



Focus Area: Healthy Eating and Physical Activity (CHIP)

Science links health outcomes for heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet and regular exercise. However, the healthy choice is not always the “easy” choice – particularly for San Francisco’s more vulnerable residents – as was repeatedly voiced by community members throughout the CHA/CHIP development process. Socioeconomic and environmental factors impact what individuals eat and how they achieve physical activity.

San Franciscans of all ages fall short of the California average in terms of consumption of five or more fruits and vegetables daily. In addition, disparities exist among different racial/ethnic groups in terms of obesity risk; Latino adults are at greatest risk for obesity, followed by Black/African American residents. These same disparities are mirrored in food security.

Priority Areas for Ensure Safe and Healthy Living Environments	
Food Security	The department will partner with other agencies to increase food security for San Franciscans.
Healthy Weight	The department will work to increase the percent of San Franciscans with a healthy weight.
Physical Activity	Partnering with community organizations and community groups, the department is encouraging increased physical activity for all San Franciscans.

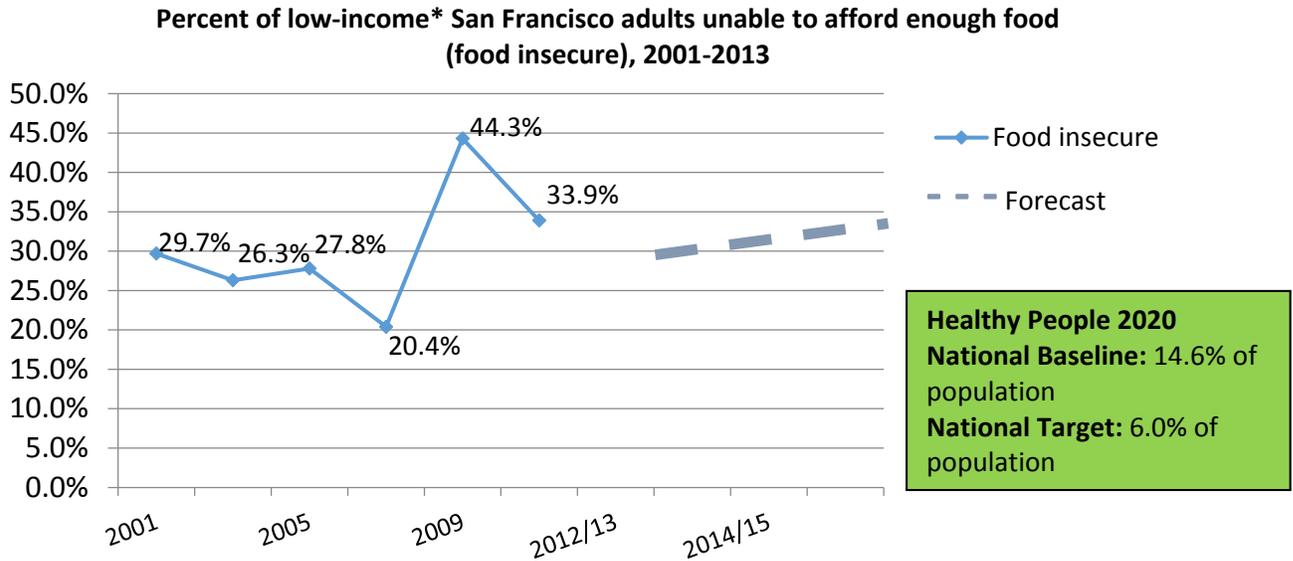
The three Headline Indicators that will be used to measure progress in optimizing increased healthy eating and physical activity strive to demonstrate the link between diet, inactivity, and chronic disease and focus on ways to help San Francisco create environments that make healthy choices the easy choices, so all San Francisco residents have an equal chance to eat well and be more active.

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Headline Indicator: Percent of residents who do not have food security (resource, access, consumption)

BASELINE CURVE



Data source: 2001-2011/12 California Health Interview Survey

*Low-income defined as those whose income is less than 200% of the Federal Poverty Level

THE STORY BEHIND THE BASELINE

Between 2001 and 2007, the percentage of low-income adults who were food insecure decreased from 29.7 to 20.4 percent. In 2009, food insecurity climbed to a high of 44.3 percent before returning to a lower level of 33.9 percent in 2011-12. Although food insecurity was lessened between 2009 and 2012, there is not a clear trend toward improvement.

Food insecurity may lead to behaviors that undermine health, such as skipping meals, binge eating, food rationing and eating more fats and carbohydrates due to lack of access to fruits and vegetables. Science links daily practices like having a poor diet to an increase in health conditions such as heart disease, diabetes, and cancer. Proper nutrition is critical for healthy development and aging, and is especially important for intellectual and emotional development of children, diabetes management, and health of people living with HIV and AIDS.

Food security refers to the state in which all persons are able to obtain a nutritious and culturally acceptable diet through local non-emergency sources. Socioeconomic and environmental factors impact whether individuals can consistently afford to eat regular, balanced meals. San Franciscans face a high cost of living, largely because of high housing costs. Lack of adequate income may result in difficulty paying for food.

The increase in food security between 2009 and 2011-12 may be directly related to the increase in enrollment in CalFresh (formerly known as food stamps and known nationally as Supplemental Nutrition Assistance Program or SNAP). Additional resources for CalFresh recipients were funded through federal stimulus funds, and the city increased food pantries in San Francisco to respond to the decline in the economy. However, many immigrants, residents on Supplemental Security Income (SSI), and residents whose income is over 130% of poverty are not

eligible for CalFresh/SNAP. The number of food insecure San Franciscans may still increase due to increasing costs for housing and food, as well as increasing numbers of seniors. Other root causes of food insecurity such as lack of healthy food retail options in lower-income neighborhoods and lack of complete kitchens to prepare healthy meals must be addressed.

WHAT WORKS

- Enrollment/use of federal nutrition programs (school-based nutrition programs, CalFresh, WIC, out of school time meals, after school meals, child care food)
- Community based nutrition programs (i.e. congregate meals, food banks, senior meals, childcare meals, home delivered groceries and meals)
- Connecting individual’s food needs to clinical and case management (Chronic Disease Self-Management Program, community health workers to support patients/navigation, assessment for food security among all patients)
- Geographic access to food (retail assessments; support healthy food procurement and health food retail incentives, healthy vending)
- Subsidizing purchase of healthy food (supporting demand)
- Urban Ag – adopting and implementing policies in planning and zoning for cottage kitchen, community gardens (community food gardens)
- Supporting food guardians/community health workers in neighborhoods

PARTNERS

- San Francisco Health Network, Primary Care, etc.
- Community Based Organizations
- Colleges and Universities (e.g., UCSF, SF State, City College)
- Food Security Advocacy Groups
- Community (to participate and identify strategies)

STRATEGIES

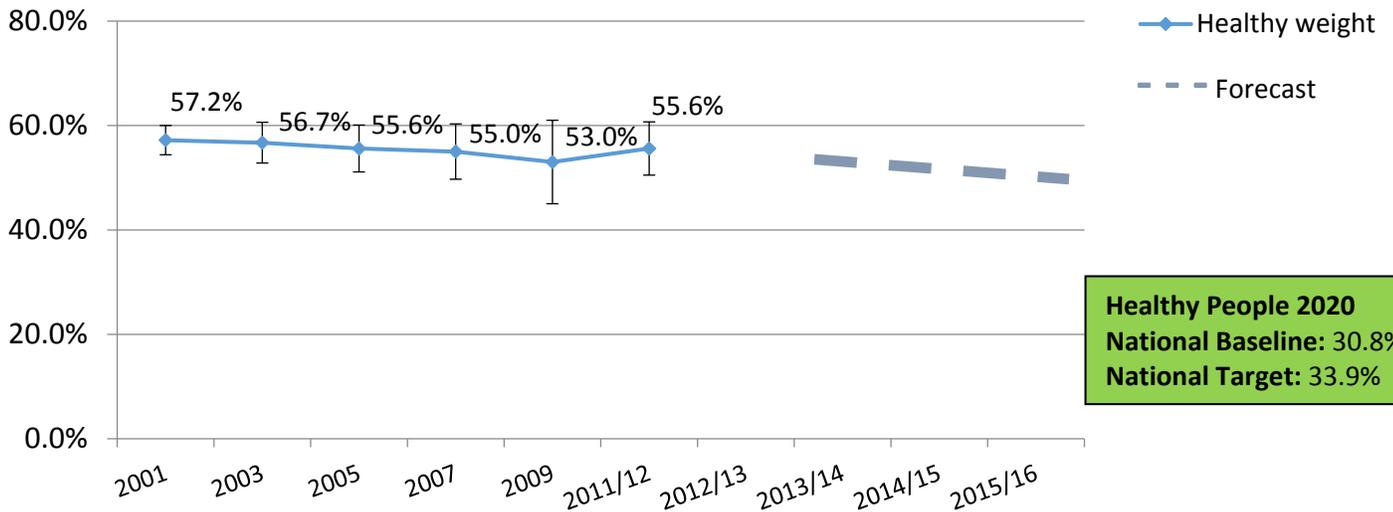
- Support the SF Food Security Task Force and implement its recommendations to increase resources for and access to healthy affordable foods
- Develop public policies, including sustainable funding strategies, that directly and indirectly promote healthy nutrition for food insecure San Franciscans
- Increase access to food preparation and knowledge of basic nutrition, safety and cooking



Headline Indicator: Percent of residents who maintain a healthy weight

BASELINE CURVE

Percent of San Francisco Adults with a Healthy Weight (BMI between 18.5 - 24.99)



Data source: 2001-2011/12 California Health Interview Survey

THE STORY BEHIND THE BASELINE

Between 2001 and 2009, the percentage of adults in San Francisco who reported a healthy weight decreased slightly, from 57.2 to 53.0 percent; however, in 2011-12, the percentage of adults reporting a healthy weight increased to 55.6 percent. Although there has been some improvement between 2009 and 2012, there is not a clear trend.

San Franciscans of all ages fall short of the California average in terms of consumption of five or more fruits and vegetables daily. However, food and beverages high in fat, salt and sugar are cheap and readily available, particularly in poor neighborhoods. As consumption of sugary drinks has increased so has obesity (defined as having a BMI over 30.0).

Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.

WHAT WORKS

- Technology Obesity Prevention and Control: Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss
- Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults
- CDC guide to strategies to increase the consumption of fruits and vegetables
- Effective primary care through relevant treatments for obesity in adults
- Behavioral counseling to promote a healthy diet

PARTNERS

- San Francisco Health Network, Primary Care, Behavioral Health Services
- City Agencies including Recreation and Parks, Children, Youth and Their Families, Shape UP SF Coalition
- San Francisco Unified School District
- Community Based Organizations, Chamber of Commerce, Boys and Girls Club, YMCA
- Community (to participate and identify strategies)

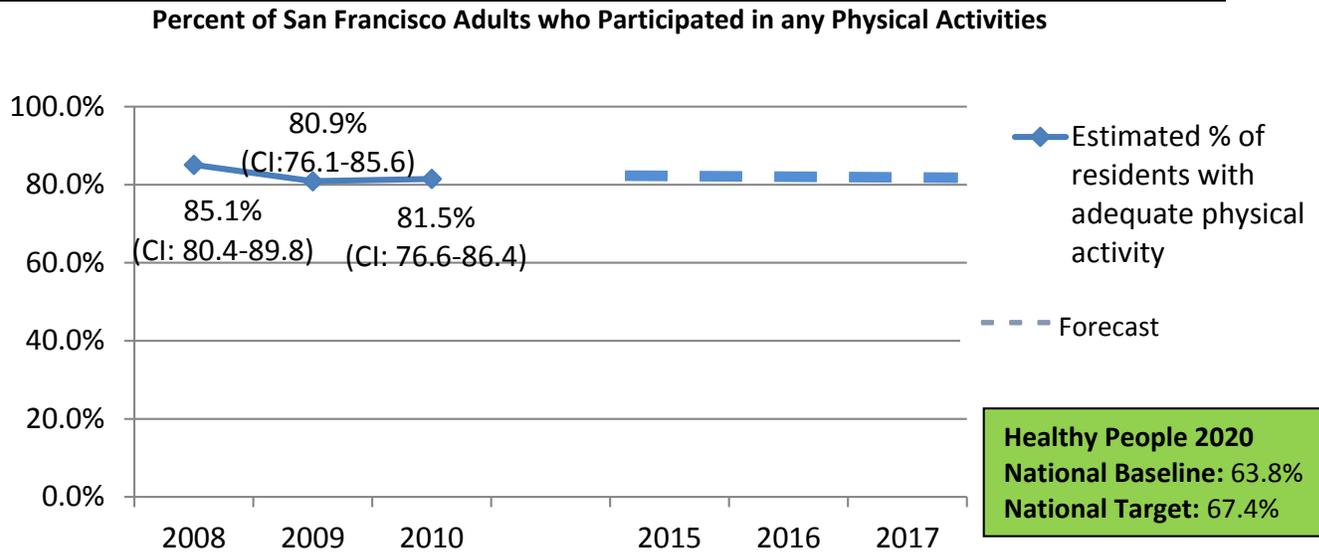
STRATEGIES

- Implement Shape Up SF Strategic Plan
- Promote programs that create safe, accessible spaces for active transportation, recreation and access to healthy food
- Develop and support implementation of public policies and programs that directly and indirectly promote healthy eating and physical activity



Headline Indicator: Percent of residents who have adequate physical activity

BASELINE CURVE



Data source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. SMART BRFSS. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, 2008-2010. Accessed 9/19/2013

THE STORY BEHIND THE CURVE

The percentage of adults in San Francisco who reported participating in any physical activities declined between 2008 and 2010, the period for which data are available. The cause of this decline is not clear.

Science links health conditions such as heart disease, diabetes, and cancer to the amount of daily participation in regular physical activity. Physical activity offers multiple benefits beyond physical health including good mental health and cognitive performance. Safety, socioeconomic factors, and availability have a strong effect on physical activity opportunities for all age groups.

Regardless of the cause, the reality and perception of safety impacts willingness to engage in physical activity. Pedestrians face greater risk for injury and death in the Financial District, Chinatown, South of Market, Downtown/Civic Center, North Beach, Castro/Upper Market, Western Addition, Glen Park, and Mission neighborhoods. Additionally, residents in some neighborhoods face greater risk of violence than in others and may not engage in certain kinds of physical activity because they perceive it is not safe to do so.

Physical activity is defined as any bodily movement that requires a person to use energy. The term "physical activity" should not be mistaken with "exercise". Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities.

Affordability impacts access to physical activity opportunities as well; whereas active transportation (like walking or biking) may not always be an option, regular free classes, programs like Sunday Streets and, school based programs such as PE support opportunities for physical activity and can lead to life-long practices for healthy, active lives.

WHAT WORKS

- Policies that support active living in the Workplace, at schools, childcare centers, etc.
- Improving the built environment to support safe and active physical activity including safe transportation alternatives, play areas, etc.
- State mandated physical education minutes in schools
- Access to regular, free physical activity opportunities

PARTNERS

- Recreation and Parks Department, Department of Children, Youth and Their Families, Department of City Planning, Metropolitan Transportation Authority
- Physical Activity Advocacy Groups including Shape UP SF Coalition, YMCA, Boys and Girls Club, Walk SF, Bike Coalition, etc.
- Community members

STRATEGIES

- Implement Shape Up SF Strategic Plan
- Develop and support implementation, enforcement, evaluation and possible expansion of public policies that directly and indirectly promote physical activity
- Collaboration to promote programs that create safe, accessible spaces for active transportation and recreation