS

Center for Agroecology and Sustainable Food Systems
University of California, Santa Cruz
1156 High Street
Santa Cruz, CA 95064
Phone: (831) 459-3240
Fax: (831) 459-2799
http://casfs.ucsc.edu

Description
• The Center for Agroecology & Sustainable Food Systems is a research, education, and public service program at the University of California, Santa Cruz (UCSC), dedicated to increasing ecological sustainability and social justice in the food and agriculture system.

• On the UCSC campus, the Center operates the three-acre Alan Chadwick Garden and the 30-acre Farm. Both sites are managed using organic production methods and serve as research, teaching, and training facilities for students, staff, and faculty of the university.

• The Center offers a six-month apprenticeship in ecological horticulture, which includes practically training in organic gardening and small-scale farming for successful applicants over 18 years of age.

• The Center also offers farm tours for school and community groups, low cost and free gardening workshops, classes and events for kids.

• The Center’s website has a list of publications posted, including research briefs, crop specific information, and general gardening information.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
GARDENING AND FARMING PROGRAMS

City College of San Francisco
Environmental Horticulture and Floristry Program
50 Phelan Avenue
San Francisco, CA 94112
Department Chair: (415) 239-3140
Floristry Program: (415) 239-3106
Environmental Horticulture Program: (415) 239-3236
www.ccsf.edu/Departments/Environmental_Horticulture_and_Floristry/

Description

- The Environmental Horticulture and Floristry Program of City College of San Francisco offers Associates Degree and Certificate programs in the following areas:
  - Commercial Cut-Flower & Greenhouse Production
  - Floristry
  - Landscape Gardening and Landscape Contracting
  - Nursery & Garden-Center Operation

- Greenhouse and nursery facilities are available on the City College campus at Phelan and Ocean Avenues.

Financial aid and registration assistance are available from the Financial Aid Office. A number of scholarships are available to students that are enrolled. Information is available through the City College Scholarship Office.
Garden for the Environment
(A project of the Haight Ashbury Neighborhood Council (HANC))

Garden address:
7th Avenue at Lawton
San Francisco, CA 94122

Office & Mailing Address:
1663 Mission Street, Suite 320
San Francisco, CA 94103

Phone: (415) 558-8246
Email: info@gardenfortheenvironment.org
www.gardenfortheenvironment.org

Description
• The Garden for the Environment (GFE) educates San Franciscans about urban, organic gardening and composting in a variety of settings and capacities.

• The GFE website includes a calendar with free and low cost organic gardening workshops offered, a list of other urban agriculture projects in the Bay Area, a number of important resources and contacts for getting raw materials and technical assistance, as well as a reading list.

• GFE programs are divided into the five main areas outlined below:
  • Monthly Compost Education Workshops
  • 3 month Gardening & Composting Educator Training Program
  • School Education Programs (partnered with SFUSD)
  • Resource Efficient Landscape Education series
Description

- Education Outside works in public elementary schools throughout San Francisco Unified School District, transforming school gardens into dynamic outdoor classrooms.

- Education Outside provides each of its partner schools with a full-time outdoor science instructor who teaches standards-based science, environmental education, and seed-to-table lessons in the school garden. Education Outside's instructors also help activate school gardens as living outdoor classrooms, provide stewardship over these dynamic learning spaces, and encourage school communities to be more environmentally sustainable.

- As of 2015, Education Outside reaches more than half of all SFUSD elementary schools and is adding new partner schools every year. Our goal is to serve every SFUSD elementary school that is interested in program, and to expand our innovative model to other Bay Area school districts.
Healthy Living Ambassadors Program (HLA)
4-H Office
1500 Purisima Creek Road
Half Moon Bay, CA 94019
Phone: (650) 726-9059
Email: cesanmateo@ucdavis.edu
http://ucanr.edu/sites/smsf4h/About/4-H_Afterschool/

Description

The Healthy Living Ambassadors Program is a nine-week gardening program with a focus on nutrition and physical activity that encourages youth (ages 13-19) to educate elementary school children in local after school programs.

They provide:
- Up to 40 hours of community service credit towards high school graduation.
- Training in professional skills that youth can use in their school and future careers.
- An all-expense paid overnight training at UC Elkus Ranch Environmental Center in Half Moon Bay
- Professional recommendations for qualifying participants.
- One year enrollment in the 4-H program, a “4-H Youth in Action” t-shirt, and bag full of gear.

Eligibility Criteria
Any youth (ages 13-19) may apply to become an Ambassador

Continues on next page
Enrollment Procedures:

- Applications are available at the following link
  Apply at: [http://ucanr.edu/sites/smsf4h/About/4-H_Afterschool/](http://ucanr.edu/sites/smsf4h/About/4-H_Afterschool/)
- There is a mandatory overnight training at UC Elkus Ranch that takes place.
- Lessons will be delivered one day per week for nine-weeks (a commitment of 3-4 hours per week) from March to May during after school hours.

Languages

- English

Fees

The program is free to participants and the overnight training is offered at no cost.
Hidden Villa
26870 Moody Road
Los Altos Hills, CA 94022
Phone: (650) 949-8650
Fax: (650) 948-4159
www.hiddenvilla.org

**Description**
- Hidden Villa is a 1,600 acre farm & wilderness preserve in Los Altos Hills, teaching environmental and multicultural awareness to both children and adults. For many visitors, particularly those from urban areas, Hidden Villa provides an opportunity to walk in the woods, come face to face with a large and friendly farm animal, and see where milk & eggs come from.

- Hidden Villa’s programs unite diverse people and encourage respect for our connectedness to each other and to all living things:
  - Multicultural summer camp program for ages 6-17
  - Environmental education programs for elementary school classes
  - Community programs offer insightful forums, hikes, and cultural performances
  - Group rental facilities
  - Hostel for international and local visitors
  - Fresh organic produce from the Community Supported Agriculture Program
  - Kids' activities and programs on weekends for youth and families
  - Volunteer & internship opportunities in the programs, from organic gardening to trail maintenance to office administration—for ages 15-95
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
GARDENING AND FARMING PROGRAMS

Merritt College Landscape Horticulture Program
12500 Campus Drive
Oakland, CA 94619
Phone: (510) 436-2418
Fax: (510) 436-2631
www.merrittlandhort.com

Description
- The Merritt College Landscape Horticulture Program offers courses that cover an array of subjects including the following: Plant Materials classes which include groundcovers, shrubs, trees, native plants, herbaceous plants, Mediterranean plants etc… Classes in soils, plant nutrition, diseases, insects, landscape design, construction, irrigation, urban community gardening, permaculture and natural building to name a few.

- Facilities include 5,000 ft² of greenhouses, a 5000 ft² lath house, a floral and drafting lab, library, arboretum, and horticultural equipment, all on 7.5 acres!

- Associates Degrees and certificates are offered in the following areas:
  - Landscape Design and Construction
  - Landscape Maintenance
  - Nursery Management
  - Floral Design
Description

- Mission Pie is a café in the Mission district featuring high school students from Mission High serving locally made pies. The pies feature ingredients such as pumpkins, apples and walnuts that the students planted and harvested at the Pie Ranch farm.

- Mission Pie is one of many programs of Pie Ranch, a farm in Pescadero, CA dedicated to inspiring urban and rural residents to connect to the agricultural sources of their food. It encourages urban youth to transform their relationship to food through education and outreach programs, in efforts to create a healthier food system.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
GARDENING AND FARMING PROGRAMS

Pie Ranch
Farm Stand & Farm Entrance:
2080 Cabrillo Highway (Highway 1)
Pescadero, CA 94060

Mailing Address:
PO Box 363
Pescadero, CA 94060

Phone: 650-879-0995
www.pieranch.org

Description:
• Pie Ranch seeks to inform and inspire an ever-widening circle of urban and rural residents to know and take intimate part in the food they eat.
• Pie Ranch plants wheat for pie crusts, berries for filling, raises bees for honey, goats for milk, and chickens for eggs on a 14-acre parcel.
• In 2005, Pie Ranch began its youth education programs, inviting school groups out to experience a working farm. Through hands-on collaboration, teenagers discovered new competencies that benefit them as individuals and in community.
• A city-based pie shop, Mission Pie, has grown in the Mission district of San Francisco, serving as the urban link to Pie Ranch and to other local farms. Motivated to be a supportive business collaborator with Pie Ranch, the shop provides the youth employment development part of the program by hiring 9 Mission High students. (See Mission Pie listing for more information.)

It aims to:
• Permanently protect this special resource of the San Mateo Coast.
• Dedicate the property to educational programs related to food and farming, as well as natural and cultural history.
• Inspire urban youth to transform their relationships to food, and to work with their communities in building healthier local food systems.
• Demonstrate economically viable agriculture that is compatible with wild Nature.

Continued on next page…
Pie Ranch, cont.

- Pie Ranch is a center for education and social change. Through hands-on learning about the full cycle of food production - from seed and shoot to scrumptious meal to steaming compost - we inspire people to build a healthier food system. While much of our activity is based on the farm, we also work in the city with individuals, organizations, businesses and public agencies to foster stronger relationships between urban and rural communities.

Mission Pie offers the following Programs:
- Youth Education Program
- HomeSlice Youth Internship Program
- Public Programs
- Emerging Farmer Training Program
- Regional Partnership Program
Description

- Santa Rosa Junior College is the only community college in California that offers an A.S. degree and two certificates in Sustainable Agriculture. At SRJC we recognize what an important issue the sustainability of agriculture is to growers, researchers, policy makers, corporations, and especially consumers.

- The excellence of SRJC's Sustainable Agriculture Program has garnered increasing support and acceptance by the mainstream agriculture industry, environmentalists, food enthusiasts, home cooks, health-care providers, and local communities because people are beginning to understand that sustainable farming not only contributes to our health and well-being, it is also an important part of a community's economy.

- SRJC's hands-on Sustainable Agriculture Program gives students the knowledge and skills necessary to meet the many agricultural and environmental challenges facing agriculture in the 21st century. Students enrolled in SRJC's Sustainable Ag Program emerge at the forefront of this critical field, and are in demand as innovative problem solvers and catalysts for positive change. SRJC students learn by doing; they engage actively in their learning experience by working on SRJC's Shone Farm, participating in the production and distribution of sustainable agriculture products, and participating with local farmers to discover and support best practices.
Santa Rosa Junior College and Shone Farm, cont.

- SRJC's Sustainable Agriculture classes give students a foundation in plant and soil science, integrated pest management, crop production, while emphasizing the ecological principles of agriculture. Courses emphasize the how-to aspects of organic gardening and farming, including tillage, compost production, crop planning and production. Specialty areas include: organic viticulture, specialty crops for the culinary market, organic apple and olive production, direct farm-marketing, setting-up and managing a community-supported agriculture (CSA) system. There's even a class on how to drive tractors!

- Community Supported Agriculture (CSA) at Shone Farm is a local source of produce grown using sustainable practices.
- Seasonal produce grown/ offered
  - Summer: Zucchini, basil, berries, cucumbers, apples, winter squash
  - Fall: Tomatoes, potatoes, basil, peppers, apples, winter squash

When you enroll in SRJC's Sustainable Ag courses you will experience a variety of unique, hands-on sustainable agriculture techniques at the College's beautiful 365-acre Shone Farm - a diversified college farm that is literally an outdoor field laboratory and learning environment featuring:
  - 35-acre Sustainable Agriculture Unit:
  - 5-acre market garden
  - Greenhouse, shade house, office, equipment shed
  - Perennial beneficial insect landscapes
  - Compost production
  - Medicinal & Culinary herbs
  - Vegetable fields, fruit orchard, cut flowers
  - 4-acre high-density olives and apples
  - 1-acre food pyramid garden
  - 10-acre organic vineyard
  - Native hedgerow
  - 15-acre expansion land for student enterprise projects

Continued on next page
The Shone Farm serves primarily as an outdoor laboratory site for agriculture and natural resource classes. A full complement of farm equipment exists on the farm for use by the staff and students. Facilities include everything from equipment sheds to livestock barns and corrals. The 1982 addition of the Belden Center, a multi-purpose building provides shop space, offices, a mini-dorm, and a meeting room. The sustainable agriculture unit provides a hands-on learning laboratory for growing specialty vegetables, herbs, flowers, berries and fruit tree crops. The focus is on organic methods of production as well as soil fertility management, integrated pest management, sustainable production practices, and marketing methods.

Nearly every student has the opportunity to learn through participation in the instructional activities of the farm during his or her tenure at SRJC. Students not only gain practices but also learn how to make important business management decisions through direct sales of farm products such as the Fall Farm Stand and the seasonal U-Pick operation.

The Shone Farm serves as a community resource by supporting 4H/FFA field days, short courses, and industry meetings each year. The community supports the Shone Farm through substantial contributions of equipment, livestock, labor and money. The Robert Shone Foundation has been established in order to receive tax deductible contributions. The Shone Farm cooperates fully with other public and private organizations.

The Shone Farm is located approximately 12 miles from the main campus in Santa Rosa.
Description

- Slide Ranch is a non-profit agricultural and environmental education center located just north of San Francisco. As a Park Partner with the Golden Gate National Recreation Area (the GGNRA), Slide Ranch is the steward of 134 acres of land. Although all parts of the land are accessible by coastal trails, the farm and residential part of the site occupy only about twenty acres of the ranch. Slide Ranch uses food to teach about sustainability and to demonstrate a vision of humans in balance with nature. Slide Ranch teaches practical lessons about basic human needs - food, clothing, and community - in order to promote:
  - an awareness of agriculture, its processes and products
  - a more sustainable use of natural resources
  - a personal sense of connection to the natural world
  - healthy relationships with others and with the environment

- Slide Ranch uses the garden, compost, animals, hiking trails and tide pools to teach people the concepts involved in organic food production, resource conservation and recycling, animal husbandry, open space conservation and the responsibility that we all have in sustaining a healthy environment.

- Slide Ranch offers site reservations, group programs (including daytime and overnight options), family farm days, and farm tours.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
GARDENING AND FARMING PROGRAMS

Urban Agriculture Program
San Francisco Recreation and Park Department
Citywide, but mailing address: 30 Van Ness, suite 3000 3rd Floor
San Francisco, CA 94102
Phone: (415) 575-5604
Email: rpd.urbanag@sfgov.org
http://sfrecpark.org/park-improvements/urban-agriculture-program-citywide/

Description:
• The citywide Urban Agriculture Program is an interagency program that supports and supplies the infrastructure for community members to steward our urban green spaces, on both public and private land. The program believes that the act of growing food, flowers or animals in a city builds community, educates an urban public about the ecosystem and food system around them, connects people to nature, and encourages an active citizenry who believes in stewarding our green spaces.

• The Urban Agriculture Program supports urban agriculture in a number of ways. Physical resources can be found through the Urban Ag Resource Centers, Semiannual Plant Giveaways, and Technical Assistance. Educational opportunities are offered once a month on topics related to urban agriculture and through the annual Urban Ag Academy. Finally, the Coordinator supports projects across city agencies and interagency cooperation, promotes urban agriculture policies and provides information via the One Stop Shop Urban Ag website.
Description

- Urban Sprouts is a school garden project, focused on low-income youth from underserved-neighborhoods. Its mission is to connect youth to environment and each other, engage them in school and improve their health, through growing, harvesting and preparing vegetables from a school garden.

- Urban Sprouts currently works with June Jordan School for Equity, International Studies Academy, Log Cabin Ranch, and through the following community partners: Cesar Chavez Elementary School (Mission), Dr. Charles Drew Preparatory Academy (Bayview), Early Literacy Bookmobile (Mission), Leonard R. Flynn Elementary (Mission), Malcolm X Academy (Hunters Point), Mission Neighborhood Center (Bayview), Mission Health Center, (Mission and Excelsior), Mission Public Library (Mission), SF AIDS Foundation (Mid-Market), Thomas Edison Charter Academy (Mission)

- Urban Sprouts’ Summer Sprouts program provides youth outdoor summer employment that develops healthy eating, physical fitness, environmental stewardship and leadership.

- Community Health and Nutrition Education Program- In collaboration with the Mission Community Market, provides community based family cooking and nutrition classes at various schools/ centers throughout the city.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
EDUCATION AND ADVOCACY

Agricultural Commissioner
San Francisco Dept of Public Health, Environmental Health
1390 Market Street, Suite 910
San Francisco, CA 94102
Phone: (415) 252-3869
http://www.cdfa.ca.gov/exec/county/countymap/

Description
• The agricultural commissioner protects health and safety through the enforcement of agricultural laws regarding produce inspections, pest inspections, and pesticide safety laws.

• The commissioner provides San Francisco with a connection to agricultural community. He is responsible for the oversight of farmers’ markets, wholesale produce inspections, and organic produce inspections.

• The commissioner inspects wholesale nurseries, enforces plant quarantines and monitors insect traps as crucial line of defense against invasive agricultural pests and diseases.
California Certified Organic Farmers (CCOF)
2155 Delaware Avenue, Suite 150
Santa Cruz, CA 95060
Phone: (831) 423-2263
www.ccof.org

Description

- CCOF certifies all stages of organic production and sales in California, the U.S. and internationally. CCOF is accredited by the International Federation of Organic Agricultural Movements and by the U.S. Department of Agriculture.

- CCOF certifies organic farmers, processors, retailers, and wholesalers who comply with USDA International organic standards. CCOF inspectors examine the producer’s crops, land, facility, process, and paperwork.

- The CCOF website includes information on organic standards, an online and printed directory of organic farmers, processors, handlers, packers and retailers, and a media resource page with press kits and fact sheets.

- The CCOF Apprenticeship list at www.ccof.org includes CCOF clients who have indicated that they offer apprenticeships on their farm or at their operation. Some certified clients offer one or more of the following: room, board, wages, and the learning of a trade.
Description

- CFPA is a statewide public policy and advocacy organization dedicated to improving the health and well-being of low-income Californians by increasing their access to nutritious and affordable food.

- CFPA employs a variety of strategies to develop and implement public policies that recognize the value of adequate nutrition and its fundamental contribution to good health and development, education and productivity. These strategies include:
  
  o Research that demonstrates the scope and nature of hunger in California and the efficacy of public and private food programs in mitigating it.
  o Development and promotion of strategies and programs to meet the nutrition needs of low-income communities and individuals.
  o Public education and advocacy to ensure the inclusion of nutrition in the formation and implementation of sound public policy.
  o Technical assistance, training and support to low-income communities in their efforts to identify and overcome hunger and hunger-related deficiencies.
  o Collaboration, through conferences, communication and coalition-building, among food program providers and other community-based organizations throughout California to facilitate their working together to mitigate hunger and poverty.

- The CFPA website offers data, research and reports on food and nutrition programs, updates on state and federal legislation and advocacy efforts, as well as outreach materials on food assistance programs.


Description

• The California Foundation for Agriculture in the Classroom (CFAITC) works with K–12 teachers, students, and community leaders, to enhance education using agricultural examples. The goal of CFAITC is the increase awareness and understanding of agriculture among California educators and students to help them make informed decisions.

• The CFAITC sponsors a student writing contest, “Imagine this…” each year for 3rd – 8th grade students as well as an annual conference for educators with keynote presenters, workshops, exhibits, and local farm and food tours.

• The CFAITC website includes downloadable fact and activity sheets, lesson plans, teacher guides, and many other free resources. Select resources are available in Spanish.
Californians for Pesticide Reform (CPR)
1611 Telegraph Avenue, Suite 1200
Oakland, CA 94612
Phone: (510) 788-9025
Email: pests@pesticidereform.org
www.pesticidereform.org

Description
- CPR is a statewide coalition of more than 185 organizations, founded in 1996 to shift fundamentally the way pesticides are used in California. CPR’s mission is to protect public health, improve environmental quality and expand a sustainable and just agriculture system by building a diverse movement across California to change statewide and local pesticide policies and practices.

- CPR has built a diverse, multi-interest coalition, including public health, children’s health, educational and environmental advocates, clean air and water organizations, health practitioners, environmental justice groups, labor, organizations, farmers and sustainable agriculture advocates.

- Members are actively engaged through a unifying four point platform:
  1) eliminate use of the most dangerous pesticides;
  2) reduce use of and reliance on all pesticides;
  3) support safer, ecologically sound and socially just forms of pest management; and
  4) expand and protect the public's right to know about pesticide use, exposure, and impacts.

- The CPR website includes publications on pesticides and its effects on air, water and human health, action alerts on pending legislation and press, community action alerts, and a newsletter.
Description

- The Center for Ecoliteracy is a nonprofit that advances ecological education in K-12 schools. It is dedicated to fostering a profound understanding of the natural world, grounded in direct experience and leading to sustainable patterns of living. The Center recognizes food systems and watersheds as essential systems that provide meaningful contexts for achieving ecological literacy.

- The Center works with schools on projects that take school children out of the classroom and into the natural world. The Center for Ecoliteracy website includes publications on education for sustainability, an online resource guide entitled *Rethinking School Lunch*, and an ongoing essay series.
Description

- CUESA’s mission is to promote a sustainable food system through the operation of the Ferry Plaza Farmers’ Market and its educational programs.

- CUESA operates California Certified Farmers’ Markets outside the Ferry Building, year round, on Tuesdays (10:00am – 2:00pm), Thursdays (10:00am—2:00pm), and Saturdays (8:00 am – 2:00 pm).

- CUESA’s Market to Table program, which takes place at the Saturday market at 11AM, offers free seasonal cooking demonstrations and tastings from local chefs and producers.

- CUESA’s Weekly E-newsletter provides a list of upcoming educational events, produce highlights, and a feature article related to sustainable agriculture.

- CUESA’s website, www.cuesa.org, is an extension resource for information about the Ferry Plaza Farmers’ Market, seasonal eating, sustainable agriculture, and more.

- Through CUESA’s farm tour program, urbanites can get an inside look at the source of their food on tours led by the farmers themselves.
Community Alliance with Family Farmers (CAFF)

Mailing address:
P.O. Box 363
Davis, CA 95617

Physical address:
T.S. Glide Ranch
36355 Russell Blvd.
Davis, CA 95616

Phone: (530) 756-8518
Email: info@caff.org
www.caff.org

Description

- Founded in 1978, the Community Alliance with Family Farmers is a California-based nonprofit that advocates for family farmers and sustainable agriculture.

- They run extensive, on-the-ground programs in many regions throughout California, enabling community members and businesses to find and choose local food, and help farmers increase their income and sustainability.

- CAFF has been recognized nationally and internationally for its pioneering programs, and played key roles in enacting the nation’s toughest laws regulating pesticide use; promoting the development of organic farming; bringing fresh, local produce into school cafeterias; and establishing programs to distribute locally grown produce to community grocery stores, hospitals, restaurants and farmers markets.

- CAFF offers several programs such as: Farm to market, Farm to school/hospital, Food Safety/GAPS, On farm sustainability, and Policy.
Community Food Assessment

A community food assessment is a participatory and collaborative process that examines a broad range of food-related issues and resources in order to inform actions to improve a community’s access to healthy food. These assessments typically entail the collection of data in order to determine whether households in a community have access to sufficient, nutritionally adequate, and culturally appropriate foods to satisfy their dietary needs. Although federal nutrition and agricultural policies play a key role in community food security, many decisions that affect a community’s food system are made at the local level, including funding allocations, open space planning, program development, and outreach.

Why do a Community Food Assessment?

- Identify food system and other deficiencies that face the community
- Inform decision-making, public policy and actions around the food system
- Improve program development and coordination
- Increase community participation in projects and in shaping the food system
- Build communities’ capacity to create positive change
- Ensure that projects respond to community resources and needs
- Help articulate a vision of what needs to get done in the community and how to set priorities and goals to improve the local food system
- Identify potential partners, community resources, and opportunities
- Build new and stronger networks, partnerships, and coalitions
- Provide data that can be used in future proposals and reports
- Establish a long-term monitoring system with a clear set of indicators
- Organize information in a way that policy makers and funders will understand and respond to
- Enhance visibility, awareness and understanding of food-related issues

Continued on next page
Community Food Assessment, cont.

For more information about Community Food Assessments in San Francisco, see: https://web.archive.org/web/20120521231642/http://www.foodsecurity.org/ca_sanfrancisco.html

For more information about Community Food Assessments in California and the rest of the U.S., see: http://foodsecurity.org/cfa_home.html
Description
The Ecology Center works to create an alternative food system that is based on the values of environmental justice through an array of programming. The Ecology Center:

- Leads Market Match, the statewide healthy food incentive program that matches customers’ assistance benefits, like SNAP (CalFresh) and WIC, at farmers’ markets.
- Leads The California Alliance of Farmers’ Markets, a newly formed coalition of farmers’ markets committed to working together for the betterment of our industry and our communities’ health.
- Runs Berkeley's three weekly certified farmers’ markets, which support small-scale farmers who practice sustainable agriculture.
- Runs Farm Fresh Choice, our food justice program that engages low-income residents at youth-run weekly produce stands.
- Runs the Youth Environmental Academy (YEA), an environmental literacy and green job training program for teens.
- Convenes the Berkeley Food Policy Council.
- Assists farmers’ markets throughout the state to establish, implement, and promote EBT access at farmers’ markets.

The Ecology Center also maintains a store, library, resource center, and demonstration house and garden, and offers a variety of free and low-cost classes, workshops, and events.
Food Research and Action Center (FRAC)
1200 18th Street NW, Suite 400
Washington, DC 20036
Phone: (202) 986-2200
Email: cbsutton@frac.org
www.frac.org

Description
- FRAC is a leading national nonprofit organization working to improve public policies and public-private partnerships to eradicate hunger and under nutrition in the United States. FRAC is a nonprofit and nonpartisan research and public policy center that serves as the hub of an anti-hunger network of thousands of individuals and agencies across the country. FRAC works with hundreds of national, state, and local nonprofit organizations, public agencies, and corporations to address hunger and poverty.

- FRAC conducts ground-breaking research to document the extent of hunger and its impact on low-income families with children.

- FRAC reviews and analyzes the major developments at the national level that affect food assistance programs — legislation, regulations and major reports and proposals. FRAC also monitors the implementation of these laws and serves as a watchdog of regulations and policies affecting the poor.

- FRAC provides coordination and support to a nationwide anti-hunger network of advocates, food banks, program administrators and participants, policy makers and others.

- FRAC serves as a clearinghouse for national and local organizations seeking information and analyses about hunger and anti-hunger programs. FRAC develops media and public information campaigns to help promote changes in public attitudes and policies, and acts as an authoritative source of information on hunger for the news media and public officials.
Description

- Hunters Point Family is a community-based grass-roots organization dedicated to enriching the lives of youths and their families in the Bayview/ Hunters Point area. One of their programs is Girls 2000, tailored to girls aged 10-18 through a holistic effort aimed at helping them succeed.

- Girls 2000 gives young women living in the Hunters Point Public Housing projects an opportunity to work on urban organic farms and learn the ecological and environmental benefits of organic farming. The girls raise their own produce and sell it at a local Farmers’ Market as well as distribute it to families at the community’s food pantry. They also educate residents about the importance of eating healthy fresh produce as opposed to processed foods through door-to-door awareness campaigns.
La Cocina
2948 Folsom Street
San Francisco, CA 94110
Phone: (415) 824-2729
Email: info@lacocinasf.org
www.lacocinasf.org

Description
- La Cocina provides commercial kitchen space and technical assistance to low-income entrepreneurs who are launching, growing or formalizing a food business. La Cocina prioritizes immigrant women and women of color.

- In providing commercial kitchen space, La Cocina aims to increase the diversity of food offerings in San Francisco while encouraging financial self-sustenance for low-income entrepreneurs.

- La Cocina, a San Francisco-certified Green Business, is committed to imparting green business practices to all program participants.

- La Cocina provides technical assistance, one-on-one product development, workshops, mentorships and seminars to informal food producers who are bringing their product to a larger marketplace. The kitchen can hold up to 20 growing businesses in the program and an additional 6 commercial users. The incubation period can last anywhere from 1 to 5 years.

- La Cocina offers orientations on the 3rd Wednesday of every month from 6:00 PM to 8:00 PM at the kitchen.
Literacy for Environmental Justice (LEJ)
607 Anderson Street
San Francisco, CA 94110
Phone: (415) 282-6840
Fax: (866) 909-9466
Email: staff@lejyouth.org
www.lejyouth.org

Description
• The mission of LEJ is to promote ecological health, environmental stewardship, and community development in Southeast San Francisco.

• LEJ engages youth and young adults in Bayview Hunter Point by providing structured, positive early employment experienced in the form of a year-long internship.

• LEJ engages in urban greening by engaging thousands of volunteers and over 20,000 youth in restoration, design, and building of EcoCenter at Heron’s Head Park. The EcoCenter project was funded by the San Francisco Department of the Environment in 2001.

• LEJ leads the restoration and completion of the Candlestick Point State Recreation Area.
Om Organics

Fax: (415) 358-4131
Email: info@omorganics.org
www.omorganics.org

Description

- The mission of Om Organics is to educate the community regarding the health, environmental and economic benefits of local sustainable food production. Om also aims to help people access local sustainably grown products as well as help farms meet community needs.

- Om Organics’ website lists all food, farm and environment related events in the Bay Area, including farm visits, chef demonstrations, cooking classes and more. The website offers practical advice on where to find organic produce at local retail stores, restaurants, and farmers markets and provides sound background information on the importance of organics and seasonality.

- Om Organics assists with the sales and delivery between farmers and restaurants.

- Om Organics also summarizes food-related governmental policies and offers ways to take action and create change.
Pesticide Action Network of North America (PANNA)
1611 Telegraph Avenue, Suite 1200
Oakland, CA 94612
Phone: (510) 788-9020
www.panna.org

Description
• PANNA (Pesticide Action Network North America) works to replace pesticide use with ecologically sound and socially just alternatives. As one of five Regional Centers worldwide, PANNA links local and international consumers, labor, health, environment and agriculture groups into an international citizens' action network. This network challenges the global proliferation of pesticides, defends basic rights to health and environmental quality, and works to ensure the transition to a just and viable society.

• The PANNA online resource library offers a collection of reports, articles, guides, videos, and links. Descriptions and resources for specific campaigns and projects are listed.

• The online Pesticide Database is a one-stop location for current toxicity and regulatory information for pesticides.
Quesada Gardens Initiative
1747 Quesada Avenue
San Francisco, CA 91424
Phone: (415) 822-0800
Email: info@quesadagardens.org
www.QuesadaGardens.org
www.BayviewFootprints.org

Description
• Quesada Gardens Initiative began as an urban garden project, transforming the 1700 block of Quesada from weeds to vibrant gardens, and has since grown to a movement dedicated to fostering community in the Bayview Hunters Point area. The community-led organization works in many different areas to increase safety, promote food security and access, and raise the quality of life for residents in the area.

• Quesada Garden’s website offers a history of the many projects and initiatives with which the organization has collaborated, including many city departments, project homeless connect, and volunteer groups from local universities.

• Current projects include: Public Art, Gathering Spaces and Gardens, Food Production, Organization and Communications, and Community Events. The volunteers from the community installed street arts, community gardens, vegetable patches and backyard gardens.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
EDUCATION AND ADVOCACY

SF Environment
San Francisco Department of the Environment
1455 Market Street, Suite 1200
San Francisco, CA 94103
Phone: (415) 355-3700
Email: sfenvironment@sfgov.org
www.sfenvironment.org

Description
- SF Environment provides information on recycling, composting, energy use, toxics reduction, environmental justice, and environmental policy.

- The SF Environment website provides fact sheets, articles and press releases, a calendar of relevant events and meetings, as well as a directory of “green services.” Information is also posted regarding the department’s community grants in the areas of environmental justice, waste prevention and recycling.

- SF Environment’s Food to Flowers! Lunch room composting program teaches K-12 students to compost at school using the green cart system. SF Environment staff visits local schools to educate students about the interconnectedness of nature and how simple actions like recycling and composting can help protect the environment. Free teaching and display materials are provided to each school, along with a special visit from Phoebe the Phoenix – SF Environment’s school mascot.
San Francisco Food Systems

c/o San Francisco Department of Public Health (Environmental Health Section)
1390 Market Street, Suite 822
San Francisco, CA 94102

Phone: (415) 252-3937
Fax: (415) 252-3818

Description

- San Francisco Food Systems is engaged in a number of activities that bridge people to healthy, nutritious, affordable, locally and regionally grown food. Actions and activities of San Francisco Food Systems include community research, community and institutional capacity building, promotion of collaborations and partnerships, policy activities, and advocacy.

- Current projects include the following:
  - Assessing and altering the school food environment to ensure equal high quality standards for all students and promote healthy choices through programs such as the pilot salad bar project.
  - Outreach campaign promoting Food Stamp/WIC acceptance and utilization at Farmers’ Markets
  - Coordinating the San Francisco Food Alliance
  - Preparing GIS maps of food resources in San Francisco
Sustainable Agriculture Education (SAGE)
David Brower Center
2150 Allston Way, Suite 320
Berkeley, CA 94704
Phone: (510) 526-1793
Fax: (510) 524-7153
Email: info@sagecenter.org
www.sagecenter.org

Description

- SAGE’s mission is to broaden the constituency for sustainable regional food and agriculture by developing projects, programs, and materials that help the public understand and enjoy sustainable agriculture's many benefits. Dedicated to the principle of health through diversity, SAGE helps articulate vision and inspires informed action through entrepreneurial, collaborative approaches.

- SAGE’s main goals include the following: (1) To foster and support innovative projects linking urban and rural places; (2) To demonstrate the connections between community health, sustainable agriculture, metropolitan infrastructure and growth, housing, and regional land use planning; and (3) To link urban community food security needs with the needs of sustainable family farmers.
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
EDUCATION AND ADVOCACY

University of California Cooperative Extension (UCCE)
San Francisco & San Mateo Counties

http://cesanmateo.ucanr.edu/

Main Office
4-H, Agriculture, Urban Forestry and the Master Gardener Program
1500 Purisima Creek Road
Half Moon Bay, CA 94019
Phone: (650) 726-9059
Fax: (650) 726-9267
Email: cesanmateo@ucanr.edu

Nutrition Education Office
300 Piedmont Avenue, Bldg B, Room 227
San Bruno, CA 94066
Phone: (650) 871-7559
Fax: (650) 871-7399
Email: cesanfrancisco@ucdavis.edu

Elkus Ranch Environmental Education and Conference Center
1500 Purisima Creek Road
Half Moon Bay, CA 94109
Phone: (650) 712-3151
Fax: (650) 712-3153
Email: elkusranch@ucdavis.edu

Continued on next page
University of California Cooperative Extension (UCCE), cont.

Description:
- The University of California’s Cooperative Extension (UCCE) are centers that bridge between local issues and the power of UC research. They promote healthy diets and exercise for better health. Local Cooperative Extension services are provided in three locations.

Services Description
- **4-H Youth Development Program**
  4-H's learn-by-doing, youth-adult partnerships, and research-based educational programs help young people discover and develop their potential. Age range is 5-19 years old, with projects led by volunteer adults. Goals are development of life, citizenship, and leadership skills.

- **Agriculture**
  Educational and research programs that assist the agricultural community (growers, industry, agencies and the public) in local crop production, pest management, post-harvest handling, water quality, watershed protection, and environmental protection.

- **Landscape Horticulture/Urban Forestry**
  Educational programs and research that support city and county parks, green space managers, street tree programs, commercial tree and landscape professionals and nonprofit environmental groups.

- **Master Gardener Program**
  Volunteers are selected to participate in an 80 hour training program that teaches them about all aspects of home gardening. Graduates then return 80 hours of volunteer service on various community projects, community educational endeavors, or staffing the Help line on Mondays and Thursdays from 9 to 4 p.m. These master volunteers provide research and educational support to amateur gardeners, are a resource for school and community gardens, and they participate in community events that support home gardening.
  Phone: (650) 726-9059 x 107 or walk in.
  Email: mgsmsf@ucanr.edu.

Continued on next page
University of California Cooperative Extension (UCCE), cont.

- **Nutrition Education Programs**  
The nutrition, family, and consumer sciences education programs help limited resource families and individuals achieve optimal health through better nutrition and healthier lifestyles, manage their food budgets better, handle food safely, and improve their children’s health and well-being. Programs include small group classes, learn-by-mail program, professional development training and curriculum for teachers and youth leaders, classroom support, and special events. Youth curriculum for teachers/youth leaders may focus on literacy, gardening, or farm to fork as well as nutrition.

- **Richard J. Elkus Ranch**  
The Richard J. Elkus Ranch is a working ranch located on the central California coast just south of Half Moon Bay, San Mateo County. Its emphasis is youth outdoor environmental and agricultural literacy education, with a large garden, greenhouse, variety of large and small animals, and horticulture therapy program. A beautiful large Ranch Conference center is available for rent.

**Eligibility Criteria**  
None, except age parameters for youth programs, and some limited income eligibility requirements for individuals, families, and schools interested in nutrition programming.

**Languages Available**  
English, some Spanish  
Additional languages in nutrition programs - Spanish, Vietnamese, Chinese

**Fees**  
- None for information, although minimum fees apply for 4-H Program membership, Elkus Ranch programs, and some specific subject-matter educational workshops.  
- Donations are always welcome.
Urban and Environmental Policy Institute
Mailing address:
Urban & Environmental Policy Institute, Occidental College
1600 Campus Road, MS-M1
Los Angeles, CA 90041

Physical address:
1882 Campus Road
Los Angeles, CA 90041
1541 Campus Road
Los Angeles, CA 90041

Phone: (323) 259-2991
Email: uepi@oxy.edu
http://www.oxy.edu/urban-environmental-policy-institute

Description
• The Urban & Environmental Policy Institute (UEPI) is a research, policy, and advocacy organization at Occidental College committed to bringing about social change and a more just, livable and green society.

• Activities of the Center include (1) Development and institutionalization of innovative programs, (2) Grassroots organizing and coalition-building, (3) Research, evaluation, and policy analysis, and (4) Training and technical assistance.

• Key Programs include the following:
  • California Farm to School Program
  • Regional Food Systems
  • Farm to Pre-school Program
  • Choose Health LA Kids
  • Healthy School Food Coalition
FOOD SYSTEMS, ADVOCACY, AND AGRICULTURE
FARM TO CONSUMER

Alternative Food Projects:
Reconnecting Eaters and Farmers

Americans are increasingly concerned about the quality of their food - knowing where their food comes from and how it is grown. Many are worried about the loss of small farms and the consolidation of food system into the control of a few multinational organizations. Others are alarmed about food safety issues due to well publicized food contaminations such as the E. coli outbreak from Jack in the Box, recalls of Taco Bell corn taco shells due problems with the genetically engineered StarLink corn, and the discovery of mad cow disease in American grown cows. Rising levels of obesity and diet related diseases have also brought a new level of awareness of the need for healthy eating habits along with access to high quality food.

There is a movement globally to develop alternative food networks that directly reconnect eaters and farmers. In the U.S., these projects have taken many forms from farmers’ markets, community supported agriculture, cooperative buying clubs, community gardens and other community food projects. Below are two guides that describe successful alternative food projects in the U.S.

A Guide to Community Food Projects (CFP)
The CFP program is a federal grant administered by the USDA that supports projects designed to: help meet the food needs of low-income people; increase the self-reliance of communities in providing for their own food needs; and promote comprehensive responses to local food, farm, and nutrition issues. Additionally, projects are encouraged to: support the development of entrepreneurial projects; develop linkages between the for-profit and non-profit sectors, as well as between other sectors of the food system; and foster long-term food planning activities and multi-system, interagency approaches. These projects have included nutrition education, food policy councils, community gardening, youth gardening, community supported agriculture, farm to school programs, farmers’ markets, micro-enterprise campaigns, business training, community kitchens, and training and technical assistance.

Continued on next page
Alternative Food Projects: Reconnecting Eaters and Farmers, cont.

http://foodsecurity.org/cfsc_case_studies/


Weaving the Food Web

*Weaving the Food Web* is a story of California’s food system. It traces the efforts of communities across the state to help people put fresh, healthy food on their tables every day. It describes the kinds of relationships among individuals, families, and businesses. This photo-rich, 21-page booklet features eight innovative community-based food projects drawn from around California.

http://foodsecurity.org/pubs/#food_web
Community Supported Agriculture (CSA)

Community Supported Agriculture (CSA) is a structure in which an individual, family, or group buys a “share” of the eventual harvest from a farm or a group of farms. In this way, the person or group is supporting the farm and taking on some of the risk and benefits from a regular box of the bounty. Subscribers usually receive a weekly box of produce including fruits, vegetables, and herbs and typically recipes and news from the farm. Sometimes subscribers are also invited to visit or volunteer on the farm. Included here is a list of CSA programs that deliver to San Francisco as of Summer 2016. We recommend you check the following link and other internet resources:

http://www.yelp.com/search?cflt=csa&find_loc=San+Francisco%2C+CA%2C+USA
http://www.localharvest.org/csa/

ALBA Organics (Salinas)
Phone: 831-758-1469
alba@albafarmers.org
www.albafarmers.org

Eatwell Farm (Winters)
Phone: 707-999-1150
organic@eatwell.com
www.eatwell.com

Good Humus Produce (Capay)
Phone: 530-787-3187
www.goodhumus.com

Herbert Family Organic Farm (Hollister)
Phone: 831-637-9571
www.herbertfamilyorganicfarm.com

Live Earth Farm (Watsonville)
Phone: 831-763-2448
farmers@cruzio.com
www.liveearthfarm.net

Live Power Community Farm (Covelo)
Phone: 707-983-8196
livepower@igc.org
www.livepower.org

Mariquita Farm (Watsonville)
Marquita Phone line: 831-706-6799
office@mariquita.com
www.mariquita.com

Purisima Greens (Half Moon Bay)
Phone: 415-824-4272

Terra Firma Farm (Winters)
Phone: 530-756-2800
csa@terrafirmafarm.com
www.terrafirmafarm.com

Winter Creek Gardens (Rumsey)
Phone: 530-796-2243
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**Index**

- **A-**
  - Academy of Nutrition and Dietetics (AND) .............................................................. 2.2
  - Academy of Nutrition and Dietetics (AND) .............................................................. 4.2
  - Agricultural Commissioner ................................................................................. 6.20
  - Alemany Farm................................................................................................... 6.2
  - Alternative Food Projects.................................................................................. 6.45-6.46
  - American Cancer Society (ACS) ........................................................................ 4.3
  - American Diabetes Association (ADA) ............................................................. 4.4
  - American Heart Association (AHA) ................................................................. 2.3
  - American Heart Association (AHA) ................................................................. 4.5

- **B-**
  - Bargain Shopping ................................................................................................ 1.50-1.57
  - Bay Area Dietetic Association (BADA) ............................................................ 4.6
  - Big Lots ........................................................................................................... 1.50

- **C-**
  - CalFresh Program (formerly the Food Stamp Program) .................................. 1.2-1.4
  - California Certified Organic Farmers (CCOF) .............................................. 6.21
  - California Food Policy Advocates (CFPA) .................................................... 6.22
  - California Foundation for Agriculture in the Classroom .............................. 6.23
  - Californians for Pesticide Reform (CPR) ......................................................... 6.24
  - California Healthy Kids Resource Center (CHKRC) ...................................... 4.7
  - California Pacific Medical Center (CPMC) ..................................................... 2.4
  - Center for Diabetes Services ............................................................................ 2.18
  - Castro-Mission Health Center ........................................................................ 2.18
  - Center for Ecoliteracy ......................................................................................... 6.25
  - Center for Agroecology and Sustainable Food Systems ............................... 6.3
  - Center for Urban Education about Sustainable Agriculture (CUESA) ......... 6.26
-C- Continued...

Certified Food Handler Information.................................................................5.2
Child Care Food Program.................................................................................1.5-1.8
Children's Health Center, ZSFG.................................................................2.18-2.19
Chinatown Public Health Center.................................................................2.7-2.8
Chinese Community Health Resources Center.............................................2.9
Choosing Healthy Appetizing Meal Plan Solutions for Seniors
(ChAMPSS)........................................................................................................1.38-1.39
City College of San Francisco, Health Education Department....................4.8-4.9
City College of San Francisco, Environmental Horticulture and
Floristry Program.............................................................................................6.4
Commodity Supplemental Food Program (CSFP)..........................................1.15
Community Alliance with Family Farmers (CAFF).........................................6.27
Community Food Assessments........................................................................6.28-6.29
Community Health Network Clinics, San Francisco Department of Public Health
  Castro-Mission Health Center.........................................................................2.18-2.19
  Maxine Hall Health Center............................................................................2.18-2.19
  Ocean-Park Health Center............................................................................2.18-2.19
  Potrero Hill Health Center............................................................................2.18-2.19
  Silver Avenue Family Health Center...........................................................2.18-2.19
  South East Health Center.............................................................................2.18-2.19
Community Health Resource Center...............................................................2.10
Community Supported Agriculture (CSA)......................................................6.47
Congregate Meal Program for Seniors.............................................................1.39
Contact Information for Farmers’ Markets in San Francisco.........................1.59-1.60
Costco..............................................................................................................1.52

-D-

Dairy Council of California............................................................................4.10-4.12
Diabetes Teaching Center,
  University of California San Francisco (UCSF)........................................2.23
-E-
Eating Disorders Resource List/Other Resources.................................3.2-3.11
Ecology Center.................................................................................6.30
Education and Advocacy...............................................................6.20-6.44
Education Outside..........................................................................6.6

-F-
Family Health Center, ZSFG..............................................................2.18-2.19
Farmers’ Markets, Introduction to....................................................1.58
Farmers’ Markets.............................................................................1.59-1.64
Farm to Consumer............................................................................6.45-6.47
Federal Websites Providing Food Safety Information......................5.3-5.4
Feeling Good Project.................................................................4.15-4.16
Food Borne Illness Information .......................................................5.7-5.8
Food Research and Action Center (FRAC)......................................6.31
Food Safety Research Information Office .........................................5.5
Foodsafety.gov- U.S Department of Human Health Services..............5.6
Foods Co.......................................................................................1.53
Food Resources, Introduction to.......................................................1.1
Food Safety Section.........................................................................5.1-5.14
Food Safety, Introduction to.............................................................5.1
Food Systems, Advocacy and Agriculture Section.............................6.1-6.44
Food Systems, Advocacy and Agriculture, Introduction to...............6.1
Free Meals and Free Groceries.......................................................1.23-1.38

-G-
Garden for the Environment............................................................6.5
Gardening and Farming Programs....................................................6.2-6.19
Girls 2000......................................................................................6.32
General Medical Center, ZSFG.........................................................2.18-2.19
Golden Gate Restaurant Association..............................................5.9
Government Food Assistance Programs........................................1.2-1.22
<table>
<thead>
<tr>
<th>-H-</th>
<th>Healthy Living Ambassadors Program (HLA)</th>
<th>6.7-6.8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HELPLINK 211, Information and Referral Service</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>Hidden Villa</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>Human Services Agency, Department of Aging &amp; Adult Services, Information, Referral and Assistance</td>
<td>1.24</td>
</tr>
</tbody>
</table>

| -I-  | Internet Resources for Nutrition Information and Education | 4.17-4.20 |

| -K-  | Kaiser Permanente Medical Center (KPMC), Nutrition Clinic | 2.11 |
|      | Kaiser Permanente Medical Center (KPMC), Weight Management Programs | 3.14-3.15 |

| -L-  | La Cocina | 6.33 |
|      | La Leche League of San Francisco | 4.21-4.23 |
|      | Leah’s Pantry | 4.24 |
|      | List of Farmers’ Markets in San Francisco (English-Chinese) | 1.61-1.62 |
|      | List of Farmers’ Markets in San Francisco (English-Spanish) | 1.63-1.64 |
|      | Literacy for Environmental Justice (LEJ) | 6.34 |
|      | Low Cost Food Sources | 1.51-1.64 |

| -M-  | March of Dimes | 4.25 |
|      | Maternal Fetal Medicine and Diabetes and Pregnancy Program | 2.5-2.6 |
|      | Sutter Pacific Medical Foundation | 2.18-2.19 |
|      | Maxine Hall Health Center | 2.18-2.19 |
-M- Continued…
Meal Program for Homebound Seniors.........................................................1.41
Meals and Food for Special Populations................................................. 1.39-1.50
Meals on Wheels of San Francisco, Inc. .................................................1.42-1.43
Merritt College Landscape Horticulture Program.................................6.10
Mission Corps (Salvation Army Congregate Meal Program).................1.47-1.48
Mission Neighborhood Health Center..................................................2.18-2.19
Mission Pie Cafe....................................................................................6.11

-N-
National School Breakfast and Lunch Program.................................1.9-1.10
Native American Health Center WIC Supplemental Program..............1.16-1.19
North East Medical Services (NEMS)..................................................2.13-2.14
Nutrition Counseling, Introduction to.................................................2.1
Nutrition Counseling Clinic,
University of California San Francisco (UCSF).................................. 2.24
Nutrition Counseling Section...............................................................2.1-2.28
Nutrition Education and Obesity Prevention Branch (NEOPB)............4.26-4.29
Nutrition Education and Obesity Prevention Branch Chinese Project....4.30-4.31
Nutrition Education Project,
San Francisco Unified School District..................................................4.32
Nutrition Information and Education Section, Introduction to............4.1
Nutrition Information and Education Section.....................................4.1-4.50

-O-
Obesity Resource List...........................................................................3.12-3.13
Ocean-Park Health Center.................................................................2.18-2.19
Om Organics.........................................................................................6.35
On Lok Senior Health Services............................................................2.15-2.17
Outpatient Nutrition Counseling Clinic,
University of California San Francisco (UCSF).................................3.16-3.17
Pesticide Action Network of North America (PANNA).................................6.36
Pie Ranch..................................................................................................6.12-6.13
Position of the American Dietetic Association in Weight Management...3.18-3.37
Potrero Hill Health Center........................................................................2.18-2.19
Project Open Hand Wellness Program.....................................................1.44

Rainbow Grocery....................................................................................1.53
Restaurant Inspections and Violations.......................................................5.10-5.11
Ray & Joan Kroc Corps (Salvation Army Congregate Meal Program) .....1.47-1.48

Salvation Army Congregate Meal Program,
  Mission Corps..........................................................................................1.47-1.48
  Ray & Joan Kroc Corps ..........................................................................1.47-1.48
  South of Market Corps............................................................................1.47-1.48
Salvation Army Meals that Heal Program................................................1.49
San Francisco-Marin Food Bank.................................................................1.25-1.27
San Francisco Department of Public Health,
  Environmental Health Branch.................................................................5.12
San Francisco Department of Public Health,
  Women, Infants, and Children Supplemental (WIC) Program..............1.20-1.22
  San Francisco Department of the Environment....................................6.38
San Francisco Food Systems.....................................................................6.39
San Francisco Free Eats Chart.................................................................1.28-1.32
San Francisco Free Pantry Chart..............................................................1.33-1.37
San Francisco Head Start/ Early Head Start Program..........................1.45-1.46
San Francisco Study Center......................................................................4.33
Santa Rosa Junior College Shone Farm..................................................6.14-6.16
Saving Leftover Food.................................................................................5.13-5.14
Selected Nutrition and Weight Management Resources..........................3.38
-S- Continued...
Silver Avenue Family Health Center.................................................................2.18
Sister Mary Phillipa Health Center.................................................................2.20
Slide Ranch........................................................................................................6.17
Smart and Final.................................................................................................1.54
South East Health Center.................................................................................2.20
South of Market Corps (Salvation Army Congregate Meal Program)..........1.43
Special Assistance for CalWORKS Recipients on Therapeutic Diets........1.11-1.12
St. Mary’s Hospital Nutrition Clinic...............................................................2.21
Summer Food Service Program (SFSP).........................................................1.13-1.14
Sustainable Agriculture Education (SAGE)...............................................6.40
Sutter Pacific Medical Foundation,
  Maternal Fetal Medicine and Diabetes and Pregnancy Program........2.5-2.6

-T-
Teenage Pregnancy & Parenting Project (TAPP).........................................2.22
Trader Joe’s....................................................................................................1.55-1.56

-U-
United States Food and Drug Administration (FDA).................................4.34
University of California Cooperative Extension (UCCE),
  San Francisco/San Mateo/Santa Clara Counties.................................4.35-4.36, 6.41-6.43
University of California San Francisco (UCSF),
  Diabetes Teaching Center........................................................................2.23
  Nutrition Counseling Clinic.......................................................................2.24
  Outpatient Nutrition Counseling Clinic..................................................3.16-3.17
  Weight Assessment for Teen and Child Health (WATCH Clinic)..............2.25
Urban Agriculture Program...........................................................................6.18
Urban and Environmental Policy Institute.................................................6.44
Urban Sprouts..............................................................................................6.19
Useful Vegetarian Websites........................................................................4.49-4.50
-V-

Vegetarianism and Vegetarian Diets Paper.............................................4.37-4.48

-W-

Weight Assessment for Teen and Child Health (WATCH Clinic)
University of California San Francisco (UCSF)........................................2.25
Weight Management Programs,
Kaiser Permanente Medical Center (KPMC)..........................................3.14-3.15
Weight Management and Resource Information......................................3.18-3.38
Weight Management Programs Section.................................................3.1-3.38
Weight Management Section, Introduction to........................................3.1
Women, Infants and Children Supplemental Nutrition Program (WIC)
Food Assistance.........................................................................................1.16-1.22
Nutrition Counseling................................................................................2.26-2.28
Women’s Health Center, ZSFG.................................................................2.18-2.19

-Z-

Zuckerberg San Francisco General Hospital and Trauma Center
(ZSFG) Based Clinics
Positive Health Program-AIDS/Oncology..............................................2.18-2.19
Children’s Health Center.........................................................................2.18-2.19
General Medical Center...........................................................................2.18-2.19
Women’s Health Center...........................................................................2.18-2.19

-18-

18 Reasons..................................................................................................4.13-4.14