



SAN FRANCISCO
takes a stand and declares...

food

Is a basic human right.

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Executive Summary

The San Francisco Food Security Task Force provides recommendations to the City around policies, programs and funding to eliminate food insecurity. In the *2013 Assessment of Food Security in San Francisco*, we introduced a framework for documenting and analyzing the food security network in San Francisco, and developed recommendations to improve food security. Since this report was published, and presented to the Board of Supervisors who passed a resolution declaring that food is a basic human right, and committing the City to end hunger by 2020. The City has increased investments to expand existing successful programs, and developed innovative new public/private initiatives. There is also an increasing understanding of the importance of the food safety net as critical programs and partners in improving the health of San Franciscans.

Nutrition helps build healthy and thriving communities

San Francisco has implemented bold legislation and invested financially to support the success of its communities through targeted community programs. These programs are delivered through partnerships, collaborations and initiatives that bring together diverse stakeholders to achieve shared goals. Food insecurity exists when the ability to obtain and prepare nutritious food is uncertain or not possible. Hunger and food insecurity are injustices experienced by too many San Franciscans. Food insecurity and hunger impacts our community in many direct and indirect ways, and the social and economic costs are passed on to society in many ways, including higher health care costs. Responsibility for ensuring that San Franciscans have access to healthy foods and do not go hungry is shared by many City and County departments, schools, community-based and faith-based organizations, businesses, and residents.

Changes since 2013 report: Important gains in the food safety net

In 2013, the FSTF issued a report, *Assessment of Food Security in San Francisco 2013*, highlighting that at least 1 in 4 San Franciscans are at risk of food insecurity because their incomes are so low relative to our high cost of living. The report measured the system of food programs serving food insecure San Francisco residents using the framework of Food Resources, Food Access and Food Consumption. Important gains since 2013 include continued budget investments and critical new policies; innovation and collaboration; expanded funding for critical food programs for seniors and people with disabilities; vouchers and incentives offering additional financial resources to purchase fruits and vegetables; partnerships delivering free groceries to the homes

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of older adults and adults with disabilities; the launch of a new collaborative to support the health and nutrition of people living in SROs; and sponsors of nutrition programs for children and youth expanding the number of “out of school” meal and pantry programs.

Summary of 2018 report finding: More San Franciscans struggle to afford basic needs

The *2018 Assessment of Food Security* compiles data from federal, state and locally funded food programs in order to develop recommendations for policies and systems to support gaps in San Francisco’s food needs. We integrated demographic data, health data, and data from local programs that screened for food security. This data integration allowed us to include information on some health disparities for which nutrition is critical and that needed to be considered and addressed in all programs serving communities in need. Since the 2013 report, the economic conditions that contributed to food insecurity have intensified.

Because of their increased vulnerability, food and nutrition programs are especially critical for pregnant women, children, seniors, people experiencing homelessness, immigrants, people who have physical and mental health conditions. Additionally, due to concentrated poverty among these groups, transitional aged youth, people with disabilities, African Americans, Native Americans and Pacific Islanders are also at high risk for food insecurity.

Local food security data: High rates of food insecurity

Data from the 2015-16 California Health Interview Survey indicate that food insecurity in San Francisco is increasing: 50% of those surveyed in San Francisco reported food insecurity compared with 44% in 2013-14. While individual programs can track their progress toward achieving their goals, a consistent, citywide food security screening protocol is being implemented in multiple settings and allows insights into food security in San Francisco that was not available previously. This report contains summary data on food security for the most vulnerable populations.

Food security network: Important progress yet concerning declines for the most vulnerable residents

We provide a summary of the food security network in Section 1 of the report, San Francisco data and profiles of each Supervisorial District presented in the food security framework of Resources, Access and Consumption in Section 2 and in-depth reports from specific food programs in San Francisco in Section 3.

In Section 4 we explore health care systems' roles in the food security network and how those systems of care can better address the food insecurity of their patients to prevent and manage their patients' health conditions.

Recommendations in Brief

The following recommendations were developed collaboratively through multiple public meetings of the San Francisco Food Security Task Force during winter of 2017 and spring of 2018. These recommendations are intended for stakeholders in the public as well as the private sectors to address immediate as well as long term systemic needs to improve food security, reduce health disparities, and address gaps in food security programming.

Policy and System Priorities

1. Attain Sustainable Funding and Infrastructure Investments to Eliminate Waitlists and Other Barriers to Services.
2. Develop a Client-Centered Approach to Nutrition Services.
3. Endorse Food Security Values and Accountability to Secure the Food Safety Net

Food Safety Net Priorities

The San Francisco and District Reports identify food program priorities to strengthen the food safety net with specified focus on the food security needs for the most vulnerable.

COMPASSION

priorities responsibility

EQUITY

security DIGNITY

food
community



FOOD SECURITY TASK FORCE

2018 Food Security Report

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Food Insecurity in San Francisco

INTRODUCTION: Nutrition helps build healthy and thriving communities

San Francisco is a city that values compassion, equity, and dignity for all. It has implemented bold legislation and invested financially to support the success of its communities through targeted community programs. These programs are delivered through partnerships, collaborations and initiatives that bring together diverse stakeholders to achieve shared goals.

Food is a basic human right & essential for human health

(Resolution 447-13, San Francisco Board of Supervisors, 2013)

Food security means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life. Food insecurity exists when the ability to obtain and prepare nutritious food is uncertain or not possible. Hunger and food insecurity are injustices experienced by too many people throughout the United States, California and San Francisco. Food insecurity contributes to poor health¹ and health disparities^a through multiple pathways: stress, trauma, poor diet quality, and malnutrition.^{2,3} Food insecurity increases risk of multiple chronic conditions including diabetes, heart disease, and hypertension, and exacerbates existing physical and mental health conditions.⁴ It impairs child development and limits academic achievement.⁵ Food insecurity and hunger impacts our community in many direct and indirect ways, and the social and economic costs are passed on to society in many ways, including higher health care costs.⁶

a. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion”

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There is no public agency or community-based organization that bears sole responsibility for ensuring that San Franciscans have access to healthy foods and do not go hungry. Instead, this responsibility is shared by many City and County departments, schools, community-based and faith-based organizations, businesses, and residents. Food security programs are heterogeneous and include different models for increasing resources to purchase healthy food or providing free healthy meals and groceries. What they have in common is that they are relied on by hundreds of thousands of San Francisco residents every day who would go hungry without them.

The Food Security Task Force (FSTF) was established in 2005 by the San Francisco Board of Supervisors and charged with creating a citywide plan for addressing food security. The FSTF tracks data regarding hunger and food security in San Francisco, including the utilization of and demand for federal food programs and community-based nutrition programs. The FSTF is comprised of members from government agencies, San Francisco Unified School District, community-based organizations and residents. In addition, organizations and interested members of the public participate in monthly meetings and provide invaluable contributions to San Francisco’s work to support food security.

Changes since 2013 report: Important gains in the food safety net

In 2013, the FSTF issued a report, *Assessment of Food Security in San Francisco 2013*, highlighting that at least **1 in 4 San Franciscans are at risk of food insecurity because their incomes are so low relative to our high cost of living.**^b The report also introduced a framework to measure the system of food programs serving food insecure San Francisco residents. This framework included three dimensions, adapted from the World Health Organization’s pillars of food security:

- **Food Resources:** *A person has the ability to secure sufficient financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis.*
- **Food Access:** *A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.*
- **Food Consumption:** *A person has the ability to prepare and store healthy meals, and the knowledge of basic nutrition, food safety, and cooking.*

b. For the purposes of this report, we use 200% of the federal poverty guidelines as a guide to estimate high risk for food insecurity, and 100% of the poverty guidelines (FPL) to estimate highest risk for food insecurity.

The report recommended deeper investment in existing food programs, including meals for children when they are not in school; diversifying food retail locations accepting CalFresh and WIC; facilitating connections between food security programs and health care organizations; and standardizing measurement of food security across San Francisco. The FSTF also recommended immediate expansion of funding to address the lack of food programs for low-income seniors and people with disabilities; increased CalFresh outreach and enrollment; development of a local healthy food purchasing supplement for San Francisco residents ineligible for CalFresh; and targeted programming to prioritize the food security needs of single-room occupancy hotel (SRO) residents.

There is good news. The late Mayor Edwin Lee,⁷ Mayor Mark Farrell, Mayor London Breed, the Board of Supervisors, and leadership from public agencies, community-based organizations, and residents have supported continued budget investments and critical new policies. Public and private organizations have improved food security through innovation and collaboration. As a result, San Francisco has greatly expanded funding for critical food programs for seniors and people with disabilities over the past 5 years,⁸ supporting the growing number living on fixed, low-incomes and not able to afford basic living expenses. Vouchers and incentives offering additional financial resources to purchase fruits and vegetables have been launched and are rapidly expanding, helping low-income San Francisco residents to buy these items at local grocery stores and farmers markets. Home delivered grocery program partnerships now deliver free groceries to the homes of older adults and adults with disabilities. To support the health and nutrition of people living in SROs, the SRO Food Security and Health Collaborative was launched, bringing together organizations to leverage, coordinate and provide nutritious food to tenants. Finally, sponsors of nutrition programs for children and youth expanded the number of summer lunch sites and summer family pantries, and rolled out supper programs in afterschool programs.

Summary of 2018 report finding: More San Franciscans struggle to afford basic needs

For the 2018 report, we examined data from federal, state and locally funded food programs in order to develop recommendations for policies and systems to support gaps in San Francisco's food needs. We integrated demographic data, health data, and data from local programs that screened for food security. This data integration allowed us to expose health disparities that needed to be addressed in all programs serving communities in need.

As San Francisco has worked across sectors to make significant progress in supporting food security for all its residents, the economic conditions that

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contribute to food insecurity have intensified. The cost of living in San Francisco has skyrocketed, the number of people living in low-income households has grown, and the depth and breadth of poverty has worsened, highlighting expanded need for support. The national political context has also shifted, amplifying the challenge of efficiently operating and expanding participation in federally funded nutrition programs. Further, federal reimbursements for such programming are often insufficient to cover local program costs. These pressures have converged on community-based organizations operating food programs, with some of the City's largest food programs reporting waitlists exacerbated by challenges to adequately expand infrastructure to meet the communities' needs.

As the population of San Francisco has grown, the number of San Franciscans at high risk for food insecurity due to low income has also increased. An estimated 227,000 residents live below 200% of the federal poverty level (FPL), and 110,000 residents live below 100% of FPL.⁹ This is approximately 13,000 additional San Franciscans living below 100% of FPL since the 2013 report.

Federal poverty guidelines, as set by the Department of Health and Human Services, determine eligibility for federal nutrition assistance. As the cost of living in San Francisco increases and income inequality grows, this national measure of poverty becomes increasingly inadequate as an eligibility threshold for federal nutrition programs. The amount of money needed to be economically self-sufficient in San Francisco¹⁰ is three to five times higher than the federal definition of poverty, and higher than the amount earned by minimum wage workers working full-time in San Francisco. There are therefore many residents of our City who have insufficient money to buy food, but who are not eligible for any federal nutrition support.

Everyone, no matter their age, needs access to proper nutrition to support health and well-being. Because of their increased vulnerability, food and nutrition programs are especially critical for pregnant women, children, seniors, people experiencing homelessness, immigrants, and people who have physical and mental health conditions of all kinds. Additionally, due to concentrated poverty among these groups, transitional aged youth, people with disabilities, African Americans, Native Americans and Pacific Islanders are also at high risk for food insecurity.

Low-incomes and poverty in San Francisco is most concentrated among:

Children and youth (0-17 years old): Out of an estimated 107,000 children and youth:

- 12% live below 100% FPL, and the majority (64%) live in a single parent household;
- 28% live below 200% FPL, and the majority (62%) live in households headed by immigrants.¹¹

- Transitional aged youth (TAY) (ages 18-24 years old): Out of an estimated 61,000 TAY, 52% live below 200% FPL, and 33% live below 100% FPL.¹²
- Adults with Disabilities: Although 12% of all adults 18-64 years old live below 100% FPL, 40% of adults with disabilities (18-64 years old) live below 100% FPL.¹³
- Older adults (65+ years old): Out of an estimated 117,000 older adults, 36% live below 200% FPL, and many live on fixed incomes.
- African Americans, Native Americans and Pacific Islanders experience the highest concentration of poverty by race,¹⁴ and have the lowest median household incomes.¹⁵

Local food security data: High rates of food insecurity

Data from the 2015-16 California Health Interview Survey (CHIS) indicate that food insecurity in San Francisco is increasing. Although the survey only asks food security questions to adult respondents whose incomes are below 200% FPL, 50% of those surveyed in San Francisco reported food insecurity compared with 44% in 2013-14.¹⁶ Because of the work of the FSTF, the CHIS survey currently being fielded will administer the food security questions to respondents with incomes up to 300% of the FPL in San Francisco.

An important goal of the FSTF is to provide citywide coordination of food security efforts. While individual programs can track their progress toward achieving their goals using program outputs, the Task Force seeks to develop common ways of measuring the impact of diverse programming in order to track their combined impact on the outcome we are hoping to achieve: food security. Consistent measurement of food security across diverse programs is therefore critical to the work of the Task Force, allowing us to more effectively understand populations most at risk, track progress toward eliminating hunger, coordinate services, and assess the impact of new policies and programs. Therefore, in early 2017 the FSTF released recommendations and a guidance document for the adoption of a consistent, citywide food security screening protocol which included standard questions to assess both food security and the use of existing food programs.^c Standard screening has now been implemented in multiple settings and allows insights into food security in San Francisco that was not available in previous Task Force reports. The following is a summary of data on food security for high priority populations.

c. See Food Task Force website: www.sfdph.org/foodsecurity.

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Pregnant women and low-income families with young children: Local data from San Francisco suggest that food insecurity rates among low-income families is very high. Data from a sample of 170 low-income families participating in the Special Supplemental Program for Women, Infants and Children (WIC) program in San Francisco revealed that 60% of these families were food insecure.¹⁷ Another recent survey of 633 low-income pregnant women in San Francisco participating in WIC found that 53% were food insecure, with 10% experiencing very low food security and 43% experiencing low food security. An additional 15% of these women were marginally food secure, an intermediate level of food security that is known to be associated with negative health outcomes among children.^{18,19} Thus, as many as 68% of low-income pregnant women in San Francisco report financial challenges in accessing food that could be severe enough to have a negative impact on the health of the child.

Immigrants: National research indicates that the risk for food insecurity among households with immigrants is higher than households with members who are all US born,²⁰ and immigrant families with young children experience disparities in their ability to afford food.²¹ Although food insecurity rates among immigrants living in San Francisco are not available, 37% of children in San Francisco living in households headed by two immigrant parents live below 200% of FPL, compared to only 6% of children living with two US born parents.²²

People without homes: During the 2017 San Francisco homeless survey, 52% of respondents indicated that they had experienced a food shortage in the past four weeks. Similarly, unaccompanied homeless youth reported that their greatest service need was food (59%), topping reported needs for clothing (46%) and shelter (41%). In spite of this need, only 35% of all respondents, and 42% of unaccompanied youth reported receiving CalFresh benefits, down from 40% and 49%, respectively in 2015.^{23,24}

Residents of Single Room Occupancy Hotels: Approximately 500 SRO hotels in San Francisco provide housing for over 19,000 people. Most were constructed in the years immediately following the 1906 earthquake and have limited or no cooking facilities. In a study of over 600 adult residents of SROs in San Francisco conducted by the FSTE, 84% reported food insecurity even with high utilization of community resources available to food insecure residents to support food needs (86% reporting weekly utilization and 42% reporting daily utilization). Furthermore, 80% reported being at high nutritional risk based on responses to a standard risk scale.²⁵

Transitional aged youth and college students: There is growing awareness of high rates of food insecurity among youth and young adults in San Francisco. Local universities are beginning to measure students' lack of basic needs (including food and housing) and work with government agencies and community-based organizations to develop interventions and programs to support students. For example:

- In a study of formerly homeless youth in San Francisco, 71% were food insecure.²⁶
- According to the 2016 National College Health Assessment data for San Francisco State University, 35% of students surveyed were food insecure (12% experienced very low food security, and 23% low food security), and an additional 11% of students were marginally food secure.²⁷
- A recent assessment of 1,088 students at City College of San Francisco found that 41% were food insecure (20% experienced very low food security, and 21% experienced low food security); and among 136 students with children food insecurity rates were even higher with 53% being food insecure (29% experienced very low food security, and 24% experienced low food security).²⁸
- A University of California wide assessment of food and housing suggests that, overall, 44% of undergraduate students and 26% of graduate students are food insecure. Food insecurity was higher among students who were African American, Hispanic/Latino, Native American, and LGBTQ, as well as transfer students and formerly foster care youth.²⁹

Seniors and people with disabilities: Older adults, 60+ in San Francisco comprised 20% of the population in 2016 and will likely rise to 26% by 2030. The San Francisco Human Services Agency estimates that as the City's population of adults aged 60 and over grows, the proportion of adults aged 85 and older, older adults living alone and/or on limited fixed income, homeless older adults, and informal caregivers is expected to increase. Further, an estimated one-third of low income seniors in San Francisco are reportedly unable to afford enough food.³⁰ Nationally, households that include persons with disabilities have higher rates of food insecurity. In San Francisco, program data from the Department of Aging and Adult Services' Benefit and Resources Hub indicate that 78% of the adults with disabilities (18-59 years) seeking home delivered meal and congregate meals were food insecure.³¹

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Food security network: Important progress yet concerning declines for the most vulnerable residents

Below is a summary of the food security network. Section 2 of this report contains San Francisco data and profiles of each Supervisorial District presented in the food security framework of resources, access and consumption. Section 3 contains in-depth reports from specific food programs in San Francisco.

Food Resources: CalFresh, WIC and Healthy Food Purchasing Supplements

CalFresh: (California's Supplemental Nutrition Assistance Program, SNAP): Under-enrollment in CalFresh is a persistent state-wide problem, with an estimated 72% of eligible residents enrolled in 2016,³² compared to a national average of 85%.³³ In 2016, 65.6% of eligible San Franciscans were enrolled in CalFresh. Since the 2013 FSTF report, there has been an overall increase in CalFresh enrollment in San Francisco, particularly among seniors (up 83%). However, San Francisco has seen a decrease in CalFresh enrollment among children and youth 0-17 years old (11% decline).

WIC: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has seen a significant decline in participation in San Francisco. Compared to the 2013 FSTF report, there are 31% fewer participants in WIC despite the same number of children living below 185% of poverty³⁴ (the income threshold for participation in the program).

Healthy Food Purchasing Supplements: Since the 2013 FSTF report, a local fruit and vegetable voucher program was launched to increase the ability of low-income food insecure San Francisco residents to purchase produce, and for small neighborhood stores to stock fruits and vegetables. This program has targeted the Tenderloin, South of Market and Bayview neighborhoods.^{Dd}

Additionally, the Market Match program has provided funds to match CalFresh sales of produce at local farmers markets. Farmers markets across San Francisco participate in the program, increasing the purchasing power of CalFresh recipients.^e

d. For more information, see www.eatsfvoucher.org.

e. For more information, see <https://marketmatch.org>

Food Access: Community and school-based food programs, and access to shopping


Child Care: The Child and Adult Care Food Program (CACFP) is a federally funded program which provides meal reimbursements to a variety of organizations in multiple settings that serve primarily low-income children and adults. CACFP helps to make child care programs healthier and more affordable for families. Until 2012, in addition to the federal reimbursement, California also provided a reimbursement for meals served through CACFP. Following cuts to the state meal reimbursement in 2012, California has seen an overall decrease in CACFP meals served in child care, placing an increased burden on child care workers and families to provide high quality food for their children or dependents during the school and work day.

According to a recent report, only 37% of licensed child care centers and only 45% of family day care homes in San Francisco are approved to operate CACFP.³⁵ There are 35 sponsors of the CACFP in child care serving 235 sites, 7 sponsors in adult day care serving 10 sites, and 2 sponsors of CACFP in home day care serving 471 sites.³⁶ CACFP is administered by the California Department of Education (CDE), and CDE does not require sponsors to submit data on meals by site, thereby making it more challenging to obtain disaggregated data by the location in which meals are served.

School meals: San Francisco Unified School District (SFUSD) operates the largest public food service program in San Francisco serving breakfast, lunch, snacks and supper at school sites throughout the City. Since 2013, SFUSD has launched ambitious initiatives to expand breakfast participation, increase food prepared in SFUSD kitchens, and serve supper meals to students in afterschool programs located on school sites. They have also redesigned dining spaces at 18 schools by partnering with students, teachers and administrators to lead change efforts. Kitchens, serving lines and cafeterias in schools are scheduled to be renovated through funding from Proposition A, passed by San Francisco's voters in 2016. Since the 2013 report, total participation in school meal programs has increased by more than 1.7 million meals per year. Although participation in the school lunch program has decreased, breakfast participation has increased, and the District has rolled out snack and supper programs in many schools. In the 2017/18 school year, SFUSD Student Nutrition Services also began overseeing the meal program for SFUSD's Early Education Department.

Food for school-aged children when they're out of school: When children are not in school, after school snacks, suppers and summer meals are served throughout San Francisco through CACFP. Until late 2017, there were

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three organizations that provided administrative sponsorship of these programs - SFUSD, Department of Children, Youth and their Families (DCYF), and Children's Empowerment Inc. (CEI). These organizations have coordinated their efforts to ensure low-income children had access to nutrition after school and during the summer. The coordination increased the number of summer lunch sites, the number of meals served, and the number of days meals were available during summer time. However, with little notice, in the fall of 2017 CEI closed, leaving many after school programs in San Francisco without a nutrition program, impacting almost 1,000 children primarily located in the southeast part of San Francisco. The sudden change in the food system for children had an acute and significant negative impact and highlights the need to ensure that critical food programs serving children are supported, and that San Francisco has an adequate number of sponsors of food programs to maintain access for children.

Nutrition for seniors and people with disabilities: The Department of Aging and Adult Services (DAAS) and community-based organizations provide San Francisco's nutrition programs for seniors and people with disabilities. Programming includes congregate and home delivered meals, and home delivered groceries and pantries. DAAS also has a comprehensive integrated intake system to connect clients to services, and a robust tracking system utilized by all nutrition vendors. Since 2013, nutrition programs for seniors and people with disabilities have increased greatly, beginning to address the growing needs of the population aging on fixed low-incomes. However, with the increasing population of older and disabled adults in San Francisco, the demand for these nutrition programs continues to increase. The waitlist for home delivered meals often exceeds the 30 day maximum wait time policy, the nutrition needs of people with disabilities requires additional investments, and the number of San Francisco residents who would benefit from the innovative home delivered grocery program exceeds the current program capacity.

Free dining rooms: The largest free meal programs in San Francisco report that they see an increasingly diverse clientele, with some serving more children and families, working individuals, and older adults. Free meal programs are increasingly adjusting menus to address their diners' physical health needs, modifying meal delivery to support their guests' mental health and substance use conditions, and expanding to meet the growing need for second meals.

Free groceries/Food pantries: The San Francisco Marin Food Bank (Food Bank) and their network of community-based food pantries operate daily throughout San Francisco and also provide morning snacks to students in high need schools. Since the 2013 report, the number of food pantries has grown to 213 (an additional 17 pantries), operating in every neighborhood in San Francisco and

serving over 26,000 households representing 97,000 San Franciscans. Since 2013, the volume of groceries distributed per household each week has increased by 17% and the menu has expanded. There are also persistent waitlists because many pantries are at capacity, resulting in households throughout San Francisco waiting for an opening at a pantry near them. The wait time to access a pantry in the most impacted neighborhoods is over 18 months. The Food Bank infrastructure, including the warehouse and office space, is over-capacity which limits net growth in pantries across the City.

Food retail: National research highlights the primary role of income to healthy eating.³⁷ Improving access to food retail must include high quality, affordable, culturally acceptable and healthy food options,^f acceptance of federal nutrition programs and local food purchasing supplements, transportation planning and rideshares, and accessibility of online ordering options.

Food Consumption: health disparities,^g nutrition education and cooking

Nutrition and health disparities: Nutrition is essential to health and is critical for not only the prevention of chronic diseases, but also for disease management. A health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”³⁸ The following is a brief summary of health data highlighting disparities in health conditions for which nutrition is critical.

f. Healthy Retail SF works with neighborhood corner stores to expand their offerings of healthy food. see www.healthytailsf.org for more information,

g. New in this report, we add a discussion of health disparities as part of the food security framework in the “Consumption dimension.

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Cardiovascular disease and stroke

- The percentage of adults in San Francisco who have been told they have high blood pressure³⁹ is higher among residents whose income is less than 300% FPL, and higher among Black/African Americans, Latino and Asian Pacific Islander residents than Whites.
- Hospitalizations in San Francisco due to hypertension as well as hospitalizations due to heart failure⁴⁰ are highest among Black/African Americans by race/ethnicity, and are highest among residents living in zip codes 94124 (Bayview); 94102 (Tenderloin/Civic Center/Hayes Valley) and 94103 (South of Market).

Diabetes⁴¹

- Rates of hospitalizations in San Francisco due to diabetes are highest among Black/African Americans by race/ethnicity, and are highest among residents living in zip codes 94124 (Bayview) and 94130 (Treasure Island).⁴¹
- Gestational diabetes rates in San Francisco are higher among women in zip codes 94112 (Oceanview/Merced/Ingleside); 94124 (Bayview); 94134 (Visitacion Valley/Portola); 94108 (Chinatown); and 94133 (North Beach).⁴²

Weight

- A higher proportion of African American, Hispanic/Latino, and Native Hawaiian/Pacific Islander SFUSD students are outside of the health fitness zone for body composition (Body Mass Index - BMI) compared to the overall student population.⁴³

Dietary Intake

- Less than 20 percent of San Francisco adults report eating five or more servings of fruit or vegetables per day, and intake is especially low in low-income census tracts in the Bayview Hunters Point, Tenderloin, and Oceanview neighborhoods.⁴⁴
- Consumption of soda is highest among youth, young adults, males and among Black/African American and Latino populations.⁴⁵
- Less than 33% of Black, Asian/Pacific Islander and Hispanic women exclusively breastfed at 3 months, compared to 50% of White women. Almost half of women with an income over 200% FPL exclusively breastfed their infant at 3 months, compared to 15% of women with lower incomes.⁴⁶

Consideration of these health disparities should be integrated into the program planning and interventions to improve health and ensure food security.

Kitchens and cooking availability in SROs: There are over 19,000 housing units in San Francisco without complete kitchens located primarily in the Chinatown, Tenderloin, SOMA and Mission neighborhoods. Lack of cooking access exacerbates the challenges of healthy eating on a limited income. Among SRO residents, in addition to low-incomes, the lack of kitchens (including sinks, stoves, refrigerators and food storage), inadequate electrical and plumbing systems and other infrastructure issues present significant obstacles to healthy eating. For community-based organizations working with SRO residents, these obstacles pose challenges to implementing food-security strategies. Community-based organizations are working to coordinate and expand food security interventions, support SRO tenant leaders and extend SRO building access to nonprofit organizations working to improve food security among SRO residents.

Nutrition and cooking education: Education is an important support to healthy eating as part of a multi-component intervention. Nutritious cooking curricula targeted to low-income San Franciscans are delivered by several community-based organizations, along with nutrition education and counseling services, which also are offered by many of the nutrition programs, such as home-delivered meal and congregate lunch programs. However, state funding for nutrition and cooking education is being reduced.

Policy and System Recommendations to Improve Food Security in San Francisco

Based on the status of the food safety net noted above, the following recommendations were developed collaboratively through multiple public meetings of the FSTF during the winter of 2017 and the spring of 2018. These recommendations are intended for stakeholders in the public and the private sectors to address immediate as well as long term systemic needs to improve food security, reduce health disparities, and address gaps in food security programming.

1. **Attain Sustainable Funding and Infrastructure Investments to Eliminate Waitlists and Other Barriers to Services.**

- Ensure that access to safe, nutritious, and culturally acceptable food is guaranteed and that adequate resources are allocated to ensure that all San Franciscans are food secure and hunger free.
- Leverage and align citywide funding sources to maintain and expand nutrition services, increase the capacity of nutrition programs, and maximize benefits.

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- Support investments in infrastructure and capital improvements to keep structures and operations safe and robust. For example, financial support is critical for nonprofit programs developing larger-capacity commercial kitchens and warehouse space, and for more neighborhood and residential kitchens
- Invest in technology so that healthcare and social service providers can identify whether patients are food insecure and provide access to nutrition programs through a client-centered, care-coordinated system that addresses food insecurity, malnourishment and isolation in households.

2. Develop a Client-Centered Approach to Nutrition Services.

- Develop a broader, care-coordinated and client-centered approach to nutrition by integrating health care, public health and social services.
- Transform the food safety net into a user-friendly, care-coordinated system that maximizes available resources.

3. Endorse Food Security Values and Accountability to Secure the Food Safety Net System.

- Continue to add and refine measurements of food security and the food safety net on San Francisco's on-line Performance Scorecard; and work with the Food Security Task Force to provide the public with data-driven assessments of government services and overall City performance to eliminate food insecurity.
- Evaluate the client experience when accessing the food safety net system.
- Analyze the health benefits from local food security interventions, including evaluating the impact on reducing health care expenditures and/or preventable emergency medical services.
- Galvanize stakeholders to create a unified, citywide campaign to end hunger in San Francisco and to impact public policy and budget investments.
- Ensure that policies related to food systems prioritize principles of food justice. Food justice supports communities having power over resources, as well as ownership over decision-making, and promotes growing, selling and eating healthy food that is affordable, fresh nutritious, culturally appropriate and grown locally with care for the well-being of the land, workers, and animals.

JUSTICE
COMPASSION
priorities responsibility
security DIGNITY
EQUITY
food
community
nutrition
health
VALUES



Section 4:

Food Security and Health Care Integration

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Food Security and Health Care Integration

Significance

“Food Security and Health Care Integration” is a new category for the 2018 Report. Food insecurity is a major social determinant of health. In the last decade, healthcare systems have increasingly recognized their stake in addressing food insecurity. Research has documented the association between food insecurity and chronic disease as well as increased healthcare utilization and cost. Without addressing food insecurity for patients, healthcare systems are not able to adequately prevent and manage their patients’ health conditions.

The American Academy of Pediatrics issued a policy statement in 2015 recommending all pediatricians screen for food insecurity as a routine part of medical care. In 2016, for the first time, the American Diabetes Association included recommendations about tailoring treatment for food insecure patients in their annual comprehensive manual, Standards of Medical Care in Diabetes.

Addressing food insecurity in the healthcare setting involves screening for food security as part of standard protocol within clinical (outpatient and inpatient) settings. Ideally, screening results are documented as part of the medical record, patients screening positive for food insecurity are systematically referred to community, state, or federal food-support programs, and feedback is provided to the clinical system about whether such referrals resulted in a successful connection to resources.

Successfully implementing this integration provides several significant benefits:

- Proper nutrition is a foundational element of good health and well-being. Making food security part of the standard health care screening protocol ensures the health care team is aware of and can take action when food insecurity is identified. In addition, it communicates to patients that the health care sector believes food security is important for health and well-being.
- Documenting results of food security screening in the medical record formalizes the findings as significant clinical risk factors. In the future, screening is more likely to be reimbursable by medical insurers, who will ultimately spend less to support proper nutrition than they will for more serious medical conditions that often occur in the face of food insecurity and could be preventable. Such reimbursements will remove a portion

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of the fundraising burden experienced by many community organizations that struggle to fill existing gaps in food-security support.

- Food-insecure populations that are hard to reach or who feel that there is stigma attached to receiving any sort of charitable donation (including food) may be more accessible in clinical settings, where they receive care. They may also be more likely to accept nutritional support prescribed by a medical professional than more traditional food support strategies.
- Food insecurity is frequently associated with chronic illness. Recognizing the association as part of formal clinical practice creates opportunities to holistically treat chronic illness and its complications.

What's Working Well

Hunger Vital Sign screening: The Hunger Vital Sign is already in use by health systems all over the country and programmed into many electronic health records. It is a simple, standardized, two-question protocol that identifies patients at high-risk of food insecurity. The Food Security Task Force's Food Security Screening Policy Recommendations provide additional information about the Hunger Vital Sign.

Food Is Medicine Coalition Medically Tailored Meal pilot: The California legislature and Governor Brown approved a three year, \$6 million pilot to provide home-delivered, medically customized meals to high-risk Medi-Cal patients at hospital discharge. The pilot serves seven counties in California including San Francisco, and is being evaluated to determine the impact on health outcomes and health care expenses. The Food is Medicine Coalition pilot provides the opportunity to test various processes to tightly integrate food support and the clinical system.

Food prescriptions: A written "prescription" for food by a clinician can help decrease stigma related to accessing food supports as it promotes the importance of diet as part of an individual's medical care plan. A voucher or written "prescription" by a clinician can be exchanged for specific foods (usually fruits and vegetables) at participating farmer's markets, and/or local food retailers or other community based or federal food support.

Therapeutic food pantry: There has been increasing interest and growth of "food pharmacies" which extends the food prescription model to include on-site mechanisms to "fill" the prescription. There is evidence that such entities, when paired with nutrition education, can improve health outcomes. In San Francisco, the Department of Public Health is piloting food pharmacies in six of its clinics.

Current Challenges

Lack of integrated systems: Currently, there are very few health systems in San Francisco that screen for food security and systematically refer food insecure patients to community-based or federal food support, or that allow for real-time adjustment of referrals in response to changing circumstances (both positive and negative). Keeping individuals in support settings that provide either too little or too much support uses valuable resources inefficiently and ineffectively.

Understanding the full financial impact of food insecurity: A complete picture of the cost of food insecurity to the Department of Public Health, emergency services, or hospitals does not exist. Without such a comprehensive understanding, it is more challenging to generate the political will to develop a solution.

Adequate funding: Community organizations addressing food insecurity constantly struggle to find adequate financial support to continue and to expand their efforts.

Lack of updated, accurate resource repository: If a patient is identified as being food insecure and in need of additional food resources, there is not a single resource repository that is frequently updated and accurate, making it more difficult for health systems to refer their patients to appropriate resources

Lack of navigation services: If healthcare providers are able to identify an appropriate resource for their patient, there is a lack of robust navigation services to help patients actually connect to and access food resources. Prior experience has demonstrated that passive referral to food resources often does not result in patients connecting to the food resource.

Recommendations

Integrate food security as part of standard health care screening and document results in the electronic medical record: As indicated, this will create a more holistic and comprehensive approach to address the problem. In addition, it communicates to patients that the health care sector believes food security is important for health and well-being.

Develop a single updated, accurate resource repository: This repository would be a valuable resource to any client-service agency, including clinics and hospitals. This would make referrals a much more manageable task for the health system and for other agencies.

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Support Department of Public Health and all San Francisco health care systems to integrate into the new and existing electronic health record both the Hunger Vital Sign and a dynamic and systematic tracking-and-referral system:

This system should be capable of tracking and monitoring food insecurity rates within a given network. Intervention strategies and protocols also need to be developed as part of the system. It should be able to provide streamlined referrals for support utilizing the single, central repository of resources (e.g., a single phone call into a referral network of pantries, state, federal, and local programs, and specialized “prescription” food). Clinicians and other involved parties should have visibility into clinical findings, recommendations, and status of referrals. The system should also be flexible enough to adapt to changing circumstances by enabling clinicians to increase or decrease the level of support and intervention.

Conduct outreach to generate support for health care integration:

Educational and marketing efforts need to be developed to raise awareness of the benefits of integrating food-insecurity screening and health care referrals. This includes studying the cost of food insecurity-related services and food insecurity’s impact on productivity and other measures of civic well-being and stability.

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