



SAN FRANCISCO
takes a stand and declares...

food

Is a basic human right.

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priorities responsibility
security DIGNITY
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food
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health
VALUES



2018 Food Security Report



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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. After this report was published, the Board of Supervisors passed a resolution declaring that food is a basic human right, and committed the City to end hunger by 2020. Since then, 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 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 of older adults

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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 need 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 low income residents 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.





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Section 1

Food Insecurity in San Francisco



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**SECTION
ONE****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 in San Francisco with incomes up to 300% of the FPL.

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 Security 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 FSTF, 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 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.^d

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.

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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. Until late 2017, there were 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 program's goal to begin service within 30 days, 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.healthyretailsf.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 (Visitation 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 21,000 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.

SECTION 1



- 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 2:

San Francisco and Supervisorial
District Data Reports

SAN FRANCISCO AND DISTRICT REPORTS



PERCENTAGE OF
POVERTY
BY DISTRICT

City Wide

District 1

District 2

District 3

District 4

District 5

District 6

District 7

District 8

District 9

District 10

District 12

High Risk for Food Insecurity
% of Residents <200% FPL

**SECTION
TWO****Orientation to the Reports**

This Section is comprised of 12 data reports - a citywide report, and a report for each Supervisorial District. The citywide report contains census data related to income and poverty; food program data from City departments, the San Francisco Unified School District and nonprofit organizations in food security network; and health data highlighting some disparities in health conditions for which nutrition is critical. Demographic information is presented first, then by the food security framework: Food Resources, Food Access and Food Consumption. Data sources can be found in the Appendices. The report also includes high level food program recommendations to strengthen the food safety net. In-depth information on food programs including program specific recommendations is located in Section 3, Food Program Reports. The District specific reports follow the same format, and “Medical Alerts” are included to highlight when residents of Districts experience the highest rates of the health conditions included in the report. All food program recommendations appear at the end of the reports.

A map of San Francisco’s 11 Supervisorial Districts is below:



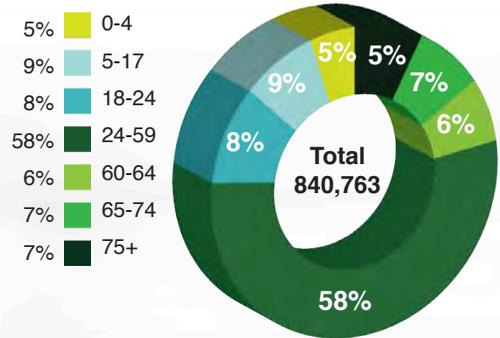
SF

DEMOGRAPHICS

DATA SOURCE
Figs. 1-9
pages 187-188



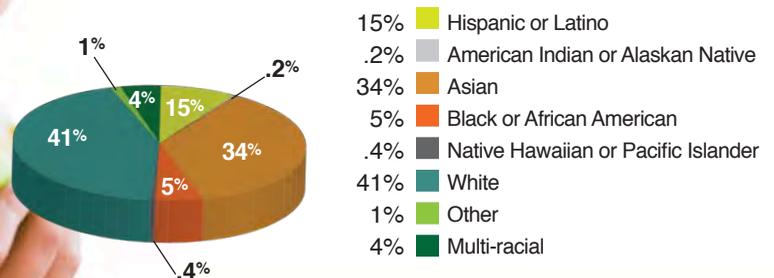
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	353,287
Average size	2.4
% Single	38%
% Family	46%
% w/children (under 18 y/o)	19%
% w/senior (over 65 y/o)	25%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

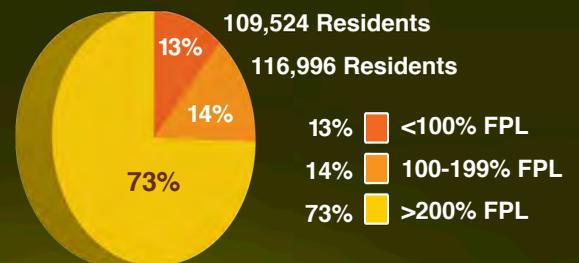
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this San Francisco:
27% of Residents
226,520 people

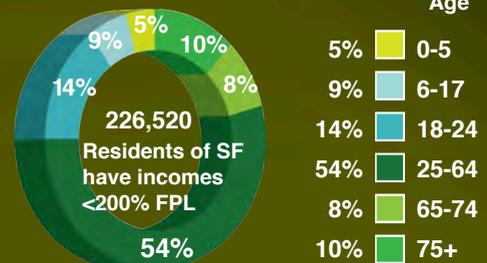
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in San Francisco:
13% of Residents
109,524 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



CITY WIDE
DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

OTHER VULNERABLE
RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide
Total	7,499
Sheltered	3,146
Unsheltered	4,353
Unaccompanied Youth & Children (included in total)	1,363

Income and Poverty	City Wide
Median Income per household	\$81,294
White: \$103,992	Asian: \$69,577
Two or more races: \$77,389	Hispanic/Latino (any race): \$57,948
Some other race: \$51,760	American Indian/Alaska Native: \$36,198
Native Hawaiian/Pacific Islander: \$35,313	African American: \$29,800
Population (for whom poverty status was determined)	826,944
Total <200% FPL	226,520
Households	94,383
By age 0-5	10,311
6-17	21,618
18-24	31,285
25-64	121,388
65-74	18,735
75+	23,183
Total <100% FPL	109,524
By age 0-5	4,467
6-17	9,541
18-24	20,075
25-64	58,639
65-75	7,159
75+	9,643
OTHER VULNERABLE RESIDENTS	
IHSS consumers	25,315

SAN FRANCISCO

27% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



DATA SOURCE
Figs. 10-14
pages 188-189



RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh			
	Total unduplicated clients served at any point in FY 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	50,978	34,668	16,310 (47%)
All enrolled by age	77,109	52,910	24,199 (46%)
Children 0-17	23,506	17,232	6,274 (36%)
Individuals 18-59	40,981	25,876	15,105 (58%)
Seniors 60+	12,622	9,802	2,820 (29%)

Although the FSTF cannot report how many of the City’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in the City increased slightly, at a lesser rate than the increase in residents living below 100% poverty, while residents living below 200% poverty has decreased slightly.

^h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

CITY WIDE
RESOURCES

Fig. 11

	San Francisco			
	2013 Report	2018 Report	% Change	
CalFresh Beneficiaries (PIT)	50,815	52,910	4%	↑
Residents <100% FPL	96,490	109,524	14%	↑
Residents <200% FPL	227,349	226,520	-0.4%	↓

Enrollment of children in CalFresh decreased since our 2013 report. There are 31,929 children aged 0-17 living in San Francisco below 200% poverty and 14,008 below 100% poverty.

Fig. 12

	San Francisco			
	2013 Report	2018 Report	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	19,297	17,232	-11%	↓

The number of seniors 65+ living in poverty increased since our 2013 report, along with a significant increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	San Francisco			
	2013 Report	2018 Report	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	5,372	9,802	82%	↑
Seniors 65+ <100% FPL	12,570	16,802	34%	↑
Seniors 65+ <200% FPL	40,603	41,918	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
52,910 (77,109 annual)	524 of 985 (53%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
12,505 (19,438 annual)	70

SF

DATA SOURCE
Figs. 15-16
pages 189-191



WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child’s life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program’s eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	San Francisco			
	2013 Report	2018 Report	% Change	
WIC Beneficiaries (average, per month December 2017)	15,625	10,828	-31%	↓
Food Stores in San Francisco accepting WIC	32	37	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through 14 Farmers Markets in the City that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. The value of redeemed Market Match incentives to San Franciscans was \$325,119. Also, EatSF, a local fruit and vegetable voucher program, provided \$468,021 to 6,243 households to purchase produce.

CITY WIDE ACCESS

ACCESS

Food Access: A Person has the ability to obtain affordable nutritious, and culturally appropriate foods safely and conveniently.

Many residents, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Current Offerings

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 226,520; HOUSEHOLDS < 200% FPL 94,383			
All in need	Free Bag of Groceries ⁱ	26,523 households	1x week - 213 sites
	Free Dining Room Meals	5,539 meals	Daily
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 30,637; ALL SFUSD STUDENTS: 57,166 IN 112 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	7,308 students	School days
	Lunch	19,836 students	School days
	Supper	5,810 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	4,195 students	School days 4 x week – 15 sites
CHILDREN 0-17 < 200% FPL: 31,929			
All Children 0-18	Afterschool Snack	1,089 snacks daily	151 school days 56 sites
All Children 0-18	Afterschool Supper	1,051 meals daily	
All Children 0-18	Summer Breakfast	2,482 meals daily	38 days at 154 sites ^j
	Summer Lunch	8,603 meals daily	
	Summer Snack	2,584 snacks daily	
Children in Day Care Homes	Snacks and Meals	5,310 snacks/meals daily (1,380,652 annual)	5 days a week
SENIORS (65+) <200% FPL: 41,918/<100% FPL: 16,802			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	3,636 meals daily 15,681 enrolled	Daily 46 total sites: 6 serve 2 meals

See footnotes i and j on page 35.

SF

DATA SOURCE
Figs. 16-18
pages 190-192



Fig. 16 continued

Who is Eligible	What is Provided	# Serving	Frequency
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	4,681 meals daily 4,483 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	12,040 seniors	1 x month at 51 sites
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	3,003 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 13,913			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	214 meals daily 1,354 enrolled	Daily 27 total sites: 4 serve 2 meals
Adults (18-59) who are homebound due to disability	Home Delivered Meals	804 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	1,076 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 7,499 (PIT)			
People living in Shelters or Navigation Centers	Meals	2,685 meals daily: 2,091 = adult shelters 594 = family shelters 112,590 = Nav. Centers	Daily Annual

Progress Since 2013

Fig. 16A

What is Provided		2013 Report	2018 Report	% Change	
Free Bag of Groceries	# of Pantries	196	213	↑	9%
	# Served	96,490	97,176	↑	1%
	Households Served Weekly	26,059	26,523	↑	2%
Free Dining Room Meals	# of Sites	13	14	↑	8%
	Meals Per Day	6,164	5,539	↓	-10%
SFUSD School Meals (provided by SFUSD Student Nutrition Services)	# of Schools	102	112	↑	10%
	# Students	56,192	57,166	↑	2%
	% Qualified Free/Reduced Meals	60.3%	53.6%	↓	-7%
	Breakfast	5,302	7,308	↑	38%
	Lunch	21,273	19,836	↓	-7%
	Supper	0	5,810	↑	New
Summer Lunch	# Sites	127	154	↑	21%
Congregate Meals for Seniors	# Meals Daily	2,905	3,636	↑	25%

See footnotes i, j and k on next page.

**CITY WIDE
ACCESS AND
CONSUMPTION**

Fig. 16A continued

What is Provided		2013 Report	2018 Report	% Change	
Home Delivered Meals for Seniors	# Meals Daily	3,920	4,681	↑	19%
Congregate Meals for Adults with Disabilities	# Meals Daily	71	214	↑	201%
Home Delivered Meals for Adults with Disabilities	# Meals Daily	274	764	↑	179%
Meals for People living in Shelters	# Meals Daily	2,200	2,685	↑	30%
Meals for People living in Navigation Centers	# Meals Annually	0	112,590	↑	New

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units in San Francisco
21,127	6%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in San Francisco
112

- i. The food pantry network in the City consists of:
 - 66 that are open to the public
 - 31 Brown Bag for seniors and people with disabilities
 - 54 Healthy Children Pantries serving kids and their families
 - 38 Supportive Housing pantries
 - 7 Immigrant Food Assistance
 - 15 Community Food Partners programs for those in public housing
 - 1 pantry at a College
 - 1 Food Pharmacy
- j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.
- k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging both those affected by “Medical Alert” health disparities and transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Resources

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase the number of eligible families enrolling and maintaining participation in the WIC program.

Increase the acceptance of EBT and WIC at supermarkets, grocery stores and other affordable food outlets.

Increase the number and variety of restaurants participating in the CalFresh Restaurant Meal Program available to people experiencing homelessness, seniors and people with disabilities, including restaurants and that bring cultural, nutritional and geographical choices to beneficiaries.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Access

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- School breakfast, lunch and supper meals.
- Meals and snacks in child care and especially serving young children 0-5.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.

CITY WIDE RECOMMENDATIONS

- Home-delivered groceries and pantry programs for seniors and people with disabilities.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents' needs.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.

Increase the number of food retail stores selling healthy, affordable food.

Consumption

Significantly increase the number of complete kitchens in housing units.

Increase food security of tenants in SROs through funding client-centered interventions and building coordinated approaches.

Ensure adequate funding for nutrition education to support healthy cooking and eating habits.



Health disparities in San Francisco for which nutrition is critical include:

- Cardiovascular disease and stroke
- Diabetes
- Dietary intake

See pages 21-22 of this report



***Attention to the health needs of residents is needed, especially for those who systematically experience greater obstacles to health.** Consideration of health disparities should be integrated into the program planning and interventions to improve health and ensure food security. See pages 21-22 of this report.

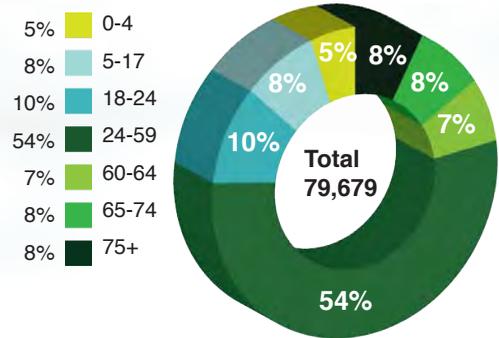
D1

DEMOGRAPHICS

DATA SOURCE
Figs. 1-9
pages 187-188



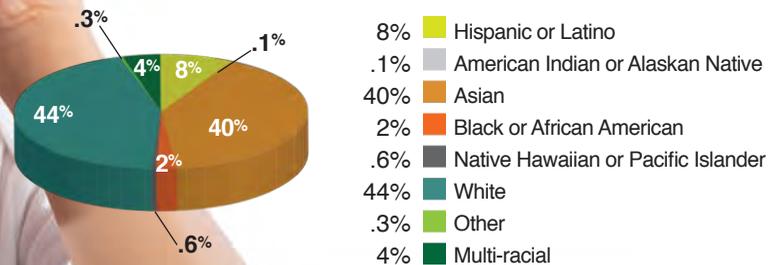
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	32,204
Average size	2.5
% Single	34%
% Family	50%
% w/children (under 18 y/o)	19%
% w/senior (over 65 y/o)	28%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

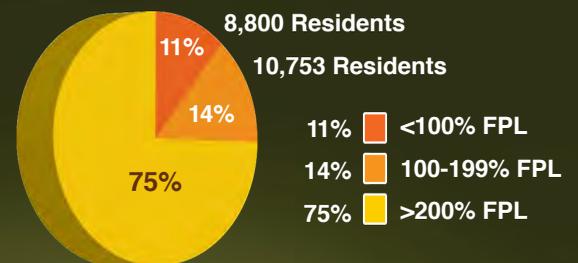
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
25% of Residents
19,553 people

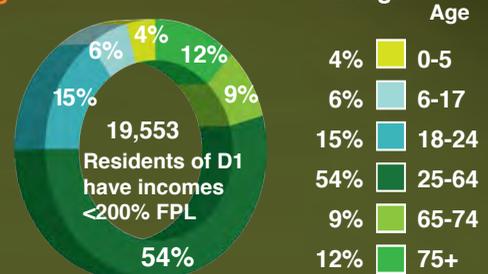
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
11% of Residents
8,800 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 1 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D1
Median Income per household	\$81,294	\$74,889
Population (for whom poverty status was determined)	826,944	76,740
Total <200% FPL	226,520	19,553
Households	94,383	7,821
By Age		
0-5	10,311	760
6-17	21,618	1,221
18-24	31,285	2,993
25-64	121,388	10,509
65-74	18,735	1,751
75+	23,183	2,319
Total <100% FPL	109,524	8,800
By Age		
0-5	4,467	266
6-17	9,541	541
18-24	20,075	1,829
25-64	58,639	4,556
65-75	7,159	615
75+	9,643	993
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	1,767

OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D1
Total	7,499	136
Sheltered	3,146	79
Unsheltered	4,353	57
Unaccompanied Youth & Children (included in total)	1,363	37

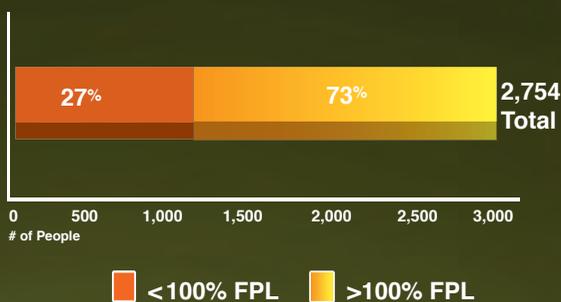
DISTRICT 1

25% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D1

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	1,974	1,428	546 (38%)
All enrolled by age	3,139	2,269	870 (38%)
Children 0-17	804	600	204 (34%)
Individuals 18-59	1,589	1,060	529 (50%)
Seniors 60+	746	609	137 (22%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, but at a lesser rate than the increase in residents living below 100% poverty.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	1,958	2,269	16%	↑	4%	↑
Residents <100% FPL	6,955	8,800	27%	↑	14%	↑
Residents <200% FPL	17,109	19,553	14%	↑	-0.4%	↑

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 1 RESOURCES

Enrollment of children in CalFresh benefits in this District **decreased** since our 2013 report. There are 1,981 children aged 0-17 living in the District below 200% poverty and 807 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	680	600	-12% ↓	-11%	↓

The number of seniors 65+ living in poverty **increased** since our 2013 report, with a significant increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	328	609	86% ↑	82%	↑
Seniors 65+ <100% FPL	1,153	1,608	39% ↑	34%	↑
Seniors 65+ <200% FPL	3,506	4,070	16% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
2,269 (3,139 annual)	41 of 69 (59%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
435 (582 annual)	3

D1

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child’s life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program’s eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	660	413	-37% ↓	-31%	↓
Food Stores in the District accepting WIC	2	3	50% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through two Farmers Markets in the district that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Five percent of the total Market Match revenue brought into the City, \$14,946, benefits customers at markets in this District.



DISTRICT 1 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 19,553; HOUSEHOLDS < 200% FPL 7,821			
All in need	Free Bag of Groceries ⁱ¹	638 households	1 x week at 3 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 2,382; ALL SFUSD STUDENTS: 4,996 IN 7 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	283 students	School days
	Lunch	1,145 students	School days
	Supper	320 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	0 students	N/A in this District
CHILDREN 0-17 < 200% FPL: 1,981			
All Children 0-18	Afterschool Snack	0 snacks daily	N/A in this District
All Children 0-18	Afterschool Supper	0 meals daily	
All Children 0-18	Summer Breakfast	65 meals daily	42 days at 5 sites ^j
	Summer Lunch	555 meals daily	
	Summer Snack	298 snacks daily	
Children in Day Care Homes	Snacks and Meals	565 snacks/meals daily (146,885 annual)	5 days a week

i1. The pantry network in this District consists of:

- 2 that are open to the public
- 1 Immigrant Food Assistance pantry.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

Fig. 16 Continued

D1

DATA SOURCE
Figs. 16-18
pages 190-192

Who is Eligible	What is Provided	# Serving	Frequency
SENIORS (65+) <200% FPL: 4,070 / <100% FPL: 1,608			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	297 meals daily/site 1,394 from D1 enrolled 1,837 enrolled in D1 sites	Daily 3 total sites: 1 serves 2 meals
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	250 meals daily 342 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	490 seniors	1 x month at 2 sites
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	289 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 737			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	14 meals daily/site 75 from D1 enrolled 32 enrolled in D1 sites	Daily 3 total sites: 1 serves 2 meals

k. This number includes some who receive Free Bag of Groceries, reported at the top of this

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
585	3%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
3	3%

DISTRICT 1

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase the number of eligible families enrolling and maintaining participation in the WIC program.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- School breakfast, lunch and supper meals.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.

Support community garden efforts.



While health disparities tracked in this report are not concentrated in this District, continued attention to the health needs of residents is needed, especially of those who might systematically experience greater obstacles to health.

See pages 21-22 of this report

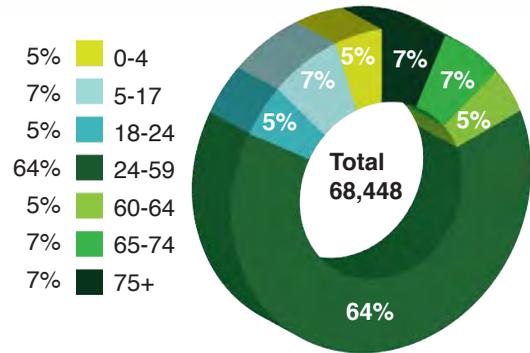


D2

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS

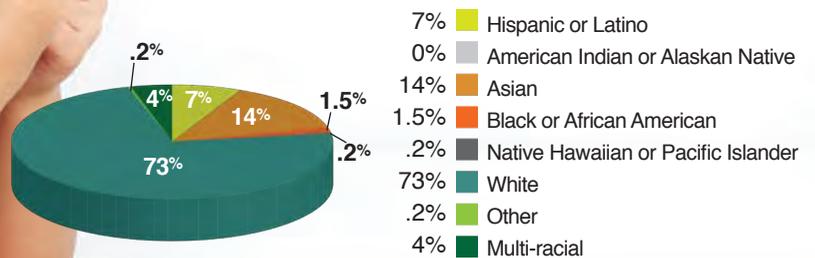
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	36,159
Average size	1.9
% Single	49%
% Family	35%
% w/children (under 18 y/o)	14%
% w/senior (over 65 y/o)	21%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

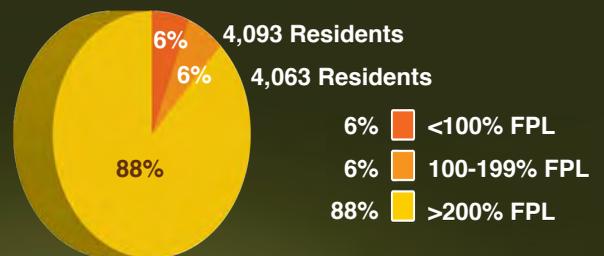
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
12% of Residents
8,156 people

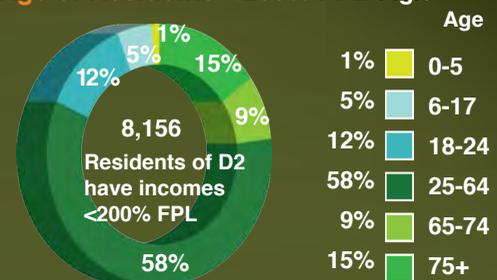
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
6% of Residents
4,093 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 2 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

OTHER VULNERABLE RESIDENTS Fig.6

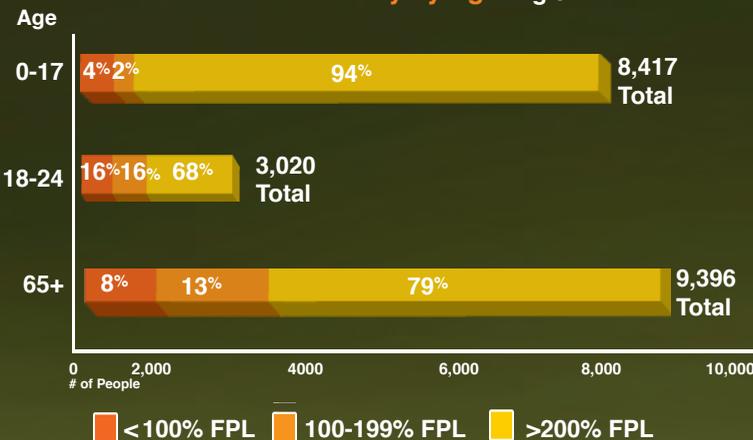
Residents Experiencing Homelessness	City Wide	D2
Total	7,499	60
Sheltered	3,146	7
Unsheltered	4,353	53
Unaccompanied Youth & Children (included in total)	1,363	5

Income and Poverty	City Wide	D2
Median Income per household	\$81,294	\$121,844
Population (for whom poverty status was determined)	826,944	67,783
Total <200% FPL	226,520	8,156
Households	94,383	4,293
By Age		
0-5	10,311	110
6-17	21,618	421
18-24	31,285	956
25-64	121,388	4,692
65-74	18,735	774
75+	23,183	1,203
Total <100% FPL	109,524	4,093
By Age		
0-5	4,467	79
6-17	9,541	284
18-24	20,075	488
25-64	58,639	2,451
65-75	7,159	325
75+	9,643	466
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	555

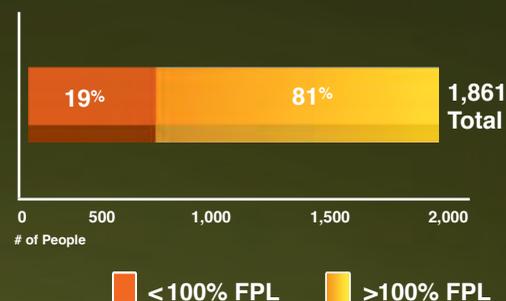
DISTRICT 2

12% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D2

DATA SOURCE
Figs.10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	759	514	245 (48%)
All enrolled by age	896	602	294 (49%)
Children 0-17	105	71	34 (48%)
Individuals 18-59	517	319	198 (62%)
Seniors 60+	274	212	62 (29%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, while the percentage of residents living below 100% and 200% poverty in the District has decreased.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	469	602	28%	↑	4%	↑
Residents <100% FPL	4,177	4,093	-2%	↓	14%	↑
Residents <200% FPL	8,980	8,156	-9%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 2 RESOURCES

Enrollment of children in CalFresh benefits in this District **decreased** since our 2013 report. There are 531 children aged 0-17 living in the District below 200% poverty and 363 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	93	71	-24% ↓	-11%	↓

The number of seniors 65+ living in poverty **increased** by 67% since our 2013 report, (only D9 had a higher percentage increase) with a significant gain in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	108	212	96% ↑	82%	↑
Seniors 65+ <100% FPL	475	791	67% ↑	34%	↑
Seniors 65+ <200% FPL	1,874	1,977	5% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
602 (896 annual)	12 of 81 (15%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
153 (223 annual)	1

D2

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

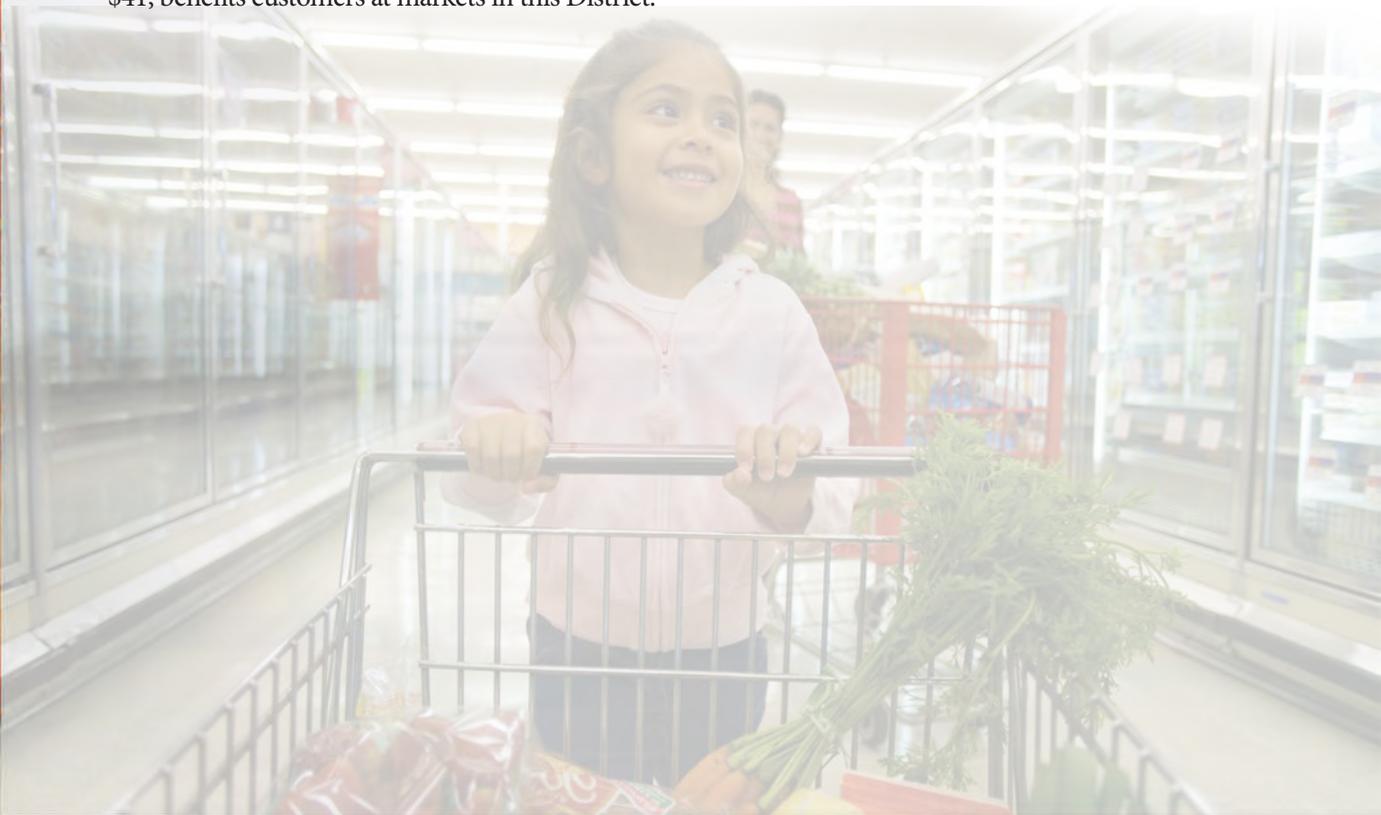
The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child’s life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports, and this District the largest percentage decrease. Barriers to WIC participation include lack of knowledge about the program’s eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	595	351	-41% ↓	-31%	↓
Food Stores in the District accepting WIC	1	2	100% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through one Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Less than 1% of the total Market Match revenue brought into the City, \$41, benefits customers at markets in this District.



DISTRICT 2 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 8,156; HOUSEHOLDS < 200% FPL 4,293			
All in need	Free Bag of Groceries ⁱ²	615 households	1 x week at 6 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 3,144; ALL SFUSD STUDENTS: 5,410 IN 8 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	410 students	School days
	Lunch	1,696 students	School days
	Supper	181 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	80 students	School days 4 x week – 1 site
CHILDREN 0-17 < 200% FPL: 531			
All Children 0-18	Afterschool Snack	13 snacks daily	112 school days 1 site
All Children 0-18	Afterschool Supper	0 meals daily	
All Children 0-18	Summer Breakfast	54 meals daily	27 days at 6 sites ^j
	Summer Lunch	308 meals daily	
	Summer Snack	190 snacks daily	
Children in Day Care Homes	Snacks and Meals	168 snacks/meals daily (43,641 annual)	5 days a week
SENIORS (65+) <200% FPL: 1,977/<100% FPL: 791			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	170 meals daily/site 345 from D2 enrolled 1,235 enrolled in D2 sites	Daily 3 sites

i2. The pantry network in this District consists of:

- 2 that are open to the public
- 2 Brown Bag for seniors and people with disabilities
- 2 Healthy Children Pantries serving kids and their families.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

Fig. 16 Continued

D2

DATA SOURCE
Figs. 16-18
pages 190-192

Who is Eligible	What is Provided	# Serving	Frequency
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	153 meals daily 172 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	26 seniors	1 x month at 1 site
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	36 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 357			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	29 meals daily/site 31 from D2 enrolled 13 enrolled in D2 sites	Daily 2 sites
Adults (18-59) who are homebound due to disability	Home Delivered Meals	10 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	115 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 60 (PIT)			
People living in Shelters or Navigation Centers	Meals	0 meals	N/A in this District

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
1,168	6%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
8	7%

DISTRICT 2

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- School breakfast, lunch and supper meals.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.

Significantly increase the number of complete kitchens in housing units.



MEDICAL ALERT

While health disparities tracked in this report are not concentrated in this District, continued attention to the health needs of residents is needed, especially of those who might systematically experience greater obstacles to health.

See pages 21-22 of this report



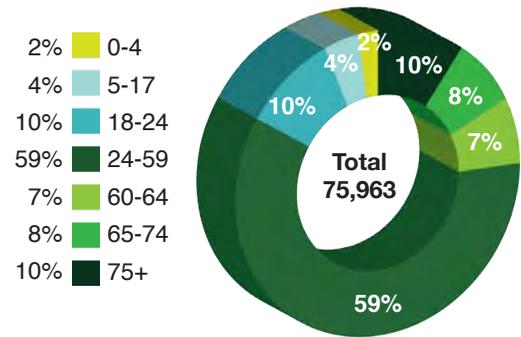
D3

DEMOGRAPHICS

DATA SOURCE
Figs. 1-9
pages 187-188



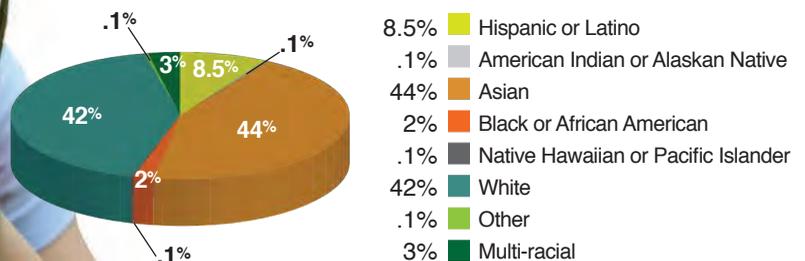
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	41,742
Average size	1.8
% Single	53%
% Family	31%
% w/children (under 18 y/o)	9%
% w/senior (over 65 y/o)	26%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

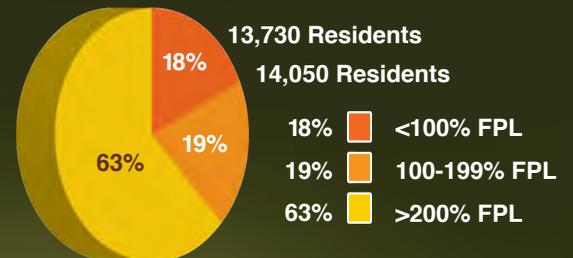
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
37% of Residents
27,780 people

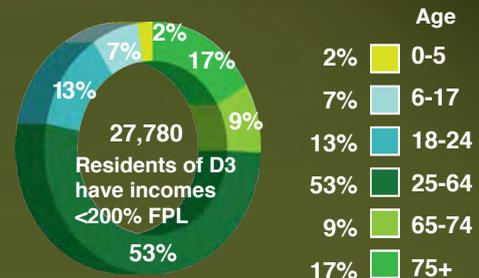
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
18% of Residents
13,730 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 3 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D3
Median Income per household	\$81,294	\$55,492
Population (for whom poverty status was determined)	826,944	74,827
Total <200% FPL	226,520	27,780
Households	94,383	15,433
By Age		
0-5	10,311	537
6-17	21,618	1,955
18-24	31,285	3,511
25-64	121,388	14,654
65-74	18,735	2,527
75+	23,183	4,596
Total <100% FPL	109,524	13,730
By Age		
0-5	4,467	176
6-17	9,541	872
18-24	20,075	2,298
25-64	58,639	7,126
65-75	7,159	1,100
75+	9,643	2,158
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	3,525

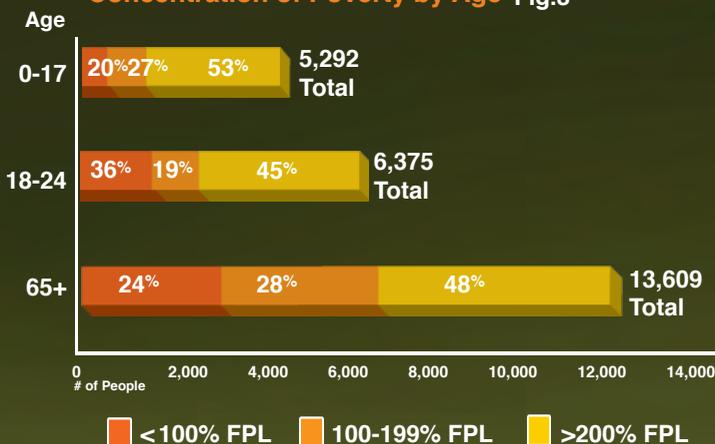
OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D3
Total	7,499	389
Sheltered	3,146	96
Unsheltered	4,353	293
Unaccompanied Youth & Children (included in total)	1,363	30

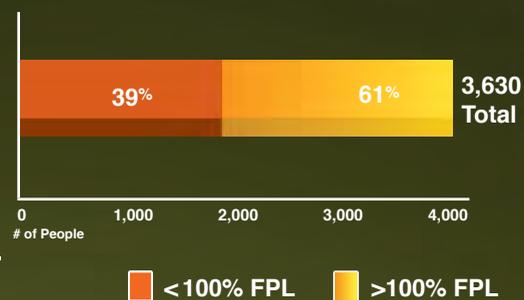
DISTRICT 3

37% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D3

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	3,724	2,744	980 (36%)
All enrolled by age	5,771	4,167	1,604 (38%)
Children 0-17	1,635	1,233	402 (33%)
Individuals 18-59	2,527	1,659	868 (52%)
Seniors 60+	1,609	1,275	334 (26%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, while the percentage of residents living below 100% and 200% (highest number in the City below 200%) poverty in the District has decreased.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	3,689	4,167	13%	↑	4%	↑
Residents <100% FPL	14,700	13,730	-7%	↓	14%	↑
Residents <200% FPL	30,724	27,780	-10%	↓	-0.4%	↓

^h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 3 RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 2,492 children aged 0-17 living in the District below 200% poverty and 1,048 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	1,435	1,233	-14% ↓	-11% ↓	

The number of seniors 65+ living below 100% poverty increased since our 2013 report; only D3 and D7 (-18%) saw a decrease in seniors 65+ below 200% poverty. D3 has the most seniors living below 100% and 200% poverty in the City, with a significant gain in 60+ seniors enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	697	1,275	83% ↑	82% ↑	
Seniors 65+ <100% FPL	2,810	3,258	16% ↑	34% ↑	
Seniors 65+ <200% FPL	8,431	7,123	-16% ↓	3% ↑	

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
4,167 (5,771 annual)	107 (most in the City) of 201 (53%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
1,011 (1,364 annual)	11

D3

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	1,043	858	-18% ↓	-31%	↓
Food Stores in the District accepting WIC	2	3	50% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through one Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Three percent of the total Market Match revenue brought into the City, \$8,276, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$21,866 to 216 households to purchase produce.



DISTRICT 3 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 27,780; HOUSEHOLDS < 200% FPL 15,433			
All in need	Free Bag of Groceries ⁱ³	4,194 households	1x week - 22 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 1,981; ALL SFUSD STUDENTS: 3,069 IN 9 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	585 students	School days
	Lunch	1,905 students	School days
	Supper	709 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	150 students	School days 4 x week – 1 site
CHILDREN 0-17 < 200% FPL: 2,492			
All Children 0-18	Afterschool Snack	78 snacks daily	177 school days 4 sites
All Children 0-18	Afterschool Supper	95 meals daily	
All Children 0-18	Summer Breakfast	89 meals daily	35 days at 18 sites ^l
	Summer Lunch	1,282 meals daily	
	Summer Snack	509 snacks daily	
Children in Day Care Homes	Snacks and Meals	344 snacks/meals daily (89,414 annual)	5 days a week

i3. The pantry network in this District consists of:

- 5 that are open to the public
- 3 Brown Bag for seniors and people with disabilities
- 8 Healthy Children Pantries serving kids and their families.
- 3 Supportive Housing pantries
- 2 Immigrant Assistance
- Community Food Partners program for those in public housing.

Footnote j on the next page

D3

DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
SENIORS (65+) <200% FPL: 7,123/<100% FPL: 3,258			
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	379 meals daily 370 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	3,867 seniors	1 x month at 15 sites
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	481 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 1,430			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	50 meals daily/site 206 from D3 enrolled 448 enrolled in D3 sites	Daily 4 total sites: 2 serve 2 meals
Adults (18-59) who are homebound due to disability	Home Delivered Meals	37 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	121 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 389 (PIT)			
People living in Shelters or Navigation Centers	Meals	0 meals	N/A in this District

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
6,418	30%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
2	2%

DISTRICT 3

CONSUMPTION & RECOMMENDATIONS

San Francisco Food Security Task Force

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging both those affected by “Medical Alert” health disparities and transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Increase funding for programs serving the most vulnerable populations:

- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- Meals and snacks in child care and especially serving young children 0-5.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.
- Home-delivered groceries and pantry programs for seniors and people with disabilities.

Significantly increase the number of complete kitchens in housing units.

Increase food security of tenants in SROs through funding client-centered interventions and building coordinated approaches.

Support community garden efforts.



MEDICAL ALERT

Health disparities in this District for which nutrition is critical include:

- Diabetes

See pages 21-22 of this report



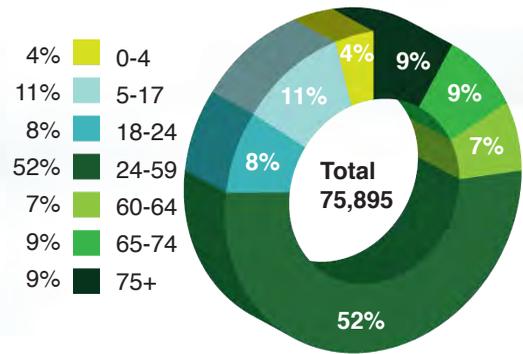
D4

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS



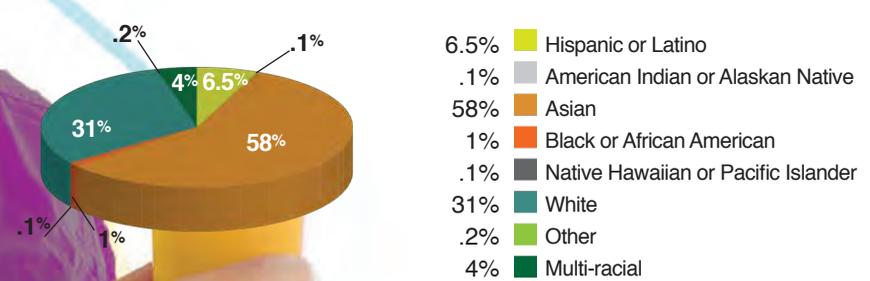
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	26,235
Average size	2.9
% Single	23%
% Family	66%
% w/children (under 18 y/o)	26%
% w/senior (over 65 y/o)	35%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

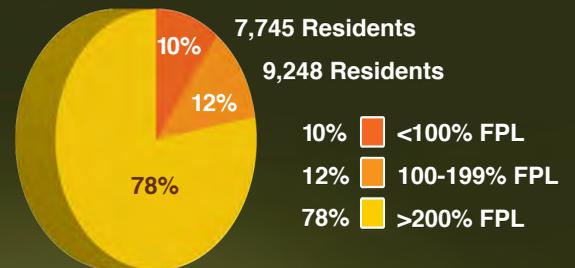
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
22% of Residents
16,993 people

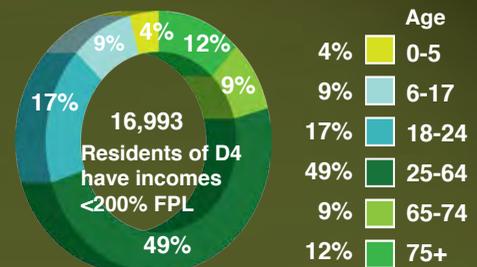
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
10% of Residents
7,745 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 4 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D4
Median Income per household	\$81,294	\$83,287
Population (for whom poverty status was determined)	826,944	75,409
Total <200% FPL	226,520	16,993
Households	94,383	5,860
By Age		
0-5	10,311	688
6-17	21,618	1,615
18-24	31,285	2,890
25-64	121,388	8,331
65-74	18,735	1,458
75+	23,183	2,011
Total <100% FPL	109,524	7,745
By Age		
0-5	4,467	411
6-17	9,541	581
18-24	20,075	1,918
25-64	58,639	3,555
65-75	7,159	629
75+	9,643	651
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	1,698

OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D4
Total	7,499	31
Sheltered	3,146	0
Unsheltered	4,353	31
Unaccompanied Youth & Children (included in total)	1,363	7

DISTRICT 4

22% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D4

DATA SOURCE
Figs. 10-14
pages 188-189



RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	2,359	1,675	684 (41%)
All enrolled by age	3,698	2,619	1,079 (41%)
Children 0-17	885	650	235 (36%)
Individuals 18-59	1,737	1,112	625 (56%)
Seniors 60+	1,076	857	219 (26%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, but at a lesser rate than the increase in residents living below 100% poverty.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	2,350	2,619	11%	↑	4%	↑
Residents <100% FPL	5,074	7,745	53%	↑	14%	↑
Residents <200% FPL	15,440	16,993	10%	↑	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 4
RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 2,303 children aged 0-17 living in the District below 200% poverty and 992 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	831	650	-22% ↓	-11% ↓	

The number of seniors 65+ living in poverty increased since our 2013 report, with a significant increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	414	857	107% ↑	82% ↑	
Seniors 65+ <100% FPL	988	1,280	30% ↑	34% ↑	
Seniors 65+ <200% FPL	3,323	3,469	4% ↑	3% ↑	

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
2,619 (3,698 annual)	21 of 48 (44%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
616 (807 annual)	2

D4

DATA SOURCE
Figs. 15-16
pages 189-191



WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits..

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	565	354	-37% ↓	-31%	↓
Food Stores in the District accepting WIC	1	1	0% -	16%	↑

Other Healthy Food Purchasing Supplements

EatSF, a local fruit and vegetable voucher program, provided \$10,022 to 99 households to purchase produce. Additional resources to purchase healthy food are available to CalFresh recipients through Farmers Markets that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. No Farmers Markets exist in this District.



DISTRICT 4 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 16,993; HOUSEHOLDS < 200% FPL 5,860			
All in need	Free Bag of Groceries ⁱ⁴	1,020 households	1x week - 6 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 3,146; ALL SFUSD STUDENTS: 6,879 IN 9 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	327 students	School days
	Lunch	1,913 students	School days
	Supper	679 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	0 students	N/A in this District
CHILDREN 0-17 < 200% FPL: 2,303			
All Children 0-18	Afterschool Snack	0 snacks daily	N/A in this District
All Children 0-18	Afterschool Supper	0 meals daily	
All Children 0-18	Summer Breakfast	110 meals daily	35 days at 4 sites ^j
	Summer Lunch	605 meals daily	
	Summer Snack	91 snacks daily	
Children in Day Care Homes	Snacks and Meals	726 snacks/meals daily (188,806 annual)	5 days a week

i4. This District's pantry network consists of:

- 5 that are open to the public
- 1 Healthy Children Pantry serving kids and their families.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

Fig. 16 Continued

D4

DATA SOURCE
Figs. 16-18
pages 190-192

Who is Eligible	What is Provided	# Serving	Frequency
SENIORS (65+) <200% FPL: 3,469/<100% FPL: 1,280			
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	273 meals daily 312 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	716 seniors	1 x month at 1 site
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	166 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 293			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	0 meals daily/site 64 from D4 enrolled in other Districts' sites	N/A in this District
Adults (18-59) who are homebound due to disability	Home Delivered Meals	20 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	11 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 31 (PIT)			
People living in Shelters or Navigation Centers	Meals	0 meals	N/A in this District

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
443	2%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
2	2%

DISTRICT 4

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase the number of eligible families enrolling and maintaining participation in the WIC program.

Increase the acceptance of EBT and WIC at supermar-

kets, grocery stores and other affordable food outlets. Increase the number and variety of restaurants participating in the CalFresh Restaurant Meal Program available to people experiencing homelessness, seniors and people with disabilities, including restaurants and that bring cultural, nutritional and geographical choices to beneficiaries.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- School breakfast, lunch and supper meals.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.

Support community garden efforts.



MEDICAL ALERT

While health disparities tracked in this report are not concentrated in this District, continued attention to the health needs of residents is needed, especially of those who might systematically experience greater obstacles to health.

See pages 21-22 of this report



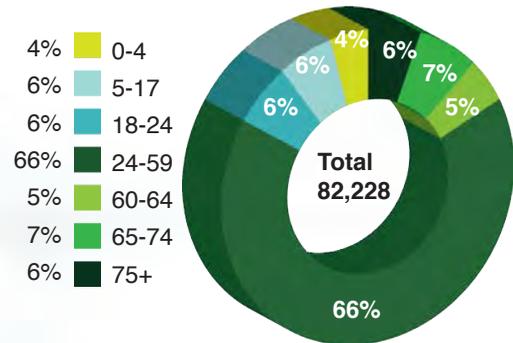
D5

DEMOGRAPHICS

DATA SOURCE
Figs. 1-9
pages 187-188



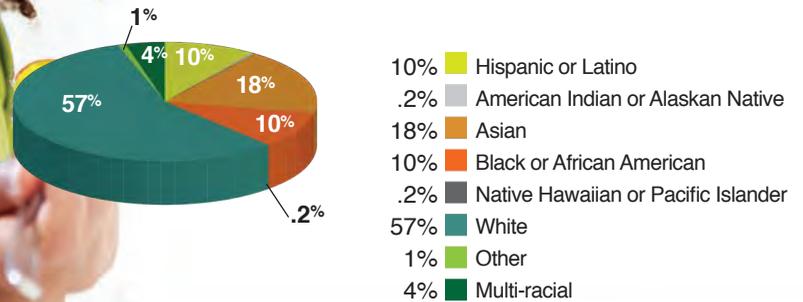
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	40,036
Average size	2.1
% Single	43%
% Family	34%
% w/children (under 18 y/o)	13%
% w/senior (over 65 y/o)	20%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

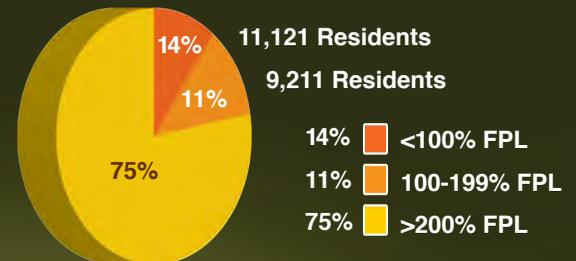
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
25% of Residents
20,332 people

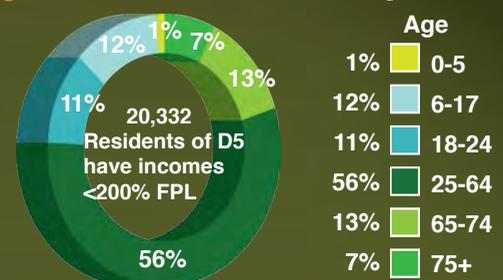
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
14% of Residents
11,121 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



**DISTRICT 5
DEMOGRAPHICS**

DATA BANK
INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D5
Median Income per household	\$81,294	\$82,480
Population (for whom poverty status was determined)	826,944	81,184
Total <200% FPL	226,520	20,332
Households	94,383	9,682
By Age		
0-5	10,311	309
6-17	21,618	1,355
18-24	31,285	2,596
25-64	121,388	11,420
65-74	18,735	2,283
75+	23,183	2,369
Total <100% FPL	109,524	11,121
By Age		
0-5	4,467	160
6-17	9,541	826
18-24	20,075	1,915
25-64	58,639	6,274
65-75	7,159	884
75+	9,643	1,062
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	2,821

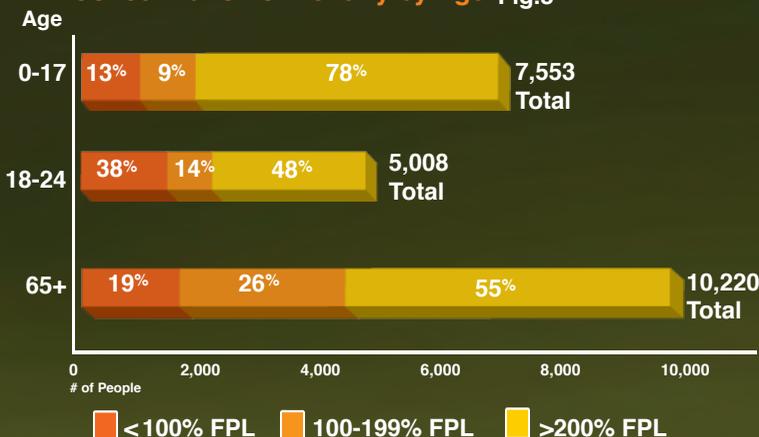
OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D5
Total	7,499	459
Sheltered	3,146	316
Unsheltered	4,353	143
Unaccompanied Youth & Children (included in total)	1,363	85

DISTRICT 5

25% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D5

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	3,447	2,405	1,042 (43%)
All enrolled by age	4,857	3,459	1,398 (40%)
Children 0-17	1,217	951	266 (28%)
Individuals 18-59	2,783	1,842	941 (51%)
Seniors 60+	857	666	191 (29%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, at about the same rate as the increase in residents living below 100% poverty.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	3,014	3,459	15%	↑	4%	↑
Residents <100% FPL	9,719	11,121	14%	↑	14%	↑
Residents <200% FPL	21,307	20,332	-5%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

5

DISTRICT 5 RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 1,664 children aged 0-17 living in the District below 200% poverty and 986 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	1,030	951	-8% ↓	-11% ↓	

The number of seniors 65+ living in poverty increased since our 2013 report, with a significant increase in the number of seniors 60+ enrolled in CalFresh (second highest increase in the City):

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	290	666	130% ↑	82% ↑	
Seniors 65+ <100% FPL	1,371	1,946	42% ↑	34% ↑	
Seniors 65+ <200% FPL	4,479	4,652	4% ↑	3% ↑	

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
3,459 (4,857 annual)	46 of 110 (42%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
825 (1,206 annual)	4

D5

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child’s life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program’s eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	695	474	-32% ↓	-31%	↓
Food Stores in the District accepting WIC	2	3	50% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through three Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Two percent of the total Market Match revenue brought into the City, \$6,145, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$5,246 to 111 households to purchase produce.



5

DISTRICT 5

ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 20,332; HOUSEHOLDS < 200% FPL 9,682			
All in need	Free Bag of Groceries ⁵	2,224 households	1x week - 21 sites
	Free Dining Room Meals	43 meals	Daily
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 1,965; ALL SFUSD STUDENTS: 4,587 IN 13 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	186 students	School days
	Lunch	1,224 students	School days
	Supper	212 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	849 students	School days 4 x week – 3 sites
CHILDREN 0-17 < 200% FPL: 1,664			
All Children 0-18	Afterschool Snack	183 snacks daily	142 school days 6 sites
All Children 0-18	Afterschool Supper	121 meals daily	
All Children 0-18	Summer Breakfast	176 meals daily	38 days at 10 sites ^j
	Summer Lunch	398 meals daily	
	Summer Snack	129 snacks daily	
Children in Day Care Homes	Snacks and Meals	159 snacks/meals daily (41,230 annual)	5 days a week
SENIORS (65+) <200% FPL: 4,652/<100% FPL: 1,946			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	473 meals daily/site 1,091 from D5 enrolled 3,128 enrolled in D5 sites	Daily 6 Sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	486 meals daily 463 enrolled	Daily

See footnotes i5 and j on next page.

Fig. 16 Continued

D5

DATA SOURCE
Figs. 16-18
pages 190-192

Who is Eligible	What is Provided	# Serving	Frequency
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	967 seniors	1 x month at 6 sites
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	218* people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 1,709			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	27 meals daily/site 68 from D5 enrolled 128 enrolled in D5 sites	Daily 3 sites
Adults (18-59) who are homebound due to disability	Home Delivered Meals	75 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	216 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 459 (PIT)			
People living in Shelters or Navigation Centers	Meals	54 meals	Daily in single adult shelters

- i5. The food pantry network in this District consists of:
 - 9 that are open to the public
 - 2 Brown Bag for seniors and people with disabilities
 - 3 Healthy Children Pantries serving kids and their families
 - 1 Supportive Housing pantry
 - 5 Community Food Partners programs for those in public housing
 - 1 Food Pharmacy
- j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth
- k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure. and Families; data from the third provider was not available.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
1,144	5%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
8	7%

5

DISTRICT 5

CONSUMPTION & RECOMMENDATIONS

San Francisco Food Security Task Force

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging both those affected by “Medical Alert” health disparities and transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- School breakfast, lunch and supper meals.
- Meals and snacks in child care and especially serving young children 0-5.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.
- Home-delivered groceries and pantry programs for seniors and people with disabilities.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents’ needs.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.

Significantly increase the number of complete kitchens in housing units.



MEDICAL ALERT

Health disparities in this District for which nutrition is critical include:

- Cardiovascular disease and stroke
- Diabetes

See pages 21-22 of this report

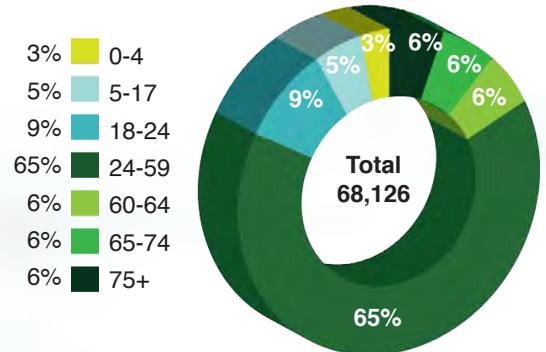


D6

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS

POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	36,296
Average size	1.9
% Single	55%
% Family	31%
% w/children (under 18 y/o)	10%
% w/senior (over 65 y/o)	18%

POPULATION BY ETHNICITY Fig.3

Ethnicity	Percentage
Hispanic or Latino	17%
American Indian or Alaskan Native	.3%
Asian	34%
Black or African American	9%
Native Hawaiian or Pacific Islander	.3%
White	36%
Other	1%
Multi-racial	3%

INCOME & POVERTY

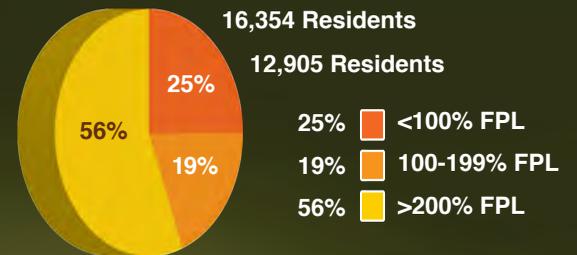
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
44% of Residents
29,259 people

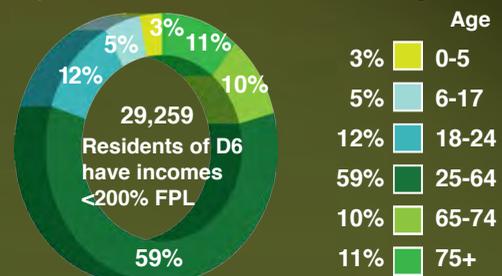
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
25% of Residents
16,354 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 6
DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

OTHER VULNERABLE RESIDENTS Fig.6

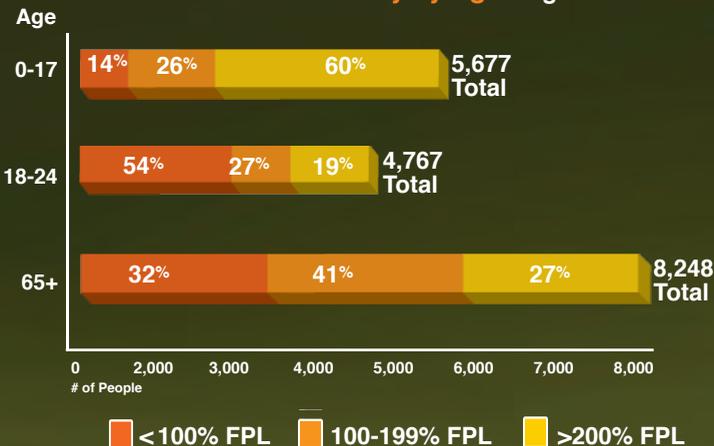
Residents Experiencing Homelessness	City Wide	D6
Total	7,499	3,680
Sheltered	3,146	1,957
Unsheltered	4,353	1,723
Unaccompanied Youth & Children (included in total)	1,363	477

Income and Poverty	City Wide	D6
Median Income per household	\$81,294	\$46,868
Population (for whom poverty status was determined)	826,944	66,230
Total <200% FPL	226,520	29,259
Households	94,383	15,399
By Age		
0-5	10,311	945
6-17	21,618	1,490
18-24	31,285	3,491
25-64	121,388	17,311
65-74	18,735	2,825
75+	23,183	3,197
Total <100% FPL	109,524	16,354
By Age		
0-5	4,467	193
6-17	9,541	597
18-24	20,075	2,581
25-64	58,639	10,377
65-75	7,159	1,143
75+	9,643	1,463
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	5,487

DISTRICT 6

44% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D6

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	7,340	5,307	2,033 (38%)
All enrolled by age	9,998	7,259	2,739 (38%)
Children 0-17	2,436	1,891	545 (29%)
Individuals 18-59	5,812	3,996	1,816 (45%)
Seniors 60+	1,750	1,372	378 (28%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, at about the same rate as the increase in residents living below 100% poverty (highest number in the City below 100%), while residents living below 200% poverty has decreased.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	7,002	7,259	4%	↑	4%	↑
Residents <100% FPL	15,574	16,354	5%	↑	14%	↑
Residents <200% FPL	32,847	29,259	-11%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 6
RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 2,435 children aged 0-17 living in the District below 200% poverty and 790 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	2,280	1,891	-17% ↓	-11%	↓

The number of seniors 65+ living in poverty increased since our 2013 report, with an increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	904	1,372	52% ↑	82%	↑
Seniors 65+ <100% FPL	1,600	2,606	63% ↑	34%	↑
Seniors 65+ <200% FPL	4,836	6,022	25% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
7,259 (9,998 annual)	80 of 127 (63%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
2,256 (3,288 annual)	29 (highest in the City)

D6

DATA SOURCE
Figs. 15-16
pages 189-191



WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child’s life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program’s eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	882	651	-26% ↓	-31%	↓
Food Stores in the District accepting WIC	7	2	-71% ↓	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through two Farmers Markets in the district that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. The vast majority (81%) of the total Market Match revenue brought into the City, \$264,185, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$250,721 to 3,382 households to purchase produce.



DISTRICT 6 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 29,259; HOUSEHOLDS < 200% FPL 15,399			
All in need	Free Bag of Groceries ⁱ⁶	5,190 households	1x week - 54 sites
	Free Dining Room Meals	5,049 meals	Daily
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 617; ALL SFUSD STUDENTS: 993 IN 2 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	167 students	School days
	Lunch	507 students	School days
	Supper	148 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	580 students	School days 4 x week – 2 sites
CHILDREN 0-17 < 200% FPL: 2,435			
All Children 0-18	Afterschool Snack	245 snacks daily	158 school days 12 sites
All Children 0-18	Afterschool Supper	69 meals daily	
All Children 0-18	Summer Breakfast	119 meals daily	43 days at 13 sites ^j
	Summer Lunch	314 meals daily	
	Summer Snack	194 snacks daily	
Children in Day Care Homes	Snacks and Meals	72 snacks/meals daily (18,689 annual)	5 days a week
SENIORS (65+) <200% FPL: 6,022/<100% FPL: 2,606			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	1,075 meals daily/site 2,308 from D6 enrolled 3,433 enrolled in D6 sites	Daily 10 total sites: 2 serve 2 meals
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	1,612 meals daily 1,193 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	2,456 seniors	1 x month at 12 sites

See footnotes i6 and j on next page.

D6

DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	460 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 4,362			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	58 meals daily/site 386 from D6 enrolled 502 enrolled in D6 sites	Daily 6 total sites: 1 serves 2 meals
Adults (18-59) who are homebound due to disability	Home Delivered Meals	450 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	277 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 3,680 (PIT)			
People living in Shelters or Navigation Centers	Meals	2,256 meals daily 1,859 = adult shelters 397 = family shelters 60,492 = Nav. Centers	Daily in single adult shelters Annual

i6. The food pantry network in this District consists of:

- 6 that are open to the public
- 12 Brown Bag for seniors and people with disabilities
- 6 Healthy Children Pantries serving kids and their families
- 28 Supportive Housing pantries (the most in the City, 2nd most in D9 with 4)
- 2 Immigrant Food Assistance.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
6,370	30%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
15	13%

DISTRICT 6

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging both those affected by “Medical Alert” health disparities and transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase the acceptance of EBT and WIC at supermarkets, grocery stores and other affordable food outlets.



Health disparities in this District for which nutrition is critical include:

- Cardiovascular disease and stroke
- Diabetes
- Dietary intake

See pages 21-22 of this report

San Francisco Food Security Task Force

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Increase funding for programs serving the most vulnerable populations:

- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- Meals and snacks in child care and especially serving young children 0-5.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.
- Home-delivered groceries and pantry programs for seniors and people with disabilities.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents’ needs.

Significantly increase the number of complete kitchens in housing units.

Increase food security of tenants in SROs through funding client-centered interventions and building coordinated approaches.



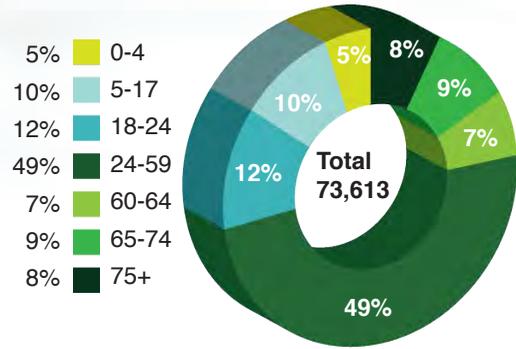
D7

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS



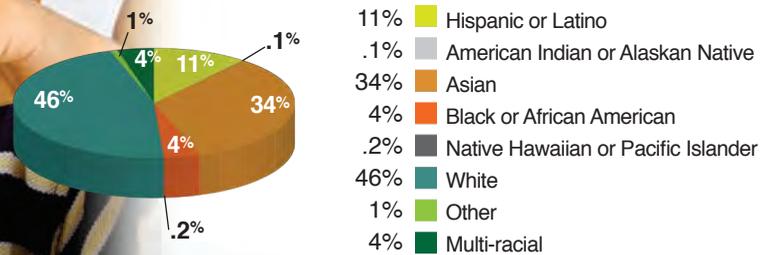
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	26,954
Average size	2.7
% Single	25%
% Family	62%
% w/children (under 18 y/o)	24%
% w/senior (over 65 y/o)	32%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

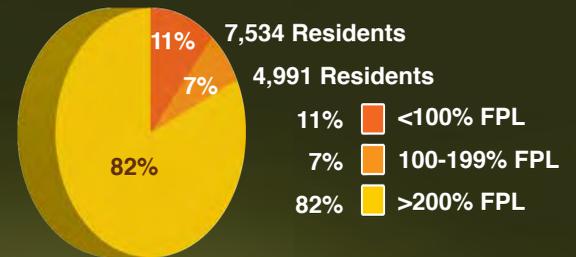
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
18% of Residents
12,525 people

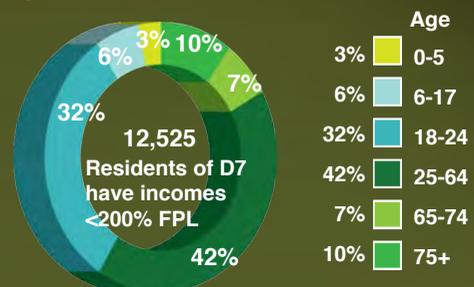
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
11% of Residents
7,534 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 7
DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D7
Median Income per household	\$81,294	\$106,899
Population (for whom poverty status was determined)	826,944	69,913
Total <200% FPL	226,520	12,525
Households	94,383	4,639
By Age		
0-5	10,311	353
6-17	21,618	811
18-24	31,285	3,950
25-64	121,388	5,236
65-74	18,735	872
75+	23,183	1,303
Total <100% FPL	109,524	7,534
By Age		
0-5	4,467	118
6-17	9,541	311
18-24	20,075	3,547
25-64	58,639	2,852
65-75	7,159	214
75+	9,643	492
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	1,111

OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D7
Total	7,499	91
Sheltered	3,146	17
Unsheltered	4,353	74
Unaccompanied Youth & Children (included in total)	1,363	7

DISTRICT 7

18% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D7

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	1,596	1,153	443 (38%)
All enrolled by age	2,349	1,685	664 (39%)
Children 0-17	555	409	146 (36%)
Individuals 18-59	1,289	861	428 (50%)
Seniors 60+	505	415	90 (22%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, as have the number of residents living below 100% poverty in the District.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	1,314	1,685	28%	↑	4%	↑
Residents <100% FPL	6,563	7,534	15%	↑	14%	↑
Residents <200% FPL	13,344	12,525	-6%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 7
RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 1,164 children aged 0-17 living in the District below 200% poverty and 429 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	417	409	-2% ↓	-11%	↓

The number of seniors 65+ living below 100% poverty increased since our 2013 report; only D3 (-16%) and D7 saw a decrease in seniors 65+ below 200% poverty. This District experienced a significant gain in 60+ seniors enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	225	415	84% ↑	82%	↑
Seniors 65+ <100% FPL	650	706	9% ↑	34%	↑
Seniors 65+ <200% FPL	2,668	2,175	-18% ↓	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
1,685 (2,349 annual)	17 of 42 (40%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
379 (492 annual)	3

D7

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District				SF	
	2013 Report	2018 Report	% Change		% Change	
WIC Beneficiaries (average, per month December 2017)	1,156	700	-39%	↓	-31%	↓
Food Stores in the District accepting WIC	3	3	0%	-	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through one Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Six percent of the total Market Match revenue brought into the City, \$20,696, benefits customers at markets in this District.



DISTRICT 7 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 12,525; HOUSEHOLDS < 200% FPL 4,639			
All in need	Free Bag of Groceries ⁱ⁷	775 households	1x week - 6 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 3,433; ALL SFUSD STUDENTS: 8,065 IN 10 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	470 students	School days
	Lunch	2,081 students	School days
	Supper	320 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	329 students	School days 4 x week – 1 site
CHILDREN 0-17 < 200% FPL: 1,164			
All Children 0-18	Afterschool Snack	19 snacks daily	165 school days 6 sites
All Children 0-18	Afterschool Supper	163 meals daily	
All Children 0-18	Summer Breakfast	248 meals daily	25 days at 10 sites ^j
	Summer Lunch	831 meals daily	
	Summer Snack	6 snacks daily	
Children in Day Care Homes	Snacks and Meals	688 snacks/meals daily (178,865 annual)	5 days a week
SENIORS (65+) <200% FPL: 2,175/<100% FPL: 706			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	224 meals daily/site 926 from D7 enrolled 3,883 enrolled in D7 sites	Daily 3 sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	237 meals daily 261 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	685 seniors	1 x month at 2 sites

See footnotes i7 and j on next page.

D7

DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	107 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 359			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	0 meals daily/site 39 from D7 enrolled in other Districts' sites	N/A in this District
Adults (18-59) who are homebound due to disability	Home Delivered Meals	18 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	23 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 91 (PIT)			
People living in Shelters or Navigation Centers	Meals	0 meals	N/A in this District

i7. The pantry network in this District consists of:

- 4 that are open to the public
- 1 Healthy Children Pantry serving kids and their families
- 1 pantry at a College.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
563	3%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
4	4%

DISTRICT 7

CONSUMPTION &
RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- School breakfast, lunch and supper meals.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.

Support community garden efforts.



MEDICAL ALERT

While health disparities tracked in this report are not concentrated in this District, continued attention to the health needs of residents is needed, especially of those who might systematically experience greater obstacles to health.

See pages 21-22 of this report



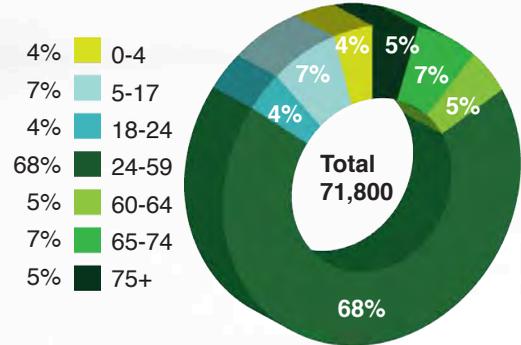
D8

DEMOGRAPHICS

DATA SOURCE
Figs. 1-9
pages 187-188



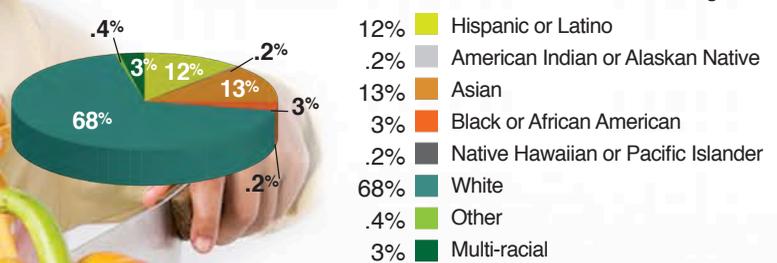
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	36,300
Average size	2
% Single	42%
% Family	34%
% w/children (under 18 y/o)	14%
% w/senior (over 65 y/o)	19%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

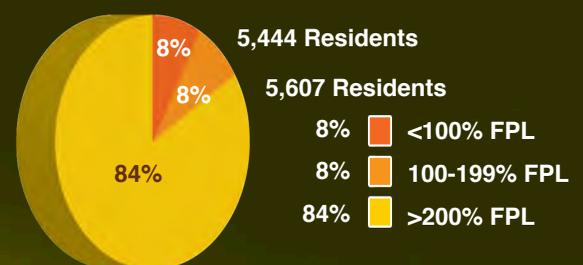
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
16% of Residents
11,051 people

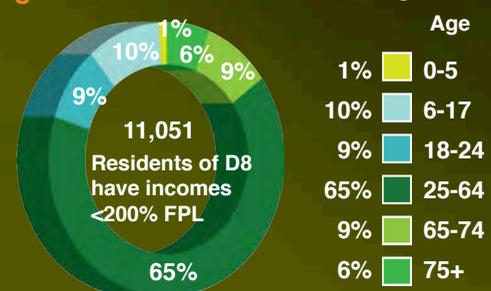
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
8% of Residents
5,444 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 8 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D8
Median Income per household	\$81,294	\$113,107
Population (for whom poverty status was determined)	826,944	71,631
Total <200% FPL	226,520	11,051
Households	94,383	5,526
By Age		
0-5	10,311	176
6-17	21,618	692
18-24	31,285	964
25-64	121,388	7,165
65-74	18,735	968
75+	23,183	1,086
Total <100% FPL	109,524	5,444
By Age		
0-5	4,467	134
6-17	9,541	281
18-24	20,075	493
25-64	58,639	3,600
65-75	7,159	341
75+	9,643	595
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	1,045

OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D8
Total	7,499	301
Sheltered	3,146	65
Unsheltered	4,353	236
Unaccompanied Youth & Children (included in total)	1,363	116

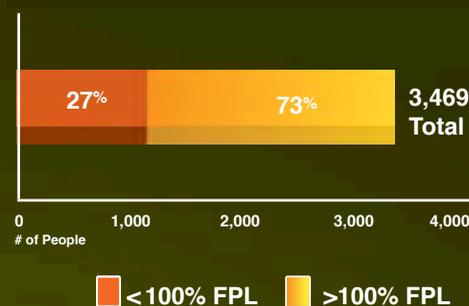
DISTRICT 8

16% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D8

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	2,061	1,447	614 (42%)
All enrolled by age	2,798	1,971	827 (42%)
Children 0-17	657	490	167 (34%)
Individuals 18-59	1,602	1,076	526 (49%)
Seniors 60+	539	405	134 (33%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased (the highest percentage increase in the City), while residents living below poverty in the District has decreased.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	1,197	1,971	65%	↑	4%	↑
Residents <100% FPL	6,040	5,444	-10%	↓	14%	↑
Residents <200% FPL	12,911	11,051	-14%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 8 RESOURCES

Enrollment of children in CalFresh decreased since our 2013 report in San Francisco and in every District but two, D8 and D9 (4% increase). There was a significant increase in this District. There are 868 children aged 0-17 living in the District below 200% poverty and 415 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	294	490	67% ↑	-11%	↓

The number of seniors 65+ living in poverty increased since our 2013 report, with a significant increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	190	405	113% ↑	82%	↑
Seniors 65+ <100% FPL	748	936	25% ↑	34%	↑
Seniors 65+ <200% FPL	2,034	2,054	1% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
1,971 (2,798 annual)	27 of 89 (30%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
478 (665 annual)	2

D8

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	604	379	-37% ↓	-31%	↓
Food Stores in the District accepting WIC	2	2	0% -	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through one Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. One percent of the total Market Match revenue brought into the City, \$2,302, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$17,301 to 277 households to purchase produce.



DISTRICT 8 ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 11,051; HOUSEHOLDS < 200% FPL 5,526			
All in need	Free Bag of Groceries ⁱ⁸	1,477 households	1x week - 16 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 3,143; ALL SFUSD STUDENTS: 6,433 IN 13 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	477 students	School days
	Lunch	1,837 students	School days
	Supper	754 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	256 students	School days 4 x week – 1 site
CHILDREN 0-17 < 200% FPL: 868			
All Children 0-18	Afterschool Snack	42 snacks daily	169 school days 2 sites
All Children 0-18	Afterschool Supper	75 meals daily	
All Children 0-18	Summer Breakfast	249 meals daily	35 days at 13 sites ^j
	Summer Lunch	720 meals daily	
	Summer Snack	162 snacks daily	
Children in Day Care Homes	Snacks and Meals	224 snacks/meals daily (58,357 annual)	5 days a week
SENIORS (65+) <200% FPL: 2,054/<100% FPL: 936			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	309 meals daily/site 585 from D8 enrolled 1,643 enrolled in D8 sites	Daily 4 sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	236 meals daily 274 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	404 seniors	1 x month at 2 sites

See footnotes i8 and j on next page.

D8

DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	96 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 939			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	7 meals daily/site 26 from D8 enrolled 7 enrolled in D8 sites	Daily 3 sites
Adults (18-59) who are homebound due to disability	Home Delivered Meals	25 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	102 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 301 (PIT)			
People living in Shelters or Navigation Centers	Meals	117 meals	Daily in family shelters

i8. The food pantry network in this District consists of:

- 4 that are open to the public
- 5 Brown Bag for seniors and people with disabilities
- 4 Healthy Children Pantries serving kids and their families
- 1 Supportive Housing pantry
- 1 Immigrant Food Assistance
- 1 Community Food Partners program for people living in public housing.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
824	4%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
11	10%

DISTRICT 8

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Increase enrollment in and retention on CalFresh for all who are eligible, with special focus on Transitional Aged Youth/college students, pregnant women, families with children, mixed-immigration status households, “able-bodied adults without dependents,” and SSI recipients as they become eligible.

Increase the number and variety of restaurants participating in the CalFresh Restaurant Meal Program available to people experiencing homelessness, seniors and people with disabilities, including restaurants and that bring cultural, nutritional and geographical choices to beneficiaries.

Increase funding for programs serving the most vulnerable populations:

- School breakfast, lunch and supper meals.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents’ needs.

Increase food security of tenants in SROs through funding client-centered interventions and building coordinated approaches.



MEDICAL ALERT

While health disparities tracked in this report are not concentrated in this District, continued attention to the health needs of residents is needed, especially of those who might systematically experience greater obstacles to health.

See pages 21-22 of this report



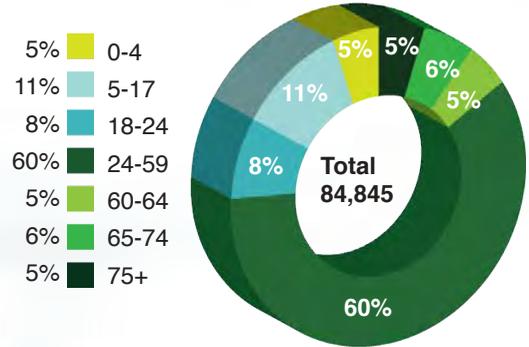
D9

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS



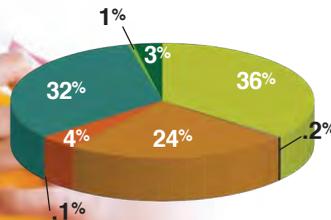
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	29,922
Average size	2.8
% Single	28%
% Family	53%
% w/children (under 18 y/o)	27%
% w/senior (over 65 y/o)	23%

POPULATION BY ETHNICITY Fig.3



- 36% Hispanic or Latino
- .2% American Indian or Alaskan Native
- 24% Asian
- 4% Black or African American
- .1% Native Hawaiian or Pacific Islander
- 32% White
- 1% Other
- 3% Multi-racial

INCOME & POVERTY

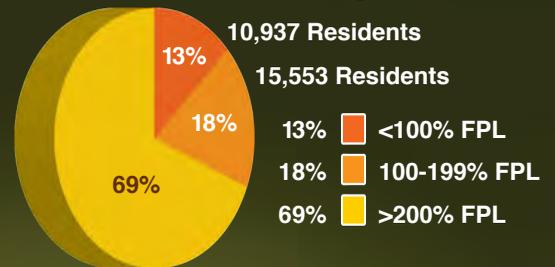
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
31% of Residents
26,490 people

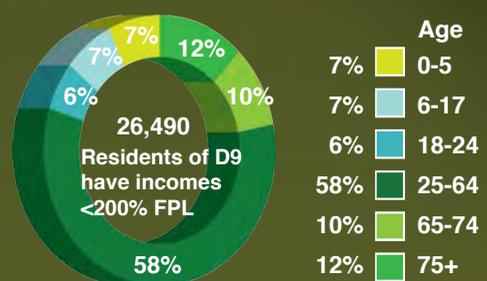
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
13% of Residents
10,937 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 9
DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D9
Median Income per household	\$81,294	\$78,120
Population (for whom poverty status was determined)	826,944	84,493
Total <200% FPL	226,520	26,490
Households	94,383	9,461
By Age		
0-5	10,311	1,743
6-17	21,618	3,301
18-24	31,285	2,577
25-64	121,388	15,401
65-74	18,735	1,694
75+	23,183	1,774
Total <100%FPL	109,524	10,937
By Age		
0-5	4,467	598
6-17	9,541	970
18-24	20,075	1,409
25-64	58,639	6,719
65-75	7,159	566
75+	9,643	675
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	1,989

OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D9
Total	7,499	552
Sheltered	3,146	271
Unsheltered	4,353	281
Unaccompanied Youth & Children (included in total)	1,363	96

DISTRICT 9

31% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D9

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	5,263	3,740	1,523 (41%)
All enrolled by age	8,376	5,914	2,462 (42%)
Children 0-17	3,149	2,336	813 (35%)
Individuals 18-59	3,943	2,570	1,373 (53%)
Seniors 60+	1,284	1,008	276 (27%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has increased, as has the number of residents living below poverty in the District.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	4,649	5,914	27%	↑	4%	↑
Residents <100% FPL	8,439	10,937	30%	↑	14%	↑
Residents <200% FPL	23,553	26,490	12%	↑	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 9
RESOURCES

Enrollment of children in CalFresh decreased since our 2013 report in San Francisco and in every District but two, D8 (67%) and D9. There are 5,044 children aged 0-17 living in the District below 200% poverty and 1,568 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	2,240	2,336	4% ↑	-11%	↓

The number of seniors 65+ living below 100% poverty increased by 70% since our 2013 report (the highest percentage increase), with the highest percentage gain in the City in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	395	1,008	155% ↑	82%	↑
Seniors 65+ <100% FPL	728	1,241	70% ↑	34%	↑
Seniors 65+ <200% FPL	3,204	3,468	8% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
5,914 (8,376 annual)	94 of 103 (91% - highest % in City)
Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
1,130 (1,572 annual)	8

D9

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	2,511	1,553	-38% ↓	-31%	↓
Food Stores in the District accepting WIC	4	7	75% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through two Farmers Markets in the district that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Three percent of the total Market Match revenue brought into the City, \$8,211, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$38,612 to 463 households to purchase produce.



DISTRICT 9

ACCESS

ACCESS

Food Access: *A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.*

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 26,490; HOUSEHOLDS < 200% FPL 9,461			
All in need	Free Bag of Groceries ⁹	3,281 households	1x week - 28 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 4,589; ALL SFUSD STUDENTS: 7,146 IN 15 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	1,374 students	School days
	Lunch	3,321 students	School days
	Supper	803 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	750 students	School days 4 x week – 2 sites
CHILDREN 0-17 < 200% FPL: 5,044			
All Children 0-18	Afterschool Snack	298 snacks daily	127 school days
All Children 0-18	Afterschool Supper	174 meals daily	10 sites
All Children 0-18	Summer Breakfast	790 meals daily	35 days at 24 sites ^j
	Summer Lunch	1,655 meals daily	
	Summer Snack	233 snacks daily	
Children in Day Care Homes	Snacks and Meals	454 snacks/meals daily (117,911 annual)	5 days a week
SENIORS (65+) <200% FPL: 3,468/<100% FPL: 1,241			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	164 meals daily/site 1,066 from D9 enrolled 1,064 enrolled in D9 sites	Daily 3 sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	328 meals daily 382 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	239 seniors	1 x month at 5 sites

See footnotes i9 and j on next page.

D9

DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	223 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 1,642			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	14 meals daily/site 71 from D9 enrolled 39 enrolled in D9 sites	Daily 2 sites
Adults (18-59) who are homebound due to disability	Home Delivered Meals	49 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	86 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 552 (PIT)			
People living in Shelters or Navigation Centers	Meals	26 = adult shelter 48,784 = Nav. Center	Daily Annual

i9. The food pantry network in this District consists of:

- 8 that are open to the public
- 2 Brown Bag for seniors and people with disabilities
- 11 Healthy Children Pantries serving kids and their families
- 4 Supportive Housing pantries
- 3 Community Food Partners programs for people living in public housing.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
2,243	11%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
19	17%

DISTRICT 9

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging those affected by “Medical Alert” health disparities.

Increase the number of eligible families enrolling and maintaining participation in the WIC program.

Increase the acceptance of EBT and WIC at supermarkets, grocery stores and other affordable food outlets.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Increase funding for programs serving the most vulnerable populations:

- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- Meals and snacks in child care and especially serving young children 0-5.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.
- Home delivered meals for seniors and adults with disabilities, with a maximum waiting time of 30 days and, in an emergency, 2-5 days.
- Home-delivered groceries and pantry programs for seniors and people with disabilities.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents’ needs.

Significantly increase the number of complete kitchens in housing units.

Increase food security of tenants in SROs through funding client-centered interventions and building coordinated approaches.



Health disparities in this District for which nutrition is critical include:

- Cardiovascular disease and stroke

See pages 21-22 of this report



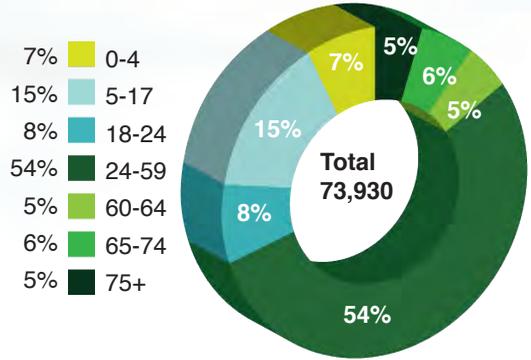
D10

DATA SOURCE
Figs. 1-9
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DEMOGRAPHICS



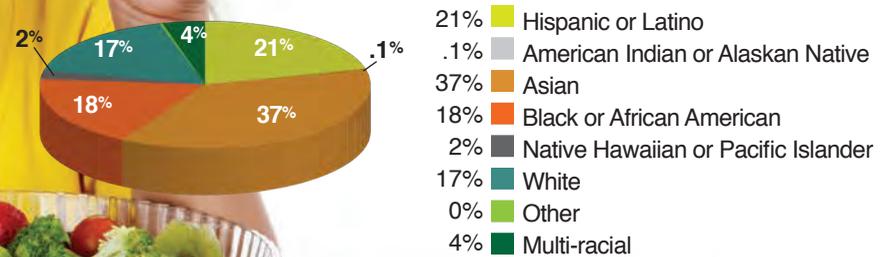
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	23,640
Average size	3.1
% Single	23%
% Family	67%
% w/children (under 18 y/o)	35%
% w/senior (over 65 y/o)	24%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

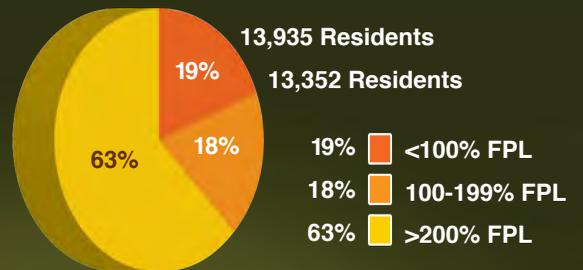
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
37% of Residents
27,287 people

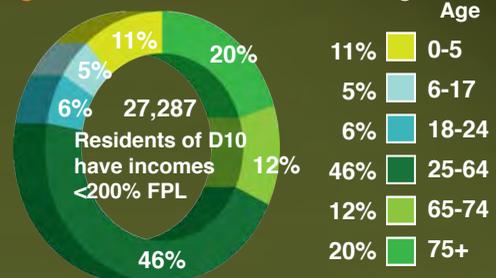
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
19% of Residents
13,935 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 10 DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D10
Median Income per household	\$81,294	\$66,879
Population (for whom poverty status was determined)	826,944	73,115
Total <200% FPL	226,520	27,287
Households	94,383	8,802
By Age		
0-5	10,311	2,987
6-17	21,618	5,439
18-24	31,285	3,131
25-64	121,388	12,647
65-74	18,735	1,605
75+	23,183	1,478
Total <100% FPL	109,524	13,935
By Age		
0-5	4,467	1,744
6-17	9,541	3,368
18-24	20,075	1,415
25-64	58,639	6,224
65-75	7,159	772
75+	9,643	412
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	3,006

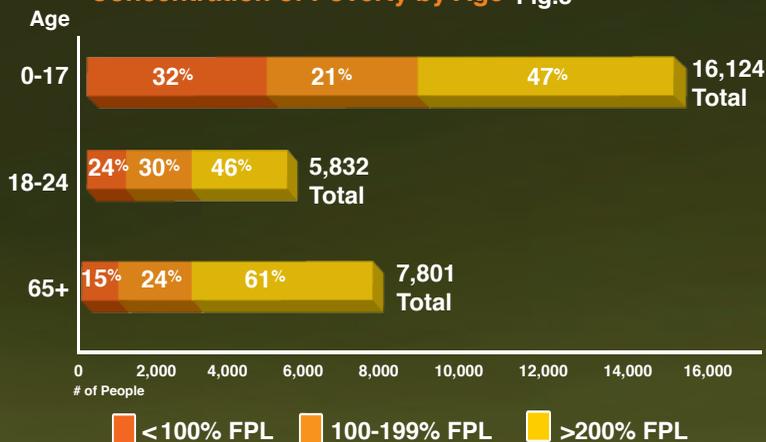
OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D10
Total	7,499	1,275
Sheltered	3,146	174
Unsheltered	4,353	1,101
Unaccompanied Youth & Children (included in total)	1,363	359

DISTRICT 10

37% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D10

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	8,614	6,183	2,431 (39%)
All enrolled by age	15,330	11,133	4,197 (38%)
Children 0-17	6,375	4,903	1,472 (30%)
Individuals 18-59	7,373	4,989	2,384 (48%)
Seniors 60+	1,582	1,241	341 (27%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has decreased (although this District has the most CalFresh beneficiaries in the City), with a higher rate of increase in residents living below 100% poverty.

Fig. 11

	This District			SF		
	2013 Report	2018 Report	% Change	% Change		
CalFresh Beneficiaries (PIT)	12,173	11,133	-9%	↓	4%	↑
Residents <100% FPL	12,335	13,935	13%	↑	14%	↑
Residents <200% FPL	27,936	27,287	-2%	↓	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 10

RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report, although more children in D10 are enrolled than any other District. There are 8,426 children aged 0-17 living in the District below 200% poverty and 5,112 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	5,930	4,903	-17% ↓	-11%	↓

The number of seniors 65+ living below 100% poverty increased since our 2013 report with significant increases in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	716	1,241	73% ↑	82%	↑
Seniors 65+ <100% FPL	924	1,184	28% ↑	34%	↑
Seniors 65+ <200% FPL	2,605	3,083	18% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
11,133 (15,330 annual)	38 of 66 (58%)

Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
1,758 (2,474 annual)	3

D10

DATA SOURCE
Figs. 15-16
pages 189-191

WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	3,667	2,876	-22% ↓	-31%	↓
Food Stores in the District accepting WIC	5	7	40% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through one Farmers Market in the district that participates in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. Less than one percent of the total Market Match revenue brought into the City, \$317, benefits customers at markets in this District. Also, EatSF, a local fruit and vegetable voucher program, provided \$124,254 to 1,695 households to purchase produce.



DISTRICT 10

ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 27,287; HOUSEHOLDS < 200% FPL 8,802			
All in need	Free Bag of Groceries ⁱ¹⁰	4,535 households	1x week - 39 sites
	Free Dining Room Meals	446 meals	Daily
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 2,904; ALL SFUSD STUDENTS: 4,300 IN 15 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	1,376 students	School days
	Lunch	2,208 students	School days
	Supper	941 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	902 students	School days 4 x week – 3 sites
CHILDREN 0-17 < 200% FPL: 8,426			
All Children 0-18	Afterschool Snack	198 snacks daily	144 school days 11 sites
All Children 0-18	Afterschool Supper	214 meals daily	
All Children 0-18	Summer Breakfast	259 meals daily	45 days at 34 sites ^j
	Summer Lunch	902 meals daily	
	Summer Snack	330 snacks daily	
Children in Day Care Homes	Snacks and Meals	791 snacks/meals daily (205,715 annual)	5 days a week
SENIORS (65+) <200% FPL: 3,083/<100% FPL: 1,184			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	218 meals daily/site 1,204 from D10 enrolled 1,274 enrolled in D10 sites	Daily 5 sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	400 meals daily 364 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	1,391 seniors	1 x month at 4 sites

See footnotes i10 and j on next page.

Fig. 16 Continued

D10

DATA SOURCE
Figs. 16-18
pages 190-192

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	386 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 1,309			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	16 meals daily/site 154 from D10 enrolled 218 enrolled in D10 sites	Daily 4 sites
Adults (18-59) who are homebound due to disability	Home Delivered Meals	70 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	64 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 1,275 (PIT)			
People living in Shelters or Navigation Centers	Meals	156 meals: 78 = adult shelter 78 = family shelter 3,314 = Nav. Center	Daily Annual

i10. The food pantry network in this District consists of:

- 13 that are open to the public
- 4 Brown Bag for seniors and people with disabilities
- 15 Healthy Children Pantries serving kids and their families
- 1 Supportive Housing pantry
- 1 Immigrant Food Assistance
- 5 Community Food Partners programs for people residing in public housing.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
783	4%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
33	29%

DISTRICT 10

CONSUMPTION & RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging those affected by “Medical Alert” health disparities.

Increase the number of eligible families enrolling and maintaining participation in the WIC program.

Increase the acceptance of EBT and WIC at supermarkets, grocery stores and other affordable food outlets.

Increase the number and variety of restaurants participating in the CalFresh Restaurant Meal Program available to people experiencing homelessness, seniors and people with disabilities, including restaurants and that bring cultural, nutritional and geographical choices to beneficiaries.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Develop a local voucher program for healthy prepared meals.

Increase funding for programs serving the most vulnerable populations:

- Free dining rooms to expand capacity, improve nutritional value of meals and provide a welcoming environment.
- Meals and snacks in child care and especially serving young children 0-5.
- Home-delivered groceries and pantry programs for seniors and people with disabilities.
- Meals in interim housing for people experiencing homelessness (e.g. shelter and navigation centers) and support enhanced menu planning based on residents’ needs.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.



MEDICAL ALERT

Health disparities in this District for which nutrition is critical include:

- Cardiovascular disease and stroke
- Diabetes
- Dietary intake

See pages 21-22 of this report

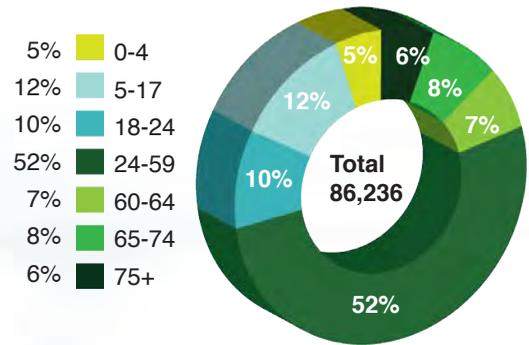


D11

DATA SOURCE
Figs. 1-9
pages 187-188

DEMOGRAPHICS

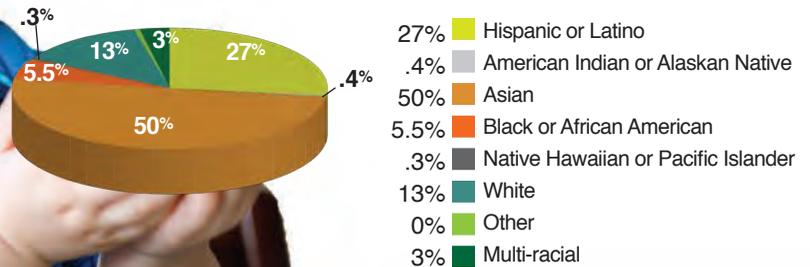
POPULATION BY AGE Fig.1



POPULATION BY HOUSEHOLD Fig.2

Households	23,799
Average size	3.6
% Single	17%
% Family	74%
% w/children (under 18 y/o)	32%
% w/senior (over 65 y/o)	33%

POPULATION BY ETHNICITY Fig.3



INCOME & POVERTY

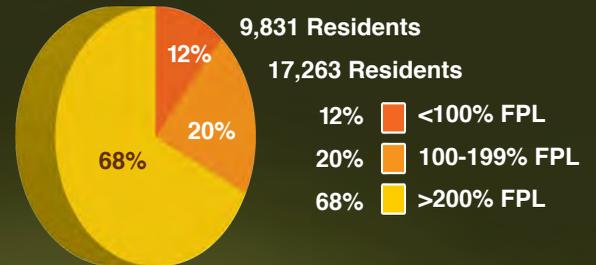
Residents with income below 200% of the federal poverty level are at high risk of food insecurity (\$40,840 for a family of 3)

At high risk in this District:
32% of Residents
27,094 people

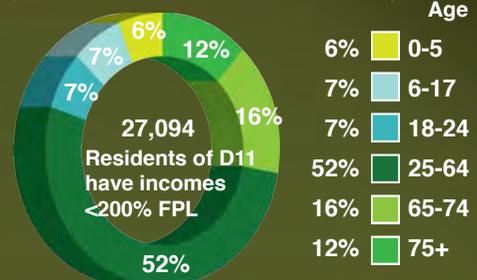
Residents with income below 100% of the poverty level are at highest risk of food insecurity (\$20,420 for a family of 3)

At highest risk in this District:
12% of Residents
9,831 people

Poverty Level of Residents Fig.4



Age of Residents <200% FPL Fig.5



DISTRICT 11

DEMOGRAPHICS

DATA BANK

INCOME & POVERTY Fig.7

Income and Poverty	City Wide	D11
Median Income per household	\$81,294	\$70,281
Population (for whom poverty status was determined)	826,944	85,619
Total <200% FPL	226,520	27,094
Households	94,383	7,526
By Age		
0-5	10,311	1,703
6-17	21,618	3,318
18-24	31,285	4,226
25-64	121,388	14,022
65-74	18,735	1,978
75+	23,183	1,847
Total <100% FPL	109,524	9,831
By Age		
0-5	4,467	588
6-17	9,541	910
18-24	20,075	2,182
25-64	58,639	4,905
65-75	7,159	570
75+	9,643	676
OTHER VULNERABLE RESIDENTS		
IHSS consumers	25,315	2,134

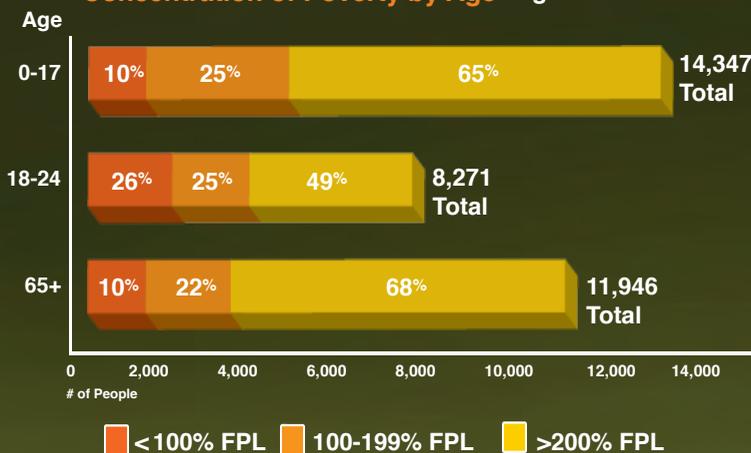
OTHER VULNERABLE RESIDENTS Fig.6

Residents Experiencing Homelessness	City Wide	D11
Total	7,499	48
Sheltered	3,146	0
Unsheltered	4,353	48
Unaccompanied Youth & Children (included in total)	1,363	6

DISTRICT 11

32% of residents live below 200% of the federal poverty level

Concentration of Poverty by Age Fig.8



Concentration of Poverty Among Adults with Disabilities (18-64 y/o) Fig.9



D11

DATA SOURCE
Figs. 10-14
pages 188-189

RESOURCES

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.

CalFresh Resources

The federal Supplemental Nutrition Assistance Program, known as CalFresh in California, is our nation’s first line of defense against hunger, providing funds to purchase groceries. With the other federal and local programs, the nutrition safety net reduces hunger and poverty, improves health and learning, increases productivity, creates jobs, and invests in communities. Generally, people are eligible for CalFresh if their gross income is less than 200% FPL, and the maximum net income is less than 100% FPL. Those ineligible during the report period include people receiving SSI benefits^h and people who do not meet citizenship requirements.

Residents Receiving CalFresh Benefits in This District

Figure 10 below indicates that throughout the year, participation in CalFresh fluctuates. Twenty percent of Cal Fresh applicants in San Francisco have recently received benefits, but were discontinued due to paperwork. Others experience intermittent periods of high need because of unstable work.

Fig. 10

Enrollment in CalFresh in This District			
	Total unduplicated clients served at any point in 2016-17	Clients at a Point in Time (PIT) June 30, 2017	Total Difference (% of PIT)
Households	5,190	3,701	1,489 (40%)
All enrolled by age	8,826	6,219	2,607 (42%)
Children 0-17	3,375	2,473	902 (36%)
Individuals 18-59	3,679	2,334	1,345 (58%)
Seniors 60+	1,772	1,412	360 (25%)

Although the FSTF cannot report how many of this District’s residents are actually eligible for the CalFresh program, data indicates that San Francisco enrolls 66% of those eligible. Since our 2013 report, CalFresh enrollment in this District has decreased, while the number of residents living below poverty in the District has increased.

Fig. 11

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
CalFresh Beneficiaries (PIT)	6,561	6,219	-5% ↓	4%	↑
Residents <100% FPL	6,914	9,831	42% ↑	14%	↑
Residents <200% FPL	23,200	27,094	17% ↑	-0.4%	↓

h. The California ban that prevents aged, blind and persons living with disabilities who are recipients of Supplemental Security Income from participating in the CalFresh program is ending in the Summer of 2019.

DISTRICT 11
RESOURCES

Enrollment of children in CalFresh benefits in this District decreased since our 2013 report. There are 5,021 children aged 0-17 living in the District below 200% poverty and 1,498 below 100% poverty.

Fig. 12

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Children 0-17 CalFresh Beneficiaries (PIT)	3,197	2,473	-23% ↓	-11%	↓

The number of seniors 65+ living in poverty increased since our 2013 report, with a significant increase in the number of seniors 60+ enrolled in CalFresh:

Fig. 13

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
Seniors 60+ CalFresh Beneficiaries (PIT)	806	1,412	75% ↑	82%	↑
Seniors 65+ <100% FPL	1,123	1,246	11% ↑	34%	↑
Seniors 65+ <200% FPL	3,643	3,825	5% ↑	3%	↑

Using CalFresh Benefits

CalFresh beneficiaries purchase food at markets and food stores using a CalFresh EBT card. CalFresh Restaurant Meal Program participants can utilize CalFresh benefits at participating restaurants because they cannot cook at home (e.g. since they are experiencing homelessness, have no kitchen in their unit, are seniors or people with disabilities). Limited numbers of food retail establishments and restaurants accepting CalFresh EBT compromise beneficiaries' access to nutritious groceries and meals as well as dietary and cultural choice.

Fig. 14

CalFresh Participants (PIT)	Food Stores that Accept EBT
6,219 (8,826 annual)	41 of 49 (84%)
Restaurant Meal Participants (PIT)	Restaurants that Accept EBT
1,201 (1,569 annual)	4

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DATA SOURCE
Figs. 15-16
pages 189-191



WIC Resources

The Special Supplemental Nutritional Program for Women, Infants and Children (WIC) provides vouchers to purchase specific types of healthy foods such as produce and milk as well as nutritional education and counseling to low-income mothers from prenatal through the first 5 years of a child's life. WIC is associated with many beneficial outcomes including improving school readiness, socioeconomic outcomes and lifetime health. The San Francisco WIC program has experienced a participation drop between our 2013 and 2018 reports. Barriers to WIC participation include lack of knowledge about the program's eligibility and participation requirements, restrictive food choices, the perceived value of the WIC food package compared to the efforts to obtain the benefits, poor shopping experiences and the small number of food stores that accept WIC benefits.

Fig. 15

	This District			SF	
	2013 Report	2018 Report	% Change	% Change	
WIC Beneficiaries (average, per month December 2017)	2,636	1,766	-33% ↓	-31%	↓
Food Stores in the District accepting WIC	3	4	33% ↑	16%	↑

Other Healthy Food Purchasing Supplements

Additional resources to purchase healthy food are available to CalFresh recipients through Farmers Markets that participate in Market Match, matching EBT sales with vouchers to spend on fruits and vegetables. No Farmers Markets exist in this District.



DISTRICT 11
ACCESS

ACCESS

Food Access: A person has the ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently.

Many residents of this District, including families, seniors, people with disabilities, TAY and people experiencing homelessness need to rely on the food safety net to supplement their food resources. While there is a breadth of offerings, affordable, nutritious and culturally appropriate foods are not at sufficient scale to meet the need, compromising food security for San Franciscans.

Fig. 16

Who is Eligible	What is Provided	# Serving	Frequency
RESIDENTS <200% FPL: 27,094; HOUSEHOLDS < 200% FPL 7,526			
All in need	Free Bag of Groceries ⁱ¹¹	2,574 households	1x week - 12 sites
	Free Dining Room Meals	0 meals	N/A in this District
STUDENTS QUALIFIED FOR FREE/REDUCED MEALS: 3,333; ALL SFUSD STUDENTS: 5,288 IN 11 SCHOOLS			
SFUSD Students (provided by SFUSD Student Nutrition Services) (snacks also provided)	Breakfast	1,654 students	School days
	Lunch	1,998 students	School days
	Supper	741 students	School days
SFUSD Students (provided by nonprofit)	Morning Snack	298 students	School days 4 x week – 1 sites
CHILDREN 0-17 < 200% FPL: 5021			
All Children 0-18	Afterschool Snack	44 snacks daily	177 school days 4 sites
All Children 0-18	Afterschool Supper	122 meals daily	
All Children 0-18	Summer Breakfast	342 meals daily	39 days at 18 sites ^j
	Summer Lunch	1,336 meals daily	
	Summer Snack	445 snacks daily	
Children in Day Care Homes	Snacks and Meals	1,120 snacks/meals daily (291,139 annual)	5 days a week
SENIORS (65+) <200% FPL: 3,825/<100% FPL: 1,246			
Seniors (60+) and their spouse or domestic partner	Congregate Meals	89 meals daily/site 1,316 from D11 enrolled 685 enrolled in D11 sites	Daily 2 sites
Seniors (60+) who are homebound and their spouse or domestic partner	Home Delivered Meals	281 meals daily 305 enrolled	Daily
Seniors (60+) <130% FPL (Commodity Supplemental Food Program)	Non-perishable groceries box	799 seniors	1 x month at 1 site

See footnotes i11 and j on next page.

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DATA SOURCE
Figs. 16-18
pages 190-192

Fig. 16 Continued

Who is Eligible	What is Provided	# Serving	Frequency
Low income Seniors (60+) and Adults with Disabilities (18-59) able to prepare but not shop for food	Home delivered groceries and pantries	492 ^k people	Weekly or bi-monthly
ADULTS WITH DISABILITIES <100% FPL: 776			
Adults with Disabilities (18-59) and their spouse or domestic partner	Congregate Meals	0 meals daily/site 65 from D11 enrolled in other Districts' sites	N/A in this District
Adults (18-59) who are homebound due to disability	Home Delivered Meals	21 adults enrolled	5-7 days/week
Adults with HIV <400% FPL	Home Delivered Meals	11 adults enrolled	Daily
PEOPLE EXPERIENCING HOMELESSNESS: 48 (PIT)			
People living in Shelters or Navigation Centers	Meals	0 meals	N/A in this District

i11. The food pantry network in this District consists of:

- 8 that are open to the public
- 1 Brown Bag for seniors and people with disabilities
- 3 Healthy Children Pantries.

j. Number of meals represents data from two of three providers, the San Francisco Unified School District and Department of Children, Youth and Families; data from the third provider was not available.

k. This number includes some who receive Free Bag of Groceries, reported at the top of this Figure.

CONSUMPTION

Food Consumption: *A person has the ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking.*

Complete Kitchens

Lack of cooking and food storage facilities is a substantial barrier to food security. Without a kitchen, one relies on expensive prepared meals, non-healthy processed snacks, or prepared meals offered by a nonprofit. Perishable items such as vegetables, milk or prepared food cannot be stored without a refrigerator.

Fig. 17

Housing Units Lacking Complete Kitchens	% Of all Units Lacking Complete Kitchens in SF
586	3%

Healthy Consumption Habits through Community Gardens

The experience of growing food coupled with nutritional education programs improves consumption habits.

Fig. 18

Community Gardens in this District	% Of all Community Gardens in SF
7	6%

DISTRICT 11

CONSUMPTION &
RECOMMENDATIONS

RECOMMENDATIONS

(For detail on recommendations, see Food Program Reports)

Implementation of these recommendations should take into consideration engaging both those affected by “Medical Alert” health disparities and transitional aged youth (TAY) who represent a high percentage of District residents living in poverty.

Increase the acceptance of EBT and WIC at supermarkets, grocery stores and other affordable food outlets.

Increase the number and variety of restaurants participating in the CalFresh Restaurant Meal Program available to people experiencing homelessness, seniors and people with disabilities, including restaurants and that bring cultural, nutritional and geographical choices to beneficiaries.

Increase funding for and distribution points and vendors accepting healthy food purchasing supplements and incentives.

Increase funding for programs serving the most vulnerable populations:

- Food pantry programs to reach more eligible people in more neighborhoods in the City.
- Congregate meals for seniors and people with disabilities with a particular focus on serving more days of the week and many more adults with disabilities.

Increase the number of children and youth benefiting from out of school meals and snacks and ensure that San Francisco supports the ability of community-based organizations to sponsor the Child and Adult Care Food Program.



Health disparities in this District for which nutrition is critical include:

- Cardiovascular disease and stroke
- Diabetes
- Dietary intake

See pages 21-22 of this report





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



Section 3:

Food Program Reports



SECTION
THREE**Food Program Reports****Voices from the community
about the Food Network**

“My salary is decent, but with kids and living in the city, where it’s so expensive, I’m finding more and more that it’s simply not enough.” *David, a 62-year old father of three working as a security guard, and a Pantry Program beneficiary*

“It not only helps people save money, but we get fruits and vegetables which most folks could never buy because those things are too expensive.” *Mike, rehoused after a experience of homelessness on a Pantry Program*

“The food is a godsend. My social security income is \$915 a month, and nearly half of that goes to rent. After I pay my heat and utilities and get my toiletries and such, I sometimes have \$6 left in the bank!” *Gloria, a San Francisco senior Pantry participant*

“The program is a life saver and service.” “It made big difference for my health.”

“The meals make it possible for me to live at my home.” *Anonymous Home Delivered Meal survey respondents*

“[Nutrition means] being healthy and having a strong mind, being able to physically do whatever you want. Eating good food raises self-esteem and gives you courage to do things you want to do.” *San Francisco Unified School District Nutrition Outreach Worker*

“It’s important to have a student’s voice be included as we create a healthier school environment, because awareness is key. It is

important to capture everyone’s views and concerns in order to create a program that’s inclusive for all.” “My favorite part of the day is at lunch time, because at lunch time that’s when you get to go EAT and when you’re eating you can talk and bond with the people eating with you.” “I would like it to be a balanced meal. I’ve grown up with, you know, to eat balanced, so enough fruits and vegetables, some meat, have some vegan options, because I have a lot of vegan friends.” *San Francisco Unified School District School Food Advisory Fellows*

“The youth loved peaches and nectarines. They really wished they had hot lunches.” *Summer Meal Lunch provider*

“Food stamps [SNAP] help to alleviate the desperation that comes with being hungry. It gives me peace of mind knowing that I am going to be able to eat.” *Joe, Free Dining Room patron*

“For my household, if we didn’t have a [fruits and vegetables] voucher, we wouldn’t make it until the end of the month. It’s a big difference to be able to go out and purchase the foods that are healthy for us. The vouchers really come in handy.” *Pat, head of household and voucher recipient*

“You can tell people about eating well, but it’s another thing to provide them with an actual resource to improve their health. It’s tangible. We don’t often find that.” *Angela, San Francisco health care provider on fruits and vegetables voucher*

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Food Resources**CalFresh
(Supplemental Nutrition Assistance Program - SNAP)****Significance**

Increasing the enrollment of eligible San Franciscans in CalFresh is arguably one of the City's best defenses against food insecurity. CalFresh, known as the Supplemental Nutrition Assistance Program (SNAP) at the federal level, is also widely known as "food stamps." The average benefit per San Francisco household is \$151 a month.⁴⁷ The funds are loaded onto an Electronic Benefits Transfer (EBT) card that enables participants to purchase groceries directly from retail food stores and farmers markets. State estimates from 2016 indicate that the 53,000 San Franciscans served constitute just two-thirds (67%) of the 81,000 people eligible for this program. Enrolling more eligible residents in CalFresh could reduce the number of San Franciscans struggling with hunger and support the local economy through food purchases at local grocery stores and associated job creation. Research shows that for every \$1 spent in CalFresh benefits, generates \$1.79 in local economic activity.⁴⁸

Developments since 2013

Since 2013, the San Francisco Human Services Agency (HSA) has undertaken significant efforts to increase the enrollment of eligible residents and reduce caseload churn. Specifically, HSA has expanded community outreach through partnerships and outstations, embarked on a targeted cross-enrollment strategy for Medi-Cal and CalFresh, and worked to modernize and streamline the enrollment process.

Among those who meet the eligibility requirements, CalFresh participation is on the rise. In 2010, only an estimated 39 percent of eligible individuals used CalFresh benefits. By 2016, that figure had risen to 67 percent.

What's Working Well**Leveraging technology**

GetCalFresh.org: HSA is working to make the enrollment process more accessible to clients. Through a partnership with HSA, Code for America developed Get CalFresh.org to screen clients for CalFresh and to accept initial applications. The project was the first mobile-friendly access portal for SNAP benefits to be developed in the country. As of 2018, the San Francisco pilot project has now expanded to 26 California counties.

The GetCalFresh.org site created a new access point streamlined for front-end users that enabled clients to circumvent the previous cumbersome, 53-screen application process. Clients can now enter their information, and the program automatically populates the forms and applications necessary for county eligibility workers to process the case. Other GetCalFresh.org features include online chat support and reminder text messages.

In FY 2016-17, 885 applications were submitted via GetCalFresh.org and 372 of them (42%) were approved. These numbers are encouraging in the context of a self-selected applicant pool with no prior prescreening. Code for America is piloting several improvements intended to bring approval rates up.

Doing more business by phone: HSA will expand its capacity to certify people for CalFresh over the phone through the inclusion of telephonic signatures and other means. New processes will eventually enable staff members to accept applications and required reports without mailing in or dropping off paperwork.

Currently, CalFresh interviews are scheduled according to the County's availability, rather than the client's. Code for America estimates indicate that 14% of application denials for GetCalFresh.org applications were due to missed interviews. Allowing clients to select their preferred date and time for phone interviews will reduce barriers to enrollment and renewals.

Expanded outreach efforts: HSA has put concentrated effort into outreach strategies, including the following campaigns and tactics:

Phone outreach: HSA has contracted with 211 San Diego to make outbound calls to low-income San Francisco residents to provide CalFresh application assistance over the phone and to submit an online application on the applicant's behalf. 211 San Diego reaches out to 1,200 Medi-Cal clients every month. (Medi-Cal beneficiaries are categorically eligible for CalFresh providing the household meets all other CalFresh eligibility requirements other than the CalFresh resource limits). From April 2016 to April 2017, 211 San Diego assisted with 1,354 applications, 826 of which were approved. This campaign has been particularly successful with seniors, so it has been re-targeted to engage this population.

Eligibility Worker outstations: Community-based organizations generally target such vulnerable communities as people experiencing homelessness, those with limited English abilities, or people who are on parole. CalFresh and Medi-Cal eligibility workers are outstationed at 7 organizations 2 to 5 days a

SECTION 3

week (schedules vary by site). In total, 8 full-time employees are assigned to outstations. Outreach workers perform the same intake and carrying functions as workers at the HSA applications offices. Their focus is on taking applications for Medi-Cal and CalFresh and conducting interviews, and they also help existing clients with other questions. Two of the 7 organizations, the Navigation Center and the Community Assessment Service Center (CASC), also screen clients for County Adult Assistance Programs (CAAP), working side-by-side with a CAAP outreach worker. Other sites include Cameron House, Chinese Newcomers' Service Center, Wu Yee Children's Services, Zuckerberg San Francisco General Hospital and Trauma Center, and the Career Link Center at 3120 Mission St. The total number of applications generated by outstations was 869 during the one-year period from April 2016 to April 2017, with 791 approvals (a 91% approval rate).

Collaboration with community-based organizations

Same-day service events: CalFresh/Medi-Cal outreach workers, the SF-Marin Food Bank (the Food Bank), and its community partners conduct 20 same-day enrollment events every year. The Food Bank and community partners recruit and screen potential clients, submit online applications for applicants in advance of the event, provide applicants with detailed, individualized information about which documents to bring, and schedule their interview appointments. At these events, approximately 5 HSA staff members complete CalFresh interviews, assist with reporting requirements, and troubleshoot other issues. Often, clients are able to receive EBT cards at an enrollment event, on which funds are deposited the following day. Half of the events are conducted at 3120 Mission Street; the other half are conducted in neighborhoods throughout the City. Same-day service events in FY 2016-17 have generated 235 new applications (as well as 21 required reports) to date, with an approval rate of 77%. Event participants complete the entire benefits determination process in an average of 57 minutes while receiving free produce and food-resource information provided by the Food Bank.

Training to community organizations: In 2014, HSA and the Food Bank collaborated to provide training to other community-based organizations so that staff from a wide array of agencies would have the information, tools, and skills needed to promote CalFresh and to assist with the application process. Currently, the Food Bank hosts four day-long eligibility trainings each year. In FY 2016-17, Food Bank staff provided these trainings for 84 unduplicated staff from 43 different community-based organizations. The Food Bank has also piloted special trainings that explore technical facets of eligibility, including reporting requirements, screening appropriately for income, and what to expect

during the application process. This training has helped increase participation and keep participants connected to CalFresh. Between May 2016 and May 2017, San Francisco-based agencies trained by the Food Bank submitted 878 applications, and helped with required paperwork for an additional 367 existing clients.

Marketing campaigns: Over the past several years, HSA has developed professional and culturally-appropriate materials promoting Medi-Cal and CalFresh. Marketing materials include postcards and letters for the 211 San Diego campaign, as well as posters and banners with myths and facts about both sets of benefits. Materials have been posted at HSA enrollment offices and outstation sites. HSA also engaged a videography company to create short videos informing recent parolees about their CalFresh eligibility, and developed video content for a social media marketing campaign. CalFresh and Medi-Cal staff are extensively trained to promote enrollment in both programs to any client who might be eligible.

Current Challenges

An estimated 28,000 San Francisco residents who are eligible for CalFresh are not currently enrolled in the program. Additional business process changes are required to make the program appealing and easy to use. Further research is also needed to understand the internal and external factors impacting application and enrollment.

Detailed below are the known challenges to applications, enrollment, and retention.

Cumbersome application processes: The steps required to apply for CalFresh can be complicated and difficult to navigate. HSA is working to remedy the telephone-interview-scheduling processes, which currently results in missed interviews and rescheduling to obtain necessary application information.

Bureaucratic hurdles: State administrative rules and bureaucratic hurdles for both applicants and eligibility workers are fundamental challenges to increasing CalFresh enrollment. These hurdles also increase the number of participants who are discontinued from the program for lack of paperwork or missed deadlines. A client-oriented approach should make the program less punitive and more accessible.

Every month, approximately 20% of clients applying for CalFresh are doing so because they were discontinued for failure to submit a report, not because they were no longer eligible. With so many participants losing benefits and having to re-enroll at reporting junctures, the process is not efficient for eligibility staff or for participants.

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Eligibility restrictions: Eligibility restrictions, including a federal income threshold that is not adjusted for the local cost of living and the current ineligibility of Supplemental Security Income (SSI) recipients, further reduce the pool of potential applicants. (However, the California ban that prevents aged, blind and persons living with disabilities who are recipients of SSI from participating in the CalFresh program is ending in the Summer of 2019). As of September 2018, implementation of work requirements for clients deemed “Able-Bodied Adults Without Dependents” (ABAWD) goes into effect, further restricting eligibility. This will drastically reduce the duration of time that many ABAWD clients will be able to receive benefits, unless they work at least half-time or qualify for an exemption. Planning, messaging, and collaboration with community-based organizations serving ABAWDs are critical to mitigate the harm of the new eligibility requirement.

CalFresh community-based organization outreach staff are also reporting that some applicants are asked for verification documents beyond what is required, making it unnecessarily difficult to complete the application process. In 2017-18, 27% of applications were denied for procedural reasons.⁴⁹

Stigma and political climate: Despite San Francisco’s progressive and tolerant reputation, too many people still associate food assistance with shame and secrecy. This perception is especially deep-seated among older adults and is one cause of persistently low enrollment among this population. HSA is strengthening messages for seniors to increase acceptance.

Although noncitizens may be eligible for CalFresh, they are applying to the program at a lower than average rate. Under the current federal administration, there is a persistent threat of immigration policies that would restrict eligibility for public benefits. Furthermore, Immigration and Customs Enforcement (ICE) activities elevate concerns that many applicants have regarding the safety and privacy of their personal information. This is especially true for mixed-immigration-status households. While the overall effects on the CalFresh caseload are small, there are signs that certain vulnerable groups are retreating from CalFresh. For a brief period following related news cycles, HSA and community partners have reported clients calling to disenroll from CalFresh. HSA has made efforts to mitigate these effects by providing clarifications on immigrant eligibility for benefits, FAQs on confidentiality of client data, and communications through press releases and press conferences.

Recommendations

Strengthen referral networks for key populations, such as seniors and college students. Better leverage existing relationships among City programs, and welcome new partners in neighborhoods of emerging need.

Streamline the application process to help ensure that more applicants are approved promptly. A process that now consists of many disparate steps can be consolidated using electronic signatures and new tools to text or upload photos of critical documents. Implement more flexible interview scheduling processes that respond to clients' schedules and preferences.

Improve communications with existing clients to prevent program churn. Use timely, relevant text messages and phone calls, and implement technologies that help clients to complete all required tasks at once in order to maintain their benefits.

Continue to promote enrollment in all eligible programs when clients apply for any one benefit, like Medi-Cal. Connect CalFresh clients with other relevant services in San Francisco, such as WIC, workforce development opportunities, and programs promoting educational enrichment, recreation, and health.

Improve CalFresh's customer-service reputation by supporting cutting-edge technology, including modern phone, text, web, and live-chat functions, for a seamless and respectful customer experience. Provide trauma-informed training for all staff.

Support ABAWDs affected by work requirements by educating clients and the community on options available for ABAWDs to continue to receive needed benefits, including exemption criteria. Coordinate across San Francisco to ensure that ABAWDs who need to work have access to appropriate, meaningful work and training opportunities.

Prepare for significant influx of newly eligible CalFresh/SSI beneficiaries in Summer 2019 by considering how existing processes, systems and partnerships can be leveraged and streamlined to facilitate CalFresh eligibility determination and enrollment for SSI recipients.

Increase benefit levels by promoting use of medical expense deduction for certain eligible clients. Explore the possibility of funding a supplement to CalFresh.

SECTION 3

Food Resources**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)****Significance**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a highly effective federally funded program that safeguards the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk because their household income is less than 185% of the federal poverty guidelines. Operated by the San Francisco Department of Public Health, Maternal Child and Adolescent Health, the program is considered to be a vital component of the social safety net because it supports food security among young families. WIC provides participating families with nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community services. The supplemental foods provided are tailored to the individual's needs during a critical time of growth and development.

Developments since 2013

Since 2013, the authorized list of healthy foods that meet federal nutrition guidelines for which WIC checks can be redeemed has been revised to include whole-grain pasta and low-fat yogurt. In addition, the cash value of fruit-and-vegetable vouchers has been increased, and fruits and vegetables may be purchased instead of jarred baby food for older infants.

California WIC is making steady progress replacing paper food checks with an electronic benefit transfer (EBT) system. The computer-based data system is also being replaced with a new EBT-ready management information system (MIS). The two existing systems will be replaced concurrently. Pilot testing will begin in 2019; statewide rollout is expected to be completed by April 2020.

What's Working Well

Thirty-eight stores in San Francisco accept WIC checks. In 2017, ten local farmers markets began to accept fruit and vegetable cash value vouchers.

WIC impacts the local food environment by requiring participating stores to stock a variety of nutritious foods. This results in improved access to fruits, vegetables, whole grains, low-fat dairy, and other healthy food options for many low-income communities.

In 2016, WIC checks contributed approximately \$8 million in federal funds to the San Francisco retail food economy.

The earlier mothers enroll in WIC during pregnancy, the more likely they are to breastfeed.

Current Challenges

Participant retention: In San Francisco, prenatal, infant, and child WIC participation has dropped 39%, 29% and 34%, respectively, since 2011. This may be due, in part, to fewer births among families that meet the program qualifications, but the biggest contributor to the caseload decline is the non-participation of eligible children. Recent data show that only 28% of infants who enroll in the San Francisco WIC program continue until they are 5 years old. Additionally, African American families who face the greatest health inequities have one of the highest rates of disenrollment from the program of all races and ethnicities. Qualitative data indicate that extensive, complicated administrative requirements, social stigma, and expectation gaps are driving this trend, particularly among English-speaking families. This is cause for serious concern, since children who participate in WIC are more likely to be food secure, immunized, and within normal developmental limits, and to have healthier diets and weight and a lower prevalence of anemia than unenrolled children.

Limited technology: WIC participants are typically young and technologically savvy. However, their service expectations are not being met because systems and processes at the local level are cumbersome and outdated. It is highly likely that some eligible families are choosing not to seek WIC services and benefits due to the burdensome administrative policies and practices.

Changing factors in funding formulas: Federal poverty guidelines used to determine program eligibility and funding do not take cost of living into consideration. In San Francisco, where food and housing expenses are especially high, this is an important concern. Funding formulas also fail to adequately consider the time required for high-quality, client-centered WIC clinic services and education, which results in reduced clinic volume. While funding is currently adequate, both of these factors could have a potentially negative impact on financial resources within the next two years.

Recommendations

Improve public outreach: Efforts are needed to ensure that participants and potential participants are aware of available WIC benefits. Extensive publicity is also needed to raise awareness of the modernization of services and how this will make benefits easier to use and less stigmatizing.

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Reduce organizational and departmental siloes: Systems need to be developed to enhance collaboration and coordination of services. Sharing client data between organizations (rather than requiring participants to provide the same personal details several times) will save time, boost accuracy, greatly improve participants' experiences, and enable the possibility of automating referrals for complementary benefits and services.

Improve local technology capabilities: The means of service delivery within WIC need to be updated and modernized. Key elements to be renovate include a more user-friendly website, a centralized call center, electronic check-in kiosks, an automated appointment scheduling and reminder system, text messaging for nutrition information, and capabilities for telemedicine and Skype interviews. Simplifying policies and streamlining administrative procedures will make it easier for eligible families to enroll and maintain their benefits; it will also free up staff time and increase participants' enthusiasm for breastfeeding support, nutrition counseling, referrals, and other WIC services. All of these benefits will make client interactions more meaningful and service oriented.

Continue addressing retention issues: Locally, through the Mayor's Office of Civic Innovation, the San Francisco WIC program is already working with Data Science San Francisco and Google.org to understand and address reasons for decreasing enrollment. These efforts should continue, and any findings should be fully explored for the development of effective solutions.

Food Resources

Healthy Food Purchasing Supplements and Profile of EatSF

Significance

Healthy food purchasing supplements are financial interventions designed to increase the ability of residents to purchase foods that contribute to a nutritious diet, such as fruits and vegetables.⁵⁰ San Francisco has both *vouchers* for free fruits and vegetables redeemable at multiple retail outlets (EatSF) and incentives (also known as bonuses). The Market Match program provides CalFresh recipients an additional \$5-\$10 worth of fruits and vegetables when fruits and vegetables are purchased with an EBT card at a farmer's market.^l Another bonus program, Double Up Food Bucks, is scheduled to launch in San Francisco in 2018. Double Up Food Bucks provides up to \$10 in matching funds to residents who purchase California produce at participating grocers with EBT cards.^m All of these programs are designed to address multiple social, health and economic issues. These programs improve program participant's food security by increasing the ability of residents to purchase and consume healthy food. They also improve neighborhood access to healthy foods, and support the local economy. Below is more information on the EatSF program.

EatSF - Vouchers 4 Veggies is a healthy food supplement program launched in 2015 to support fruit and vegetable food purchases in low-income households where access to healthy food is limited by affordability and geographic accessibility. Through the distribution of vouchers dedicated specifically to the purchase of fruits and vegetables in underserved neighborhoods, EatSF's goals are to significantly reduce food insecurity, improve health, and stimulate economic growth by supporting healthy food retailers in targeted neighborhoods.

Developments since 2013

In its *2013 Assessment of Food Security in San Francisco*, the FSTF recommended that San Francisco develop a healthy food purchasing supplement to address the lack of financial resources to purchase healthy food experienced by food insecure San Franciscans, particularly those on SSI. EatSF was launched with public and private funding in 2015 by the UCSF Center for Vulnerable Populations.

l. For more information on Market Match, a state wide incentive program operated by the Ecology Center, see: <https://marketmatch.org/>

m. For more information about Double Up Food Bucks California operated by SPUR, see: <http://www.doubleupca.org/>

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The EatSF model relies on multi-sector collaborations that include 60+ community distribution points for vouchers (such as senior centers and clinics) and a network of 20+ corner stores, supermarkets, and farmers markets with a focus on underserved neighborhoods. For 6 months, participants receive nutrition education and fruit and vegetable vouchers (\$20-40/month) redeemable at local retailers.

What's Working Well

Targeted communities are eating better: Since 2015, EatSF has served more than 6,000 households and enabled clients to purchase more than \$1.3 million in fruits and vegetables in three neighborhoods: Tenderloin/Civic Center, Bayview, and South of Market 6th St. corridor. Participants increased their consumption of fruits and vegetables by one serving a day,⁵¹ enough for immediate health impact and a 10% decrease in the risk of early death if sustained over time.⁵² Ninety-three percent of participants report that they are consuming less junk food as a result of the program, and 98% feel more comfortable purchasing healthy food with limited finances.

Collaborative efforts to reach in-need/at risk populations: Rather than creating networks and infrastructure from scratch, EatSF partners with organizations already working with populations it is trying to recruit. Low income pregnant women, for example, were identified as a high priority population. EatSF was able to reach this population through a partnership with San Francisco's WIC Program. In addition to working with a network of more than 60 distributing agencies and 20+ corner stores, farmer's markets, and grocers, the program also partners with other healthy retail and nutrition education initiatives to enhance their collective impact.

Current Challenges

Funding: Partners, resources, and funding need to be increased in order to expand the program. Demand for the program has outpaced funding. Based on interest from current and new partners, over 6,000 households are eligible for the program but not enrolled. With additional funding, more participants can be served and participants can stay in the program for longer periods than the standard six-month enrollment, if needed.

Expanding enrolled populations: Voucher distribution and participation has been limited based on program capacity and funding. Low income families and adolescents, for example, are two specific populations that would benefit from additional program support. Also, based on high need, residents in the Oceanview/Merced/Ingelside, Mission, and Western Addition neighborhoods would benefit from additional resources to purchase healthy food.

Recommendations

Expand program reach with increased funding: Additional funds are needed to expand the scale of operations, increase the number of participants, and expand into new neighborhoods. As noted above, increased budgets are likely to enable participants to stay in the program longer, sustaining improved dietary intake and the resulting health benefits for extended periods of time.



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**Food Access
Free Groceries / Pantry Network****Significance**

The pantry network is the foundation of the San Francisco Marin Food Bank's (Food Bank) outreach, bringing food directly into the neighborhoods where it is needed most. This model leverages hundreds of community-based partners, thousands of volunteers and millions of pounds of low-cost and healthy donated foods. Pantries are located at schools, churches, and community-based organizations. At the pantries, participants choose their own groceries in a setting that resembles a neighborhood farmers' market. For participants who do not qualify for CalFresh, the pantry network is one of the few sources of food support available.

Annually, the pantry network distributes over 38 million pounds of food, more than 60% of which is fresh produce. A typical weekly pantry might offer fresh produce such as carrots, potatoes, and oranges, along with grocery staples like chicken, eggs, pasta, and rice. San Francisco distributes more healthy food per person in poverty than any other county in the nation.

Developments since 2013

Since 2013 the pantry network has focused on developing ways to meet high demand for pantries that are the most respectful and least disruptive for the clients and neighborhoods in which they live. This has been accomplished by working toward programs that respect the personalized health needs of participants via innovative partnerships with the San Francisco Health Network (SFHN) and In Home Support Services (IHSS) program, along with improvements to the pantry network through the new Pantry Enrollment System and designated pantry appointment windows which have allowed the Food Bank to serve more unduplicated households with reduced wait times and shorter lines at pantries.

What's Working Well

Cross-Sector Public Health Partnership: The Food Bank partnered with the SFHN to create the Food Pharmacy program. Food Pharmacies are pantries designed for participants with health challenges, such as diabetes and hypertension. At these locations, the pantries educate participants on the role nutrition plays in diet-related health challenges, teach participants how to cook healthy meals and snacks using Food Bank products, and introduce them to a supportive community of health-minded peers.

Improving Accessibility: The Food Bank has extensive experience providing nutritious food to seniors, people with disabilities, and San Franciscans with chronic health issues. Each month, staff from the City’s Department of Aging and Adult Services connects the Food Bank to many of the 25,000 IHSS consumers who have expressed interest in receiving home delivered groceries. (The IHSS program provides funding for an in-home care provider for eligible aged, blind and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes.) Because of limited resources, Food Bank staff prioritize outreach to IHSS recipients with high levels of food insecurity. IHSS recipients are then connected to local pantries, where their care provider can pick up groceries on their behalf. IHSS care providers are not only paid an additional hour for doing so, but can also pick up groceries for their own households. This is an added benefit since many IHSS care providers struggle to make ends meet in their own households due to the region’s high cost of living. This partnership received an innovation award in 2017 at the National Association of Area Agencies on Aging.

Pantry Enrollment System (PES): PES is a central database system maintained by the Food Bank that is designed to facilitate the fair and equitable distribution of food at pantries throughout San Francisco and Marin counties by allowing participants to enroll or be waitlisted at the pantry of their choice. By integrating enrollment across pantries, the Food Bank is able to guarantee that more people receive larger quantities of food. It also allows the Food Bank to better understand demand in the community and to expand programming accordingly.

Implementation of Timeslots at Pantries: Line management best practices have been established to create a more orderly and dignified experience and to respect participants’ time by reducing the long lines and wait times. Participants now receive a designated 20-minute window to shop at one of many pantries located across the City at different days and times.

Summer Continuation Pantries: The Food Bank started the Healthy Children Summer Continuation pantry program in 2016 as a way to provide uninterrupted food support for low-income families once the school year ends. Summer is a time when many families face even greater challenges to put food on the table because their children lose access to school meal programs. Since many school-based pantries close for the season, this effort has sustained access for over 450+ households that would have otherwise faced increased food insecurity.

One-stop, Real-time Food Assistance Referrals: Individuals in need of food and nutritional support can be connected to local resources through the Food Locator tool on the Food Bank website.ⁿ

n. <https://foodlocator.sfmfoodbank.org/>

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After entering their zip code and answering a few simple questions, the tool directs people to pantries where food is available, and also provides information about how to access CalFresh application assistance, emergency food and the Commodity Supplemental Food Program for low-income seniors. This information is provided in six languages and is updated daily.

Current Challenges

Demand for pantries outstrips supply: Despite serving more unduplicated households than ever, the demand for Food Bank programs continues to outpace its ability to meet the demand as indicated by persistent waitlists. The Food Bank struggles to maintain current partnerships with aging volunteers and dwindling faith-based congregations, and to find new partners that are willing to take on such a demanding, weekly commitment. Additionally, current pantry network partners may not be able to easily expand their pantry's capacity since many of these community-based organizations already have extensive programming beyond food distributions. Lastly, some households need more food than they can access through the pantry network to achieve food security, often due to the size of their household or the degree of their need.

Adequate warehouse and office space: The pantry network and other programs have expanded tremendously, which has caused the Food Bank to rapidly outgrow the space available for administrative activities and food processing for distribution. The current space was designed to distribute approximately 30 million pounds of food annually, but is now handling nearly 50 million pounds each year for San Francisco and Marin counties. Adequate food supplies are available to meet demand, but space restrictions preclude additional growth. Office space is also over-capacity and there is no room for additional staff or volunteers.

Cost Increases for Food and Freight: Transportation costs have skyrocketed in recent years and increased the cost of sourcing food. Freight costs across the food industry have seen tremendous increases, resulting in higher costs on the consumer end. This year alone, the Food Bank has seen freight costs exceed their budgeted expenses by over \$150,000. The Food Bank's focus on healthy, high-value foods is most impacted by these market changes, as these items tend to be among the most expensive. Food Bank fundraising efforts struggle to keep pace with these growing costs combined with increased and unmet pantry network demand.

Serving Supportive Housing Residents: Pantry participation from those who live in the City's supportive housing facilities is greater when the pantry is located within their building. However, many supportive housing buildings are

too small for the Food Bank to be able to support as individual pantries. Serving individual supportive housing buildings is less efficient than the Food Bank's other neighborhood pantry offerings which serve the entire community and not just the limited number of residents in the host building. To face this challenge, the Food Bank has begun to collaborate with multiple buildings within a given area to create joint locations for supportive housing pantries offering the specialized foods required for this population which has limited access to cooking facilities. These cluster sites should not only increase efficiency for the Food Bank and service providers, but also the average number of participants served per site due to their proximity to multiple buildings.

Unpredictability of Political and Social Forces: The current political environment has placed many Food Bank participants at risk. The threat of substantial cuts to federal food assistance programs including SNAP/CalFresh, WIC and the Commodity Supplemental Food Program, have the potential to be devastating to some of the most vulnerable communities. Additionally, the pervasive anti-immigrant sentiment at the highest levels of government inspires fear and could lead to decreased CalFresh participation and an increased reliance on pantry food to compensate.

Inadequate Resources at Public Housing Facilities: Some of the City's largest public housing facilities still lack dedicated supportive service providers to host food pantries. Although tenants in these residential complexes would benefit from pantry service on-site, the facilities are underequipped to support the pantry operations, restricting the Food Bank's ability to provide access.

Recommendations

Expand the donated grocery pipeline by supporting increased physical capacity at the Food Bank: Greater quantities of healthy donated food are available in the state and nationally through the food bank network, but growth is currently restricted by the Food Bank physical capacity constraints.

Support expanded access to and enrollment in food pantries across multiple populations: Invest in pantry network capacity growth. Currently there are neighborhoods without open and conveniently located pantries at all the necessary times to accommodate a range of needs.

Develop marketing campaigns and outreach efforts to overcome demagoguery as well as pride, stigma, and outdated perceptions about food pantries that are barriers to accessing food assistance programs.

Support efforts to increase the supply of nutritious food to allow further differentiation between households with different caloric and nutritional needs.

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Expand access for underserved populations and add new populations with adjustments to food and programming, such as

- no-cooking-required menus for more populations with limited access to cooking facilities;
- more frequent access to pantries for populations without food storage facilities;
- evening and more weekend distributions for working individuals and families;
- drop-in pantries to address demand for flexibility in timing of food pantry distributions to attract participants unwilling or unable to attend traditional pantries;
- backup pantries for those who were unable to access their chosen pantry due to a doctor's appointment, an unforeseen conflict or if the pantry itself needed to close for a week or two (as sometimes occurs around the holidays); and
- additional food for larger or more food insecure households.

Increase service and outreach and enrollment collaboration between and among City and community-based partners to increase access to more services by underserved populations by:

- expanding/developing welcoming and accessible neighborhood-based hubs/ dedicated spaces that would serve as "one-stop-shops" for supplemental groceries, social and health services, education, information and referrals and application assistance for multiple benefits;
- expanding social and public health services currently offered at a variety of pre-existing food programs, including pantries, to tap into the diversity of low-income populations utilizing food assistance programs, but underutilizing traditional social and public health services; and
- supporting interim social service staffing for the largest public housing sites to enable oversight of critical programming like food pantries.

Ensure sustainable financial support for pantry programming for vulnerable populations like seniors, adults with disabilities, families with children, individuals experiencing homelessness, and low-wage workers.

- Expand financial support to bring pantries to more supportive housing buildings in which seniors and formerly homeless adults with disabilities reside.

Increase collaboration between public and private healthcare providers, nutrition and health educators, and food assistance programs to improve food security and health outcomes, such as:

- Clinic/Clinician food security screening and referrals to food assistance programs;
- Screening/referral of food assistance program participants for chronic disease to ongoing health care;
- Chronic-disease appropriate food pantry menus; and
- Ensuring food assistance and healthcare participants all have access to critical nutrition and health education and counseling.



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Food Access
Free Dining Rooms

Free dining rooms provide essential prepared meals for residents in need and a place for socialization and community.^o Following are reports from three of San Francisco's largest free dining room meal programs: GLIDE's Dining Room and St. Anthony's Dining Room located in the Tenderloin, and United Council of Human Services' Mother Brown's Dining Room in the Bayview.

Significance

GLIDE: The free dining room, offered in conjunction with GLIDE's comprehensive outreach and support programs, have been part of the San Francisco community for decades. What began as a potluck meal for 50 people once a week in 1969 grew in the mid-1980s into a City-contracted program serving three meals a day. GLIDE's free dining rooms now serve approximately 2,000 meals daily. These efforts are made possible by 30 full-time kitchen and security staff, along with 85 volunteers every day. GLIDE is the only program in the City providing three meals a day, 364 days a year. It has become such a stable and reliable safe haven that it is recommended to those in need in virtually all parts of the City. It has even developed a reputation for specific menu items, such as its World Famous Fried Chicken Thursdays and its Fresh Fish Fridays.

St. Anthony's: For over 65 years, St. Anthony's has served a meal every day in the Tenderloin neighborhood. Whether someone is recovering from crisis or managing their basic needs, the Dining Room provides a dependable resource for those in need in the community. St. Anthony's Dining Room provides 2,300 lunches each day. In addition to the Dining Room, St. Anthony's services include a medical clinic and social work, addiction recovery, clothing, technology access and training programs.

United Council of Human Services: The United Council of Human Services began over 20 years ago as a mobile feeding operation. Mother Brown and her advisory board prepared hot meals and delivered them to homeless and low-income residents in the Tenderloin. Since then, the operation expanded to the Bayview and includes the Hope House housing program, and the Bayview Hope Resource Center.

^o. A list of free dining rooms in San Francisco is available at the Free Eats Chart. http://www.freeprintshop.org/download/eats_english.pdf

Mother Brown's Dining Room offers two hot meals daily, seven days a week. These are hot nutritious meals designed to promote good health and raise the spirits of the clients in need of physical and emotional nurturing. Mother Brown's Dining Room serves 400 meals a day.

Developments since 2013

GLIDE: Over the years, the average age of GLIDE clients has been gradually increasing, with the largest segment (347 of meals program participants) falling into the 50-64 age range. Since its 2012 biannual survey of meals program participants, GLIDE has seen an increase in the number of working individuals being served, attributable to steadily rising food and housing prices. There also has been a net increase of 8% in the number of diners who report being retired. This corresponds to a 16% drop in the number of unemployed survey respondents. Funding is a perennial concern, but the overall cutbacks that have been threatened by the current federal administration have heightened concerns about impact on the current state and local sources that contribute to operating expenses.

St. Anthony's: In October 2014, St. Anthony's opened their new Dining Room, which also houses their Social Work Center and Free Clothing Program. Having these three programs in one building gives guests the opportunity to most conveniently address their needs. The new kitchen and storage facilities allow St. Anthony's to increase meal capacity as well as accept more donations of produce to prepare for diners. Responding to the significant growth in the number of guests with severe mental health and extreme hygiene barriers to eating in the Dining Room, St. Anthony's has developed a "hot meal to go" program. Previously the Dining Room provided sandwiches for these guests; the "hot meal to go" program provides a complete meal daily for 50 diners.

United Council of Human Services: The number of guests at Mother Brown's Dining Room has more than tripled since 2013. Additional children and families are utilizing the dining room, with children from the surrounding neighborhood coming for breakfast before school, and for meals after school. In addition to people experiencing homelessness, more guests with homes are dining due to low income and lack of funds for food. Additionally, while Mother Brown's Dining Room traditionally served primarily African American guests, now about half of the guests are from diverse racial and ethnic backgrounds including Asian, White, and Latino.

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What's Working Well

Treating the whole person

GLIDE: “Nourishing the Body and Soul” is how GLIDE describes its efforts to do more than simply provide meals. GLIDE offers a caring and inviting atmosphere that provides opportunities for socializing and experiencing a feeling of community. For example, a brown bag meal always is provided to anyone who may arrive after the end of a formal meal period.

St. Anthony's: In response to the 2015 client survey in which it was revealed that a high number of guests had diabetes and other nutrition related diseases, the St. Anthony Dining Room integrated more flexible menus and is providing expanded meal choices. They are now serving more robust meals including a vegetable, starch, and meat protein (meat protein is now served 2-3 times a week up from once a week); and providing more choice to diners including vegetarian alternatives every day (serving 200 vegetarian meals daily). Every Monday, St. Anthony's serves a heart healthy meal and on Friday a low sodium meal. Plain and fruit infused water has totally replaced sugary beverages, and information about gluten and dairy is posted for diners.

United Council of Human Services: Meals served are substantial, each with a protein, produce and starch. Many guests experience diet related diseases including diabetes and high blood pressure. In response to the health needs of their guests, Mother Brown's Dining Room has reduced sugar and salt in the meals they serve.

Meals as a gateway for services

GLIDE: Free dining rooms leverage access for meals program participants to a wide range of other services. In fact, the majority of people who use more than one service at GLIDE come through the meals program as their first point of contact. The role of “Meals Navigator” recently has been created to help identify need and to steer individuals to appropriate assistance. By taking a multilingual approach, Meals Navigators have built trust, comfort and community networks among specific populations, such as Chinese American seniors. Programs also have been coordinated to maximize impact. For example, the Harm Reduction team now offers HIV/Hep C testing during meals hours. GLIDE also provides on-site access to primary and mental health care via Tenderloin Health Services (a program of HealthRIGHT 360), a drop-in free legal clinic, remedial education, a Women's Center, a men's violence intervention program, and newer initiatives and services like GLIDE Goods (a pop-up free store for essential items).

St. Anthony's: When people initially experience homelessness or financial crisis, they often will respond by first seeking St. Anthony's food services. The St. Anthony

Dining Room becomes a support system that helps establish and encourage guests' self-sufficiency, and provides connections not only to St. Anthony's offerings but also to those of other organizations such as Lava Mae which provides hygiene services two times a week near the Dining Room.

United Council of Human Services: Guests to Mother Brown's Kitchen seek a trusted safe haven where they are respected. In addition to Mother Brown's Kitchen, United Council of Human Services also operates a drop-in center, and a housing program. The drop-in center guests are able to access donated clothing, laundry facilities, lockers, and a safe and welcoming place.

Productive partnerships

GLIDE: Many different collaborations are in place to address both procurement of resources and client needs. For example, each year the San Francisco Marin Food Bank provides half of the food used to prepare meals in GLIDE's dining room. The University of California at Berkeley has participated in the workforce development program by training staff in kitchen operations, helping to develop new menu items, and inviting staff to observe operations in UC campus cafeterias and restaurants. Pioneer Seafood has taken on a hybrid role by supplying fresh fish on a bi-weekly basis while training volunteers on fileting and preparation. GLIDE also has implemented two key food donation partnerships, one with Copia and one with Starbucks.

St. Anthony's: Over the past few years, St. Anthony's Dining Room's partnership with the St. Anthony Clinic enables its guests to access the clinic's robust diabetes program including cooking classes and Zumba lessons. St. Anthony's meal program relies on volunteers for operations and community engagement. Local businesses provide groups of volunteers as corporate service days.

United Council of Human Services: Mother Brown's Kitchen relies on the food donations from local businesses to make up the gap in funding required to operate this much needed meal program. The San Francisco Produce Market donates produce daily allowing the dining room to serve fresh salads and other produce with each dinner.

Current Challenges

Funding

GLIDE: Although the meals program is highly visible and very popular, GLIDE is required to attract private dollars to make up for shortfalls in government funding. Therefore, lack of financial support, and the threat of potential federal cutbacks, are of constant and immediate concern.

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St. Anthony's: Volunteers that donate their time steadily to the Dining Room are a large and critical part of the work. Regular volunteers are essential not only to providing meals in a welcoming atmosphere, but also to consistency in service and the promotion of guests' resilience. As the Dining Room expands its service, the number of regular volunteers is not keeping up with the growth of the program, and St. Anthony's also sees an aging of these volunteers.

United Council of Human Services: Mother Brown's Dining Room is located in a neighborhood lacking in services and shelter beds, with high rates of poverty and health inequities, and in an area of San Francisco with the second highest number of people experiencing homelessness. Mother Brown's Dining Room is the only meal program in the Southeast sector of the City operating every day of the week, serving two hot meals daily. Increased funding is needed to meet the nutrition needs of the community and to expand hours to serve the growing number of individuals and families in need of healthy meals.

Evolving community need

GLIDE: The last several years in particular have seen food insecurity increase dramatically in some populations and appear in geographic areas where it had not existed before. GLIDE also sees a need for attention to the needs of those who are not ambulatory and who are unable to travel to locations where food is being served.

St. Anthony's: The aging of the Dining Room guests presents unique challenges to the services St. Anthony's offers. Aging, coupled with homelessness and/or unstable housing, puts many guests at a greater health risk and increases their chances of experiencing social isolation. More than 60% of the diners are over 50 years old, in contrast to 20 years ago when only 33% of diners were in that age group; 1 in 3 are over 60 years old; and the majority are single males. Unmet dental care needs of many diners require modified menus. More dining room patrons are long term guests now than in previous years, with substance abuse and mental health challenges rendering many diner "regular and long-term." An increasing percent of guests are experiencing homelessness including more women than in past years. Lack of food storage is a challenge faced by many guests that take a meal to go or a second meal to be consumed later in the day.

Menu quality and choice

GLIDE: Maintaining high-quality nutrition, meal variety and choice are persistent challenges. Meeting diners' preferences is an important element of "Nourishing the Body and Soul" that goes beyond considerations of caloric value, flavor or appeal. Offering vegetarian options, for example, may address individuals' ethical values, religious beliefs and/or clinical/medical requirements. Taking choice into account also shows respect for individual's personal priorities.

United Council of Human Services: Mother Brown’s Kitchen serves a community with critical health needs. Increased funding is needed to support and expand meals for this community. Food safety is a concern when accepting and serving donated prepared food, partially due to the lack of food storage facilities of many guests that may take meals with them.

Upgrading facilities

GLIDE: The kitchen and service facilities at GLIDE were not designed to handle the volume that the program now regularly serves. Some cosmetic repairs have been completed in recent years and new refrigeration units have been installed, but more substantial improvements, if not an entirely new facility, are needed.

United Council of Human Services: United Council of Human Services’ facility houses the organization’s administrative offices as well as Mother Brown’s Kitchen and the drop-in center. The kitchen and dining facilities, as well as the drop-in center are in need of upgrading and expansion to serve the growing needs.

Recommendations

Identify funding sources

GLIDE: In light of potential reductions in government-based sources, continued rising food costs, and necessary facilities upgrades, contingency plans need to be in place to address the possibility of increased budget shortfalls. Even in the event that current funding is not cut, additional robust resources need to be identified to keep pace with food costs and to address existing facilities issues.

United Council of Human Services: More money is needed to purchase and prepare healthy meals for the growing number of community members in need of food. Also, as more people struggle to find and maintain permanent housing, additional funding to expand the United Council of Human Services’ Hope House housing program is needed.

Address food insecurity as part of structural inequity

GLIDE: As San Francisco’s cost of living rises, the larger structural issue of economic inequity is highlighted. Food insecurity must be addressed as one of many elements within that framework. For this reason, free dining room programs should include access to additional comprehensive services that help address the obstacles faced by those experiencing food, housing and economic insecurity.

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Strengthen the hospitality environment

GLIDE: Properly serving clients involves more than simply delivering food. It requires an environment in which the greatest possible benefit from the interaction can be derived. This includes ensuring guests are always treated with dignity and respect, and offering a sense of community with caring, nurturing support.

St. Anthony's: Increasing healthy choices and providing options for guests rather than serving a set meal are ways to improve the dining experience. Additionally, more meals are needed for children especially on the weekends.

Encourage socially responsible eating in free dining rooms

GLIDE: The Bay Area has a strong reputation and culture around food quality and sourcing. While there are other more foundational food insecurity concerns that should be given priority, they should be addressed with organic and local-sourcing solutions whenever possible.



Food Access School Meals

Significance

With an enrollment of 57,000 students, the San Francisco Unified School District (SFUSD) Student Nutrition Services (SNS) provides almost 35,000 meals (including snacks) per day during the school year. In alignment with SFUSD's Wellness Policy, meals exceed state and federal nutrition guidelines. In many schools, SNS provides three full meals per day a critical undertaking because adequate nutrition directly impacts students' academic performance and their ability to engage meaningfully in school-related activities. Studies show that food insecurity and inadequate nutrition lead to lower student gains in reading and math, higher truancy rates, the need for more support services, lower overall cognitive quality and socio-emotional behavior, and a reduced likelihood of graduating.⁵³ Leveraging school meals to provide access to three high-quality, nutritious meals and snacks each day represents one of San Francisco's most effective mobilizations against food insecurity.

Developments since 2013

Since 2013, SNS has dramatically improved nutrition and food quality, expanded students' access to school meals, launched innovative and successful pilot programs, and secured \$20 million in bond funding to upgrade kitchen infrastructure and dining spaces. These improvements have increased total participation in school-meal programs (including breakfast, lunch, snacks, supper, and summer meals) by more than 1.7 million meals per year. These increases are due in large part to aggressive program expansion, which has increased students' access to school meals throughout the day. Although lunch participation has dropped by about 1,800 meals per day since the 2012/2013 school year, breakfast participation has increased by roughly 2,000 meals per day, summer-meal participation has more than doubled, and snack and supper programs have been implemented that now serve nearly 9,000 students per day. Despite these successes, inadequate funding, continued stigma around school meals, and limited kitchen infrastructure impede SFUSD's ability to further increase participation.

What's Working Well

Program expansion: In 2013, SFUSD began providing meals through both the National School Lunch Program (NSLP) After School Snack program and the Child and Adult Care Food Program (CACFP) At-Risk Afterschool Meals program. These programs now account for more than 1.5 million after-school meals and snacks served each year at no cost to students. While snacks are free to students in participating

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after-school programs, supper meals are free to any child under the age of eighteen, regardless of program enrollment.

SFUSD has also implemented numerous Breakfast After the Bell (BAB) programs since 2013. Twenty-seven schools now offer Grab 'n' Go, Second Chance, or Breakfast in the Classroom. Beginning in 2017, SFUSD partnered with Share our Strength, a national nonprofit working to end childhood hunger in the United States. In the first year of this two-year partnership, SNS implemented 12 BAB programs in some of San Francisco's highest-needs neighborhoods.

Finally, SFUSD increased students' access to high-quality, nutritious meals during the summer. Like supper, summer meals are free to any child under the age of 18, and meal availability is widely advertised throughout the community. In 2017, SFUSD served nearly 336,000 summer meals and snacks - more than double the number served in 2013.

Improved nutrition and food quality: In April 2015, the San Francisco Board of Education approved an updated wellness policy⁵⁴ that was developed through a collaborative community process. The policy provides all schools with a framework to actively promote the health and wellness of students, staff, and families. At the same time, SFUSD revised its nutrition guidelines, which apply to all foods and beverages sold or served to students, staff, and families on every PreK-12 campus and administrative building. These guidelines state that all food and beverages must be prepared from high-quality, clean-label products, meet nutrition standards for sodium, fat, calories, and sugar, and be free of prohibited ingredients.

In October 2016, SFUSD adopted the Good Food Purchasing Program (GFPP), a metric-based framework and set of tools that guides organizations to direct their buying power toward suppliers that meet five interconnected values: local economies, environmental sustainability, valued workforce, animal welfare, and nutrition. The program enhances existing SFUSD student nutrition initiatives that aim to provide access to healthy meals for every student, ensuring that food insecurity no longer inhibits their success in the classroom.

Innovation through public-private partnerships: SFUSD is implementing its 2013 recommendation to create a "student-centered, financially sustainable system where kids eat good food." Through SNS's Future Dining Experience initiative, a fiscally sponsored project of Community Initiatives, SNS continues to use public-private partnerships and grant funding to innovate and improve upon the student dining experience. SNS has leveraged generous grants from the Sara and Evan Williams Foundation, USDA, and Stupski Foundation to pilot innovative new strategies to increase school meal participation.

- Since 2014, Student Nutrition Services has completed dining-space refreshes at 18 schools. From the success and lessons learned, SFUSD will use bond funds to expand these improvements district-wide in conjunction with upgrading kitchens and serving lines.
- SNS has piloted mobile lunch carts and vending machines in 12 schools. The mobile carts serve hot meals in convenient, highly trafficked locations in schools (e.g., blacktop, main hallway) and the vending machines serve freshly prepared cold meals (e.g., sandwiches, salads) so that students can access healthy meals outside of the normal lunch period. These distributed points of sale aim to make school meals easily accessible so that the healthy choice becomes the easy choice for students. The grant also funded a Teacher Outreach Coordinator to engage with school staff, conduct taste tests of school meals, and develop and disseminate nutrition related activities and curriculum to teachers.
- In 2016, Student Nutrition Services created a Youth Engagement Coordinator role within the department. This coordinator has developed and facilitated SNS's School Food Advisory Fellowship, a district-wide youth committee that provides students with a voice and a safe space to share concerns, provide feedback, and influence their school dining experiences. Students meet weekly to learn about school meals, provide input on SNS decisions, and work on a semester-long project. The inaugural School Food Advisory cohort (spring 2016) designed two recipes for fall 2017 menu and helped SNS source compostable packaging for vending machine meals.

Bond funding to upgrade kitchen infrastructure: In November 2016, San Francisco voters approved a \$744 million general obligation bond that will fund repairs and maintenance to SFUSD facilities. Twenty million dollars of this bond is earmarked for SNS to update dining spaces and cooking infrastructure.

Current Challenges

Funding: State and federal reimbursements do not cover the cost of providing high-quality, nutritious meals. Currently, SFUSD covers excess costs with money from the unrestricted general fund. In order to reduce its reliance on this practice, SNS plans to update kitchen infrastructures and to implement additional high-quality, cost-efficient meal models.

Inadequate infrastructure: SFUSD kitchens are not equipped for “from-scratch” cooking on any meaningful scale. Most are in need of renovations in order to expand capacity and upgrade obsolete and non-functioning equipment. Capabilities at elementary sites are limited to serving high-quality “heat-and-serve”

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meals purchased from an outside vendor. Middle and high schools with larger kitchens are able to prepare limited quantities of meals on-site; on-site preparation, however, is limited to easy-to-prepare meals, such as sandwiches and salads, which are not considered “from-scratch” cooking.

School meals still stigmatized: School meals are often perceived as low-quality, unhealthy, or unappealing, and are too often associated with family income rather than being viewed as valuable, universal resources. The Community Eligibility Provision (CEP), which allows all students at participating schools to eat for free regardless of family income, and SFUSD’s Feeding Every Hungry Child policy, which stipulates that no child shall be denied a meal due to inability to pay, have both helped mitigate this stigma. Still, these beliefs are deeply ingrained and cannot be erased quickly or easily.

Recommendations

Identify new funding streams and strengthen strategic partnerships:

With the true cost of providing high-quality, nutritious meals outpacing state and federal reimbursement rates, and with SNS’s commitment to continual improvement and innovation, the department must identify additional funding streams to reduce its reliance on SFUSD’s unrestricted general fund. Serious consideration should be given to leveraging existing municipal tax initiatives, such as the new “soda tax,” as well as the Public Education and Enrichment Fund. Like-minded organizations should be identified so that partnerships can be developed to provide new resources and funding streams and to optimize the use of existing ones.

Upgrade infrastructure and develop innovative strategies to improve program quality:

Investing in modern kitchen infrastructure will afford SFUSD greater control over nutrition and food quality, help control food costs, and increase responsiveness to students’ tastes and preferences. Innovative new programs and dining-space refreshes will improve the student dining experience. By simultaneously working to improve food quality and the service experience, SNS can create more attractive, student-centered meal programs and increase participation.

Increase communications and engagement:

SFUSD should couple improvements in meal quality and service with a coordinated communications and engagement strategy. SNS should make every effort to engage with students, families, and staff to gather feedback and make improvements to menu options and meal programs. SNS should also work to highlight such successes as the GFPP, the updated Wellness Policy and Nutrition Guidelines, program expansion, and all the innovative pilot programs. This will help change the dialogue around SFUSD school meals and position the program as a valuable community resource worth investing in.

Food Access

After-School and Summer Meals and Snacks for Youth and Children

Significance

After-school food resources during the academic year and the Summer Food Service Program (SFSP) combine to provide children with a comprehensive “food safety net” for a full 12 months. During the summer, the SFSP provides some children with the only food they will receive in a 24-hour period.

Developments since 2013

According to the 2013 Food Security Task Force (FSTF) report, only about a quarter of students who were eligible for free and reduced-priced meals during the school year participated in the Summer Lunch program. That number has since risen to approximately 30%. Significantly contributing to this increase was expanded outreach, which included advertising to CalFresh recipients and brochures and program information to all schools. Previously, only schools with at least 50% of students who were eligible for free or reduced meals received promotional material.

Also contributing to the improvement in participation numbers was the collaborative efforts of the Department of Children, Youth, and Their Families (DCYF), Children’s Empowerment, Inc., and the San Francisco Unified School District (SFUSD). By working together and sharing information, the organizations collectively increased the number of sites providing summer meals.

In 2013, SFUSD and Children’s Empowerment, Inc., and in 2016 DCYF began offering after school suppers in addition to after school snacks. From October 2016 to May 2017, DCYF served 64,136 suppers an average of 400-500 meals daily.

What’s Working Well

DCYF received a Cities Combating Hunger through After School and Summer Meal Programs (CHAMPS) grant from the National League of Cities. Those funds supported expanded promotional efforts.

Collaboration among participating organizations has improved services and student-participation levels. One of DCYF’s partners is Revolution Foods, the same vendor that provides meals to the SFUSD. This partnership enables DCYF to provide sites with menu options; some programs even let their enrolled students vote on the foods they like best.

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DCYF has created an interactive online map that displays sites for its after-school and summer meals. Clicking on an icon displays specific site-operation dates and location details. Links on the DCYF website and referrals from calling 2-1-1 and 3-1-1 direct users to the map. The interactive online map was accessed nearly 3,000 times during the 2016/2017 school year an increase of more than 330% over the previous academic year.

Current Challenges

Extensive administrative requirements: State and federal authorities want to ensure the overall safety of each sponsor's snacks and meals, but the administrative requirements strain sponsor staff and resources, especially for smaller organizations. It has been reported that some sites would prefer to cook their own meals or access local food banks in order to avoid the extensive compliance obligations. Bureaucratic processing can also interfere with funding, as some organizations are dependent on the efficiency and accuracy of individual site paperwork for USDA reimbursements.

Caps on the number of sites allowed per program sponsor: The California Department of Education sets limits on the number of sites each program sponsor can operate. This creates barriers for organizations that may wish to expand their services to additional sites. For example, because Children's Empowerment, Inc. unexpectedly closed in fall 2017, many of the after school programs that they sponsored lost their supper program. Because of the state limit, an existing sponsor, DCYF, was not able to add all the sites, and additional sponsors are needed.

Participation restricted by limited funding: Current funding only provides reimbursement for meals; and smaller organizations without broader and more comprehensive funding sources cannot become sponsors of the program. Participating organizations must find additional resources to cover staff time, overhead, and other basic operational infrastructure.

Additionally, federal reimbursements are only available for meals consumed by children under 18 years old, and left-over meals are not reimbursable. If only 80 out of 100 students enrolled in a program choose to eat a meal, the additional 20 meals are not reimbursed and must be covered by the sponsor's own budget.

Recommendations

Continue collaborating and expanding partnerships: Increasing cooperative relationships will help make existing sponsors more productive and will attract participation by additional organizations. Partnerships (like the one between SFUSD and Revolution Foods) have already proven to be effective to increase the

likelihood of developing new, innovative strategies, and to create opportunities to share best practices.

One particular area that should be addressed is collaboration with local churches, temples, mosques, and synagogues and their communities. Religious institutions can provide valuable practical and cultural insights to connect with those in need.

Maintain and expand promotional and education efforts: Strategies like distributing brochures to all schools and advertising to CalFresh recipients have demonstrated their effectiveness by helping to drive increased enrollment and exponential growth in inquiries on DCYF's interactive map.

Increase caps and streamline administrative requirements: Allowing sponsors to expand to their ability rather than restricting them according to predetermined limits will help reach more students and fill gaps in service. Less-burdensome administrative requirements that still provide adequate and necessary safeguards are also likely to attract additional organizations that may be unwilling or unable to meet current compliance standards.

Increase funding and identify additional funding sources to support more program sponsors: More robust financial support will attract sponsors that may have valuable service or logistics expertise but inadequate funding to sustain their participation. More comprehensive funding will also help remove the cost of expenses, such as leftover meals, from sponsors' budgets. This could also provide funds for other purposes, such as expanding a driver's route to cover meal deliveries to additional sites.



SECTION 3

Food Access**Home-Delivered Groceries, Home-Delivered Meals, and Congregate Meals for Seniors and People with Disabilities****Significance**

Seniors and adults with disabilities are among the City's most vulnerable populations. According to the San Francisco Department of Aging and Adult Services (DAAS), San Francisco residents with incomes below the federal poverty line (FPL), those receiving Supplemental Security Income (SSI), and residents with incomes between 100% and 200% of the FPL, may be food insecure and are likely to benefit from nutrition programs.⁵⁵ In December 2016, 43,175 San Franciscans received SSI, 35% were adults between age 18 and 64, and 63% were seniors age 65 and older. San Francisco has the highest percentage of its SSI recipients over the age of 65 years of all counties in California.⁵⁶ Since 1974, SSI recipients in California have been ineligible for CalFresh due to a policy called cash-out. However, the 2018-19 California State Budget ends the cash-out policy and allows SSI recipients to receive CalFresh benefits effective in summer 2019.

Congregate meals, home-delivered meals and home-delivered groceries are available to San Francisco seniors and adults with disabilities (which include physical as well as mental conditions).^p These programs are managed and funded through DAAS and its partner nonprofit organizations. These services help clients to live independently, as well as decrease social isolation and depression, maintain general health, address existing chronic health problems, and reduce medical complications and associated visits to clinics and physicians. DAAS and their community-based partners value innovation and creativity to meet the changing needs of San Francisco's diverse population of seniors and adults with disabilities. Home-delivered meals and congregate meals for seniors are funded with local (public and private support), state and federal funding. However, nutrition programs for adults with disabilities rely solely on local funds since state and federal funds are not available for these important programs.

As the number of adults aged 60 and older grows, the proportions of adults aged 85 and older, older adults living alone and/or on limited fixed income, homeless older adults, and informal caregivers are expected to increase.

p. Congregate sites are not be able to accommodate and adequately serve consumers with severe disabilities requiring significant assistance.

People with limited mobility may be unable to shop for groceries or prepare meals. Individuals with limited financial resources including adults unable to work due to a disability, may have to choose between paying for food and other necessities, such as rent and medication. Seniors experiencing depression, anxiety, dementia, and social factors such as isolation and loneliness, are at risk for malnutrition. In San Francisco, a study at a mental health clinic found food insecurity among adults with severe mental health conditions to be very high; and patients with severe food insecurity had higher odds of having psychiatric emergency room visits than food secure patients.⁵⁷ There is a growing body of research showing that nutrition is an important part of chronic disease prevention as well as disease management, and nutrition may help to reduce healthcare costs.⁵⁸ One home-delivered meal daily for a year is less expensive than spending a single day in the hospital.⁵⁹

Developments since 2013

Congregate Meals: Congregate meal programs provide nutritious meals served in dining-room settings throughout the City. Lunch is often served at senior centers that offer activities and other programs, such as services for social engagement and healthy lifestyles such as Healthier Living Chronic Disease Self-Management and Diabetes Empowerment Education. More recently, congregated meals are reaching target populations in new settings, such as senior housing developments. In addition, DAAS has expanded its congregated meals program through the Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS) model, in which seniors can receive congregated meals from select restaurants. This model has primarily been used to expand service in areas of the City with few options for a traditional congregated meal site.

Home-Delivered Meals: Home-delivered meals (HDM) serve frail, homebound and isolated individuals and, in certain cases, their caregivers and/or spouses. Like congregated meals, this service provides more than the nutritional component. The meal delivery also serves as a daily wellness check and opportunity for face-to-face contact and social engagement. HDM are often the first in-home service that an individual receives and can serve as an access point for connection to additional resources. A variety of meal types are offered to satisfy client preferences (e.g., Japanese, Kosher) and meet the needs of those with special health conditions (e.g., low-sodium, diabetic, heart-healthy, and mechanical soft). HDM providers that supply modified diet meals may also provide nutrition counseling.

DAAS has aligned policies for serving adults with disabilities with their policies for serving seniors and has established a 30 day goal for start of services (in an emergency, 2-5 days). However, additional funding is needed to meet this goal.

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DAAS' largest home-delivered meal provider provides up to 2 meals/day for seniors and adults with disabilities citywide. Additionally, a transitional meal program provides meal delivery for patients for 2 weeks when returning home from the hospital.

Home-Delivered Groceries: The home-delivered grocery program (HDG) is a newer service that has grown rapidly in recent years, initiated by the Food Security Task Force and developed in partnership with DAAS, SF-Marin Food Bank, and several community-based providers. A conceptual hybrid of the classic food pantry system and HDM service, the program is based on the understanding that many low income seniors and adults with disabilities would benefit from free groceries but are unable to wait in line or transport the heavy food bags home from a food pantry. HDG service providers bring the food bags directly to the client's home. Food pantry sites are often the "home base" where many food bags for HDG are packed and where deliveries start. Part of the HDG expansion included extension into food pantry sites.

HDG has developed into a collaboration of the San Francisco-Marin Food Bank (SFMFB) and several nonprofit organizations funded by DAAS. HDG leverages the pantry network, In Home Support Services (IHSS) caregivers and community based organization volunteers to deliver groceries to homebound seniors and adults with disabilities who are unable to access a food pantry themselves, but can prepare meals at home. Weekly groceries include fresh produce, protein (e.g. eggs, chicken) and staples (e.g. pasta, rice). Some providers include additional services. DAAS has continued to work with partner organizations to expand support and streamline administration.

City funding and private fundraising for DAAS congregate meals, HDM and HDG have increased since 2013, most notably through the increased funding of these programs supported by the Mayor's Office and San Francisco Board of Supervisors during the budget process.

What's Working Well

Program Expansions

Home Delivered-Meals: From FY2013/2014 to FY2016/2017, home-delivered meals have increased by 72% (845,435), and unduplicated clients served by 42% (2,173). During the same period, median wait times were reduced by nine days (25%) for seniors, and by 172 days (25%) for adults with disabilities. *(Service expansions and improvements were made possible by the increase in City funds, private fundraising by nonprofits [non-City funds], and a small increase in federal and state funds.)*

Home-Delivered Groceries: From FY 2013/2014 to FY2016/2017, the number of home-delivered grocery deliveries increased by 914% (from 4992 to 50,629); the number of unduplicated clients served increased by 497% (from 260 to 1,552).

Congregate Meals: From FY 2013/2014 to FY2016/2017, there has been an increase of 16% (seven new meal sites). Meals provided at centers increased by 33% (252,453), serving a total of 17,035 unduplicated clients (an increase 24%). *(Service expansions and improvements were made possible by the increase in City funds, private fundraising by nonprofits [non-City funds], and a small increase in federal and state funds.)*

Partnerships continue to be productive and effective: Collaborative efforts of providers continue to create opportunities to expand support by coordinating assets and sharing resources. Newer partnerships such as with IHSS, community-based organizations, neighborhood centers, and others, can provide additional opportunities to optimize efforts and efficiencies.

Community Building: Whether provided through congregate meals at community centers or through volunteers who make deliveries to clients' homes, services enable clients to connect with others to reduce social isolation. This has led to developing relationships through educational, social, and other friendly visitor-connector events. These interactions also enable professionals to provide safety checks and additional referrals for other needed services.

Customer Service Models: The DAAS Benefit and Resources Hub (formerly Integrated Intake and Referral Unit) was established in 2008 to streamline access to social services and maximize service connections. Through a single call or visit, seniors and adults with disabilities are able to learn about available services throughout the City including CalFresh, IHSS, Medi-Cal and also apply for several DAAS services including HDM. Services are provided in multiple languages including English, Cantonese, Mandarin, Spanish, Vietnamese, Japanese, and Tagalog.

Current Challenges

Funding: Although funding has continued to increase, it is not keeping pace with the growing need for food support among seniors and adults with disabilities—a need that will grow significantly as baby-boomers age and the cost of living increases. Even with added congregate meal sites and increases in HDM and HDG, current services cannot meet the existing demand. Increases in funding from a variety of sources is necessary, including health care and local/state/federal funding.

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Infrastructure and logistics are at capacity: More resources are needed at every “link” in the service chain. Some partners’ warehouse, storage, and preparation facilities are at capacity. More volunteers and vehicles are needed to distribute meals and groceries. Additional staff and space for them to work are also needed to continue providing sufficient services to catch up and keep pace with demand.

Waitlists and Waiting Times

Home-Delivered Groceries: As of July 2018, there were 210 seniors and adults with disabilities on the wait for home delivered groceries. In many of the highest demand neighborhoods, IHSS clients cannot access the closest pantry because pantries are at capacity. Individuals who are without an IHSS worker or volunteer to pick up food can experience months-long delays for service. Some nonprofit partners also report it is becoming increasingly difficult to find new partners and volunteers.

Home-Delivered Meals: 202 individuals are on the current DAAS citywide waitlist. Overall, requests have increased by 42% compared to last year. Median wait time for quarter 4 of FY 17-18 was 21 days for seniors and 187 days for adults with disabilities. It is estimated that 4,628 individuals are eligible, but not currently participating, based on census data.

Congregate Meal Sites: Based on monthly reports, there were 1,969 meals denied (incidences when people were turned away for a meal) in FY 17-18 (data as of 6/30/18). This is about eight individuals per day.

Recommendations

Partnerships: Look for innovative ways to expand services through partnerships with healthcare to decrease malnutrition and improve patients’ health outcomes.

Grow sites and services while increasing efficiencies through a client-centered approach: Increase the scope and scale of HDM and HDG deliveries, the number of congregate meal and pantry sites, and volunteers to support them while continuing to increase efficiencies, where possible.

Expand the range of partnerships: Continued efforts to align with related initiatives (like school summer meal programs used by the grandchildren of senior clients) will help to better disseminate information about a range of available resources. Build on and expand collaboration and coordination and outreach to

new partners to increase synergies and expand impact.

Develop customer-centered service models: Because needs vary from community to community and client to client, program models need to be flexible and adaptable. For example, collaboration between HDG and HDM programs can optimize use of limited resources and ensure that participants are enrolled in the appropriate program. This might also require altering current limits on combining services from each program. In addition to increasing effectiveness and cost management, custom models will also enable DAAS, nonprofits and the health sector to be more strategic in matching needs with resources.

Leverage technology for innovative solutions and partnerships: Efforts can be expanded to rely more heavily on technology, both for its capabilities and for the resources that technology partners can provide. Specific recommendations include: a citywide referral database to effectively match clients with resources and track client access; and a multilingual app with information on meal site locations and food resources, as well as hours of operation. This could be aligned with San Francisco Connected and its efforts to teach technology skills to seniors and adults with disabilities. Also partner with technology companies for financial support, technical expertise, as well as explore additional creative ways to leverage this partnership.

Streamline data processing and increase analysis and outcomes: Develop tools and protocols to automate communication between the City and provider databases to eliminate duplication of client data collection and entry, and increase effectiveness.

Coordinate supportive services: Increase clients' access to social workers and case management with outreach in a coordinated manner that maximizes available resources.

Develop systems for food access in centralized locations, such as supportive housing sites and SROs: Establish collaborative, shared food access to residents at buildings that are located close together.

SECTION 3

Food Access**Food Retail and the Healthy Food Retail Program****Significance**

Although research supports the primary role of income in healthy eating,⁶⁰ the food retail environment is an important component of equity and the equitable distribution of resources. Of approximately 1,150 retail food stores in San Francisco, more than 85% are corner stores. Many of these are in low income neighborhoods where there is also a lack of grocery stores and supermarkets. Fresh produce and a variety of healthier food items can then be more inconvenient for low income residents to access, requiring increased travel time and expenses. Whether or not a food retail environment facilitates food security and promotes health is dependent on a number of factors beyond the type of food retail establishments available in a given neighborhood (i.e. corner/convenience store, fast-food restaurant, grocery store, etc.). These include: the convenience, quality, affordability, and cultural acceptability of healthy foods offered within the food retail store; the transportation infrastructure that affects accessibility; the acceptance of federal nutrition programs and local food purchasing supplements; the accessibility of online ordering options; and the food sourcing practices of the food retail establishment (i.e. production, distribution, and procurement of foods from local farms).

Developments since 2013

The City's overall business and economic environments have continued to thrive and attract an external workforce. However, they are escalating the cost of living without developing new options or opportunities for existing lower income residents whose wages are not keeping pace. Accelerating housing and real estate costs continue to impact food production and distribution networks as well as access to healthy food options for low-income residents. Increases in land values have driven many food processing and warehouse spaces to the East Bay or south of San Francisco. The combination of tight retail space, high prices for commercial and residential property, and the logistics of production and distribution all impact the affordability of healthy food options.

Technology and the changing demographic of the City has attracted a number of food and meal delivery startups that has saturated the market in the last several years. There has also been a growing movement of gleaning cosmetically flawed produce that would normally be discarded by mainstream food retailers as a means of reducing food waste and increasing accessibility of fruits and vegetables by offering this cosmetically flawed produce through home delivery.

In 2013, the Board of Supervisors passed legislation that created Healthy Retail SF, an initiative led by the Office of Economic and Workforce Development and the Department of Public Health to support and incentivize corner stores to provide healthier food and beverage offerings in low income neighborhoods. This has led to the conversion of nine corner stores, primarily in The Tenderloin and Bayview Hunters Point neighborhoods. Participating venues sell approximately 1,600 units of produce each month.

What's Working Well

A comprehensive assessment of food retail and what is working well in San Francisco was beyond the scope of this report. However, what we do know about what is working well is that all farmers markets in San Francisco accept CalFresh and participate in Market Match, which doubles the value of CalFresh dollars for produce. In fact, San Francisco's Heart of the City Farmer's Market has the most CalFresh sales of all farmers markets in California, and Alemany Farmers Market is among the top 25 farmers markets in the state making CalFresh sales.

In addition, Healthy Retail SF is thriving, having converted nine corner stores that are selling approximately 1,600 units of produce each month. Beyond creating models and strategies for offering fresh fruits, vegetables, and other healthy items, HRSF efforts have also helped reduce alcohol and tobacco sales. The model has also promoted community engagement by training resident community leaders to serve as liaisons between stores and their communities.

Current Challenges

As this is not a comprehensive assessment of food retail, all major challenges are not captured in this section.

Pricing fresh produce: Fresh, higher quality items are inherently more expensive. Fluctuating factors such as weather, availability, and both existing and unforeseen food production issues increase the challenges of maintaining consistent pricing.

Compliance with other government programs: Many smaller scale neighborhood stores do not accept WIC, limiting the places that mothers on WIC can utilize this food resource. WIC guidelines demand specific brands, quantities, and pricing that are beyond the means of many small-scale neighborhood stores. Their stock and shelf space is limited, as is their ability to comply with fixed prices in the face of increased costs. Being unable to participate in WIC prevents these stores from being comprehensive food resources for their neighborhoods.

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Accessibility of commercial home delivered food and meal services:

Despite the saturation of commercial home delivered food and meal services in the San Francisco market that could theoretically circumvent the paucity of healthy food retailers in some neighborhoods, these start-ups are not financially accessible to food insecure populations. Online grocery and delivery services are also not marketed toward lower income clients and most do not accept CalFresh. In addition, over 100,000 San Franciscans do not have access to the internet with the vast majority being low income residents, making online delivery services unavailable to them.

Acceptability of cosmetically flawed produce and its impact on food safety net:

Despite the equivalent nutritional value of cosmetically flawed produce, there have been concerns of the perception and acceptability of lower grade, “leftover” foods in communities that already feel the brunt of inequitable distribution of quality food resources. In addition, although this business model increases accessibility through home delivery and some companies offer discounts for low income families, it has also removed food items from the food system that may have otherwise gone to food banks and other food safety net providers.

Recommendations

As this is not a comprehensive assessment of food retail, recommendations at this time are limited. We hope to include a more comprehensive analysis of the food retail environment and recommendations for it in subsequent reports.

Focusing on upstream factors with workforce and economic

development: Given the primary role of income in food security, solutions that promote economic development are essential. As it relates to food retail, solutions that address links between food processing, distribution, accessibility, affordability, and overall economic opportunity within the city are key. For example, the Office of Workforce and Economic Development and City College could provide certificate programs for commercial drivers’ licenses and training in refrigerated truck repair and maintenance.

Continue to support resident-driven solutions: Resident led solutions can be particularly effective for a number of reasons. Resident-driven solutions to food retail concerns are inherently deeply informed by residents’ lived experience and the true barriers the retail environment can impose on residents’ food security. These solutions are then more likely to be owned and championed by a community while simultaneously promoting civic engagement. Training and equipping resident leaders with advocacy and organizing skills can also support economic opportunity and development for residents.

Increase collaboration for innovative solutions: San Francisco has quite a well-developed infrastructure to support increased access to home delivered grocery and meals via existing public and private entities. The ubiquity of ride sharing applications in the City may foster collaborations that would increase transportation options for as well as the delivery of grocery and meals to low income residents. In addition, collaboration with City agencies that provide or fund transportation could offer another mechanism to deliver food from retailers to residents, or provide rides to and from grocery stores.

Identify opportunities to offer healthy prepared meals and culturally diverse ingredients: Many residents work multiple jobs, which results in little time available to prepare healthy meals from scratch. Options should be developed to support their health and nutrition in these circumstances. This may include educational tips on preparing healthy foods in locations with limited kitchen facilities as well as more infrastructure and programs to support the availability of low cost healthy, prepared, culturally diverse meals.

SECTION 3

**Food Consumption
SRO's and Kitchens****Significance**

Single-room occupancy hotels (SROs) provide San Francisco with its largest source of low-cost housing for some of its most vulnerable residents. According to 2017 statistics, the SRO inventory included more than 19,000 rooms in more than 500 buildings.⁶¹ However, in addition to the inherent challenges of poverty faced by SRO tenants, lack of kitchens, inadequate electrical and plumbing systems and other logistic issues present significant obstacles to implementing food-security strategies.

Developments since 2013

The San Francisco Food Security Task Force conducted a food-security assessment and survey among 600 single adult SRO residents and issued a 2016 report with recommendations to the San Francisco Board of Supervisors, *Strategies to Improve Food Security Among "Single" Residents of San Francisco's SROs*. Of the group surveyed, 84% were food insecure and 80% were at high nutritional risk. Respondents made extensive use of the existing hunger safety net, with 42% accessing free groceries, dining rooms, or home-delivered meals daily and 86% using such programs weekly. The survey asked SRO residents what the City should prioritize to "get you more nutritious food." "Additional funds to purchase healthy food" was prioritized significantly higher than any other intervention by survey respondents, followed by being able to access food for home consumption (e.g., access to neighborhood grocery stores and food pantries; affordable microwave and home-delivered meals).⁶² The SRO Food Security and Health Collaborative (SFSHC) was formed by members of the FSTF, along with other community experts, to implement the recommendations of the FSTF. (See also the Food Program Reports: Healthy Food Purchasing Supplements and Profile of EatSF, Free Groceries/Pantry Network regarding pantries in supportive housing buildings and Home-Delivered Groceries, Home-Delivered Meals, and Congregate Meals regarding systems for food access in centralized locations.)

What's Working Well

Expansion of fruit-and-vegetable voucher and food-pantry programs to residents of SROs, though still not to scale.

Corner stores in the Tenderloin and Bayview offering healthy product resulting from the work of the Tenderloin Healthy Corner Store Coalition and Southeast Food Access Working Group.

Attention from the San Francisco Department of Public Health's 2016 Single Room Occupancy Hotels Health Impact Assessment to the impacts of living conditions in and around SROs and ways to improve the health of SRO residents.⁶³

The SFSHC secured funds for a Project Manager, Evaluator and initial interventions; interventions-design is nearly complete and implementation will begin in late 2018. The focus of the Collaborative's pilot is to test a system redesign: the impact on the health and wellness (food security, meal consumption, eating habits, nutritional awareness) of extremely low income and vulnerable tenants if the focal point of the type, scale and delivery of interventions to reach food security is the individual needs and preferences of each tenant. Pilot interventions have been identified

Current Challenges

Barriers to coordination among support/service organizations: Groups addressing food security of SRO residents may plan collaboratively, but they tend to operate independently due to differing funding sources, eligibility requirements, and business models. Opportunities for more effective and efficient operations through program coordination exist to avoid duplication of efforts and to best target limited funds. For example, SRO residents would be better served if access to all resources were streamlined and coordinated into a single process.

Inadequate facilities infrastructure: Electrical and plumbing systems and food-preparation facilities in SROs are not up to the standards necessary to permit in-home cooking, and building owners are not incentivized to make these improvements. Because of this, tenants must continue to rely on prepared or delivered meals, free dining-room meals, and microwavable foods.

Meal availability and nutrition: Free dining rooms and other congregate meal sites do not provide three meals per day. While providing high-quality, nutritious meals that support residents' health needs are a high priority in all locations where meals are served, budgetary and logistical realities make this an ongoing challenge for some providers.

Inadequate building access to providers: Many SRO sites have restrictive visitor policies, requiring residents to give prior permission for visitors to enter. This makes it difficult for non-profit staff and volunteers to connect with the individuals they are attempting to support and serve in the many SRO sites without in-building trained services staff.

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Recommendations

Coordinate SRO support efforts: Expand efforts to develop an effective SRO food-security collaborative. In addition to those providing food and related support (such as cooks and nutritionists), in-building staff should be included. The collaborative should find ways to better leverage staff and resources of all participating groups, prioritizing support and services that center around the tenants' needs and preferences.

- Develop centralized food and nutrition services delivery strategies to take advantage of the concentrated pockets of need created by geographic clusters of SROs.
- Launch pilot projects to assess the impact that site-based, nutritious food has on residents' health.

Support and develop SRO tenant leaders: Increase tenant engagement to address logistic issues (such as building access) and information dissemination (making sure all residents are aware of available support and services). SRO tenant leaders can ensure that food-security-focused organizations are developing programs that are driven by the specific needs, challenges, priorities, and preferences from the populations they are serving.

Engage Building owners in food security efforts: Implement the recommendations contained in the San Francisco Department of Public Health's 2016 *Single Room Occupancy Hotels in San Francisco Health Impact Assessment*:

- A mandatory training for SRO operators that focuses on successfully working with the SRO tenant populations, increasing knowledge of health outcomes, and understanding the role of City agencies and management best practices.
- Create culturally competent and consolidated educational materials for SRO operators that would serve as a one stop guide touching on: code compliance, City agency information, and tenant support.

Develop additional food sources

- Test a voucher system for healthy prepared meals in restaurants and prepared food such as sandwiches, soups, and salads in corner stores and grocery stores.
- Continue investment in programs that increase SRO tenants' resources to purchase healthy groceries as well as for pantry and home-delivered meal and -grocery programs.
- Encourage restaurants, grocery stores, and organizations which retrieve unserved food from corporate events, to become active partners in food-security activities. Food-recovery programs are an under-explored resource for SRO tenant populations.

Extend SRO access: Amend the Uniform Hotel Visitor Policy ⁶⁴ to permit City-sanctioned non-profit staff to access privately-owned sites between 9 a.m. and 8 p.m. for food-security-related activities. This should include meal, grocery, and pantry deliveries, enrolling tenants in food-resource programs, and educational cooking and nutrition events.



SECTION 3



Food Consumption Nutrition Education

Significance

Nutrition education provides an important foundation for healthy eating for all individuals and is especially important for food insecure households. In addition to providing understanding of basic details that contribute to overall health and managing chronic diseases, it offers practical tools for navigating as well as making the most of available food resources. Nutrition education can also provide strategies and tools to address secondary barriers to proper nutrition, such as infrastructure deficiencies (like inadequate cooking facilities and utensils) that make food preparation extremely challenging.

Education presentations create venues for sharing information and creating relationships among participants and also building independence by helping individuals learn to get the maximum benefit from available resources.

Developments since 2013

The most significant change in the last five years has been a recent dramatic loss of federal funding that was the primary financial support for nutrition education programs for organizations such as San Francisco Human Service Agency and its partners Leah's Pantry, San Francisco Marin Food Bank, as well as San Francisco Unified School District, San Francisco Department of Public Health and The San Francisco Department of Aging and Adult Services (DAAS).

What's Working Well

Collaborations between organizations: In spite of reduced funding City agencies continued to provide many vital nutrition education services to San Francisco's at-risk residents through:

- Collaborative efforts by San Francisco County Nutrition Action Partnership (CNAP) which consists of representatives from USDA funded nutrition programs and other organizations working to promote healthy eating and physical activity through efforts such as the multi-lingual Harvest of the Month Newsletter which reaches many SFUSD sites DAAS meal sites.
- The implementation of Integrated Work Plan which included policy, system and environment change work to create supportive healthy eating and physical activity environments where people eat, live, learn, work, play, and shop by SNAP-ED funded county agencies and CBO's.

- The SRO Food Security and Health Collaborative has attracted multi-year funding to pilot a client-centered nutrition/food security intervention for clients living in SROs.

Serving diverse population with different needs through diverse

programs/initiatives: Nutrition education programs have been able to reach diverse at-risk populations including children, teens, adults, seniors, individuals with chronic diseases, and pre- and post-natal mothers. These programs include cooking classes in neighborhoods; classroom teachers delivering direct nutrition education to more than 2000 school children; engagement of youth leaders as peer leaders to promote nutrition messages; DAAS train-the trainer Tai Chi workshops for seniors and chronic health self-management and diabetes self-management workshops for older adults; Nutrition and Physical Activity Workshops for providers (such as child care providers); and WIC nutrition education which that provides one-on-one as well as group nutrition education to prenatal, postpartum mothers and parents/caregivers of infants and young children, adults and seniors.

Successful program outcomes: Pre-and post-surveys for all nutrition education programs including those mentioned above have shown to increase in participants' confidence, intent to change unhealthy behaviors, and have reported changes in purchasing healthier, more nutritious food; increased consumption of water, fresh fruits and vegetables; and decreases in intake of foods with added salt, fats, and sugars.

Additionally combining nutrition education with access to food resources such as food pantries, and WIC nutrition education with local fruit and vegetable vouchers have resulted in an increase in positive behavior changes and utilization of provided healthy food options while addressing food insecurity.

Combining nutrition education with other resources/referrals:

Integrating nutrition education with complementary services, like mental health information and vocational/life skills training, and food pharmacies that link medically at-risk populations to health clinics, other food resources such as CalFresh and also to nutrition classes showcasing heart-healthy meals, menu planning and healthy shopping tips have been successful in not only improving the participants' nutrition knowledge but also linking them to other vital services.

Current Challenges

Funding: The level of recent cuts has obvious repercussions for being able to continue providing nutritional education at the same levels as in the past. The total estimated state funding reduction for nutrition education in FY2017-18 was about \$427,000. Unless these resources are restored, or there are new funding sources, or

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partners that can help cover existing shortfalls, continuing to tap general operating funds is unsustainable. Lack of financial resources is already creating limited access to nutrition education in the public schools.

Limits of language: There is a shortage of educators that can speak and review nutrition education materials in the many languages of the different communities served. Since being able to reach participants in their preferred languages is essential to effective education, there are immediate needs for Russian, Vietnamese, Arabic, and Tagalog speakers for most programs providing nutrition education in the city.

Limited reach: Although programs are highly effective, they reach only a small percentage of the populations that could benefit from attending. In addition to overcoming the general challenge of motivating individuals to attend and participate, this problem has been exacerbated by funding source and grantor limitations on the scope of program parameters and who is eligible to attend.

Recommendations

Identify new funding sources or operational partners: This is the most pressing immediate need since it is clearly an existential threat to ongoing programs, developing new initiatives, and being able to serve already at-risk and vulnerable populations.

Customize and improve utilization of staff and volunteers: The silver lining to the funding cuts is that many requirements imposed by funding sources were not tailored to, and, in some cases, ignored local needs. Those needs must be better defined in order to develop truly effective solutions. This approach needs to be holistic, involve local partners like DAAS, and be carried out collaboratively so that services and solutions truly match the communities served. For example, military veterans suffering with PTSD may have been effectively prevented from participating in some events because environments suitable to their emotional and cognitive needs were not taken into account.

Increase outreach: In spite of funding challenges, the goal is still to provide more opportunities for more participants. This includes addressing the previously mentioned challenge of bilingual educators. The broad range of benefits provided by nutrition education—everything from better access to tangible food resources, improved overall health and management of chronic disease, to increased confidence, changes to healthy behaviors, and opportunities for social interaction are too important to limit to just a fraction of the vulnerable populations that can be served.

Skills-based cooking education: In the City's SROs many residents are more familiar with heating food than functional cooking. In addition to cooking demonstrations, it is recommended that community based organizations work to develop skill-based cooking education programs where applicable.

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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 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^q 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.

Food Pharmacies: 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.

^q. See www.sfdph.org/foodsecurity

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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.

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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Appendices

2018 Food Security Report



Data Sources

**Titles of figures are in bold

Figure	Data Variable**	Data Source
1	Population by age	American Community Survey, Five Year Estimates, 2011-2015, variable B01001 (“ACS 2011-15”).
2	Population by household	
2	# of households	ACS 2011-15, variable B25010.
2	Average household size	ACS 2011-15, variable B25010. Note: Average size = total population divided by # of households.
2	% Single	ACS 2011-15, variable B11001.
2	% Family	ACS 2011-15, variable B11001.
2	% w/children (<18 y/o)	ACS 2011-15, variable B11005.
2	% w/senior (over 65 y/o)	ACS 2011-15, variable B11007.
3	Population by Ethnicity	ACS 2011-15, variable B03002.
4	Poverty Level of Residents	ACS 2011-15, variable B17024.
5	Age of Residents <200% FPL	ACS 2011-15, variable B17024.
6	Other Vulnerable Residents	
6	Residents experiencing homelessness: Total, sheltered, unsheltered	2017 San Francisco Homeless Count and Survey Comprehensive Report. Note: Citywide data include 164 people without an identified District and 313 in Golden Gate Park, 132 in Golden Gate Park are unaccompanied minors.
6	Residents experiencing homelessness: Unaccompanied Youth & Children	2017 San Francisco Homeless Unique Youth Count & Survey Comprehensive Report. Note: Citywide data include 6 people without an identified District and 132 in Golden Gate Park.
7	Income and Poverty	
7	Median income per household	ACS 2011-15, variable B19013.
	In the San Francisco Report, median household income by race and ethnicity are reported.	ACS 2011-15, variable S1903. Note: The margins of error for the following groups are large: American Indian/Alaska Native: +/-20,781 Native Hawaiian/Other Pacific Islander: +/-16,424 Two or more races: +/-9,763
7	Population (for whom poverty status was determined)	ACS 2011-15, variable B17024.
7	Total <200% FPL	ACS 2011-15, variable B17024.
7	Households	Total number of people <200% FPL divided by average household size (Figure 2).
7	By age	ACS 2011-15, variable B17024.
7	Total <100% FPL	ACS 2011-15, variable B17024.
7	By age	ACS 2011-15, variable B17024.

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Data Sources (continued)

Figure	Data Variable**	Data Source
7	Other Vulnerable Residents: IHSS consumers	San Francisco Human Services Agency (HSA), Program Data for FY 2016-2017. Note: Citywide data include 177 consumers without an identified District.
8	Concentration of Poverty by Age	ACS 2011-15, variable B17024.
9	Concentration of Poverty among Adults with Disabilities (18-59 y/o)	ACS 2011-15, variable B18130; San Francisco Department of Aging and Adult Services (DAAS) RFP772 Appendix B: Demographic and Health Trends among Seniors and Adults with Disabilities in San Francisco.
10	Enrollment in CalFresh	San Francisco Human Service Agency (HSA), Cal-Fresh Program Data from FY 2016-2017, Note: ages categorized as of June 30, 2017
10	Unduplicated Clients Served at any point in 2016-17: Households	Note: Citywide data include 8,351 beneficiaries without an identified District.
10	Unduplicated Clients Served at any point in 2016-17: Individuals	Note: Citywide data include 11,071 beneficiaries without an identified District.
10	Unduplicated Clients Served at any point in 2016-17: Individuals 0-17	Note: Citywide data include 2,313 beneficiaries without an identified District.
10	Unduplicated Clients Served at any point in 2016-17: Individuals 18-59	Note: Citywide data include 8,130 beneficiaries without an identified District.
10	Unduplicated Clients Served at any point in 2016-17: Individuals 60+	Note: Citywide data include 628 beneficiaries without an identified District.
10	Clients at a Point in Time: Households	Note: Citywide data include 4,317 beneficiaries without an identified District.
10	Clients at a Point in Time: Individuals	Note: Citywide data include 5,613 beneficiaries without an identified District.
10	Clients at a Point in Time: Individuals 0-17	Note: Citywide data include 1,225 beneficiaries without an identified District.
10	Clients at a Point in Time: Individuals 18-59	Note: Citywide data include 4,058 beneficiaries without an identified District.
10	Clients at a Point in Time: Individuals 60+	Note: Citywide data include 330 beneficiaries without an identified District.
11	2013 Report/CalFresh Beneficiaries	2013 Assessment of Food Security in San Francisco. Data from HSA, CalFresh Program Data from July 2013.
11	2018 Report/CalFresh Beneficiaries	See Figure 10 "Clients at a Point in Time: Individuals"
11	2013 Residents <100% FPL	2013 Assessment of Food Security in San Francisco. Data from Ojeda, T. Socio-economic Profiles for 2012 Supervisorial Districts. San Francisco, CA; San Francisco Planning Department. 2012.
11	2018 Report/Residents <100% FPL	See Figure 7 "Total <100% FPL"

Data Sources (continued)

Figure	Data Variable**	Data Source
11	2013 Report/Residents <200% FPL	2013 Assessment of Food Security in San Francisco. American Community Survey, Five Year Estimates, 2007-2011.
11	2018 Report/Residents <200% FPL	ACS 2011-15, variable B17024.
Intro to Fig. 12	Children 0-17 <200% FPL	ACS 2011-15, variable B17024.
Intro to Fig. 12	Children 0-17 <100% FPL	ACS 2011-15, variable B17024.
12	2013 Report/Children 0-17 CalFresh Beneficiaries (PIT)	2013 Assessment of Food Security in San Francisco. Data from HSA, CalFresh Program Data from July 2013.
12	2018 Report/Children 0-17 CalFresh Beneficiaries (PIT)	See Figure 10 “Clients at a Point in Time: Individuals 0-17”
13	2013 Report/Seniors 60+ CalFresh Beneficiaries (PIT)	2013 Assessment of Food Security in San Francisco. Data from HSA, CalFresh Program Data from July 2013.
13	2018 Report/Seniors 60+ CalFresh Beneficiaries (PIT)	See Figure 10 “Clients at a Point in Time: Individuals 60+”
13	2013 Report/Seniors 65+ <100% FPL	2013 Assessment of Food Security in San Francisco. Ojeda, T. Socio-economic Profiles for 2012 Supervisorial Districts. San Francisco, CA; San Francisco Planning Department. 2012.
13	2018 Report/Seniors 65+ <100% FPL	ACS 2011-15, variable B17024.
13	2013 Report/Seniors 65+ <200% FPL	2013 Assessment of Food Security in San Francisco. ACS 2007-2011.
13	2018 Report/Seniors 65+ <200% FPL	ACS 2011-15, variable B17024.
14	CalFresh Participants (PIT)	See Figure 10 “Clients at a Point in Time: Individuals”
14	Food Stores that Accept EBT	California Department of Public Health, Nutrition Education and Obesity Prevention Branch, GIS Map Viewer, Retail Food Channels, http://gis.cdph.ca.gov/NEOPBGIS/home.htm ; dataset contains all food retail up until March 2015 (“CA DPH-Retail”).
14	Restaurant Meal Participants (PIT)	HSA, CalFresh Program Data from FY 2016-2017. Note: Citywide data includes beneficiaries without an identified District – 2,263 for PIT and 5,236 for annual.
14	Restaurants that Accept EBT	SF HSA Restaurant Meals Program (http://www.sfhsa.org/4414.htm) March 2017
15	2013 Report/WIC Beneficiaries	2013 Assessment of Food Security in San Francisco. San Francisco Department of Public Health, Nutrition Services, WIC Program Data from February, 2013.

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Data Sources (continued)

Figure	Data Variable**	Data Source
15	2018 Report/WIC Beneficiaries	San Francisco Department of Public Health, Nutrition Services, WIC Program Data from December 2017. Note: Citywide data include 453 consumers without an identified District.
15	2013 Report/Food Stores accepting WIC	2013 Assessment of Food Security in San Francisco. San Francisco Department of Public Health, Food Market Store data, 2013.
15	2018 Report/Food Stores accepting WIC	San Francisco Department of Public Health, WIC vendor data, 2017
Below Fig 15	Other Healthy Food Purchasing Supplements	
Below Fig 15	Number of Farmers Markets	San Francisco Commissioner of Agriculture, 2018.
Below Fig 15	Farmers Markets participating in Market Match & value of redeemed incentives	Ecology Center, Program Data for 2017.
Below Fig 15	EatSF (households served and value of vouchers)	EatSF, Program Data for FY 2016-2017.
16	Residents and Households <200% FPL	ACS 2011-15, variable B17024.
16	Free Bag of Groceries	San Francisco Marin Food Bank, Program Data from FY 2016-2017.
16	Free Dining Rooms	Sommer, C., San Francisco Food Security Task Force, Dining Room Meals in San Francisco, compiled February 2017.
16	Students Qualified for Free/Reduced Meals; # of Students and Schools	San Francisco Unified School District (SFUSD), Program Data from School Year 2016-2017.
16	SFUSD Student Nutrition Meals: Breakfast, Lunch and Supper	SFUSD, Program Data from School Year 2016-2017.
16	Morning Snack for SFUSD Students provided by nonprofit	San Francisco Marin Food Bank, Program Data from FY 2016-2017.
16	Children 0-17 <100% FPL	ACS 2011-15, variable B17024.
16	Afterschool Snack and Supper (# sites, days open, # meals)	San Francisco Department of Children, Youth and their Families (DCYF) and Children Empowerment, Inc. (CEI), Program Data for School Year 2015-2016.
16	Summer Meals for Children: # sites and average days open	DCYF, SFUSD, CEI, Program Data for Summer 2017.
16	Summer Meals for Children: Breakfast, Lunch and Snack meals served	DCYF and SFUSD, Program Data for Summer 2017.
16	Snacks and Meals for Children in Day Care Homes	Children's Council and Wu Yee Children's Services Program Data. Note: the average number of meals per day = total annual meals, including snacks served divided by 260 weekdays in a year.
16	Seniors 65+ <200% FPL and <100% FPL	ACS 2011-15, variable B17024.

Data Sources (continued)

Figure	Data Variable**	Data Source
16	Congregate Meals for Seniors	DAAS, Program Data for FY 2016-2017. Note: Citywide data include 1,747 unduplicated clients without an identified District.
16	Home Delivered Meals for Seniors	DAAS, Program Data for FY 2016-2017. Note: Citywide data include 45 seniors and 46 meals per day without an identified District.
16	Non-perishable groceries box through the Commodity Supplemental Food Program	San Francisco Marin Food Bank, Program Data from FY 2016-2017.
16	Home delivered groceries and pantries for Seniors and Adults with Disabilities	DAAS, Program Data for FY 2016-2017. Note: Citywide data include 49 clients without an identified District.
16	Adults with Disabilities <100% FPL	See Figure 9
16	Congregate Meals for Adults with Disabilities	DAAS, Program Data for FY 2016-2017. Note: Citywide data include 169 unduplicated clients without an identified District.
16	Home Delivered Meals for Adults with Disabilities	DAAS, Program Data for FY 2016-2017. Note: Citywide data include 7 unduplicated clients without an identified District.
16	Home Delivered Meals for Adults with HIV	San Francisco Department of Public Health, HIV Health Services, Program Data for 2017. Note: Citywide data include 31 unduplicated clients without an identified District.
16	People Experiencing Homelessness (PIT)	See Figure 6 “Residents experiencing homelessness: Total, sheltered, unsheltered”
16	Meals for people living in Shelters	San Francisco Department of Homelessness and Supportive Housing (HSH), Program Data from FY 2016-2017.
16	Meals for people living in Navigation Centers	HSH, Program Data for FY 2016-2017.
16A	Progress Since 2013	NOTE: Figure 16A, appears in the San Francisco Report only
16A	2013 Report/Free Bag of Groceries/	San Francisco and Marin Food Bank. 2012.
16A	2018 Report/Free Bag of Groceries	San Francisco Marin Food Bank, Program Data from FY 2016-2017.
16A	2013 Report/Free Dining Room Meals	Bonini C. Dining Room Meals in San Francisco. San Francisco, CA: San Francisco Food Security Task Force. Compiled December 2012- February 2013
16A	2018 Report/Free Dining Room Meals	Sommer, C., San Francisco Food Security Task Force, Dining Room Meals in San Francisco, compiled February 2017.
16A	2013 Report/SFUSD School Meals	San Francisco Unified School District. 2011-12.
16A	2018 Report/SFUSD School Meals	SFUSD, Program Data from School Year 2016-2017.

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Data Sources (continued)

Figure	Data Variable**	Data Source
16A	2013 Report/Summer Lunch	Department of Children, Youth and Families. 2012-13. San Francisco Unified School District. 2012-13.
16A	2018 Report/Summer Lunch	DCYF and SFUSD, Program Data for Summer 2017.
16A	2013 Report/Congregate Meals for Seniors	DAAS. Summary of Nutritional Needs Assessment Findings. 2012
16A	2018 Report/Congregate Meals for Seniors	HSA, Program Data for FY 2016-2017.
16A	2013 Report/Home Delivered Meals for Seniors	DAAS. Summary of Nutritional Needs Assessment Findings. 2012
16A	2018 Report/Home Delivered Meals for Seniorst	HSA, Program Data for FY 2016-2017.
16A	2013 Report/Congregate Meals for Adults with Disabilities	DAAS. Summary of Nutritional Needs Assessment Findings. 2012
16A	2018 Report Congregate Meals for Adults with Disabilities	DAAS, Program Data for FY 2016-2017.
16A	2013 Report Home Delivered Meals for Adults with Disabilities	DAAS. Summary of Nutritional Needs Assessment Findings. 2012
16A	2018 Report Home Delivered Meals for Adults with Disabilities	HSA, Program Data for FY 2016-2017.
16A	2013 Report/Meals for People living in Shelters	San Francisco Human Service Agency, HSA Funded Shelter Meals from 2012. San Francisco, CA. 2012.
16A	2018 Report/Meals for People living in Shelters	HSH, Program Data for FY 2016-2017.
16A	2018 Report/Meals for People living in Navigation Centers	HSH, Program Data for FY 2016-2017.
17	Housing Units Lacking Complete Kitchens	ACS 2011-15, variable B25051. Note: a unit has complete kitchen facilities when it has all three of the following: sink with a faucet, a stove or range, and a refrigerator.
18	Number of Community Gardens	San Francisco Recreation and Parks, 2016.

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Endnotes (continued)

- NATIVITY OF PARENTS - Universe: Own children under 18 years in families and subfamilies for whom poverty status is determined." 2011 – 2015 American Community Survey. U.S. Census Bureau's American Community Survey Office, 2015. Web. 6 February 2018 <<http://factfinder2.census.gov>>
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APPENDICES

Acknowledgements

Project Manager and Editor:

Paula Jones, San Francisco Department of Public Health, Population Health

Co-Editor:

Karen Gruneisen, Episcopal Community Services of San Francisco

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Children's Council

Raegan Sales

Community Living Campaign

Chester Williams

Department of Aging and Adult Services

Linda Lau

Department of Children, Youth and their Families

Michelle Kim

Department of Homelessness & Supportive Housing

Cathy Perdue; Cindy Ward

Department of Human Services/CalFresh

Mary Adrian; Jeimil Belamide; Randy Mano; Lota Torres-Clemente; Olga Stavinskaya-Velasquez; Tiana Wertheim

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Lauren Tabak Photographe

Food Security Task Force members

Jeimil Belamide, Department of Human Services/CalFresh

Emily Cohen, Department of Homelessness and Supportive Housing

Geoffrey Grier, SF Recovery Theatre

Karen Gruneisen, Episcopal Community Services of San Francisco

Mei Ling Hui, Department of Recreation and Park

Paula Jones, Department of Public Health/Population Health (**Vice Chair**)

Michelle Kim, Department of Children, Youth and their Families

Linda Lau, Department of Aging and Adult Services

Jennifer LeBarre, San Francisco Unified School District

Priti Rane, Department of Public Health/Maternal, Child and Adolescent Health

Hilary Seligman, UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital

Anne Quaintance, Meals on Wheels SF (**Chair**)

Chester Williams, Community Living Campaign

Rita Mouton-Patterson*, Hospitality House

Ave Lambert*, Farming Hope

Jennifer Siswandi*, Tenderloin Neighborhood Development Corporation

Kimberly Madsen*, Project Open Hand

Raegan Sales*, Children's Council San Francisco

Meg Davidson*, SF Marin Food Bank

(*nominated for membership)

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San Francisco Food Security Task Force

c/o San Francisco Department of Public Health
Population Health Division – Food Security Program
25 Van Ness Avenue, 8th floor
San Francisco, CA 94102
(628)206-7689
foodsecurity@sfdph.org
www.sfdph.org/foodsecurity

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