

Food Security in San Francisco

Update from the San Francisco Food Security Task Force

Presentation to the San Francisco Health Commission

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Populations

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SAN FRANCISCO FOOD SECURITY TASK FORCE

Food Insecurity in San Francisco

- Definition:
 - Food security is access by all people at all times to nutritionally adequate, culturally acceptable diet for an active, healthy life; and
 - Food insecurity is a household level economic and social condition of limited or uncertain access to adequate food.
- < 200% of poverty – highest risk for food insecurity

27% of San Franciscans live below 200% of poverty



Alignment with Population Health priorities

- National: Healthy People 2020 goal



- *Reduce household food insecurity*
- *Reduce very low food security among children*

- San Francisco Health Improvement Partnership



- *Healthy Eating and Physical Activity is a top priority*

- *Indicator for improvement:*

- *Pregnant women who are food insecure*
- *Seniors waiting more than 30 days for a home delivered meal*

- SFDPH: Population Health Division Strategic Plan

- *Food security is a priority equity issue*

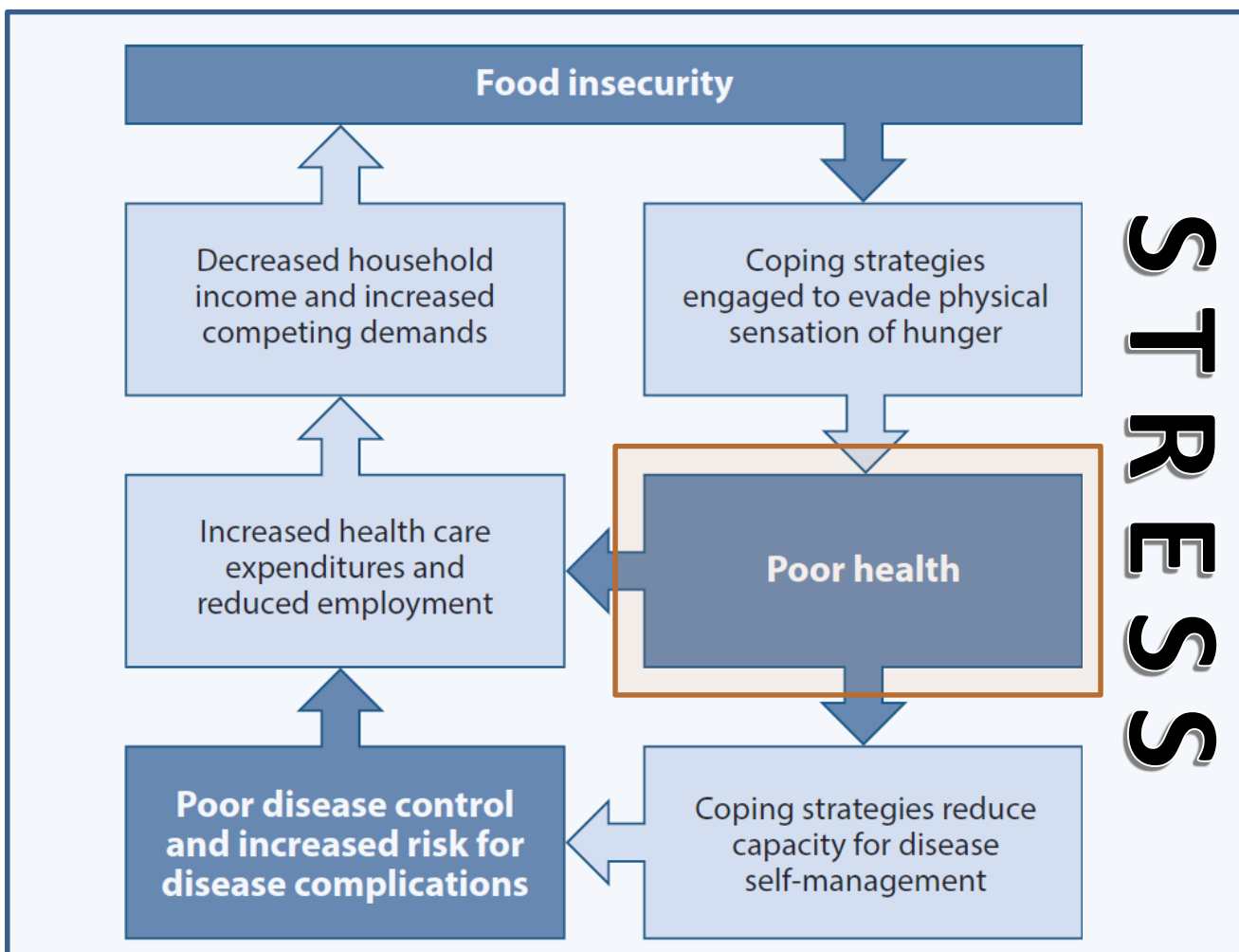


San Francisco Food Security Task Force

- Established in 2005; Reauthorized in 2018
- 20 members: City agencies, SFUSD & nonprofit providers
 - City Agencies: Human Service Agency (CalFresh); Department of Aging and Adult Services; Department of Children, Youth and Families; Department of Homelessness and Supportive Housing; DPH Maternal, Child & Adolescent Health; DPH Food Security; San Francisco Unified School District; Recreation and Parks
 - Community based organizations: Episcopal Community Services; Meals on Wheels SF; Community Living Campaign; SF Recovery Theatre, Hospitality House*, SF Marin Food Bank*, Farming Hope*, Project Open Hand*, Tenderloin Neighborhood Development Corporation*
- Tracks data on food security in San Francisco
- Provides recommendations to the City around policies, programs and funding to eliminate food insecurity

**nominated*





Seligman & Berkowitz, Ann Rev Pub Hlth, 2018, in press.



Health Outcomes Associated with Food Insecurity Across the Lifespan

- Kids: anemia, behavioral problems, poorer mental health, poor cognitive development & academic achievement, hospitalizations, ?obesity
- Adults: obesity (women), diabetes, high blood pressure, heart disease, depression, poorer HIV outcomes, more hospitalizations, poorer mental health
- Elderly: reduced independence

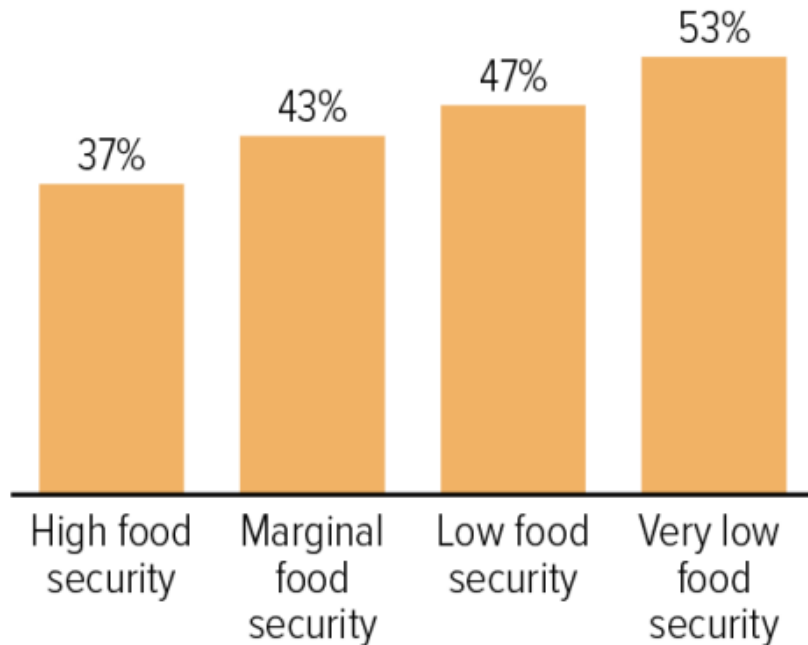
These are just a few of the MANY associations.



FIGURE 1

Adults in Households with Less Food Security Are Likelier to Have a Chronic Illness

Probability of any chronic illness

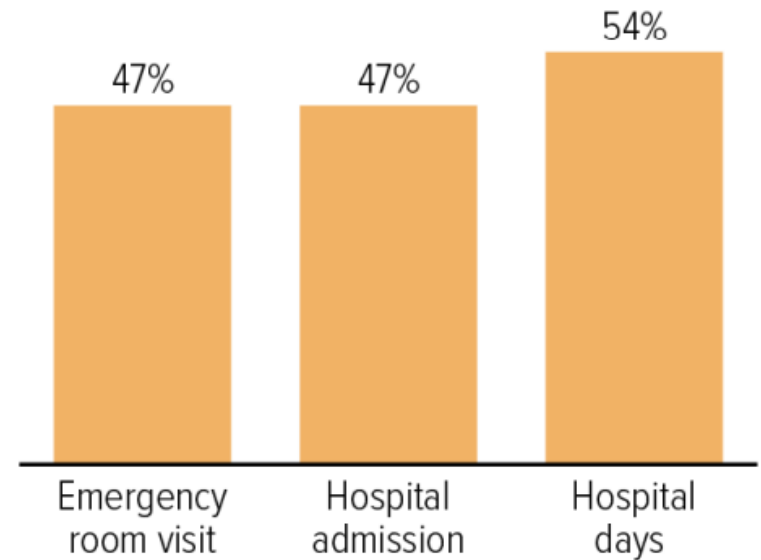


Gregory, Coleman-Jensen. USDA, July 2017. Adjusted for demographic & SES factors. Working-age adults <200% FPL.

FIGURE 4

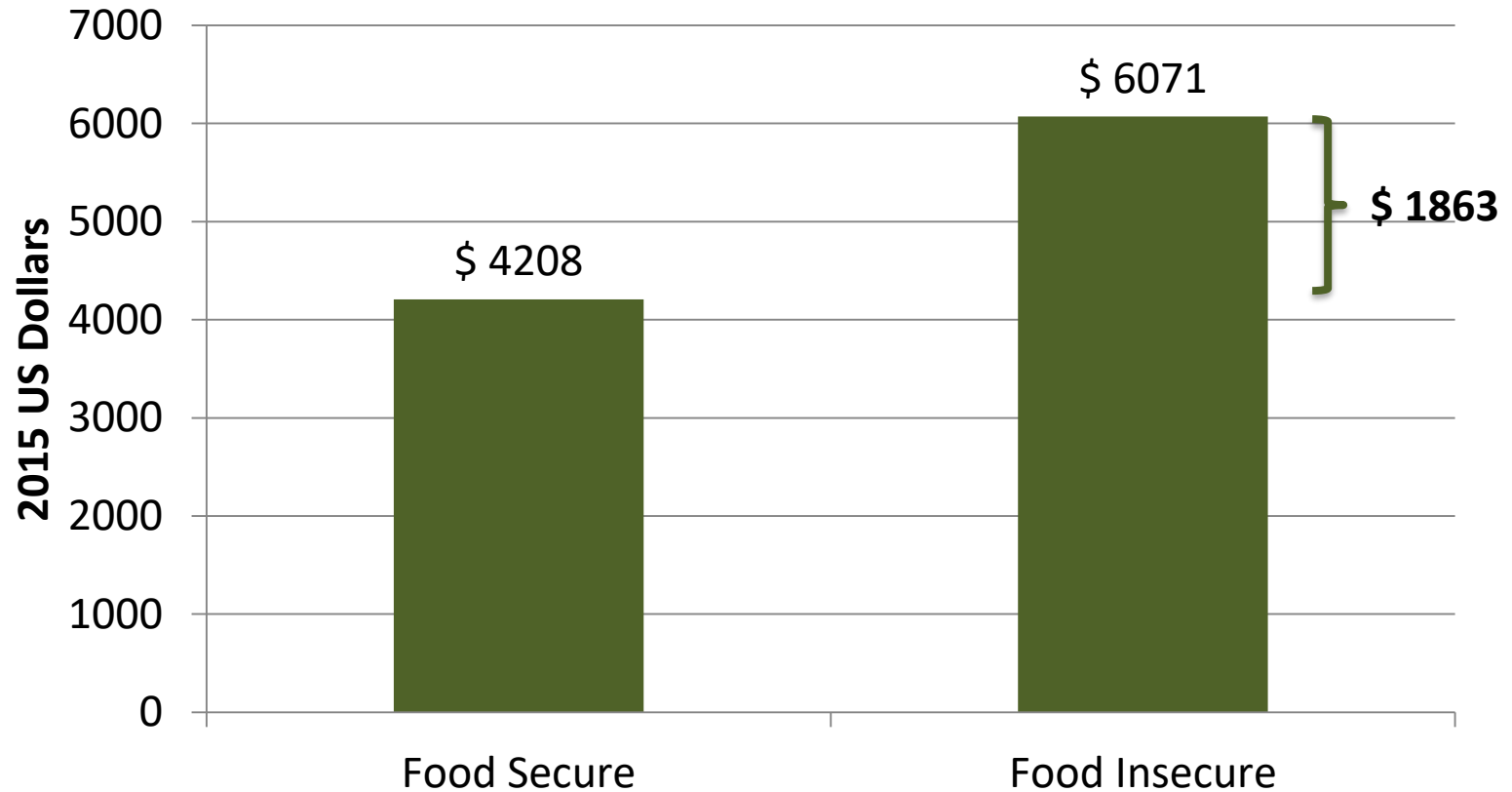
Adults in Food-Insecure Households Have More Emergency Room Visits and Hospital Admissions

Percent more likely relative to food-secure households



Berkowitz, Seligman, and Basu. JAMA Int Med, 2018. Adjusted for demographic, SES, census region, health insurance & co-morbidities.

Food Insecurity & Subsequent Annual Health Care Expenditures



NHIS-MEPS data adjusted for: age, age squared, gender, race/ethnicity, education, income, rural residence, and insurance.

Berkowitz, Basu, and Seligman. Health Services Research: 2017.



**\$77.5
billion**

**additional health care
expenditures annually**

Berkowitz, Basu, and Seligman. *Health Services Research: 2017.*

If my clinic helps a patient become more food secure, will it make a difference in their health?



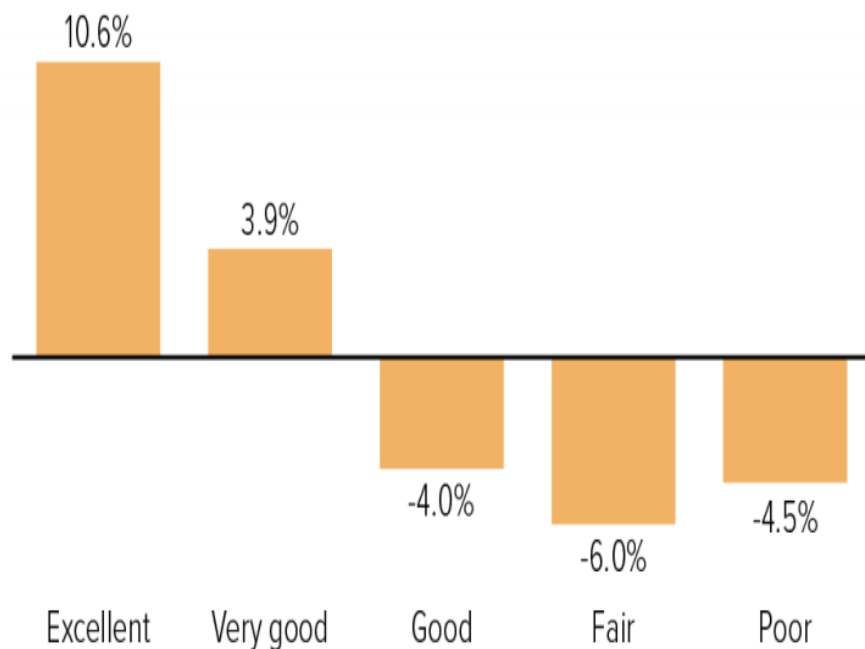
Reduces food insecurity by 20-30%



FIGURE 6

SNAP Participants Report Better Health Than Eligible Non-Participants

Percent more or less likely to describe health as:

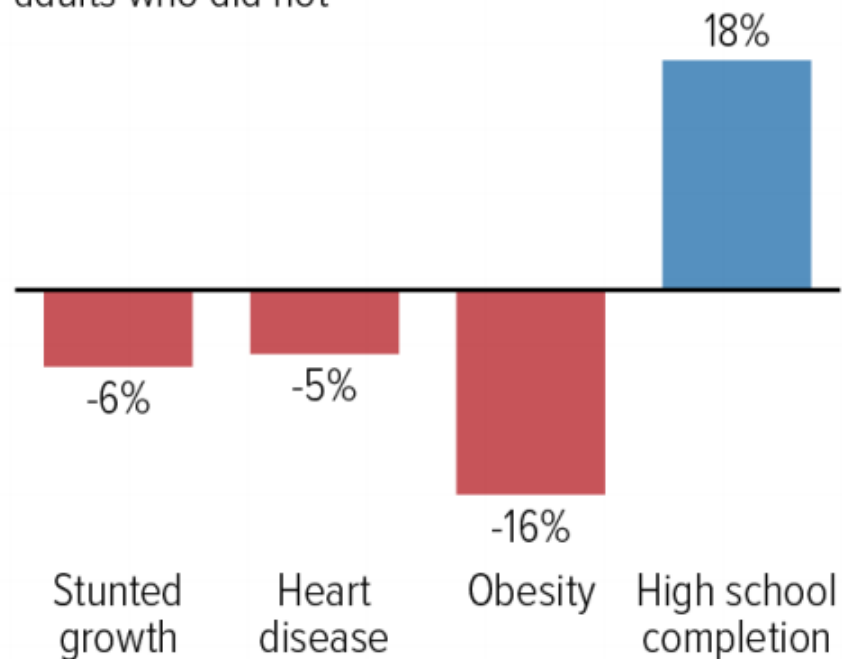


Source: Christian A. Gregory and Partha Deb, "Does SNAP Improve Your Health?" Food Policy, 2015. Adjusted for differences in demographic, socioeconomic and other characteristics. Sample includes adults aged 20 to 64 in households with income at or below 130% of the federal poverty level.

FIGURE 7

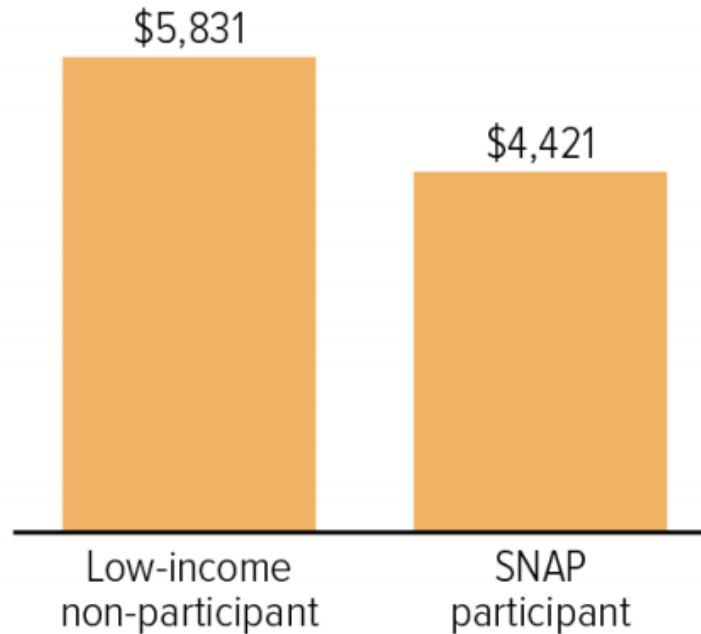
Children With Access to SNAP Fare Better Years Later

Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not



A SNAP Participant Incurs \$1,400 Less for Health Care

Estimated annual per-person health care spending

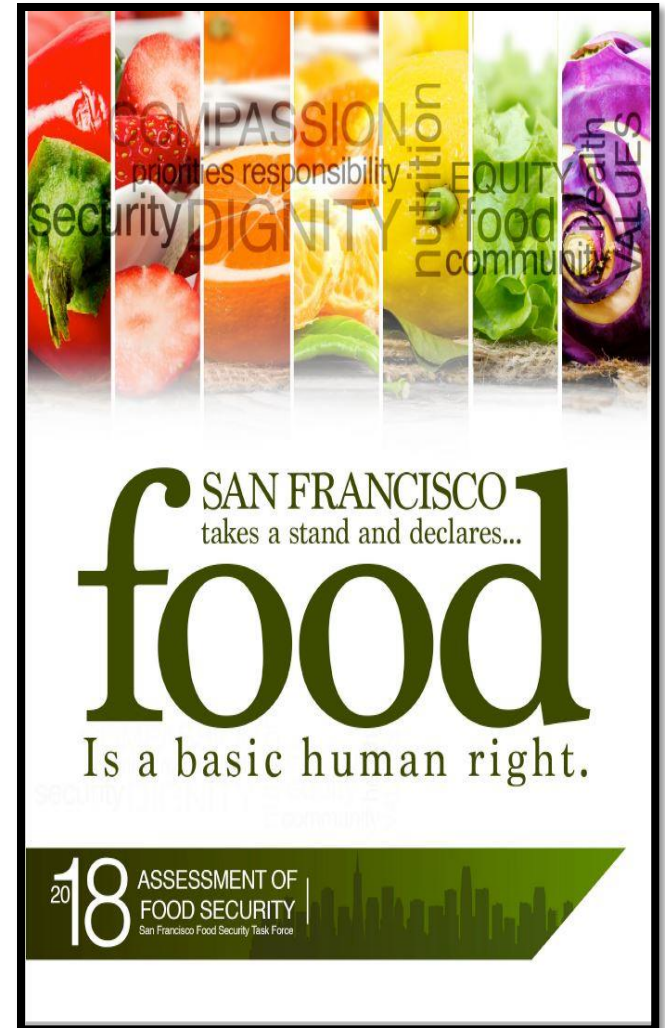


Note: Health care spending includes out-of-pocket expenses and costs paid by private and public insurance, including Medicare and Medicaid.

Berkowitz, Seligman, Rigdon, Meigs, Basu.
JAMA Int Med. 2017.

2018 Report - Summary of findings

- Poverty is more concentrated – more residents struggle to meet basic needs.
- Local data reveals high rates of food insecurity.
- Progress in increasing nutrition programs, yet declines for some programs serving children.
- Food programs have waitlists.
- Food safety net infrastructure at capacity, limiting growth.
- Nutrition related health disparities should be included in analyses and planning for allocation of resources.





Recommendations

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 System.
4. Expand successful programs to serve food insecure San Franciscans.

❖ Need partnerships with health care sector to identify and serve food insecure San Franciscans



Thank you!

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San Francisco Food Security Task Force (FSFT)

www.sfdph.org/foodsecurity