File No. 130752 Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Neighborhood Services & Safety **Date** April 10, 2014

Board of Supervisors Meeting **Date** _____

Cmte	Board	
☐	☐	**Motion**
☐	☐	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☒	☐	**Introduction Form (for hearings)**
☒	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☐	☐	**Grant Information Form**
☐	☐	**Grant Budget**
☐	☐	**Subcontract Budget**
☐	☐	**Contract/Agreement**
☐	☐	**Form 126 – Ethics Commission**
☐	☐	**Award Letter**
☐	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

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Completed by: Derek Evans **Date** 4/7/14
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

Food Security in San Francisco

Presentation to:

Neighborhood Services and Safety Committee
San Francisco Board of Supervisors

November 21, 2013

Outline of the Presentation

1. Present **framework** for understanding food security and its public health and economic implications
2. Apply framework to identify **challenges**
3. Define the **scope** of the problem
4. Discuss priority **solutions**
5. Propose **action items**

Food *Security* is More Than Absence of Hunger

Definition of food security:

All persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources.
(2005, SF Health Code 470.1)

Framework

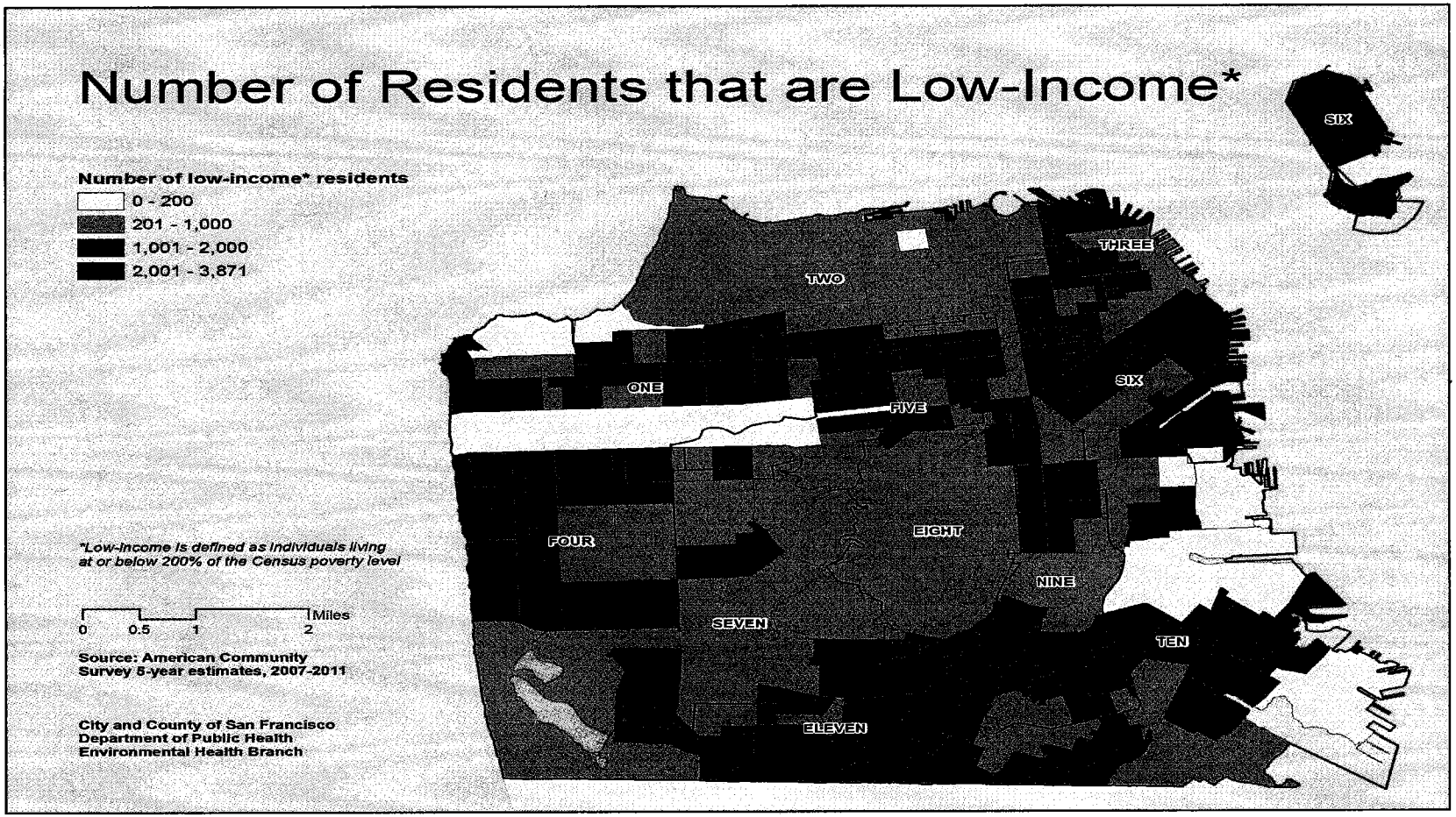
Food *Insecurity* in San Francisco

1. Food *Insecurity* exists when the ability to obtain and prepare nutritious food is uncertain or not possible

2. < 200% of poverty – highest risk for food insecurity
   - 1 in 4 San Franciscans
   - Federal poverty measures are not adjusted for local conditions
   - Every district in San Francisco has food insecure residents

Framework

Food *Insecurity* Exists in Every District



Food Insecurity Results in Poor Health

- Poorer nutritional intake
  - Lower intake of relatively more expensive F&V (fewer micronutrients)
  - Higher intake of less expensive fats & carbohydrates
- Eating behaviors that persist for decades after food insecurity experiences
  - Binge eating, food rationing, preferences for highly filling foods (high-fat, high-sugar) to "feel full"
- Extreme anxiety & distress: less bandwidth for coping with other household needs

Framework

Nutrition Critical for Healthy Development & Aging

- Children
  - Decreased intellectual & emotional development
  - Poorer physical health: more hospitalizations (decreased employment capacity for caregivers)
- Pregnant mothers
  - Smaller, sicker babies
- Adults & Seniors
  - Obesity
  - Diabetes & poor diabetes control
  - Mental illness and exacerbations of serious mental illness
  - Decreased capacity to maintain independence with aging
- People living with HIV & AIDS
  - Increased HIV-related wasting
  - Inability to control virus levels, even when on effective anti-retroviral therapy

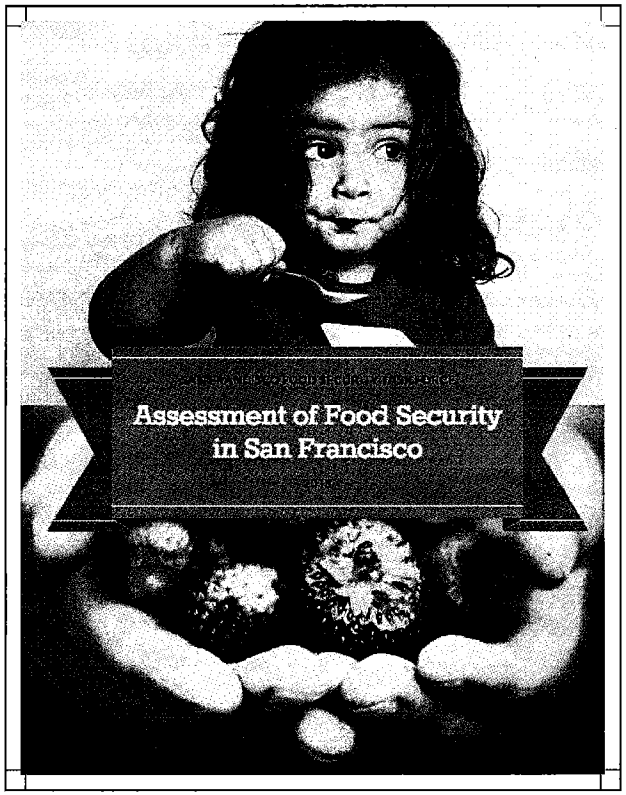
Costs passed on to:

- DPH
- SFGH
- Laguna Honda
- SFUSD
- SFPD
- DAAS
- HSA

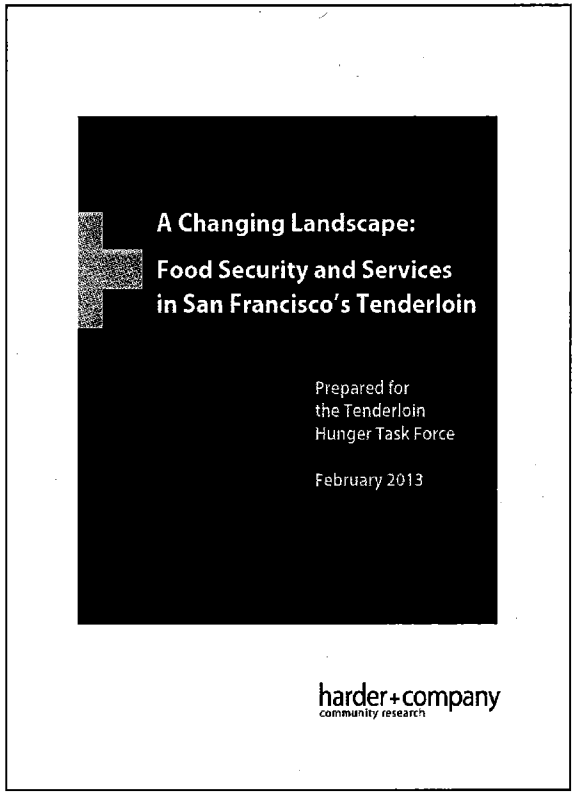
Framework

Understanding Food Security

Food Security Task Force



Tenderloin Hunger Task Force



Framework

Food Security Rests on Three Pillars

1. **Food Resources**

- Sufficient *financial resources* to purchase enough nutritious food (from income, CalFresh, WIC, SSI)

2. **Food Access**

- *Access to affordable, nutritious and culturally appropriate foods* (from food pantries, meal programs, food retail)

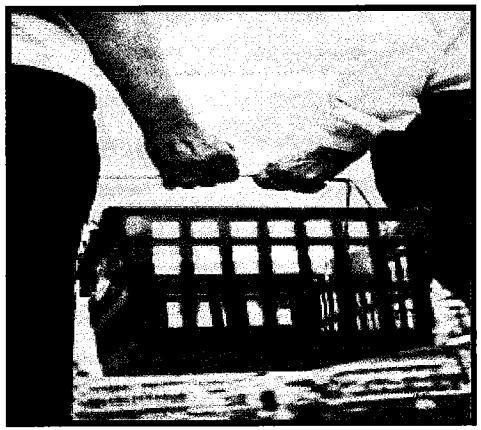
3. **Food Consumption**

- *Ability to prepare healthy meals* and the knowledge of basic nutrition, safety and cooking (usable kitchens, nutrition/cooking education)

Framework

Food Resources

1. Income insufficient
   - High-cost of living in SF – poverty definition not indexed
   - More than 1 in 4 lives below 200% poverty ($37K for a family of 3)
2. CalFresh highly effective but under-enrolled
   - State: CA ranked last in U.S. for participation
   - SF: ~ 51K individuals; estimated 50% of eligible are enrolled
   - Benefit not adjusted (now-$1.40/meal)
3. Many ineligible for CalFresh
   - 45K SSI recipients: low-income seniors, disabled adults
   - Undocumented residents
   - Gross income > 130% FPL ($25K for family of 3)



Challenges

Food Access

1. Demand strains or exceeds capacity in many programs
   - *Increasing # clients* - Nonprofit on-site meals
   - *Waitlists* - Home-delivered meals and groceries, food pantries
2. Child nutrition programs: low participation, limited capacity
   - 1/3 eligible students not accessing school lunch
   - Even fewer access school breakfast
   - Summer lunch and after school meals limited
3. Food retail
   - Too few food retail outlets sell *healthy* and *affordable* foods
   - CalFresh and WIC not accepted everywhere

Challenges

Food Consumption

1. Lack of kitchens
   - Over 19K housing units lack complete kitchens (sink, stove, refrigerator)
   - Increases need for free on-site meal programs
2. Challenges of constrained food and cooking options
   - Limited food choices ($, pantry, corner stores)
   - Need for basic nutrition, food safety and preparation/cooking skills in constrained environments

Challenges

Data - District 6 (Tenderloin, SOMA, Treasure Island)

Excerpt from Food Security Task Force Report

DISTRICT 6
DEMOGRAPHIC INFORMATION

Income and Poverty (Estimates)	
All residents below 200% of poverty level*	46.4% (highest)
Residents below 100% of poverty level**	22% (highest)
Homeless	
Total sheltered and unsheltered	3,257 (highest)
Total unsheltered	1,364 (highest)
Seniors (65+) below 200% of poverty level[9]	71% (highest)

Housing (Estimates)	
# of Housing Units	42,600
Units lacking complete kitchens***	6,482 (2nd highest)

Scope

Data - District 6, part 2

Excerpt from Food Security Task Force Report

DISTRICT 6

PROGRAMS AND SERVICE COVERAGE

Food Resources	
CalFresh - All individuals receiving	7,002 (16% of cases Citywide), 2nd highest

Food Access	
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	887 (highest)
For Young Disabled Adults (18-59)	33 (highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	1,203 (highest)
For Young Disabled Adults (18-59)	175 (highest)
Food Pantries	
Weekly food pantries	54
Residents served	10,332 (14.6% of residents), 4th highest
Free Dining Rooms	7
Average number of free meals per day	5,387 (highest)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	1,993

Scope

Data - District 1 (Richmond)

Excerpt from Food Security Task Force Report

DISTRICT 1

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Seniors - 60+	15,738

Income and Poverty (Estimates)	
Median Income by Household	$74,668 (5th highest)
All residents below 200% of poverty level*	24.6%
Residents below 100% of poverty level**	10%
Seniors (65+) below 200% of poverty level[9]	34.2%

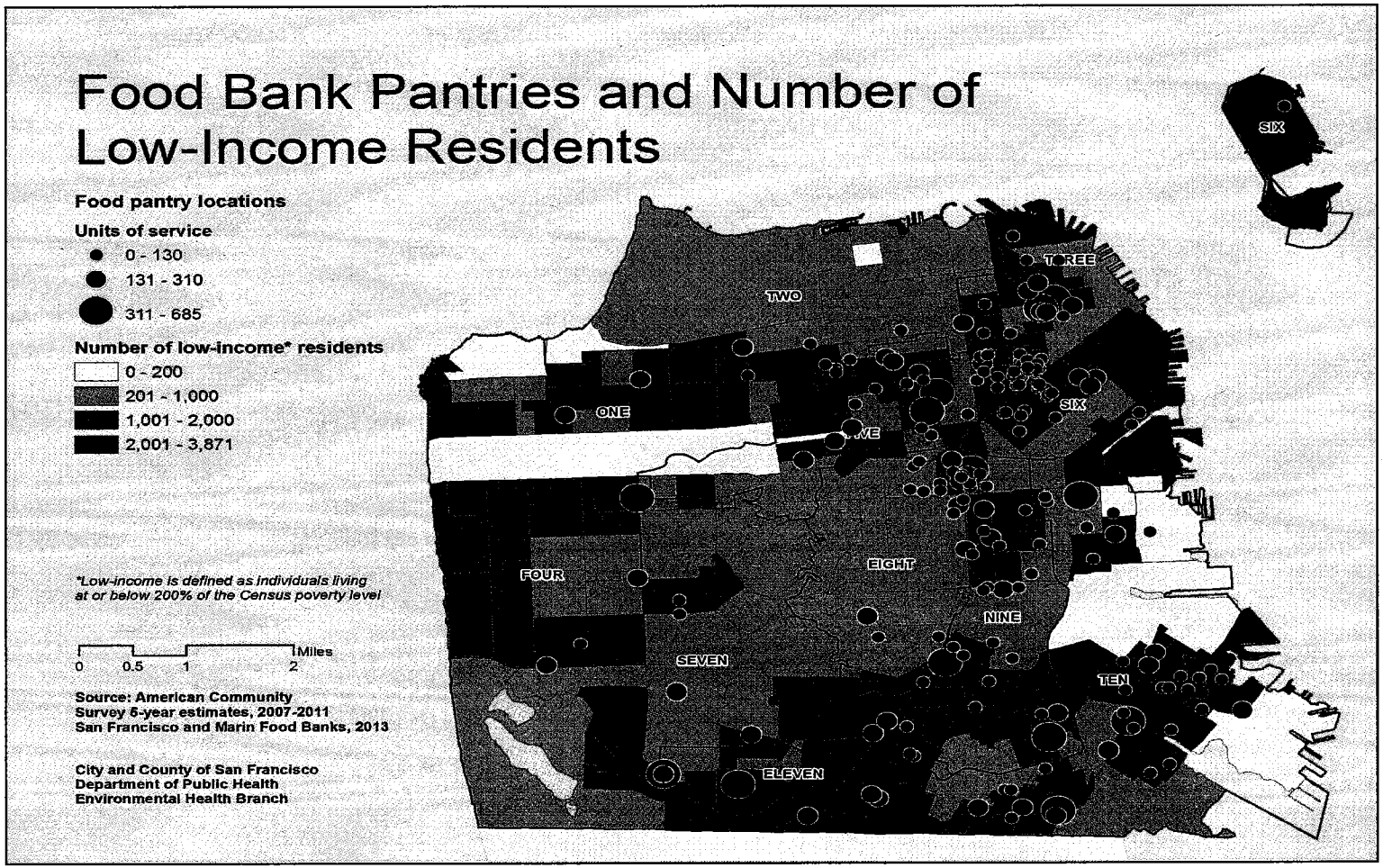
PROGRAMS AND SERVICE COVERAGE

Food Resources	
CalFresh - All individuals receiving	1,958 (4% of all cases Citywide); 8th highest

Food Access	
On-site Lunch (City funded) # of meals/day; 5 days/week - Seniors	276 (3rd highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week - Seniors	261 (6th highest)
Food Pantries	2 pantries, 1,610 served (2.3% of residents)

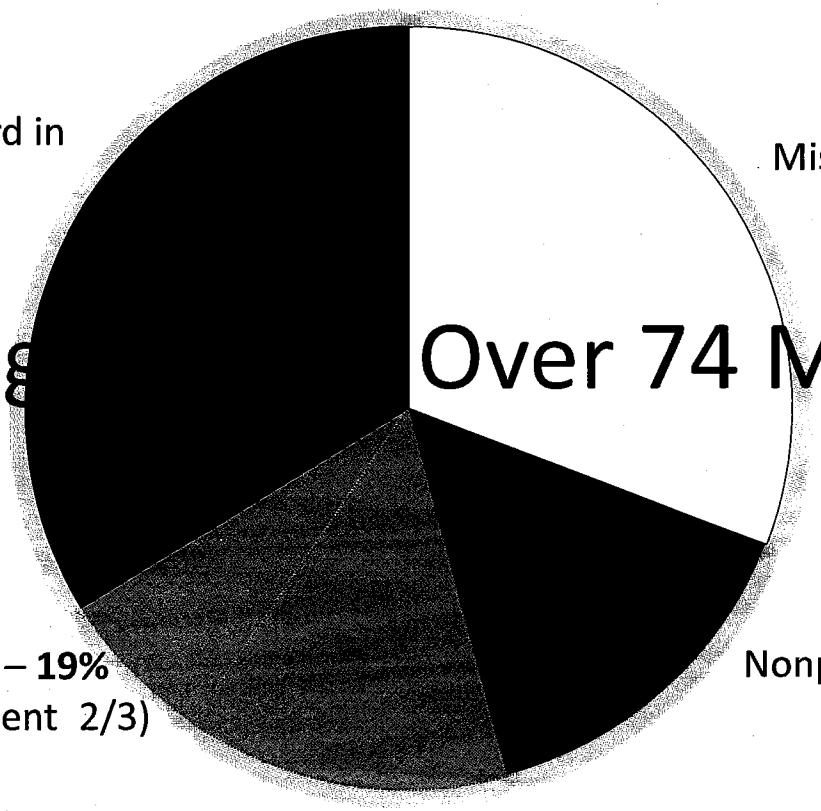
Scope

Food *Insecurity* in Every District



Scope

San Francisco's "Missing Meals"



Stanford Center on Poverty and Inequality (2013) for the San Francisco and Marin Food Banks

Scope

Illustration of "Missing Meals": Low-Income Senior

With few resources and limited access to programs, more than one meal is "missing" every day

Illustration of "Missing Meals": Family of Four

Even with income and programs, working families forced to make difficult choices

Scope

From Missing Meals to Nutritious Meals

Resources

Access

Consumption

Solutions

Food Security is Achievable in San Francisco

Assets

1. Strong collaboration and alignment: government, non-profits, with private/community support

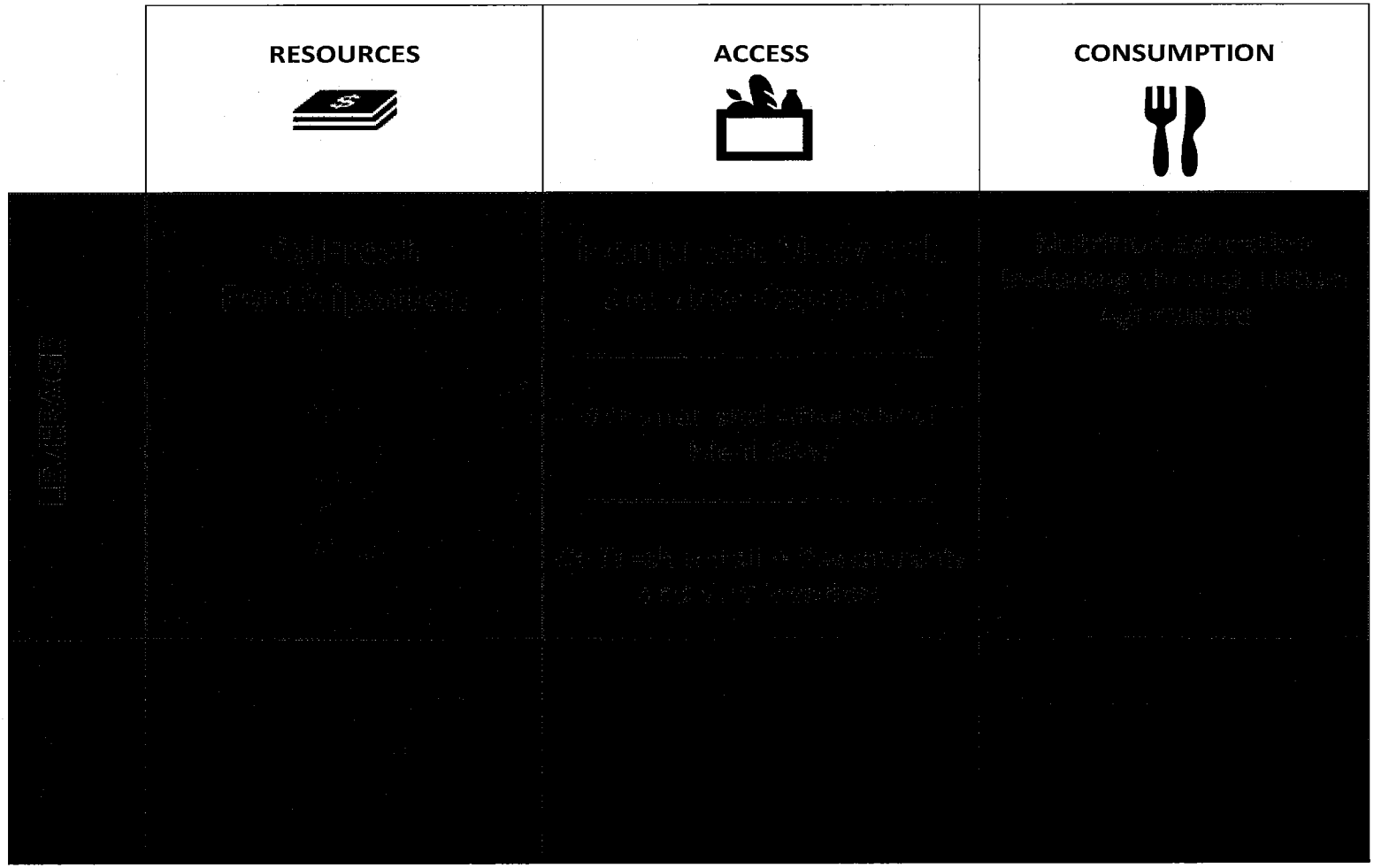
2. Robust network of food programs that reaches vulnerable populations with tailored solutions

3. Agreement on public health and economic implications of food security

SF can be a model for how to scale a city to food security

Solutions

Key Recommendations: High Impact

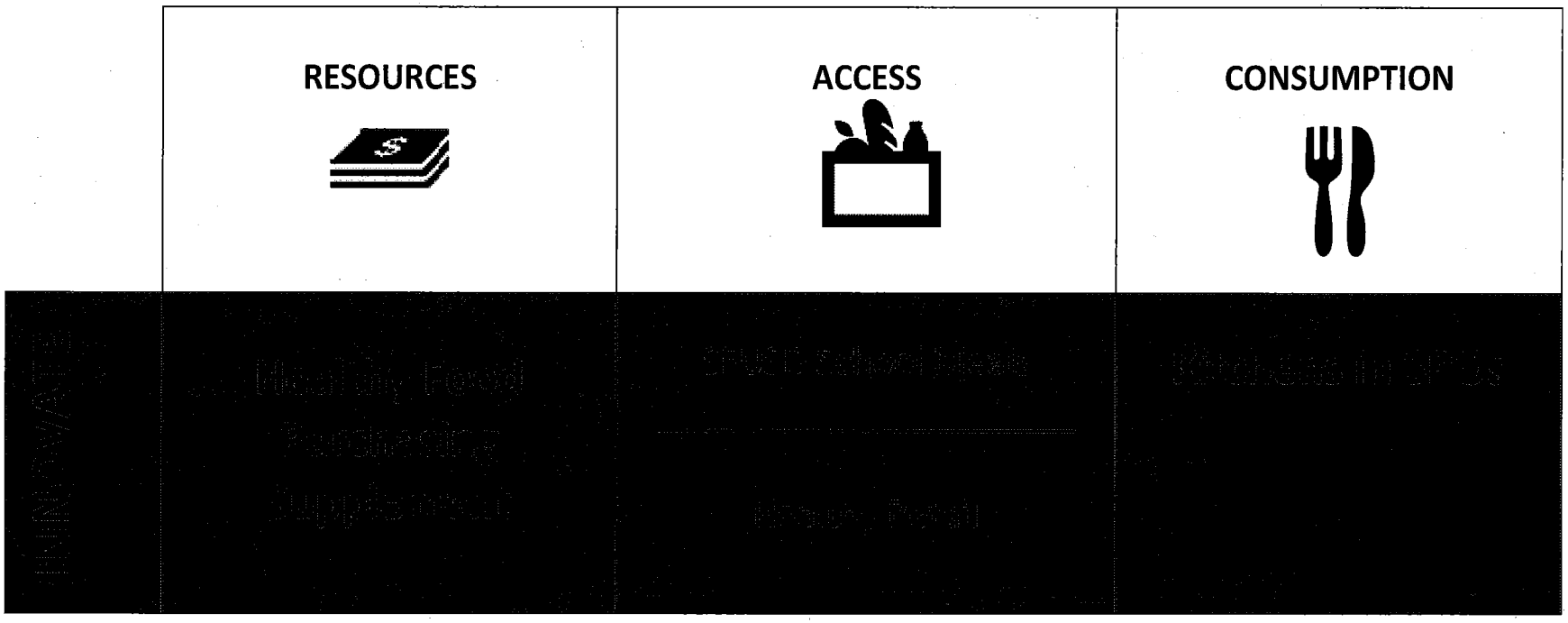


Solutions

Leverage Existing Programs

	RESOURCES	ACCESS	CONSUMPTION
Solutions			

Innovative Solutions



Solutions

Calls to Action

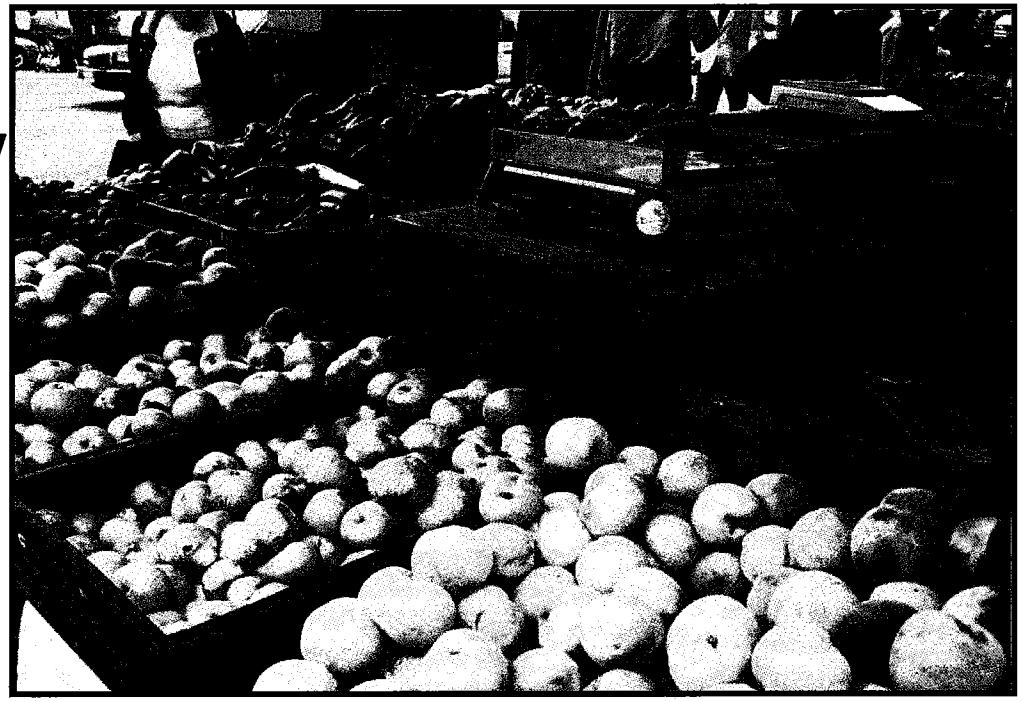
1. **Full utilization of *CalFresh* (and other federal nutrition dollars)**
   - Generate local economic activity ($1 CalFresh = $1.80 in activity)
   - Access federal funds, keep dollars in community, support local food retail stores
2. **Enhance *nonprofit distribution* and service network**
   - Support community partners' ability to meet growing food needs
3. **Create a *healthy food purchasing supplement***
   - Increase resources for residents to purchase nutritious food
   - Support demand for healthy food at local food retail stores
4. **Increase number of *kitchens* in SROs**
   - Enable use of food (pantries, groceries)
   - Reduces demand at free dining rooms

Solutions

Questions?

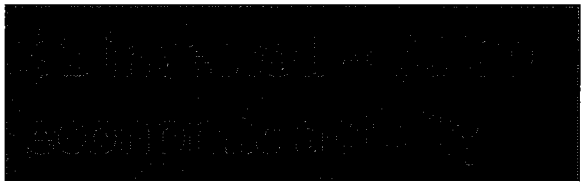
For more information:
Paula.Jones@sfdph.org

Reports available at:
www.sfdph.org/foodsecurity



Healthy Food Purchasing Supplement

1. Highly successful in SF as a small pilot program
   a. $10 for fresh or frozen fruits & vegetables
   b. Must be spent in local vendor network
2. Participants
   a. High demand for program
   b. Increased fruit and vegetable consumption
   c. Money spent in local neighborhoods
3. Vendors
   a. Lots of local interest from vendors: vendors not initially invited into the program asked to join
   b. Increased demand for fresh produce increases turnover and makes it easier to stock fresh foods
4. Distribution options vary: schools, community health clinics, WIC beneficiaries, shelters, etc.



SAN FRANCISCO FOOD SECURITY TASK FORCE

Assessment of Food Security in San Francisco

2013

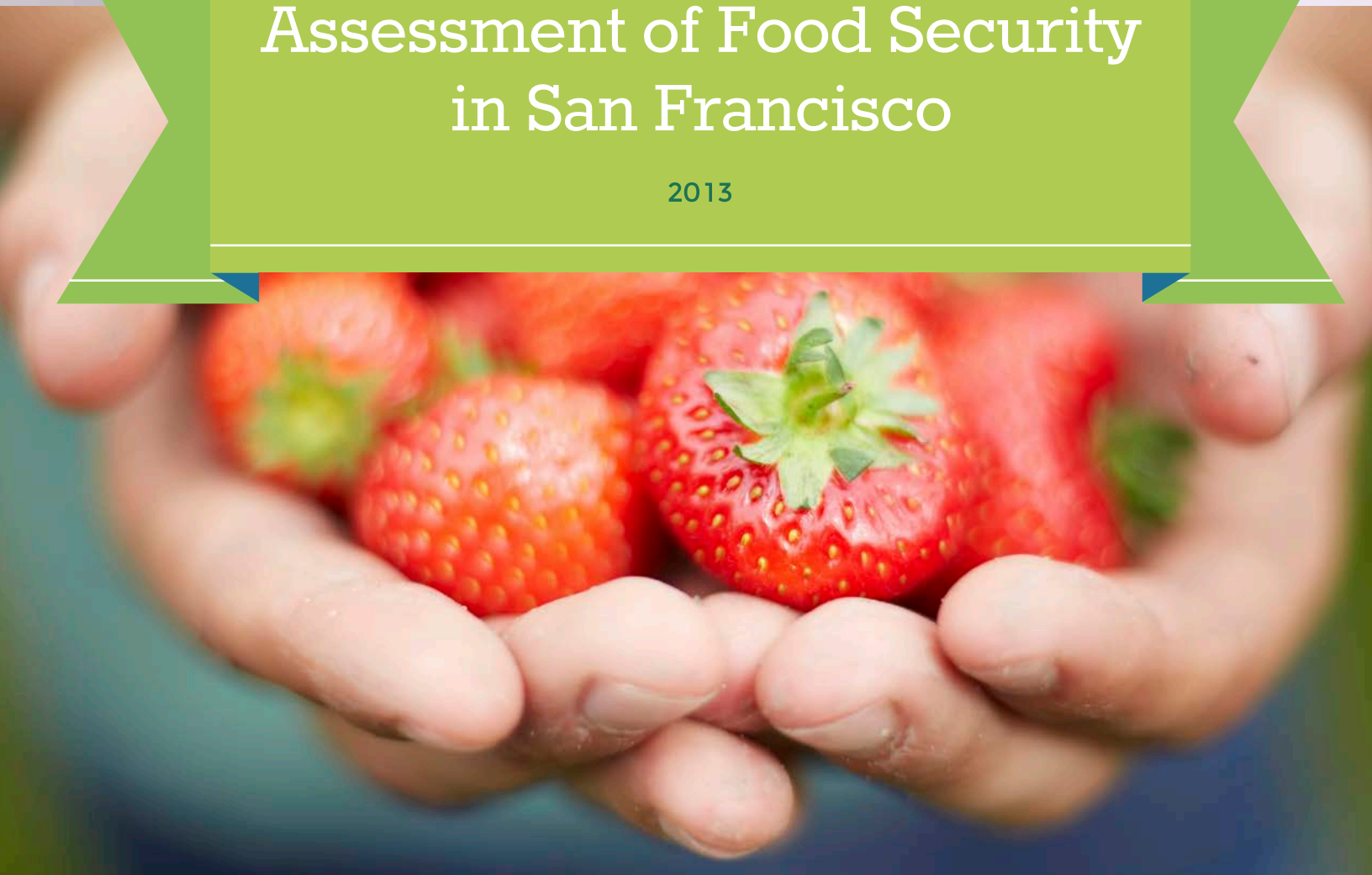


Table of Contents

About the San Francisco Food Security Task Force (FSTF)
"Food Security…shall mean the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local-non emergency sources." (San Francisco Health Code §§ 470.1, et. seq.)

The FSTF is an advisory body to the Board of Supervisors and is charged with the responsibility of creating a citywide plan for addressing food security. The group tracks vital data regarding hunger and food security including the utilization and demand for federal food programs, community based organizations' meal programs, and programs targeting vulnerable populations.

Introduction

Proper nutrition is critical for health promotion, disease prevention, maintaining healthy weight, and overall well-being. Healthy eating is a key health priority identified in the San Francisco Community Health Improvement Plan which was developed by the San Francisco Department of Public Health in coordination with nonprofit hospitals, academic partners, and a wide range of stakeholders throughout San Francisco.[1]

Unfortunately, in the midst of a city engaged in a perpetual celebration of food, many residents are food insecure, meaning that they are unable to obtain and prepare enough nutritious food to support their basic physical and mental health. In recent years the concept of "food insecurity" has replaced the term "hunger" to reflect a problem that is much more complex and far-reaching. While hunger is a physical sensation that results from a lack of adequate calories, food insecurity exists whenever the ability to acquire enough nutritious food is limited or uncertain. Food insecurity manifests itself in a wide range of unhealthy ways, including worrying that food will run out, buying cheaper and nutritionally inadequate food, rationing meals, or skipping meals completely.

Food insecurity is associated with adverse health outcomes including increased stress and depression, incomplete viral suppression among HIV positive urban poor,[2] higher rates of hospitalization, and acute care utilization.[3] It is a risk factor for chronic diseases and clinically significant hypoglycemia, and is a barrier to diabetes self-management.[4]

Unfortunately, food insecurity across the country is growing, particularly among low-income households (especially households with seniors, children, or a single parent).[5] In San Francisco, food insecurity is a significant barrier to healthy eating. According to the California Health Interview Survey, food insecurity among adults (18 years and older) with incomes below 200% of the federal poverty guidelines grew from 20.4% in 2007 to 44.3% in 2009, and currently is at 33.9% (2011/12).[6] These data reflect the unpredictability of an individual's food security status, which is impacted both by changes in the economy as well as the scope of local-to-national interventions. For example, during the recession, additional money for food was allocated to CalFresh recipients through the federal stimulus package, and the San Francisco and Marin Food Banks rolled out recession pantries, targeting individuals who were newly food insecure.

San Franciscans' abilities to acquire healthy nutritious food are limited by circumstances we collectively can alter. **The equation is simple: resources + access + consumption of healthy food = health.** A common understanding of the challenges and possible solutions to solving food insecurity and ensuring healthy food access for all is the first step toward that change. To support that understanding, the San Francisco Food Security Task Force (FSTF) offers this report containing data to quantify both need and food program coverage citywide and by supervisorial district, describing challenges and what is working, and making key recommendations for a food secure San Francisco.

SECTION I, PART 1

The Landscape of Hunger and Food Security in San Francisco

"Food security" means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life.

The following three elements, adapted from the World Health Organization's pillars of food security,[7] are used through this report as a framework for evaluating food security in San Francisco.

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 healthy meals and the knowledge of basic nutrition, safety, and cooking.

A. SAN FRANCISCO: FOOD SECURITY BY THE NUMBERS

DEMOGRAPHIC INFORMATION

Population (Estimates)[8]	
Total	805,240
Households	345,810
Average household size	2.3 persons
% family households	44%
% households with children	18%
% households with single person	39%
Seniors[9]	
60+	154,730
65+	109,842
85+	17,491
% living alone	41%
Children (0-17)[10]	107,524

Income and Poverty (Estimates)	
Median Income by Household[8]	$71,416
Per Capita Income[8]	$45,478
All residents below 200% of poverty level*[11]	28%
Residents below 100% of poverty level**[8]	12%
Homeless	
Total sheltered and unsheltered[12]	7,350
Total unsheltered[12]	4,315
Seniors (65+) below 200% of poverty level[9]	38%

Employment[8]	
Employed residents	444,630
Unemployment rate	7%

Housing (Estimates)[8]	
# of Housing Units	376,940
Units lacking complete kitchens***[13]	19,695

Continued on next page

*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

A. SAN FRANCISCO: FOOD SECURITY BY THE NUMBERS

PROGRAMS AND SERVICE COVERAGE

Food Resources	
CalFresh[14]	
All individuals receiving	50,815
Seniors (60+)	5,372
Children (0-17)	19,297
Women, Infants, and Children (WIC)[15] All individuals receiving	15,625

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*[16]	(Total enrollment: 52,900 in 102 schools)
# eligible for free or reduced priced meals	32,321 (61.1% of enrolled)
# eating school lunch	21,397(40.4% of enrolled)
# eating school breakfast	5,327 (10% of enrolled)
Summer Lunch for Children[17]	
# of sites (SFUSD/DCYF)	42/85
# of children/day (average SFUSD/DCYF)	3,334/5,214
# days open (average SFUSD/DCYF)	15/39
On-site Lunch (City funded)[9] # of meals/day; 5 days/week	
For Seniors	2,905 daily
For Young Disabled Adults (18-59)	71 daily
Home-delivered Meals (City funded)[9] # of meals/day; 6 days/week	
For Seniors	3,920 daily
For Young Disabled Adults (18-59)	274 daily
Food Pantries[18]	
Weekly food pantries	196 pantries
Residents served	96,490 (12% of San Francisco residents)
Free Dining Rooms[19]	6,164 daily (13 locations)
Shelter Meals funded by HSA[20] (approximately 2 meals/day;7 days/week)	2,200 daily

*Note that children may not reside in the same District where they attend school.

Continued on next page

A. SAN FRANCISCO: FOOD SECURITY BY THE NUMBERS

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA[20] (approximately 2 meals/day; 7 days/week)	2,200 daily
Retail[21]	
Supermarkets (total number)	84
- Number that accept CalFresh EBT	71 (85%)
- Number that accept WIC	23 (27%)
Grocery Stores (total number)	126
- Number that accept CalFresh EBT	74 (59%)
- Number that accept WIC	9 (7%)

B. FOOD RESOURCES

Key Challenges

High Cost City Means People with Income Below and Above Poverty Level are Food Insecure
While the federal poverty guidelines determine eligibility for federal assistance programs, this measure is widely considered to be an inadequate indication of economic need. Because it is not indexed to reflect regional differences in costs, it is even less relevant in high-cost places like San Francisco. Instead, a Self-Sufficiency Index developed for California counties, suggests an annual income of at least $73,000 (a full-time job at about $35/hour) is necessary for a family of three (one adult and two children, one preschool and one school aged) to make ends meet.[22] And it is no surprise that at San Francisco's current – and relatively high – minimum wage of $10.55 per hour, it would take more than three minimum wage jobs to meet that self-sufficiency standard. As a result, many San Franciscans do not earn enough income to purchase nutritious food and are ineligible for federal benefits. To prevent food insecurity it is critical to make sure this population is able to secure other resources to obtain food.

CalFresh is Inaccessible to Low-Income Seniors, Disabled Adults and Undocumented Residents
Supplemental Security Income (SSI) is a federal program that provides a monthly cash benefit to low-income seniors and people with disabilities. There are 45,223 SSI recipients in San Francisco.[23] SSI recipients in California are ineligible to receive CalFresh (California's name for the federal Supplemental Nutrition Assistance Program (SNAP), formerly called "food stamps"). In 1974, when the combined federal-state Supplemental Security Income/State Supplemental Payment (SSI/SSP) program was enacted, California determined that most SSI recipients would qualify for only $10 in monthly CalFresh benefits. In order to save on state administrative costs, California decided to "cash out" SSI recipients' CalFresh benefit and to add $10 to the SSP of the SSI grant. The maximum California SSI benefit in 2013 is $866.40 per month for a single person who is aged

B. FOOD RESOURCES

or disabled living independently,[24] which is below the Federal Poverty Guidelines. California is the only state that maintains a "cash out" policy exempting SSI recipients from receiving CalFresh benefits. Undocumented immigrants are ineligible for CalFresh.

CalFresh is Underutilized by Many Who Are Eligible

CalFresh is the single largest benefit program available to boost food resources for low-income San Franciscans. Benefits are delivered and redeemed through Electronic Benefits Transfer (EBT) on a debit card issues to clients. Unfortunately, it is estimated that only about 50% of San Francisco's eligible residents are participating in the program, which means many people who need the assistance simply are not receiving it.

CalFresh is underutilized by immigrants for a few different reasons. Immigrants who are eligible for CalFresh may be hesitant to apply out of concern that applying for or receiving benefits will affect their immigration status because they will be seen as a "public charge". It is longstanding US Citizenship and Immigration Services policy that immigrants who apply for CalFresh are not subject to public charge determinations. Confusing regulations regarding sponsor requirements, residency requirements and waiting periods before being able to apply for aid, and time limits on aid may cause eligible immigrants to assume that they are ineligible, and may dissuade them applying for CalFresh. Although undocumented immigrants are ineligible for CalFresh, other members of their household may be eligible, including children who are US citizens. Households with an undocumented family member may be reluctant to apply for CalFresh because of the fear everyone in the household will have to verify immigration status to qualify for the program.

While all groups – and San Francisco as a whole – would benefit from greater CalFresh participation, certain sub-groups warrant particular attention from policy makers, especially the working poor and families with mixed immigration status. The working poor tend to have greater difficulty overcoming obstacles in the application process, such as securing time off from work to schedule an appointment during working hours, and also believing that they are ineligible because they are working.

CalFresh Benefit Amount Does Not Sustain Food Security

CalFresh is designed to provide supplemental support to low-income individuals for food purchases. Although the cost of living and the cost of food vary between states and regions, the eligibility thresholds and the benefit amounts are the same in the 48 continental states. For example, an individual making San Francisco's minimum wage and working full-time, with rent and utility expenses at an extremely low amount ($1,150 per month), most likely earns too much income to be eligible for CalFresh benefits.[25]

Still, even if eligible for benefits, the amount is too low in most cases to sustain food security. In 2012, the average individual CalFresh benefit was approximately $149.05 per month, which calculates to approximately $1.60 per meal.[26] Many people who have attempted the "Food Stamp Challenge" of living on the average food stamp benefit for a week find that what seems manageable at first turns out to be incredibly difficult within a few days.[27] But for many San Franciscans, the

B. FOOD RESOURCES

"Food Stamp Challenge" is their reality every day, all year long.

Women, Infants, and Children (WIC) Benefits are Vulnerable to Funding Cuts
WIC is a highly effective federally-funded supplemental nutrition program that serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk because the household income is below 185% of the federal poverty guidelines. The program provides supplemental foods (such as milk, cheese, cereal, eggs, beans, peanut butter, and juice), education on breastfeeding and nutrition, as well as referral to health care. WIC is a discretionary program (subject to annual budget approval by the federal government), and continues to be vulnerable to funding cuts in the 2014 budget and beyond. It is vital that WIC funding keeps up with food inflation and sustains a high quality of nutrition, health, and community services.

What's Working?

- An online application for CalFresh benefits reduces stigma and improves customer experience.
- CalFresh outreach and assistance programs conducted by trusted community nonprofits increase participation, especially among populations which are difficult to reach.
- San Francisco's Birthing Hospitals are working to promote breastfeeding. In 2011 they completed Baby Friendly self appraisals in order to understand how they could better promote breastfeeding among their patients. During 2012, hospital partners also completed a re-appraisal to assess their progress.

Key Recommendations for a Food Secure San Francisco

- Increase enrollment in CalFresh especially for families with children qualified for free lunch in SFUSD, families receiving WIC benefits, working adults, and households with mixed immigration status.
  - Fund expanded CalFresh outreach.
  - Continue progress toward modernizing CalFresh to improve efficiency and customer service.
  - Maximize opportunities through integration with Affordable Care Act enrollment
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

C. FOOD ACCESS

Key Challenges

Low Participation in School Meals
Currently, almost 53,000 children are enrolled in the San Francisco Unified School District (SFUSD) public schools system citywide, with 62% (32,000) of those eligible for free or reduced-price breakfast and lunch. During 2011-12, approximately 40% of all students ate lunch daily

C. FOOD ACCESS

in SFUSD, about 59% of low-income students ate lunch, and far fewer (9%) ate breakfast.

Inadequate Capacity for Out-of-School Time Meals (Summer Lunch and After School)
Only about 8,500 children eat free lunch through the Summer Lunch program – roughly a quarter of the number of studentswho are eligible for free and reduced priced meals during the school year. In 2012, the San Francisco Department of Children, Youth and Their Families (DCYF) and SFUSD hosted summer lunch at 127 sites.[17] There is a high need for additional sites, larger capacity, and longer operating periods during the summer months. Both inadequate funding and limited capacity to oversee the administrative requirements constrain program expansion.

With the 2010 Healthy Hunger Free Kids Act, the US Department of Agriculture was authorized to expand its child nutrition program to include an additional reimbursable meal after school. While some cities and states have rushed to make use of this new program, San Francisco has been slow to embrace it. As a result, very few locations in San Francisco are offering this program. This is a missed opportunity to provide a balanced meal to low-income children who attend afterschool programs that extend until dinner time.

Nonprofit On-Site Meal and Food Pantry Programs at Capacity
San Francisco's approximately 200 food pantries (including about 50 in schools and family service sites) make up a "secondary food system" providing high quality food to about 96,500 residents every year.[18] However, demand outstrips supply, limiting availability of this resource. Long lines for food dissuade those who may need it. In general, nonprofit food programs are at capacity and are vulnerable to both government funding cuts and decrease in private support.

Free on-site meal programs, including dining rooms and shelters, feed individuals with extreme food insecurity. Food pantries are ineffective for many clients of those programs, including homeless individuals, as well as residents who have no kitchen facilities in their homes. These agencies serve nutritious meals efficiently utilizing rescued and donated food as well as leveraging work-training and volunteer staffing. However, agencies providing these meals do not serve three meals a day/seven days a week, and they also are challenged to improve nutrition quality with funding constraints. Further, these programs currently face significant increases in demand for services for reasons including an increasing number of seniors in need and the effect of "Care Not Cash" on formerly and currently homeless individual's income. They also are experiencing rising food and fuel costs, federal, state, and local cuts to social safety service programs and decreasing amounts of private donations. In the past few years, one large on-site food provider was forced to reduce meals served due to funding decreases.

Growing Waitlist and Wait time for Home-Delivered Meals and Groceries for Isolated Seniors and Adults with Disabilities at High Risk of Malnutrition
Home-delivered meal (HDM) and home-delivered grocery (HDG) providers serve those with the greatest physical, social, and economic need. The seniors and adults with disabilities that receive home-delivery are frail, have limited ability to purchase or prepare meals, and/or have little or no support from family or caregivers. In many cases, HDM/HDG providers are the only connection

C. FOOD ACCESS

clients have to the outside world. The Department of Aging and Adult Services (DAAS) contracts several agencies to provide HDM and HDG to isolated seniors and adults with disabilities.

Approximately 1.44 million meals are delivered to seniors and adults with disabilities in San Francisco in FY 2012-13. Currently, service providers are challenged to meet the increased demand as limited resources prevent service expansions. For example, in the past five years Meals on Wheels of San Francisco, which provides about 80% of the city's HDM to seniors, increased its service by more than 43% to meet a growing demand, without government support keeping pace. It accomplished this through private fundraising and by using its operating reserves, a funding model that is not sustainable. San Francisco anticipates an increasing demand for services in coming years due to both the challenging economic times and unprecedented growth in the aging population.

Insufficient Healthy and Affordable Food Retail Outlets

A map of retail outlets[28] suggests that San Francisco has an abundance of places to buy food; however, community members' experience tells otherwise. Many food retail locations are inaccessible in terms of affordability, EBT or WIC acceptance, cultural appropriateness, healthy food options, and in many cases, safety. With over 220,000[11] residents living below 200% of poverty, in order to be accessible, food retail outlets must offer healthy food that is affordable.

Rising Food Costs

Below are data on food and other cost of living increases from the Consumer Price Index (CPI). The total increase for the past 6-years (2007 to 2012) is over 10%.

Summary Analysis of CPI for San Francisco – Oakland-San Jose[29]

	Total % Increase	Total % Increase
Consumer Price Index	Past 6YR (2007-12)	Past 3 YR (2010-12)
All Items	10.9	5.4
All Food & Beverage	11.2	5.3

What's Working?

- Collaboration and common agendas between nonprofit groups, city agencies, and businesses foster community resilience and promote collective impact.
- SFUSD successfully obtains meal applications required to determine eligibility for free meals from over 90% of all SFUSD students.
- Growing participation in school meals programs due to:
  - reduced stigma because of the elimination of competitive (cash) meals and use of point of sale technology.
  - expanded use of breakfast-after-the-bell programs meaning like Grab and Go.
  - SFUSD changing to a menu of fresh and locally prepared meals in January 2013, which according to district staff has increased participation by over 12%.

C. FOOD ACCESS

- Robust network of nonprofit food programs serves specific needs of the most vulnerable:
  - home-delivered meals and groceries for home-bound seniors and adults with disabilities.
  - on-site meals for people who are homeless, disabled, and/or seniors.
  - food pantries at approximately 200 convenient and familiar locations, including schools and housing sites.
  - snack programs providing healthy food to children during and after school.
- San Francisco Food Bank supplies San Francisco food programs and pantry network with nearly 23 million pounds of free fresh produce year-round.[18]
- San Francisco's pilot Golden Advantage Nutrition Program increases seniors' participation in CalFresh:
  - targets outreach to seniors and answers concerns they have about CalFresh benefits.
  - reduces stigma by allowing seniors to make a voluntary donation at on-site meals programs and for home-delivered meals using CalFresh.
- All San Francisco farmers' markets accept CalFresh EBT cards, and some offer additional incentives for produce purchases to CalFresh clients.
- DCYF provides small grants to support two administrative sponsors of the Child and Adult Care Food Program (CACFP) for day care homes. For $75,000 of local funds, 450 day care homes serve over 1.8 million meals and snacks to low income children bringing in over $3.3 million in federal and state reimbursements.[30]
- Neighborhood advocacy initiatives and city coordination increase quality of foods available at food retail outlets[47] and urban agriculture opportunities.

Key Recommendations for a Food Secure San Francisco

- Explore options to increase participation in school meals breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal coverage.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Develop ways to meet high demand for neighborhood food programs that are the most respectful and least disruptive for the clients and neighborhoods in which they live.
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home delivered meals are served within 30 days.
- Increase number and variety of CalFresh Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional, and geographic choices to beneficiaries.[31]
- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Incorporate affordability into the analysis of "accessibility" of food at retail establishments.
- Increase the number of food retail stores selling healthy, affordable food.

D. FOOD CONSUMPTION

Key Challenges

Lack of Kitchens Impedes Food Security

Over 19,500 housing units in San Francisco lack complete kitchens,[13] defined as including a sink with a faucet, a stove or range, and a refrigerator. Many dwellings in San Francisco were never intended to be permanent housing, and they lack not just kitchen appliances, but even the prerequisite plumbing, electrical, and ventilation capabilities to enable tenants to cook safely.

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

Nutrition and Culinary Skills Education is Limited

While several excellent programs have emerged in the community that support tenants of Single Room Occupancy (SRO) hotels to learn how to cook nutritious meals with limited equipment and space, the need for such programming exceeds availability. Integration and coordination of these courses within San Francisco's larger services system for people with low-incomes may expand their reach.

What's Working?

- Nutrition education and cooking programs:
  - in schools and SROs, to teach basic nutrition, and cooking skills.
  - at pantries, to expand knowledge about utilizing different produce.
- City-supported dietician to assist shelters and resource centers to ensure consistent nutrition and food service to meet the Shelter Standards of Care and Human Services Agency meal requirements.
- Community based food programs incorporate seasonal menus and increase focus on nutritional quality.
- School garden initiatives teach basic food skills and introduce new foods.

Key Recommendations for a Food Secure San Francisco

- Significantly increase the number of complete kitchens in housing units:
  - Fund upgrades in buildings with units that do not have complete kitchens to allow tenants to reheat, cook, refrigerate and store food.
  - Enforce housing regulations requiring complete kitchens.
  - Support and/or fund innovative solutions such as community kitchens, microwave co-ops, shared kitchens for multi-resident housing, etc.
  - Support and/or fund education efforts around access to affordable and healthy prepared food options and/or preparing healthy food with limited facilities.

D. FOOD CONSUMPTION

- Nutrition education:
  - Increase culturally appropriate nutrition and cooking education.
  - Assist efforts by the Tenderloin Hunger Taskforce and other community agencies to create healthy food curriculums that can be shared by agencies.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens, locations of grocery stores and healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs and reduce food waste.

SECTION I, PART 2

Challenges and Opportunities for Vulnerable Sub-Populations

A. VULNERABLE POPULATION: SENIORS AND ADULTS WITH DISABILITIES

BY THE NUMBERS[9]

Seniors
Age 60-74 yrs: 99,210
Age 75-84 yrs: 38,029
Age 85+ yrs: 17,491

Adults with Disabilities
Age 19-59 yrs: 31,429
Age 60+: 50,469

- According to the San Francisco Department of Aging and Adult Services (DAAS), over 19,000 Seniors (65+ yrs) in San Francisco live with the threat of hunger.
- Of San Francisco's 109,842 seniors (65+ yrs):
  - 11.8% (12,570) live below the poverty line at $10,830.
  - 38% (40,603) live below 200% of poverty at $21,661.
- According to a DAAS report, "Approximately half of health conditions affecting older persons are related to poor nutrition and often lead to early entry into long-term care facilities…One year of home-delivered meals costs about the same as one day in a hospital." [9]
- By the year 2020, the senior population of San Francisco is estimated to grow by almost 20% (almost 31,000). [32]

John, 64, came to San Francisco just before the Summer of Love in 1967. He settled down as a cabinet maker, but after 15 years he had to give up his business due to his worsening emphysema. He can stand for few minutes at a time, has mobility impairment due to his emphysema, and is dependent on oxygen use and inhalers. He's one of an increasing number of San Francisco residents who hope to age in place at home; but because of his health status, the many steep stairs to his apartment put him at risk. Currently on disability, he has $230/month for health expenses and food, and nearly all is spent on his medical needs. His daughter recommended a free home-delivered meal program to ensure he is well nourished. He is working on gaining some weight and wants to remain as independent as possible.

FOOD RESOURCES

Key Challenge

Inadequate Resources for Maintaining a Healthy Diet

San Francisco currently has the highest percentage of SSI (Supplemental Security Income) recipients who are over the age of 65 years, with over 27,000 seniors on SSI, or almost 25% of all seniors.[23] Unlike every other state, Californians receiving SSI benefits are not eligible for CalFresh even though they are below the federal poverty guidelines. The maximum SSI benefit for seniors covers only 62% of the basic costs of living for a San Franciscan senior who owns a home outright, and 38% of those costs for a renter, according to the CA Elder Economic Security Index.[33] This index estimates the amount a retired older adult needs in San Francisco to adequately meet his or her basic needs, without private or public assistance, is $27,282.

A low-income senior living independently or in senior housing in San Francisco has little to nothing left over for groceries after housing and healthcare costs.

As a young woman, Maria learned early how difficult it could be to be old and alone. While she raised her son alone and worked two jobs to make ends meet, Maria made time to care for her elderly aunt, and helped several elderly neighbors by cleaning their homes, carrying groceries, and helping them go to church. Maria felt compelled to help, and she never complained. But all the while, Maria was growing older herself. Today, at 77, Maria, who has given so much to others, is disabled, homebound, and living by herself. She suffers from severe, crippling osteoporosis and depends on the nutritious home-delivered meals she receives each day to maintain a healthy weight which helps reduce her pain. With this support, Maria is able to stay safe and secure in her own home.

Key Recommendation

- Establish a local food assistance supplement for disabled individuals and seniors who receive SSI to enhance food security for these vulnerable individuals (like "Healthy SF" for health access).

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Key Challenge

Physical and Cultural Barriers

- Access to food for seniors and disabled adults is complicated by considerations such as
  - proximity to a grocery store.
  - physical ability to travel to a food store, pantry site, or meal site or availability of transportation.
  - language barriers.
- Seniors suffering from food insecurity need an array of food assistance options to address their food needs, as isolation issues and fluctuating mobility and nutritional needs necessitate movement between different types of services. The options for seniors and adults with

FOOD ACCESS

disabilities to access nutritional assistance are a congregate lunch site, a free food pantry site, or applying for home-delivered meals or groceries. However, these are not federally funded entitlement programs, and they are often at capacity and are designed to be supplementary only.

- In order to avoid pre-institutionalization of seniors and adults with disabilities, a network of community supportive services must be in place to ensure vulnerable populations are supported to live at home. Home Delivered Meals and Home Delivered Grocery programs are geared towards serving those with the greatest physical, social, and economic need who are frail, have limited ability to purchase or prepare meals, and have little or no support from family or caregivers. Many are physically challenged due to a variety of conditions such as heart disease, cancer, vision loss, arthritis, and diabetes. Agencies providing on-site and home-delivered meals and groceries are experiencing increased demand for services while limited funding prevents service expansions.
  - Nutrition spending decreased by $1 million dollars (5%) in San Francisco between 2007 and 2011.[34]
  - Organizations raised more private funds than expected to support the increased demand, which is not sustainable and puts the safety net further at-risk.

Key Recommendations

- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Incorporate affordability into the analysis of the "accessibility" of food at retail establishments.
- Increase number and variety of Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Fund a mandate that all seniors and adults with disabilities on the citywide wait list for home-delivered meals are served within 30 days.

FOOD CONSUMPTION

Key Challenge:

Living Alone

Just over 30% of seniors (65+ years) in San Francisco live alone.[32] Challenges such as loneliness, lack of companionship and cooking for one can threaten an older adult's health and well-being.

Key Recommendations

- Organize options for cooking, socializing, and sharing resources in a shared kitchen space.
- Develop a handbook of nutrition tips as well as healthy, tasty, inexpensive and interesting recipes "for one," also including shopping tips and food staples for older adults.

B. VULNERABLE POPULATION: CHILDREN AND FAMILIES

BY THE NUMBERS

Total number of children ages 0-17: 107,524[10]

- Almost 40% of San Francisco's children live in the Southern part of the city, in Districts 10 (Bayview/ Hunters Point), 11 (Excelsior/OMI) and 9 (Mission). The fewest number of children live in District 3 (Chinatown/North Beach).[10]
- In 2011-12, over 56,000 kids were enrolled in SFUSD schools citywide, and fully 61% (nearly 34,000) of those children were eligible for free or reduced-price breakfast and lunch.[16] Less than half of households earning over $100K a year sent their children to public school.[35]

FOOD RESOURCES

Key Challenge:

Inadequate Resources for Maintaining a Healthy Diet

Cost of Living Extremely High for Families

Low-income families face tremendous hardship in securing enough resources to purchase nutritious food in San Francisco. Below are two scenarios depicting what a budget might look like for a low-income family in San Francisco with one working parent.

Scenario 1: Food Insecure at Twice the Federal Poverty Guidelines

A single parent with two children with income at 200% of the federal poverty guidelines (2012-2013) has maximum gross income in the amount of $3,182 per month ($38,180 annually).

Her income is too high for any benefits, including free or reduced-price meals at schools. Assuming the parent is fortunate enough to rent a 2-BR apartment at $2,200, and is able to live within an otherwise extremely modest budget (allowing $442/month for all other expenses), the resources her family has available for food is $1.97 a person/a meal (see

"When there's money left over we eat, and when there's not, we don't," *said a mother of three small children who applied for CalFresh benefits with the help of San Francisco and Marin Food Bank staff. The family was living in a single room – all five of them – until friends stepped in to help. The friends pitched in to buy a cheap house with an affordable mortgage, and things were looking better. But then the husband fell ill and the wife lost her job. The struggle to pay a $1,300 mortgage, utility bills and food became unmanageable. The woman started pulling out her PG&E bill, her mortgage payment, and each bill one by one. She started to tear up. She excused herself and wiped her eyes – she was trying to keep it together. "When the bills come in one by one they don't look that bad, but when you look at them all at once, it's overwhelming," the mother said. The woman only speaks Cantonese, so she was unlikely to visit the downtown CalFresh benefits office. Trusted community organizations reach those in need who may not otherwise know about or apply for assistance. When the family applied, they qualified for $400 a month in CalFresh benefits – which they received the next day. Without CalFresh, this woman and her family likely would have continued missing meals.*

FOOD RESOURCES

Section III, Sample Budget for Low-Income Family for details).

"The Daily Meal," a research report on the cost of a simple dinner in different cities across the country, calculated the cost of a meal of chicken, potatoes, green beans and milk at $16.50 for 3 people (prices from Safeway in San Francisco).[36] (In addition to the cost-barrier, if parents work full-time, roasting a chicken in time for dinner may not be realistic.) The cost for even an extremely basic, though well-balanced, vegetarian meal of pasta and garbanzo beans, red sauce, broccoli, apples and milk was $9.10 for 3 people for dinner.[37]

Scenario 2: Living at the Federal Poverty Guidelines

A single parent with two children with an income at 100% of the federal poverty guidelines (2012-2013) has maximum income in the amount of $1,591 per month ($19,090 annually). [38]

A household at 100% federal poverty guidelines is eligible for benefits such as CalWORKS, CalFresh, and free school meals for the children, all of which help boost the resources available. If the family is able to find affordable and safe housing at HUD's fair market rate, and can contain all other expenses to an extremely restricted budget of just over $300 a month (including transportation and child care), the resources her family has available for food is $2.58 a person per meal (see Section III, Sample Budget for Low-Income Family for details).

Low-Income Children Not Receiving CalFresh Benefits

CalFresh is underutilized by families with children in San Francisco. In 2012-13, approximately 26,000 SFUSD school children were eligible for free meals based on income, and presumably most of these children also would be income-eligible for CalFresh benefits. Yet as of mid-2013 only 13,079 school-aged children were enrolled in CalFresh.[39] While some of these children may be found ineligible for other reasons, there are several thousand children who may be eligible for benefits but are not receiving them.

Key Recommendation

Focus on increasing participation in CalFresh by families with children. The San Francisco CalFresh office and the school district should work together to conduct outreach to families who qualify for school meals and therefore may also be eligible for CalFresh. Local agencies should work together to create seamless coverage between WIC and CalFresh.

FOOD ACCESS

Key Challenge:

Inadequate Coverage of Free and Low-Cost Food for Children and Families

- **School Meals**

School breakfast and lunch offer a significant opportunity to provide regular and reliable nutrition every school day to thousands of San Francisco children. Around sixty-percent of SFUSD children

qualify for either free or reduced-price meals. Of the students that qualify, around 58%[16] participate for lunch and only 15.8% for breakfast. Participation in the lunch program increased when SFUSD started serving freshly prepared food in all schools in January 2012. However, there is still room to grow, especially for breakfast. SFUSD has embarked on a strategic planning process to develop a vision and long-term plan to create a "student-centered, financially sustainable system where kids eat good food".[40]

After School and Summer Lunch

Only about 8,500 kids eat free summer lunch – roughly a quarter of the number of kids who are eligible to eat free during the school year. While there were about 127 sites open for lunch in 2012 (42 SFUSD and 85 DCYF sites), still there is a high need for more and larger sites. Both inadequate funding and limited capacity to oversee the administrative requirements conspire to constrain the program's expansion.

Healthy Children Pantries

San Francisco and Marin Food Bank's "Healthy Children" pantries are located in over 50 schools and other child-care or family program sites. They provide fresh produce, meat, eggs and other basics to thousands of families each week at convenient locations. Distributions are limited to school sites that are able to host the pantries, and many pantries do not provide coverage during the summer months. These Food Bank-run pantries depend on private funding to operate.

Morning and After School Snack

Currently about 30 SFUSD elementary schools receive an additional delivery of fruit, string cheese, and carrots with their pantry distribution to provide a nutritious mid-morning snack, serving over 10,000 children every day. The snack program relies on parent volunteers or other school staff. Like food pantries, the availability of the snacks depends on private funding.

Key Recommendations

- SFUSD should continue to explore and develop options to increase participation in school meals, focusing in particular on increasing breakfast participation, by expanding "Breakfast-After-The-Bell" programs like Second Chance Breakfast, and possibly Breakfast in the Classroom (for younger children).
- City departments, and SFUSD, together with nonprofit program providers, should develop a plan to expand Summer Lunch and After School Meal programs.

C. VULNERABLE SUBPOPULATION: PEOPLE WHO ARE HOMELESS (SINGLE INDIVIDUALS LIVING IN SHELTER OR ON THE STREETS)

BY THE NUMBERS[12]

Because Seniors, Adults with Disabilities, and Children and Families are separately profiled Vulnerable Subpopulations, this profile focuses on single individuals who are literally homeless or living in shelters, and are not seniors or disabled.

- Approximately 2,090 literally homeless or sheltered homeless people are in this category of "single individuals who are not disabled".[i]
- Almost all homeless individuals are food insecure based on very low or no income and a lack of food preparation and storage facilities.
- Income data from the Homeless Survey informs us that almost all homeless people are below 100% of Federal Poverty Guidelines, with mean income of $607.50 a month; and 62% are unemployed.
- Almost 60% of homeless people in San Francisco utilize free meal programs.
- Homeless studies indicate that even with free food resources such as dining rooms and shelter meals, homeless residents experience high rates of food insecurity. However, levels of food security can vary at individual levels. Chronically homeless individuals are particularly food insecure as are those with physical, mental health or substance abuse problems. Homeless residents with higher incomes and regular shelter use experience food insecurity at a less severe level.[41]

FOOD RESOURCES

Key Challenge:

CalFresh is Underutilized and Benefits Do Not Sustain Food Security

People who are homeless qualify for CalFresh benefits unless they are receiving SSI, are an undocumented immigrant, or an ex-offender convicted of a certain type of drug offense. One-third of homeless persons receive CalFresh benefits, 13% receive SSI and are not eligible for CalFresh, leaving a potential gap of up to 54% of people who are homeless and eligible for but not accessing CalFresh benefits (data on the number of homeless people ineligible due to undocumented or drug-felon status is unknown).[12] For a nondisabled homeless person living on the streets, the average CalFresh benefit of $6.50 a day is not sufficient to meet nutritional requirements; other income benefits are too insignificant to offer a meaningful economic supplement.

Key Recommendations

- Increase enrollment in CalFresh.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health insurance).

[i] In the City's 2013 Point-in-Time Count of people who are homeless, 4,282 single adults and unaccompanied youth (not families) were unsheltered; an additional 1,364 slept in an emergency shelter bed or Resource Center that same evening. Of those, the 2013 Homeless Survey indicates that 63% had a disabling condition, leaving approximately 2,090 literally homeless or sheltered homeless people in this category of "single individuals who are not disabled". (Some small portion probably also are seniors, but it is believed that most seniors who have been living on the streets or in shelter are captured in the percentage of people with a disabling condition). This is an acknowledged undercount, inherent in the count methodology.

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Key Challenges:

Free meal programs are at capacity, offerings at shelter and through the Restaurant Meals Program need to be expanded

- For most individuals who are homeless or living in shelters, purchasing sufficient food is not an option.
- Homeless/sheltered individuals rely most heavily on obtaining food directly from city-funded or nonprofit food programs, such as one of San Francisco's 13 dining rooms or meals in a shelter.
  - o Non-profits are a primary food source for people who are homeless, but these programs are at capacity.
  - o Residents of most Human Services Agency-funded adult shelters are offered two meals a day in the shelter. However, many residents do not eat each meal offered and seek other meals to meet their dietary needs, or cultural preferences.
- Homeless individuals are unable to store or cook food and therefore use their CalFresh benefits at restaurants participating in the Restaurant Meals Program (RMP). Currently, participating vendors primarily are Subways and other national chains. The nutritional and cultural offerings are limited. Also, the number of restaurants participating varies by District, and accessing a RMP vendor is challenging, or impossible in some areas.

Key Recommendations

- Fund safety net on-site meal programs to fill the large gap between shelter meals and CalFresh benefits.
- Maintain/increase shelter meals: the City should continue to fund meals in the shelters, augmenting funding to support a more robust offering to meet varying needs, including enhanced dietary consultation for menu planning.
- Increase number and variety of CalFresh RMP vendors accepting EBT, including local restaurants that bring cultural, nutritional, and geographical choices to beneficiaries.

***Robert** is homeless and **lives on the streets** in San Francisco's Haight-Ashbury neighborhood. He receives general assistance under San Francisco's County Adult Assistance Programs (CAAP), which as a single person with no resources or income is $320 a month. Robert generally refuses to live in a shelter because of the difficulties he encounters in securing or keeping a reservation; and therefore, since the income-in-kind value of the shelter, utilities and meals available to Robert exceeds $320, he receives a special allowance of $59 per month. Robert also would be entitled to $170 - $195 in CalFresh each month **($6.50 a day)**.*

***Yvette** is homeless and **lives in a "single adult" shelter** in San Francisco's SOMA neighborhood. At the shelter she may eat breakfast and dinner. Lunch is not served. She receives general assistance under CAAP, which as a single person with no resources or income is $320 a month. However, since Yvette lives in the shelter and the income-in-kind value of the shelter, utilities and meals exceeds $320, she receives a special allowance of $59 per month to cover all of her personal needs for the month. She also would be entitled to $170 - $195 in CalFresh each month **($6.50 a day)**.*

From a strictly financial point of view (discounting other barriers to using the CalFresh benefit), at approximately $6.50 a day, Yvette's CalFresh benefit can fairly adequately supplement her shelter meals. But that amount clearly is inadequate for Robert to purchase three healthy meals a day.

FOOD CONSUMPTION

Key Challenge:

Nutrition education is needed

- People who are homeless can exercise their consumption choices at restaurants they patronize through the Restaurant Meal Program, as well as with how they spend their CalFresh benefits on groceries (e.g. for fruit), and which on-site meals program offerings they select. Many would benefit from nutritional education.

Key Recommendations

- Support educational efforts around healthy food choices, nutrition and how to find and access affordable healthy food outlets.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. This should include locations of grocery stores, restaurants, healthy corner stores, and information on EBT and WIC acceptance.

SECTION II, PART 1

District Profiles

DISTRICT 1

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	69,550
Households	28,910
Average household size	2.3 persons
% family households	51%
% households with children	24%
% households with single person	37%
Seniors	
60+	15,738
65+	11,230
% living alone	37%
Children (0-17)	9,916 (6th highest)

Income and Poverty (Estimates)	
Median Income by Household	$74,668 (5th highest)
Per Capita Income	$41,444 (7th highest)
All residents below 200% of poverty level*	24.6%
Residents below 100% of poverty level**	10%
Homeless	
Total sheltered and unsheltered	364
Total unsheltered	321
Seniors (65+) below 200% of poverty level[9]	34.2%

Employment	
Employed residents	43,770
Unemployment rate	7%

Housing (Estimates)	
# of Housing Units	31,380
Units lacking complete kitchens***	355 (2nd lowest)

Continued on next page

*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 1

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	1,958 (4% of all cases Citywide); 8th highest
Seniors (60+)	328
Children (0-17)	680
Women, Infants, and Children (WIC) All individuals receiving	660 (8th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 5,313 in 7 schools)
# eligible for free or reduced priced meals	2,705 (50.9% of enrolled)
# eating school lunch	1,317 (25% of enrolled)
# eating school breakfast	255 (5% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	2/3
# of children/day (average SFUSD/DCYF)	72/250
# days open (average SFUSD/DCYF)	11/43 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	276 (3rd highest)
For Young Disabled Adults (18-59)	11 (3rd highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	261 (6th highest)
For Young Disabled Adults (18-59)	6 (8th highest)
Food Pantries	
Weekly food pantries	2 pantries
Residents served	1,610 (2.3% of residents), ranked last
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

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DISTRICT 1

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	8
- Number that accept CalFresh EBT	6 (75%)
- Number that accept WIC	2 (25%)
Grocery Stores (total number)	5
- Number that accept CalFresh EBT	4 (75%)
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

The median household income of District 1 residents is $74,668, compared to the City's median of $71,416. Nonetheless, the income and non-cash resources available for District 1 residents to use on food are low. About one quarter of District 1 residents live on income below 200% of the poverty level (over 17,000 residents living in over 7,000 households), and therefore are at risk of food insecurity.

Approximately 10% (6,955 people; 2,891 households) live on incomes below 100% of the poverty level. Although it is not possible to ascertain how many District 1 residents are eligible for the CalFresh program, at least 5,842 appear qualified based on income and age, not accounting for other disqualifiers.[ii] However, there are only 2,000 people receiving CalFresh benefits in the District. CalFresh EBT is accepted at 75% of the District's supermarkets and grocery stores.

About 660 people in the District receive Women, Children, and Infants (WIC) benefits, yet only 2 of the 7 supermarkets and none of the grocery stores in the District accept WIC benefits.

[ii] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 6,995 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 1,153 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

While the nearly 25% of District 1 residents living below 200% of poverty and who are at risk for food insecurity might benefit from additional nutritious food on a regular basis, food pantries serve only 2.3% of the population.

One-half of the approximately 5,300 students attending schools in District 1 are eligible for free or reduced meals. Approximately 1,300 students are eating lunch while 255 are eating breakfast. This presents an opportunity for feeding an additional almost 4,000 students at lunch and over 5,000 at breakfast. Children's food security suffers when school is out for the summer. In 2012, only 322 children ate at summer lunch programs in District 1. There are approximately 55 weekdays during summer break; however, summer lunches are available in this District on average between 11 days (SFUSD) and 43 days (DCYF) of the summer break.

The seniors at risk of food insecurity in District 1 (seniors living below 200% of poverty) require 11,510 meals a day, but only 1,665 are provided by City and nonprofit agencies, including CalFresh, leaving up to 9,545 daily to be funded for this most vulnerable population (the third highest in the city).[9]

Food services for individuals who are homeless are practically nonexistent in District 1. There are no shelter meals, nor free dining rooms. There are only national chain restaurants in the Richmond district that accept CalFresh EBT benefits, while there are 290 CalFresh recipients who qualify for the program.[31] This adds to the inaccessibility of healthy prepared meals for people who are homeless or otherwise unable to cook.

Congregate meal programs for Young Adults (18-59) with Disabilities serve 11 meals a day on average, 15% of the City's total, and home-delivered meal programs provide 6 meals a day for this population (about 2% of the City's total).

There are four community gardens in District 1.[42]

DISTRICT 1

FOOD ACCESS

Recommendations key to this District

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school meals breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- Although only 355 (1%) housing units counted through the Census do not have complete kitchens, this figure may underrepresent additional secondary units.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Disabled Adults:** 34.2% of seniors 65 and older have incomes below 200% of poverty and live with the threat of hunger. Additionally, 37% of seniors aged 60 and older live alone.
- **Children and Families:** 24% of the households in this District have children, higher than the Citywide 18%. With about 13% of all youth living in households below 100% of poverty, and many more living in households below 200% of poverty, additional food programs for children and families are needed, especially during the summer months when school is not in session.
- **People Who are Homeless:** 88% of the 364 people who are homeless in the District are unsheltered, meaning they have no access to shelter meals or cooking facilities. There is no free dining room in this District.

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DISTRICT 2

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	69,610
Households	38,430
Average household size	1.8 persons
% family households	32%
% households with children	10% (9th highest)
% households with single person	49% (tied for 2nd highest)
Seniors	
60+	12,386
65+	9,324
% living alone	55% (3rd highest)
Children (0-17)	6,708

Income and Poverty (Estimates)	
Median Income by Household	$105,509 (highest)
Per Capita Income	$91,083 (highest)
All residents below 200% of poverty level*	12.9% (lowest)
Residents below 100% of poverty level**	6% (lowest)
Homeless	
Total sheltered and unsheltered	24 (10th highest)
Total unsheltered	24 (10th highest)
Seniors (65+) below 200% of poverty level[9]	20.9% (lowest)

Employment	
Employed residents	40,620
Unemployment rate	5% (lowest)

Housing (Estimates)	
# of Housing Units	42,590
Units lacking complete kitchens***	918

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 2

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	469 (1% of all cases Citywide), lowest
Seniors (60+)	108 (lowest)
Children (0-17)	93 (lowest)
Women, Infants, and Children (WIC) All individuals receiving	595 (2nd lowest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 6,437 in 9 schools)
# eligible for free or reduced priced meals	3,820 (59.3% of enrolled)
# eating school lunch	2,024 (31.4% of enrolled)
# eating school breakfast	490 (8% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	5/2
# of children/day (average SFUSD/DCYF)	399/133
# days open (average SFUSD/DCYF)	20/30 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	84 (lowest)
For Young Disabled Adults (18-59)	0 (tied for lowest with 4 other Districts)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	122 (lowest)
For Young Disabled Adults (18-59)	2 (lowest)
Food Pantries	
Weekly food pantries	6
Residents served	2,017 (3% of residents)
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

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DISTRICT 2

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	8
- Number that accept CalFresh EBT	5 (63%)
- Number that accept WIC	1 (12%)
Grocery Stores (total number)	5
- Number that accept CalFresh EBT	0
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

District 2 residents have the highest median income by household ($105,509) and individual ($91,082) - 148% of the City median household income of ($71,416). Still, almost 9,000 people (12.9% of the District's residents) are at risk for food insecurity based on income below 200% of the poverty level.

Further, 6% of District 2 residents live below 100% of the poverty level (approximately 4,100 residents). Although it is not possible to ascertain how many District 2 residents are eligible for CalFresh benefits, at least 3,700 appear qualified based on income and age, not accounting for other disqualifiers.[iii] There are only 470 people receiving CalFresh benefits in the District. Sixty-three percent of supermarkets accept the CalFresh EBT card, but none of the District's five grocery stores do.

While this District has almost 600 Women, Children, and Infant (WIC) beneficiaries, it should be noted that only one of the District's eight supermarkets, and none of the grocery stores accepts WIC benefits.

[iii] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 4,176 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 475 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

While the nearly 25% of District 2 residents living below 200% of poverty and who are at risk for food insecurity might benefit from additional nutritious food on a regular basis, food pantries serve only 2.9% of the population.

About 60% of the over 6,400 students attending schools in District 2 qualify for free or reduced meals. About 2,000 students eat lunch each day, but only 490 eat breakfast, an opportunity to provide a nutritious lunch to 4,000 additional students and a nutritious breakfast to almost 6,000. Children's food security suffers when school is out for the summer. In District 2, 322 children eat at summer lunch programs. There are approximately 55 weekdays during summer break; however, summer lunches are available in this District on average between 20 days (SFUSD) and 30 days (DCYF) of the summer break.

The seniors at risk of food insecurity in District 2 (seniors living below 200% of poverty) require 5,848 meals a day, but only 1,340 are provided by City and nonprofit agencies, including CalFresh, leaving up to 4,507 daily to be funded for this most vulnerable population. In planning for additional meals or groceries, attention should be paid to the fact that this District has the third highest number of seniors who live alone (55%).[9]

Food services for individuals who are homeless are practically nonexistent in District 2. There are no shelter meals, nor free dining rooms. There is one national chain restaurant in the Marina district that accepts CalFresh EBT benefits[31] adding to the inaccessibility of healthy prepared meals for people who are homeless or otherwise unable to cook.

There are no congregate meal programs for adults (18-59) with disabilities in District 2.

There are eight community gardens in District 2.[42]

Recommendations key to this District

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school meals breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

DISTRICT 2

FOOD CONSUMPTION

Challenges key to this District

- Although 98% of housing units counted through the Census have complete kitchens, this figure may underrepresent additional secondary units.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** 20.9% of seniors 65 and older in District 2 have incomes of less than 200% of poverty and live with the threat of hunger. Additionally, 55% of the seniors aged 60 and older in District 2 live alone.
- **Children with Families:** 595 women and children receive WIC and only one supermarket in Distrct 2 accepts WIC benefits.

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DISTRICT 3

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	73,520
Households	39,850
Average household size	1.8 persons
% family households	32% (2nd lowest)
% households with children	9% (2nd lowest)
% households with single person	54% (4th highest)
Seniors	
60+	18,811 (highest concentration)
65+	13,941 (highest)
% living alone	55% (4th highest)
Children (0-17)	5,414 (fewest children in any District)

Income and Poverty (Estimates)	
Median Income by Household	$43,513 (2nd lowest)
Per Capita Income	$44,535 (6th highest)
All residents below 200% of poverty level*	42% (2nd highest)
Residents below 100% of poverty level**	20% (2nd highest)
Homeless	
Total sheltered and unsheltered	393 (4th highest)
Total unsheltered	363 (3rd highest)
Seniors (65+) below 200% of poverty level[9]	60% (2nd highest)

Employment	
Employed residents	40,870
Unemployment rate	9%

Housing (Estimates)	
# of Housing Units	45,460
Units lacking complete kitchens***	6,831 (highest)

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 3

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	3,689 (7% of all cases Citywide), 5th highest
Seniors (60+)	697
Children (0-17)	1,435 (5th highest)
Women, Infants, and Children (WIC) All individuals receiving	1,043 (5th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 3,045 in 9 schools)
# eligible for free or reduced priced meals	2,549 (84% of enrolled; highest)
# eating school lunch	2,053 (67% of enrolled)
# eating school breakfast	425 (14% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	5/10
# of children (average SFUSD/DCYF)	579/825
# days open (average SFUSD/DCYF)	23/33 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	370 (2nd highest)
For Young Disabled Adults (18-59)	13 (2nd highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	338 (4th highest)
For Young Disabled Adults (18-59)	20 (3rd highest)
Food Pantries	
Weekly food pantries	15
Residents served	8,961 (12% of population)
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

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DISTRICT 3

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals per day; 7 days/week)	0
Retail	
Supermarkets (total number)	12
- Number that accept CalFresh EBT	9 (75%)
- Number that accept WIC	2 (17%)
Grocery Stores (total number)	32
- Number that accept CalFresh EBT	17 (53%)
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

The median income by household in District 3 is the 2nd lowest in the City, $43,513 compared to the City median household income of $71,416.

Based on income below 200% of the poverty level, 42% of residents (approximately 30,700 people) are at risk of food insecurity – the second highest percentage in the City.

Twenty percent (approximately 14,700 people) live below 100% of the poverty level. While it is not possible to ascertain precisely how many District 3 residents are eligible for the program, at least 13,712 are qualified for CalFresh based on income and age, not accounting for other disqualifiers.[iv] However, only 3,690 people receive CalFresh benefits in the District (39% of those are children). District 3 has the fewest number of children in the City (approximately 5,400). However, it has the fifth largest number of children receiving CalFresh benefits - 1,435, representing 26% of all children in the District.

District 3 has the fifth highest number of individuals receiving Women, Infant, and Children (WIC) benefits (1,043 participants). Only two of the 12 supermarkets and none of the 32 grocery stores in the District accept WIC benefits.

[iv] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 14,700 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 988 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Three-fourths of supermarkets in District 3 accept CalFresh EBT, while only 53% of grocery stores do, likely because many grocery stores in District 3 are small and family-owned. However, in District 3 in particular, residents would greatly benefit from being able to use CalFresh to buy culturally desirable foods. Increased use of CalFresh also would generate economic benefit to the District and its small businesses.

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

While the nearly 42% of District 3 residents living below 200% of poverty and who are at risk for food insecurity might benefit from additional nutritious food on a regular basis, food pantries serve only 12.19% of the population (just over 9% of the total number served citywide).

Nearly 85% of the over 3,000 K-12 students attending school in District 3 qualify for free or reduced meals. Each day, 2,053 students eat lunch at school, and around 425 eat breaktfast. There is an opportunity to feed an additional almost 1,000 students at lunch and over 2,500 at breakfast.

Children's food security suffers when school is out for the summer. In District 3, 1,400 students eat at summer lunch programs. There are approximately 55 week-days during summer break; however, summer lunches are available in this District on average between 23 days (SFUSD) and 33 days (DCYF) of the summer break.

The seniors living below 200% of poverty who are at risk of food insecurity in District 3 require 25,226 meals a day, but only 5,394 are provided by City and nonprofit agencies, including CalFresh, leaving up to 19,832 daily to be funded for this most vulnerable population (the most needed in any District).[9] In planning for additional meals or groceries, attention should be paid to the fact that this District has the fourth highest percent of seniors who live alone (54%),[9] and, as noted in the Food Consumption section, the highest number of housing units without complete kitchens.

Food services for individuals who are homeless are practically nonexistent in District 3. There are no shelter meals, nor free dining rooms. There is only one chain restaurant in Chinatown that accepts CalFresh EBT benefits, adding to the inaccessibility of healthy, prepared meals for people who are homeless or otherwise unable to cook.[31]

DISTRICT 3

FOOD ACCESS

Adults (18-59) with disabilities in the District are served through an average of 33 meals per day, either on-site lunches or home-delivered meals.

There are four community gardens in District 3.[42]

Recommendations key to this District

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Develop ways to meet high demand for community based food programs that are the most respectful and least disruptive for the clients and neighborhoods.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school meal programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- Only 85% of the housing units in District 3 have complete kitchens (the highest number of units without complete kitchens at 6,831).

Recommendations key to this District

- Significantly increase the number of complete kitchens in housing units.
- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** District 3 has the highest number of seniors in all age groups (60+, 65+ and 85+), the highest percentage of seniors over 60 years old living alone (54%), and the highest number of seniors aged 65 or above who live below 200% of the poverty level (about 8,400).
- **People Who are Homeless:** District 3 has the fourth largest number of homeless residents, and third largest number of unsheltered homeless people. A full 92% of the District's homeless population is unsheltered, meaning that they have no access to shelter meals, or to cooking facilities. District 3 has no free dining room.
- **Children and Families:** Since District 3 has the highest number of housing units without complete kitchens, families' abilities to prepare nutritious food are compromised.

DISTRICT 4

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	72,490
Households	25,970
Average household size	2.8 persons
% family households	64% (3rd highest)
% households with children	27% (4th highest)
% households with single person	22% (2nd lowest)
Seniors	
60+	16,246
65+	11,529
% living alone	26%
Children (0-17)	10,942 (3rd highest)

Income and Poverty (Estimates)	
Median Income by Household	$77,376 (4th highest)
Per Capita Income	$33,810 (7th highest)
All residents below 200% of poverty level*	21.3% (8th highest)
Residents below 100% of poverty level**	7% (2nd lowest)
Homeless	
Total sheltered and unsheltered	136
Total unsheltered	136
Seniors (65+) below 200% of poverty level[9]	27.4% (9th highest)

Employment	
Employed residents	37,360
Unemployment rate	8%

Housing (Estimates)	
# of Housing Units	27,470
Units lacking complete kitchens***	396 (9th highest)

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 4

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	2,350 (4% of all cases Citywide)
Seniors (60+)	414
Children (0-17)	831
Women, Infants, and Children (WIC) All individuals receiving	565 (fewest in the City)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 7,114 in 10 schools)
# eligible for free or reduced priced meals	3,576 (50.3% of enrolled, 9th highest)
# eating school lunch	2,072 (29% of enrolled)
# eating school breakfast	434 (6% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	1/4
# of children/day (SFUSD/DCYF average)	183/422
# days open (average SFUSD/DCYF)	22/29 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	223 (4th highest)
For Young Disabled Adults (18-59)	0 (tied for last in the City with 4 other Districts)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	247 (7th highest)
For Young Disabled Adults (18-59)	6.5 (7th highest)
Food Pantries	
Weekly food pantries	4
Residents served	3,918 (5.4% of residents)
Free Dining Rooms	1
Average number of free meals per day	Data not available

*Note that children may not reside in the same District where they attend school.

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DISTRICT 4

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	5
- Number that accept CalFresh EBT	5 (100%)
- Number that accept WIC	1 (20%)
Grocery Stores (total number)	5
- Number that accept CalFresh EBT	2 (40%)
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

The median household income in District 4 is the fourth highest in the City ($77,376) as compared to the City median household income of $71,416. More than one in five District residents (around 15,400 people) live at risk of food insecurity based on income below 200% of the poverty level.

Seven percent (5,073 residents) live below 100% of the poverty level. While it is not possible to ascertain precisely how many District 4 residents are eligible for the program, at least 4,085 appear qualified based on income and age, not accounting for other disqualifiers.[v] However, there are only 2,350 people receiving CalFresh benefits in the District.

Recommendations key to this District

- Increase enrollment in CalFresh.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

[v] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 5,073 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 988 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

DISTRICT 4

FOOD ACCESS

Challenges key to this District

Many families in the District are challenged to meet their nutritional needs. While 21.3% of District 4 residents live below 200% of poverty and are at risk for food insecurity, food pantries in the District serve only 5.4% of the population. District 4 has the third highest number of children (10,942), and the fourth highest percentage of households with children (27%).

One-half of the over 7,000 K-12 students attending schools in District 4 are qualified for free or reduced meals (3,576 students). About 2,000 students eat lunch but only 430 eat breakfast. Children's food security suffers when school is out for the summer. In District 4, 605 children eat at summer lunch programs. There are approximately 55 weekdays during summer break; summer lunches are available in this District on average between 22 days (SFUSD) and 29 days (DCYF) of the summer break.

The seniors living below 200% of poverty who are at risk of food insecurity in District 4 require 9,463 meals a day, but only 2,167 are provided by City and nonprofit agencies, including CalFresh, leaving up to 7,296 daily to be funded for this most vulnerable population.[9] Meal programs serve approximately 220 meals each day to seniors, while approximately 250 seniors receive home delivered meals.

Food services for individuals who are homeless consist of one free dining room, and no shelter meals.

Meal programs for adults (18-59) with disabilities serve 21 meals a day on average, while home delivered meals serve six.

There are three national chain restaurants in District 4 (2 in the Sunset and 1 in the Parkside district) that accept CalFresh EBT, while 371 residents of these neighborhoods are qualified to participate in restaurant meals.[31]

There are three community gardens in District 4.[42]

Recommendations key to this District

- Increase number and variety of CalFresh Restaurant Meal Program vendors accepting EBT, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

DISTRICT 4

FOOD CONSUMPTION

Challenges key to this District

- Although only 396 (2%) housing units counted through the Census do not have complete kitchens, this figure may underrepresent additional secondary units.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.

Needs of Vulnerable Subpopulations in this District

- **Children and Families:** District 4 has the fourth highest percentage of households with children (27%), and third highest number of children (10,942). Children in this district would benefit from additional meal programs like summer lunch and after school meals.
- **People Who are Homeless:** District 4 has a low percentage of the City's homeless population, but 100% of those homeless are unsheltered, meaning that 136 residents have no access to shelter meals, or to cooking facilities. District 4 has one free dining room.
- **Seniors and Adults with Disabilities:** District 4 has the highest number of seniors (65+). These seniors may benefit from additional meal programs.

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DISTRICT 5

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	74,760 (4th highest)
Households	38,090
Average household size	1.9 persons
% family households	30%
% households with children	11%
% households with single person	49% (highest with District 2)
Seniors	
60+	13,469 (6th highest)
65+	9,897 (6th highest)
% living alone	56%
Children (0-17)	6,664 (10th highest)

Income and Poverty (Estimates)	
Median Income by Household	$67,331 (8th highest)
Per Capita Income	$49,776 (3rd highest)
All residents below 200% of poverty level*	28.5% (6th highest)
Residents below 100% of poverty level**	13% (4th highest)
Homeless	
Total sheltered and unsheltered	344 (6th highest)
Total unsheltered	284 (5th highest)
Seniors (65+) below 200% of poverty level[9]	48.6% (3rd highest)

Employment	
Employed residents	47,870
Unemployment rate	6% (5% is the lowest in the City)

Housing (Estimates)	
# of Housing Units	40,970
Units lacking complete kitchens***	1,068 (4th highest)

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 5

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	3,014 (6% of all cases Citywide), 6th highest
Seniors (60+)	290
Children (0-17)	1,030
Women, Infants, and Children (WIC) All individuals receiving	695 (7th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 2,519 in 4 schools)
# eligible for free or reduced priced meals	1,220 (48.4% of enrolled, 2nd lowest)
# eating school lunch	983 (39% of enrolled)
# eating school breakfast	190 (7.5% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	2/9
# of children/day (average SFUSD/DCYF)	177/452
# days open (average SFUSD/DCYF)	2/45 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	220 (5th highest)
For Young Disabled Adults (18-59)	7 (4th highest)
Home-delivered Meals (City funded) # of meals/day, 6 days/week	
For Seniors	394 (3rd highest)
For Young Disabled Adults (18-59)	23 (2nd highest)
Food Pantries	
Weekly food pantries	17
Residents served	8,537 (11.42% of residents), 6th highest
Free Dining Rooms	2
Average number of free meals/day	24

*Note that children may not reside in the same District where they attend school.

Continued on next page

DISTRICT 5

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	9
- Number that accept CalFresh EBT	7 (78%)
- Number that accept WIC	2 (22%)
Grocery Stores (total number)	16
- Number that accept CalFresh EBT	10 (63%)
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

The median household income in District 5 is $67,331 compared to the City's median household income of $71,416. About 21,300 of residents have incomes below 200% of the poverty level, making 28.5% of households in the District at risk of food insecurity.

District 5 has the fourth highest percentage of residents (13%) - about 9,700 people living below 100% of the poverty level. While it is not possible to ascertain precisely how many District 5 residents are eligible for the CalFresh program, at least 8,329 appear qualified based on income and age, not accounting for other disqualifiers.[vi] However, there are only 3,014 people receiving CalFresh benefits in the District, one-third of whom are children.

There are 695 WIC recipients living in the District. Only two of the nine supermarkets and none of the grocery stores in the District accept WIC benefits.

[vi] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 9,700 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 1,371 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Nearly 28.6% of District 5 residents live below 200% of poverty and are at risk of food insecurity. Although these residents might benefit from additional nutritious food on a regular basis, the reach of food programs is eclipsed by the need.

Food pantries serve 11.42% of the population (almost 9% of the total number served citywide).

Nearly 50% of the 2,519 K-12 students attending schools in District 5 are qualified for free or reduced meals (1,220). Each day 983 students eat lunch at school, and 190 eat breakfast. Children's food security suffers when school is out for the summer. In District 5, 629 children eat at summer lunch programs. There are approximately 55 weekdays during summer break. Summer lunches are available in District 5 on average 45 days of the summer break (DCYF); two of the sites serving 177 children were only open 2 days (SFUSD).

The total number of meals available in District 5 for seniors from all City and nonprofit sources is 4,243 daily. However, the 4,479 seniors in the District living below 200% of the poverty level require 14,442 meals per day, leaving 10,199 meals "missing" in the District for this most vulnerable population.[9] In planning for additional meals or groceries, attention should be paid to the fact that this District has the second highest number of seniors who live alone (56%).[9]

There are 284 homeless people residing in the District. Two churches serve a free lunch/brunch one day a week that averages about 24 free meals per day.

Adults (18-59) with disabilities in the District are served through an average of 30 meals per day, either on-site lunches (7 per day, 5 days per week) or home-delivered meals (23 per day, 6 days per week).

There are four national chain restaurants in the Western Addition that accept CalFresh benefits; however, no local, independent restaurants accept CalFresh, adding to the inaccessibility of healthy prepared meals to people who are homeless or otherwise unable to cook. There are 210 residents in the Western Addition qualified for the Restaurant Meal Program.[31]

DISTRICT 5

FOOD ACCESS

There are eight community gardens in District 5.[42]

Recommendations key to this District

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Develop ways to meet high demand for community based food programs that are the most respectful and least disruptive for the clients and neighborhoods in which they live.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- 1,068 housing units in District 5 lack complete kitchens, severely compromising individuals' and families' abilities to prepare nutritious food.

Recommendations key to this District

- Significantly increase the number of complete kitchens in housing units.
- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and to reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** Seniors, 60 years or older, comprise 18% of the District's population. One-half (48.6%) of all seniors live below 200% of the poverty level; almost 15% of seniors aged 65 or over are below 100% of poverty. District 5 has the third highest number of seniors at risk of hunger, behind Districts 6 and 3. 56% of seniors in this District live alone.
- **People Who are Homeless:** A full 82% of the District's homeless population is unsheltered (284 people), meaning that they have no access to shelter meals, or cooking facilities. District 5 has two free dining rooms serving on average 24 meals a day.
- **Children and Families:** There are almost 4,000 children aged 5-17 living in District 5, many of whom may benefit from the expansion of meal programs including after school meals and summer lunch.

DISTRICT 6

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	70,790
Households	37,490
Average household size	1.7 persons
% family households	26%
% households with children	6%
% households with single person	47%
Seniors	
60+	11,040
65+	7,741
% living alone	62% (highest)
Children (0-17)	8,467 (7th highest)

Income and Poverty (Estimates)	
Median Income by Household	$37,431 (lowest)
Per Capita Income	$44,784 (6th highest)
All residents below 200% of poverty level*	46.4% (highest)
Residents below 100% of poverty level**	22% (highest)
Homeless	
Total sheltered and unsheltered	3,257 (highest)
Total unsheltered	1,364 (highest)
Seniors (65+) below 200% of poverty level[9]	71% (highest)

Employment	
Employed residents	27,550
Unemployment rate	8%

Housing (Estimates)	
# of Housing Units	42,600
Units lacking complete kitchens***	6,482 (2nd highest)

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 6

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	7,002 (16% of cases Citywide), 2nd highest
Seniors (60+)	904 (highest)
Children (0-17)	2,280 (3rd highest)
Women, Infants and Children (WIC) All individuals receiving	882 (6th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 1,442 in 2 schools)
# eligible for free or reduced priced meals	1,132 (78.5% of enrolled), 3rd highest %
# eating school lunch	673 (47% of enrolled)
# eating school breakfast	171 (12% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	0/8
# of children/day (average SFUSD/DCYF)	0/469
# days open (average SFUSD/DCYF)	43 days (all DCYF sites; no SFUSD sites)
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	887 (highest)
For Young Disabled Adults (18-59)	33 (highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	1,203 (highest)
For Young Disabled Adults (18-59)	175 (highest)
Food Pantries	
Weekly food pantries	54
Residents served	10,332 (14.6% of residents), 4th highest
Free Dining Rooms	7
Average number of free meals per day	5,387 (highest)

*Note that children may not reside in the same District where they attend school.

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DISTRICT 6

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	1,993
Retail	
Supermarkets (total number)	10
- Number that accept CalFresh EBT	9 (90%)
- Number that accept WIC	3 (30%)
Grocery Stores (total number)	22
- Number that accept CalFresh EBT	15 (68%)
- Number that accept WIC	4 (18%)

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

District 6 has the lowest median income by household and the highest rates of residents in poverty, yet a disproportionate number of District 6 residents are not receiving government benefits.

Over 45% of the residents in District 6 (32,846 people) are at risk for food insecurity based on an income less than 200% of the poverty level.

Over one in five District 6 residents (approximately 15,570 people) are at the highest risk for food insecurity based on income below 100% of the poverty level. While it is not possible to ascertain precisely how many District 6 residents are eligible for CalFresh, at least 12,334 are qualified based on income and age, not accounting for other disqualifiers.[vii] However, there are only 7,000 residents receiving CalFresh benefits.

District 6 has the 6th highest number of WIC recipients, with 882. Nine of 10 supermarkets and 68% of the 22 grocery stores accept CalFresh EBT cards; however, only 3 of the supermarkets and 18% of the grocery stores accept WIC benefits.

[vii] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 15,570 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 3,236 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Nonprofit service coverage is relatively good in District 6 compared to other Districts, but still food security is not being achieved. Nonprofit Tenderloin food providers are experiencing increasing demand for services between 5 and 10 percent, while at the same time, the agencies report greater challenges when it comes to obtaining grant funding and individual donations. There are many food pantries in District 6; however, while about half of the population may be food insecure, only 14.6% of the population is served by the pantries in the District.

Of the 1,442 K-12 students enrolled in District 6 qualified for free or reduced meals, 673 students eat lunch daily and 190 eat breakfast. There is a significant opportunity to serve more students meals at school. Children's food security suffers when school is out for the summer. In District 6,469 children eat at the DCYF summer lunch program (no meals are served through the SFUSD summer lunch program). There are approximately 55 weekdays during summer break; summer lunches are available in this District on average 43 days (DCYF) of the summer break.

The total number of meals available to seniors in District 6 from City and nonprofit agencies, including CalFresh, is 11,765 daily. However, the 4,636 seniors in the District living below 200% of the poverty level require 16,484 meals per day, leaving 4,719 meals "missing" in the District for this most vulnerable population.[9] In planning for additional meals or groceries, attention should be paid to the fact that this District has the highest number of seniors who live alone (62%),[9] and, as noted in the Food Consumption section, 15% of the housing units do not have complete kitchens.

About 33 meals a day are available to adults (18-59) with disabilities through on-site, congregate meal programs, and 175 per day through home-delivered meals (both numbers are the highest in the City).

DISTRICT 6

FOOD ACCESS

Tenderloin residents face a number of barriers that affect access to healthy meals. These include a lack of grocery stores and other retail outlets that sell affordable and nutritious food. Additional challenges include serving diverse cultural and linguistic needs, and tailoring nutrition programs to the needs of particular populations. According to the San Francisco Department of Public Health Communities of Excellence Neighborhood Analysis,[viii] the index of unhealthy to healthy food sources is 97% to 3% in the Tenderloin and 92% to 8% in the South of Market neighborhood, and none of the food stores meet the Neighborhood Food Store Quality standards, a standard based on price, availability and quality of foods.[44] Many of the supermarkets in District 6 (such as Bristol Farms and Whole Foods Market) have high price points and thus are not affordable for residents in poverty. According to a report by the Tenderloin Healthy Corner Store Coalition, only 31% of the 640 Tenderloin residents surveyed buy their produce in the Tenderloin, and less than 25% buy their dairy, proteins or whole grains in the neighborhood. However, nearly 80% said they would buy their groceries at a corner store, and 87% at a full service market, if it sold what they needed and was affordable. The number one reason residents shop outside of the Tenderloin neighborhood for food is "it's too expensive." [45]

There is a high concentration of national chain restaurants as well as some locally owned restaurants that accept CalFresh EBT benefits in the District 6 and surrounding neighborhoods, improving the accessibility of prepared meals for people who are homeless or otherwise unable to cook.

There are 13 community gardens in District 6. [42]

Recommendations key to this District

- Increase the number of food retail stores selling healthy, affordable food.
- Incorporate affordability into the analysis of the "accessibility" of food at retail establishments.
- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase variety of CalFresh Restaurant Meal Program vendors including focusing on restaurant menu offerings that bring affordable cultural and nutritional choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

[viii] The Feeling Good Project, Nutrition Services, San Francisco Department of Public Health, funded by the Network for a Healthy California, CPDH undertook a Community Assessment Project January 2012-November 2012. This is part of CX3, Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention carried out throughout California by the Network for a Healthy California. This work is focused on Census Tracts where at least one-half the residents have an income of 185% or less of the poverty level. In the Tenderloin there are six 2010 Census Tracts that meet this criteria and there are two in the South of Market neighborhood that meet the criteria.

FOOD CONSUMPTION

Challenges key to this District

- District 6 has some of the least expensive housing stock in San Francisco and many units are Single Room Occupancy Hotels (SROs) without kitchen facilities. This is indicated by the almost 6,500 housing units in District 6 that lack complete kitchens representing 15% of all housing units. An additional barrier to food security in this District is that many residents have limited knowledge regarding how to prepare healthy meals, especially with inadequate cooking and storage facilities.

Recommendations key to this District

- Significantly increase the number of complete kitchens in housing units.
- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.

Needs of Vulnerable Subpopulations in this District

- **Seniors:** District 6 has the highest rate of seniors in poverty in the City. Additionally 62% of seniors over 60 years live alone. Of the 6,813 seniors for whom poverty status could be determined, a staggering 71% (almost 5,000 seniors) in the District are at risk for food insecurity based on an income of less than 200% of poverty. On-site meal programs for seniors are critical for food security and social support.
- **People Who are Homeless:** District 6 has the most sheltered and unsheltered homeless people in the City, with 42% (1,364 of 3,257) living on the streets. Unsheltered residents do not have access to shelter meals or facilities to cook and rely on prepared meals from free dining rooms. Free dining rooms provide 5,387 meals per day. However, many other residents also access free dining rooms including residents of shelters, residents of SROs without cooking facilities, and people who are unable to cook or afford meals.
- **Children and Families:** District 6 has the third highest number (2,280) of children receiving CalFresh and less than 475 children eating summer lunches. Children in this district would benefit from additional meal programs.

DISTRICT 7

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	72,920
Households	27,890
Average household size	2.5 persons
% family households	58%
% households with children	23% (4th highest percentage)
% households with single person	26%
Seniors	
60+	15,997
65+	11,355
% living alone	32%
Children (0-17)	10,564 (5th highest)

Income and Poverty (Estimates)	
Median Income by Household	$94,121 (3rd highest)
Per Capita Income	$49,435 (4th highest)
All residents below 200% of poverty level*	18%
Residents below 100% of poverty level**	9%
Homeless	
Total sheltered and unsheltered	19 (lowest in the City)
Total unsheltered	19 (lowest in the City)
Seniors (65+) below 200% of poverty level[9]	24%

Employment	
Employed residents	37,460
Unemployment rate	5%

Housing (Estimates)	
# of Housing Units	29,620
Units lacking complete kitchens***	141

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 7

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	1,314 (2% of all cases Citywide)
Seniors (60+)	225
Children (0-17)	417
Women, Infants and Children (WIC) All individuals receiving	1,156 (4th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 8,337 in 11 schools)
# eligible for free or reduced priced meals	3,702 (44% of enrolled)
# eating school lunch	2,371 (28%)
# eating school breakfast	581 (7%)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	2/4
# of children/day (average SFUSD/DCYF)	260/382
# days open (average SFUSD/DCYF)	14/37 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	121 (2nd lowest)
For Young Disabled Adults (18-59)	0 (lowest with 4 other Districts)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	202 (9th highest)
For Young Disabled Adults (18-59)	5.57 (9th highest)
Food Pantries	
Weekly food pantries	3
Residents served	2,015 (2.76% of residents)
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

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DISTRICT 7

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	7
- Number that accept CalFresh EBT	7 (100%)
- Number that accept WIC	3 (43%)
Grocery Stores (total number)	7
- Number that accept CalFresh EBT	3 (43%)
- Number that accept WIC	0

Key Challenges and Recommendations

Challenges key to this District

The income available for District 7 residents to use on food is higher than most Districts. District 7 residents have the third highest median income by household in the City, 132% of the Citywide median household income.

Still, 13,344 people (18.3% of the District's residents) are at risk for food insecurity based on income below 200% of the poverty level.

The income of 9% of residents in District 7 falls below 100% of the poverty level – an estimated 6,500 residents. While it is not possible to ascertain precisely how many District 7 residents are eligible for CalFresh, at least 5,912 appear qualified based on income and age, not accounting for other disqualifiers.[ix] However, there are only 1,315 people receiving CalFresh benefits in the District. District 7 has the fourth highest number of WIC recipients (1,156).

All of the District's seven supermarkets accept CalFresh benefits. However, only 3 accept WIC benefits. None of the District's seven grocery stores accept WIC benefits, and three accept CalFresh.

[ix] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 6,562 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 650 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Nearly 18.3% of District 7 live below 200% of poverty and are at risk for food insecurity. Although these residents might benefit from additional nutritious food on a regular basis, food pantries serve only 2.76% of the population.

Nearly 45% of the 8,337 K-12 students attending schools in District 7 qualify for free or reduced meals. About 2,370 students eat lunch and 580 eat breakfast daily, leaving an opportunity to serve more students healthy school meals. Children's food security suffers when school is out for the summer. In District 7, 642 children eat at summer lunch programs each day. There are approximately 55 weekdays during summer break; summer lunches are available in this District on average between 14 days (SFUSD) and 37 days (DCYF) of the summer break.

The seniors living below 200% of poverty and at risk of food insecurity in District 7 require 8,165 meals a day, but only 1,045 are provided by City and nonprofit agencies, including CalFresh, leaving up to 7,140 daily to be funded for this most vulnerable population.[9]

There are no restaurants that accept CalFresh benefits in the District, adding to the inaccessibility of prepared meals to seniors who are unable to cook.[31]

Adults (18-59) with disabilities are served through an average of six home-delivered meals (3rd lowest in the City). There are no on-site, congregate meal programs for this population in District 7.

There are six community gardens in District 7.[42]

Recommendations key to this District:

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.

DISTRICT 7

FOOD ACCESS

- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- Although only 141 housing units counted through the Census do not have complete kitchens, this figure may underrepresent additional secondary units.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include locations of grocery stores, healthy corner stores, and information on CalFresh and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.

Needs of Subpopulations Key to this District

- **Children and Families:** 23% of the households in District 7 have children, compared to the citywide 18%. District 7 has the 5th highest number of children (10,564). Children in this district would benefit from additional meal programs.
- **Seniors and Adults with Disabilities:** District 7 has almost 16,000 seniors and around 5,800 aged 75+ who may benefit from additional meal programs.

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DISTRICT 8

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	75,500
Households	38,420
Average household size	1.9 persons
% family households	33% (8th highest)
% households with children	13%
% households with single person	41%
Seniors	
60+	11,039
65+	7,173
% living alone	49%
Children (0-17)	7,110 (8th highest)

Income and Poverty (Estimates)	
Median Income by Household	$95,930 (2nd highest)
Per Capita Income	$67,964 (2nd highest)
All residents below 200% of poverty level*	17% (2nd lowest)
Residents below 100% of poverty level**	8%
Homeless	
Total sheltered and unsheltered	163 (7th highest)
Total unsheltered	163 (7th highest)
Seniors (65+) below 200% of poverty level[9]	29%

Employment	
Employed residents	46,760
Unemployment rate	6%

Housing (Estimates)	
# of Housing Units	41,210
Units lacking complete kitchens***	525

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 8

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	1,197 (3% of all cases Citywide); 10th highest
Seniors (60+)	190
Children (0-17)	294
Women, Infants, and Children (WIC) All individuals receiving	604 (9th highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 6,382 in 14 schools)
# eligible for free or reduced priced meals	3,319 (52% of enrolled)
# eating school lunch	1,913 (30% of enrolled)
# eating school breakfast	575 (9% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	3/2
# of children/day (average SFUSD/DCYF)	323/162
# days open (average SFUSD/DCYF)	17/49 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	173 (8th highest)
For Young Disabled Adults (18-59)	3 (6th highest)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	180 (2nd lowest)
For Young Disabled Adults (18-59)	8 (5th highest)
Food Pantries	
Weekly food pantries	18
Residents served	6,615 (8.76% of residents)
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

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DISTRICT 8

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	6
- Number that accept CalFresh EBT	5 (83%)
- Number that accept WIC	2 (33%)
Grocery Stores (total number)	7
- Number that accept CalFresh EBT	2 (29%)
- Number that accept WIC	0

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

The income available for District 8 residents to use on food is higher than most Districts. District 8 residents have the second highest median income by household in the City, 149% of the citywide median household income. Still, 12,500 people (17.1% of the District's residents) are at risk for food insecurity based on income below 200% of the poverty level.

The income of 8% of residents in District 8 falls below 100% of the poverty level – 6,040 residents. While it is not possible to ascertain precisely how many District 8 residents are eligible for CalFresh, at least 5,292 appear qualified based on income and age, not accounting for other disqualifiers.[x] However, there are only 1,200 people receiving CalFresh benefits in the District.

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

[x] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 6,040 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 748 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD ACCESS

Challenges key to this District

Nearly 17% of District 8 residents live below 200% of poverty and are at risk for food insecurity. Although these residents might benefit from additional nutritious food on a regular basis, food pantries serve only 8.76% of the population.

Just over 52% of the 6,382 K-12 students attending schools in District 8 qualify for free or reduced meals. On average, 1,930 students in District 8 schools eat lunch and 575 eat breakfast daily, leaving an opportunity to serve more students healthy school meals. Children's food security suffers when school is out for the summer. In District 8, 485 eat at summer lunch programs. There are approximately 55 weekdays during summer break; summer lunches are available in this District on average between 17 (SFUSD) and 49 (DCYF) days of the summer break.

The seniors living below 200% of poverty and at risk of food insecurity in District 8 require 6,165 meals a day, but only 1,464 are provided by City and nonprofit agencies, including CalFresh, leaving up to 4,701 daily to be funded for this most vulnerable population. In planning to meet the food security of seniors, it should be noted that 49% of the seniors in District 8 live alone.[9]

Food services for individuals who are homeless are practically nonexistent in District 8. There are no shelter meals, nor free dining rooms.

On average, a total only of three on-site congregate meals per day, and just over eight home-delivered meals daily are available for adults (18-59) with disabilities in the District.

There is one national chain restaurant in the Market/Castro neighborhood that accepts CalFresh benefits, adding to the inaccessibility of prepared meals to people who are homeless or otherwise unable to cook.[31]

There are nine community gardens in District 8.[42]

Recommendations key to this District:

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including those whose offerings bring cultural, nutritional and geographical choices to beneficiaries.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

DISTRICT 8

FOOD CONSUMPTION

Challenges key to this District

- Although only 525 housing units counted through the Census do not have complete kitchens, this figure may underrepresent additional secondary units.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **People Who are Homeless:** District 8 has a low percentage of the City's homeless population, but 100% of those homeless are unsheltered, meaning that 163 residents have no access to shelter meals, or to cooking facilities. District 8 has no free dining room.
- **Seniors and Adults with Disabilities:** In District 8, on-site meal programs serve an average of 173 seniors. There are over 3,000 seniors in District 8 over the age of 75 who may benefit from additional meal programs.
- **Children and Families:** In District 8, 605 mothers and children receive WIC benefits but only one-third of the supermarkets and none of the grocery stores accept WIC.

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DISTRICT 9

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	76,720
Households	26,880
Average household size	2.8 persons
% family households	52%
% households with children	28%
% households with single person	30%
Seniors	
60+	12,584
65+	8,716
% living alone	30%
Children (0-17)	10,578 (4th highest)

Income and Poverty (Estimates)	
Median Income by Household	$67,989 (7th highest)
Per Capita Income	$33,703 (9th highest)
All residents below 200% of poverty level*	31% (4th highest)
Residents below 100% of poverty level**	11%
Homeless	
Total sheltered and unsheltered	571 (3rd highest)
Total unsheltered	247 (6th highest)
Seniors (65+) below 200% of poverty level[9]	38%

Employment	
Employed residents	47,820
Unemployment rate	7%

Housing (Estimates)	
# of Housing Units	28,680
Units lacking complete kitchens***	1,766

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 9

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	4,649 (8% of all cases Citywide), 4th highest
Seniors (60+)	395
Children (0-17)	2,240 (4th highest)
Women, Infants and Children (WIC) All individuals receiving	2,511 (3rd highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 5,557 in 12 schools)
# eligible for free or reduced priced meals	4,445 (80% of enrolled)
# eating school lunch	2,867 (52% of enrolled)
# eating school breakfast	702 (13% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	8/10
# of children/day (average SFUSD/DCYF)	767/463
# days open (average SFUSD/DCYF)	22/36 days
On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	156 (9th highest)
For Young Disabled Adults (18-59)	0 (tied for last with 4 other Districts)
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	227 (8th in the City)
For Young Disabled Adults (18-59)	8 (6th in the City)
Food Pantries	
Weekly food pantries	28
Residents served	18,063 (23.54% of residents), 2nd highest
Free Dining Rooms	Data not available

*Note that children may not reside in the same District where they attend school.

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DISTRICT 9

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals per day; 7 days/week)	101
Retail	
Supermarkets (total number)	8
- Number that accept CalFresh EBT	8 (100%)
- Number that accept WIC	3 (37%)
Grocery Stores (total number)	15
- Number that accept CalFresh EBT	14 (93%)
- Number that accept WIC	1 (7%)

Key Challenges and Recommendations

Challenges key to this District

District 9 residents have the seventh highest median income by household in the City - about $68,000 compared to the City's median household income of $71,416.

About 31% of District 9 residents (approximately 23,500) have incomes of less than 200% of poverty and are at risk for food insecurity. The income of 11% of residents in District 9 falls below 100% of the poverty level – around 8,400 residents. While it is not possible to ascertain precisely how many District 9 residents are eligible for CalFresh, at least 7,711 appear qualified based on income and age, not accounting for other disqualifiers.[xi] However, there are only 4,650 people receiving CalFresh benefits in the District. District 9 has the third largest number of WIC recipients in the City.

Impressively, all of the District's eight supermarkets, and 93% of its 15 grocery stores accept CalFresh EBT benefits. However, only three of the supermarkets and one of the grocery stores accept WIC benefits.

[xi] Not accounting for other disqualifiers such as receipt of SSI benefits by people under 65 years of age, minimally 8,439 residents are qualified based on incomes below 100% of the poverty level (this sum does not include those residents whose income is between 100% and 130% of the poverty level, also qualified by income for CalFresh). From this number are subtracted the 728 seniors, aged 65 or over (low-income seniors without Social Security to draw from, receive SSI, rendering them ineligible for CalFresh benefits).

FOOD RESOURCES

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Food pantry access is the second highest in the City - while 31% of District 9 residents are at risk for food insecurity, food pantries serve 23.54% of the population.

Nearly 80% of the 5,557 K-12 students attending schools in District 9 qualify for free or reduced meals. On average, 2,867 students in District 9 schools eat lunch and 702 eat breakfast each day, leaving an opportunity to serve more students healthy school meals. Children's food security suffers when school is out for the summer. In District 9, 1,230 eat at summer lunch programs. There are approximately 55 weekdays during summer break; summer lunches are available in this District on average between 22 days (SFUSD) and 36 days (DCYF) of the summer break.

The seniors at risk of food insecurity in District 9 require 9,971 meals a day, but only 3,122 are provided by City and nonprofit agencies, including CalFresh, leaving up to 6,849 daily to be funded for this most vulnerable population.[9]

Shelters provide 101 meals per day for the 324 homeless individuals residing in shelters in District 9.

Adults (18-59) with disabilities are served through an average of six home-delivered meals (3rd lowest in the City). There are no on-site, congregate meal programs for this population in District 9.

There is one national chain restaurant in District 9 that accepts CalFresh benefits, adding to the inaccessibility of prepared meals to people who are homeless or otherwise unable to cook. [31]

There are 15 community gardens in District 9.[42]

Recommendations key to this District:

- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Develop ways to meet high demand for neighborhood-based food programs that are the most respectful and least disruptive for the clients and neighborhoods in which they live.

FOOD ACCESS

- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Incorporate affordability into the analysis of the "accessibility" of food at retail establishments.
- Explore options to continue to increase participation in school meals breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- Over 6% of the housing units in District 9 do not have complete kitchens, compromising 1,766 household's abilities to prepare nutritious food.

Recommendations key to this District

- Significantly increase the number of complete kitchens in housing units.
- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** 38.1% of seniors living in the District have incomes below 200% of the poverty level, the 4th highest percentage in the City. Seniors in District 9 may benefit from additional meal programs.
- **Children and Families:** 36% of the households in this District have children, double the citywide average of 18%. 2,240 children receive CalFresh benefits, the fourth highest number in San Francisco. District 9 has over 7,000 children between 5-17 years that may benefit from additional meal programs during the summer and after school.
- **People Who are Homeless:** District 9 has the third largest number of homeless people, and sixth largest number of unsheltered homeless residents. A full 43% of the District's homeless population is unsheltered, meaning that they have no access to shelter meals, or to cooking facilities.

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DISTRICT 10

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	72,560
Households	22,910
Average household size	3.1 persons
% family households	65%
% households with children	36%
% households with single person	25%
Seniors	
60+	11,359
65+	7,764
% living alone	24%
Children (0-17)	16,327 (highest)

Income and Poverty (Estimates)	
Median Income by Household	$55,487 (9th highest)
Per Capita Income	$28,093 (2nd lowest)
All residents below 200% of poverty level*	39% (3rd highest)
Residents below 100% of poverty level**	17% (3rd highest)
Homeless	
Total sheltered and unsheltered	1,934 (2nd highest)
Total unsheltered	1,278 (2nd highest)
Seniors (65+) below 200% of poverty level[9]	35%

Employment	
Employed residents	34,000
Unemployment rate	11%

Housing (Estimates)	
# of Housing Units	24,950
Units lacking complete kitchens***	794 (6th highest)

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*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 10

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	12,173 (20% of all cases Citywide), highest
Seniors (60+)	716
Children (0-17)	5,930 (highest, more than 2nd & 3rd highest combined)
Women, Infants and Children (WIC) All individuals receiving	3,667 (highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 5,033 in 14 schools)
# eligible for free or reduced priced meals	3,765 (75% of enrolled)
# eating school lunch	2,544 (50% of enrolled), 2nd highest number
# eating school breakfast	851 (17% of enrolled), highest number
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	8/25
# of children/day (average SFUSD/DCYF)	348/1,023
# days open (average SFUSD/DCYF)	17/42 days
On-site Lunch (City funded) # meals/day; 5 days/week	
For Seniors	215 (6th highest)
For Young Disabled Adults (18-59)	5 (5th highest)
Home-delivered Meals (City funded) # meals/day; 6 days/week	
For Seniors	452 (2nd highest)
For Young Disabled Adults (18-59)	15 (4th highest)
Food Pantries	
Weekly food pantries	38
Residents served	22,702 (31% of residents), highest
Free Dining Rooms	3

*Note that children may not reside in the same District where they attend school.

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DISTRICT 10

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals per day; 7 days/week)	107
Retail	
Supermarkets (total number)	6
- Number that accept CalFresh EBT	5 (83%)
- Number that accept WIC	3 (50%)
Grocery Stores (total number)	9
- Number that accept CalFresh EBT	5 (56%)
- Number that accept WIC	2 (22%)

Key Challenges and Recommendations

FOOD RESOURCES

Challenges key to this District

District 10 residents have the third lowest median household income in the City - about $55,480 compared to the City's median household income of $71,416. About 39% of District 10 residents (around 28,000 people) have incomes below 200% of poverty, and are at risk of food insecurity.

In District 10, around 12,300 residents live below 100% of the poverty level, while 12,173 individuals access CalFresh. Almost one-half of the CalFresh beneficiaries in this District are children, representing one of three children living in the District - the highest percentage of children on CalFresh in the City. However, only 56% of the grocery stores in the District accept CalFresh, although 83% of supermarkets do.

The District has the largest number of WIC recipients in the City. Only three of the District's supermarkets and two grocery stores accept WIC benefits.

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Nearly 40% of District 10 residents live below 200% of poverty and are at-risk of food insecurity. About thirty percent of District 10 residents are benefiting from additional nutritious food on a regular basis distributed at 38 food pantries.

Many of District 10's residents have little access to affordable, fresh, healthy food or a full service supermarket.[28,47]

Nearly 75% of the 5,013 K-12 students attending schools in District 10 are qualified for free or reduced meals (3,765 students). An average of 2,544 students in District 10 schools eat lunch and 851 eat breakfast each day, leaving an opportunity to serve more students healthy school meals. Children's food security suffers when school is out for the summer. In District 10, 1,371 children eat at summer lunch programs. There are approximately 55 weekdays during summer break; summer lunches are available on average in this District between 17 days (SFUSD) and 42 days (DCYF) of the summer break.

Seniors in District 10 living on a fixed income of up to $1,862 per month (200% of the poverty level) are at high nutritional risk with only 20% accessing senior center lunch programs or receiving home-delivered meals. These seniors require 8,147 meals a day, and 6,255 are provided by City and nonprofit agencies, including CalFresh, leaving up to 1,892 daily to be funded for this most vulnerable population (the fewest needed in any District). [9]

Free dining rooms serve about 750 meals per day on average; shelters provide an additional 107 meals per day to shelter residents.

Adults (18-59) with disabilities are served through an average of five on-site congregate meals per day, and 15 home-delivered meals daily.

There are five restaurants that accept CalFresh benefits in the District 10, three of which are locally owned restaurants. However, there is a large number of residents qualified to participate in the Restaurant Meals program, leaving an opportunity for more restaurants to participate.[31]

District 10 has the highest number of community gardens at 29.[42]

FOOD ACCESS

Recommendations key to this District:

- Increase the number of food retail stores selling healthy, affordable food.
- Increase outreach to ensure 90% of supermarkets, grocery stores and other affordable food outlets accept EBT cards, and 90% of supermarkets accept WIC benefits.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Develop ways to meet high demand for neighborhood food programs that are the most respectful and least disruptive for the clients and neighborhoods in which they live.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Incorporate affordability into the analysis of the "accessibility" of food at retail establishments.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

FOOD CONSUMPTION

Challenges key to this District

- Just over 96% of the housing units in District 10 have complete kitchens supporting residents' abilities to cook more nutritious, culturally acceptable foods for themselves and their families. However, for the 794 households living in units without complete kitchens, their ability to prepare nutritious food is compromised.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** 35% of seniors live below 200% of poverty level - the 5th highest in the City, and 24% of seniors live alone. Seniors in this District may benefit from additional meal programs.
- **Children and Families:** 36% of the households in this District have children - the second highest in the City, and twice the citywide average of 18%. District 10 has the largest number of children receiving CalFresh benefits (30% of the children receiving CalFresh citywide).
- **People Who are Homeless:** District 10 has the 2nd highest number of unsheltered residents. Almost 30% of our City's unsheltered residents live in the District (1,278 without shelter). The District with the highest, District 6, has 1,364 unsheltered residents with access to seven free dining rooms providing 5,387 daily meals compared to District 10, with only three free dining rooms providing 763 daily meals. Additional free dining rooms would benefit residents of District 10 who do not have homes.

DISTRICT 11

DEMOGRAPHIC INFORMATION

Population (Estimates)	
Total	76,820
Households	20,970
Average household size	3.6 persons
% family households	74%
% households with children	37%
% households with single person	20%
Seniors	
60+	16,061
65+	11,172
% living alone	18%
Children (0-17)	14,834 (2nd highest)

Income and Poverty (Estimates)	
Median Income by Household	$71,504 (6th highest)
Per Capita Income	$26,053 (lowest)
All residents below 200% of poverty level*	30% (4th highest)
Residents below 100% of poverty level**	9%
Homeless	
Total sheltered and unsheltered	52
Total unsheltered	40
Seniors (65+) below 200% of poverty level[9]	33%

Employment	
Employed residents	40,550
Unemployment rate	9%

Housing (Estimates)	
# of Housing Units	22,010
Units lacking complete kitchens***	419

Continued on next page

*Given the high cost of living in San Francisco, individuals and families whose income is below 200% of the Federal Poverty Guidelines are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.
**In 2013 at 100% of the Federal Poverty Guidelines, income for a family of four would not exceed $23,550.
***A "complete kitchen" must contain a sink with a faucet; a stove or range; and a refrigerator.

DISTRICT 11

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Food Resources	
CalFresh	
All individuals receiving	6,561 (12% of all cases Citywide); 3rd highest
Seniors (60+)	806
Children (0-17)	3,197 (2nd highest)
Women, Infants, and Children (WIC) All individuals receiving	2,636 (2nd highest)

*Non-disabled seniors are eligible for CalFresh. However, at 65, low-income seniors – those who do not have earnings-based Social Security to draw from - receive SSI instead. In California (only), SSI recipients are ineligible for CalFresh. This policy explains in part the low numbers for CalFresh participation by seniors.

Food Access	
School Meals (daily)*	(Total enrollment: 5,013 in 10 schools)
# eligible for free or reduced priced meals	3,665 (73% of enrolled)
# eating school lunch	2,456 (49% of enrolled)
# eating school breakfast	628 (13% of enrolled)
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	4/10
# of children/day (average SFUSD/DCYF)	226/633
# days open (average SFUSD/DCYF)	16/38 days
On-site Lunch (City funded) # meals/day; 5 days/week	
For Seniors	179 (7th highest)
For Young Disabled Adults (18-59)	0 (tied for last with 4 other Districts)
Home-delivered Meals (City funded) # meals/day; 6 days/week	
For Seniors	293 (5th highest)
For Young Disabled Adults (18-59)	3.7 (2nd lowest)
Food Pantries	
Weekly food pantries	11
Residents served	11,723 (15% of residents)
Free Dining Rooms	0

*Note that children may not reside in the same District where they attend school.

Continued on next page

DISTRICT 11

PROGRAMS AND SERVICE COVERAGE (continued from previous page)

Shelter Meals funded by HSA (approximately 2 meals/day; 7 days/week)	0
Retail	
Supermarkets (total number)	5
- Number that accept CalFresh EBT	5 (100%)
- Number that accept WIC	1 (20%)
Grocery Stores (total number)	3
- Number that accept CalFresh EBT	2 (67%)
- Number that accept WIC	2 (67%)

Key Challenges and Recommendations

Challenges key to this District

District 11 residents' median income by household is the same as the City's median - $71,500. The District has the fifth highest percentage of residents at risk for food insecurity based on income - 30.2% of residents (about 23,200 people) have incomes below 200% of the poverty level.

In District 11, about 6,900 (9%) residents live below 100% of the poverty level, with 6,561 individuals, almost half of whom are children, accessing CalFresh. That is an excellent ratio as compares to other Districts in the City. Also, 100% of the District's five supermarkets accept CalFresh benefits, and two of three grocery stores do.

The District has the second highest number of WIC recipients in the City. Only one supermarket (but two of the three grocery stores) accepts WIC benefits.

Recommendations key to this District

- Increase enrollment in CalFresh especially for families with children, families receiving WIC benefits, working adults and households with mixed immigration status.
- Support increase of SSI food supplement ("cashout") at state level.
- Develop a local food assistance supplement for food insecure San Franciscans beginning with SSI-recipients (like "Healthy SF" for health access).

FOOD ACCESS

Challenges key to this District

Almost 30% of residents in District 11 are living below 200% of povery and are at risk of food insecurity. Less than 16% of the residents in District 11 are accessing one or more of the 11 food pantries.

Almost 73% of the 5,013 K-12 students attending schools in District 11 qualify for free or reduced meals (3,665 students). An average of 2,456 students in District 11 schools eat lunch and 628 eat breakfast daily, leaving an opportunity to serve more students healthy school meals. Children's food security suffers when school is out for the summer. In District 11, 859 children eat at summer lunch programs each day. There are approximately 55 weekdays during summer break; summer lunches are available in this District on average between 16 days (SFUSD) and 38 days (DCYF) of the summer break.

Many of District 11 residents have little access to affordable, fresh, healthy food or a full service supermarket.[28]

Seniors in District 11 living on a fixed income of up to $1,862 per month (200% of the poverty level) are at high nutritional risk and require 11,194 meals per day; 3,929 are provided by City and nonprofit agencies, including CalFresh, leaving up to 7,265 daily to be funded for this most vulnerable population.[9]

Adults (18-59) with disabilities are served through only three home-delivered meals daily; there are no congregate meals served for this population.

There are no free dining rooms available in District 11. There are only two national chain restaurants in the Ingleside/Excelsior district that accept CalFresh benefits,[31] adding to the inaccessibility of prepared meals to people such as seniors who are unable to cook.

There are six community gardens in District 11.[42]

Recommendations key to this District:

- Increase the number of food retail stores selling healthy, affordable food.
- Increase number and variety of CalFresh Restaurant Meal Program vendors, including local restaurants that bring cultural, nutritional and geographical choices to beneficiaries.
- Develop ways to meet high demand for neighborhood food programs that are the most respectful and least disruptive for the clients and neighborhoods in which they live.
- Increase funding for successful programs (home delivered meals, home delivered groceries, shelter meals, free dining rooms).
- Fund a mandate that all seniors and adults with disabilities on the citywide waitlist for home-delivered meals are served within 30 days.
- Incorporate affordability into the analysis of the "accessibility" of food at retail establishments.
- Explore options to continue to increase participation in school breakfast and lunch programs.
- Develop a plan to expand summer lunch and afterschool meal programs.

DISTRICT 11

FOOD CONSUMPTION

Challenges key to this District

- There are 419 households in District 11 living in units without complete kitchens whose ability to prepare nutritious food is compromised.

Recommendations key to this District

- Increase culturally appropriate nutrition and cooking education.
- Create and maintain a centralized city resource website for healthy food access and preparation in San Francisco. Include special recommendations for those without complete kitchens and locations of grocery stores, healthy corner stores, and information on EBT and WIC acceptance.
- Support educational efforts around healthy food choices, healthy food preparation, nutrition, and how to find/access affordable healthy food outlets.
- Improve food recovery for use in food programs, and reduce food waste.

Needs of Vulnerable Subpopulations in this District

- **Seniors and Adults with Disabilities:** 35% of seniors live below 200% of poverty level - the 5th highest in the City. Seniors in District 9 may benefit from additional meal programs.
- **Children and Families:** District 11 has the highest percentage of households with children - 37%, over twice the Citywide 18%. 3,197 children in this District receive CalFresh benefits (second highest in the City), nearly 17% of the children receiving CalFresh citywide. Children in this district may benefit from additional meal programs during the summer and after school.

SECTION II, PART 2

Data Report

DEMOGRAPHICS

	Supervisor	Population	households (HH)	average HH size	average family HH size	% family HH	% HH with children	% HH with single person	median income per capita	median household income	% below 100% of PL	% below 200% of PL
District 1	Mar	69,550	28,910	2.3	3.1	51%	24%	37%	$41,444	$74,668	10%	24.6%
District 2	Farrell	69,610	38,430	1.8	2.7	32%	10%	49%	$91,083	$105,509	6%	12.9%
District 3	Chiu	73,520	39,850	1.8	2.8	32%	9%	55%	$44,535	$43,513	20%	41.8%
District 4	Tang	72,490	25,970	2.8	3.4	64%	27%	22%	$33,810	$77,376	7%	21.3%
District 5	Breed	74,760	38,090	1.9	2.8	30%	11%	49%	$49,766	$67,331	13%	28.5%
District 6	Kim	70,790	37,490	1.7	2.8	26%	6%	47%	$44,784	$37,431	22%	46.4%
District 7	Yee	72,920	27,890	2.5	3.1	58%	23%	26%	$49,435	$94,121	9%	18.3%
District 8	Weiner	75,500	38,420	1.9	2.9	33%	13%	41%	$67,964	$95,930	8%	17.1%
District 9	Campos	76,720	26,880	2.8	3.8	52%	28%	30%	$33,703	$67,989	11%	30.7%
District 10	Cohen	72,560	22,910	3.1	4.0	65%	36%	25%	$28,093	$55,487	17%	38.5%
District 11	Avalos	76,820	20,970	3.6	4.3	74%	37%	20%	$26,053	$71,504	9%	30.2%
Total SF		**805,240**	**345,810**	**2.3**	**3.3**	**44.0%**	**18.0%**	**39**	**$45,478**	**$71,416**	**12%**	**28%**
SOURCE Endnote		8	8	8	8	8	8	8	8	8	8	11

FOOD PANTRIES AND FREE DINING ROOMS

CALFRESH

	Supervisor	# of people served by pantries/ SFFB	percent of population served by food pantries	# of food pantries	free dining rooms	average meals per day from free dining rooms	CalFresh cases (all)	% of all CalFresh cases	# of individuals receiving CalFresh	# of CalFresh recipients that are children (0-17 yrs)	# of CalFresh recipients that are seniors (60+ yrs)
District 1	Mar	1,610	2.31%	2	0	0	1,163	4%	1,958	680	328
District 2	Farrell	2,017	2.90%	6	0	0	360	1%	469	93	108
District 3	Chiu	8,961	12.19%	15	0	0	2,247	7%	3,689	1,435	697
District 4	Tang	3,918	5.40%	4	1	Data not available	1,336	4%	2,350	831	414
District 5	Breed	8,534	11.42%	17	2	24	1,936	6%	3,014	1,030	290
District 6	Kim	10,332	14.60%	54	7	5,387	5,013	16%	7,002	2,280	904
District 7	Yee	2,015	2.76%	3	0	0	792	2%	1,314	417	225
District 8	Weiner	6,615	8.76%	18	0	0	892	3%	1,197	294	190
District 9	Campos	18,063	23.54%	28	Data not available	Data not available	2,702	8%	4,649	2,240	395
District 10	Cohen	22,702	31.29%	38	3	753	6,366	20%	12,173	5,930	716
District 11	Avalos	11,723	15.26%	11	0	0	3,713	12%	6,561	3,197	806
Unmapped							5,393	0	6,439	870	299
Total SF		**96,490**	**11.98%**	**196**	**13**	**6,164**	**31,913**		**50,815**	**19,297**	**5,372**
SOURCE Endnote		18	8, 18	18	19	19	14	14	14	14	14

		CHILDREN			WIC	SCHOOL MEALS					
	Supervisor	# of children 0-17 yrs.	# of children 0-4 yrs.	# of children 5-17 yrs.	WIC recipients	# of schools in SFUSD K-12	total enrollment in K-12 public schools	# of children qualified for free/ reduced cost meals in District K-12 public schools	% of children qualified for free/ reduced meals K-12 public schools	# of children eating lunch in District K-12 public schools	# of children eating breakfast in District K-12 public schools
District 1	Mar	9,916	3,314	6,602	660	7	5,313	2,705	50.9%	1,317	255
District 2	Farrell	6,708	2,862	3,846	595	9	6,437	3,820	59.3%	2,024	490
District 3	Chiu	5,414	1,686	3,728	1,043	9	3,045	2,549	83.7%	2,053	425
District 4	Tang	10,942	3,018	7,924	565	10	7,114	3,576	50.3%	2,072	434
District 5	Breed	6,664	2,668	3,996	695	4	2,519	1,220	48.4%	983	190
District 6	Kim	8,467	3,152	5,315	882	2	1,442	1,132	78.5%	673	171
District 7	Yee	10,564	3,145	7,419	1,156	11	8,337	3,702	44.4%	2,371	581
District 8	Weiner	7,110	3,130	3,980	604	14	6,382	3,319	52.0%	1,913	575
District 9	Campos	10,578	3,344	7,234	2,511	12	5,557	4,445	80.0%	2,867	702
District 10	Cohen	16,327	4,824	11,503	3,667	14	5,033	3,765	74.8%	2,544	851
District 11	Avalos	14,834	4,060	10,774	2,636	10	5,013	3,665	73.1%	2,456	628
Unmapped					611						
Total SF		**107,524**	**35,203**	**72,321**	**15,625**	**102**	**56,192**	**33,898**	**60.3%**	**21,273**	**5,302**
SOURCE Endnote		10	10	10	15	16	16	16	16	16	16

			DCYF SUMMER LUNCH				SFUSD SUMMER LUNCH			
	Supervisor	**# of children 5-17 yrs.**	**# of summer lunch sites serving lunch June 4 - Aug 10**	**# of days sites were open during summer (range)**	**average number of days sites open during the summer**	**# of children eating summer lunch each day (ADP)**	**# of summer lunch sites serving lunch June 4-Aug 10**	**# of days sites were open during summer (range)**	**average number of days sites open during the summer**	**# of children eating summer lunch each day (ADP)**
District 1	Mar	6,602	3	39-49	43	250	2	2-20	11	72
District 2	Farrell	3,846	2	22-39	30	133	5	5-26	20	399
District 3	Chiu	3,728	10	24-49	33	825	5	20-26	23	579
District 4	Tang	7,924	4	20-39	29	422	1	22	22	183
District 5	Breed	3,996	9	29-49	45	452	2	1-2	2	177
District 6	Kim	5,315	8	29-49	43	469	0	0	0	0
District 7	Yee	7,419	2	20-49	37	382	4	5-25	14	260
District 8	Weiner	3,980	2	49	49	162	3	5-24	17	323
District 9	Campos	7,234	10	24-49	36	463	8	20-26	22	767
District 10	Cohen	11,503	25	24-49	42	1,023	8	5-26	17	348
District 11	Avalos	10,774	10	20-29	38	633	4	5-21	16	226
Total SF		**72,321**	**85**	**20-49**	**39**	**5,214**	**42**	**2-43**	**15**	**3,334**
SOURCE Endnote		10	17	17	17	17	17	17	17	17

SENIORS - DEMOGRAPHICS

	Supervisor	# of seniors 60-74	# of seniors 75-84	# of seniors 85+	# of seniors 60+	Total seniors 65+	# of seniors for whom poverty status was determined	# of seniors 65+ 100% PL	# of seniors 65+ 100%-199% PL	# of seniors 65+ 0-199% PL	% seniors 65+ 0-199% PL	# seniors 65+ >200% PL	% of seniors living alone
District 1	Mar	9,697	4,192	1,849	15,738	11,230	10,262	1,153	2,353	3,506	34.2%	6,756	37%
District 2	Farrell	7,525	3,143	1,718	12,386	9,324	8,964	475	1,399	1,874	20.9%	7,090	55%
District 3	Chiu	11,337	5,223	2,251	18,811	13,941	13,978 *[sic]*	2,810	5,621	8,431	60.3%	5,547	54%
District 4	Tang	10,133	4,194	1,919	16,246	11,529	12,145 *[sic]*	988	2,335	3,323	27.4%	8,822	26%
District 5	Breed	8,195	3,266	2,008	13,469	9,897	9,208	1,371	3,108	4,479	48.6%	4,129	56%
District 6	Kim	7,239	2,776	1,025	11,040	7,741	6,813	1,600	3,236	4,836	71.0%	1,977	62%
District 7	Yee	10,167	3,804	2,026	15,997	11,355	11,104	650	2,018	2,668	24.0%	8,436	32%
District 8	Weiner	7,944	2,155	940	11,039	7,173	7,100	748	1,286	2,034	28.6%	5,066	49%
District 9	Campos	8,436	2,984	1,164	12,584	8,716	8,402	728	2,476	3,204	38.1%	5,198	30%
District 10	Cohen	7,838	2,560	961	11,359	7,764	7,448	924	1,681	2,605	35.0%	4,843	24%
District 11	Avalos	10,699	3,732	1,630	16,061	11,172	10,908	1,123	2,520	3,643	33.4%	7,261	18%
Total SF		**99,210**	**38,029**	**17,491**	**154,730**	**109,842**	**106,332**	**12,570**	**28,033**	**40,603**	**38%**	**65,125**	**41%**
SOURCE Endnote		9	9	9	9	9	9	9	9	9	9	9	9

SENIOR NUTRITION

	Supervisor	DAAS - # of city funded congregate meals served	on-site avg. daily DAAS funded congregate meals (average 252 days 2011-12)	DAAS - # of senior home delivered meals	avg. daily DAAS funded senior home delivered meals (average 314 days 2011-12)	senior meals from other programs (food pantries, CalFresh, other food programs)	average daily meals from other programs (365 days/ year)	total senior meals (DAAS, SFFB, CalFresh, other programs)	average daily meals for seniors from public and private programs	# of meals needed for seniors 0-199%FPL	daily meals to be paid for or missing by seniors
District 1	Mar	69,453	276	82,010	261	456,214	1,250	607,677	1,665	11,510	9,845
District 2	Farrell	21,240	84	38,266	122	429,794	1,178	489,300	1,340	5,848	4,507
District 3	Chiu	93,202	370	106,086	338	1,769,601	4,848	1,968,889	5,394	25,226	19,832
District 4	Tang	56,101	223	77,404	247	657,633	1,802	791,138	2,167	9,463	7,296
District 5	Breed	55,442	220	123,847	394	1,369,567	3,752	1,548,856	4,243	14,442	10,199
District 6	Kim	223,639	887	377,881	1,203	3,693,035	10,118	4,294,555	11,765	16,484	4,719
District 7	Yee	30,616	121	63,530	202	287,258	787	381,404	1,045	8,185	7,140
District 8	Weiner	43,707	173	56,541	180	434,011	1,189	534,259	1,464	6,165	4,701
District 9	Campos	39,363	156	71,188	227	1,029,041	2,819	1,139,592	3,122	9,971	6,849
District 10	Cohen	54,176	215	142,046	452	2,086,783	5,717	2,283,005	6,255	8,147	1,892
District 11	Avalos	44,997	179	92,088	293	1,296,906	3,553	1,433,991	3,929	11,194	7,265
Total SF		**731,936**	**2,905**	**1,230,887**	**3,920**	**13,509,843**	**37,013**	**15,472,666**	**42,389**	**126,635**	**84,246**
SOURCE Endnote		9	9	9	9	9	9	9	9	9	9

		EMPLOYMENT		IN HOME SUP-PORTIVE SERVICES	HSA FUNDED SHELTER MEALS		NUMBER OF PEOPLE HOMELESS		COM-MUNITY GARDENS	HOUSING UNITS	
	Supervisor	**employed residents**	**unemploy-ment rate**	**active consumers**	**meals available annually**	**meals daily**	**total homeless population**	**total unsheltered persons**	**total number of gardens**	**total number of units**	**number of housing units lacking complete kitchens**
District 1	Mar	43,770	7%	1,602	0		364	321	4	31,380	355
District 2	Farrell	40,620	5%	492	0		24	24	8	42,590	918
District 3	Chiu	40,870	9%	3,146	0		393	363	4	45,460	6,831
District 4	Tang	37,360	8%	1,457	0		136	136	3	27,470	396
District 5	Breed	47,870	6%	2,249	0		344	284	8	40,970	1,068
District 6	Kim	27,550	8%	5,014	727,463	1,993	3,257	1,364	13	42,600	6,482
District 7	Yee	37,460	5%	879	0	0	19	19	6	29,620	141
District 8	Weiner	46,760	6%	670	0	0	163	163	9	41,210	525
District 9	Campos	47,820	7%	1,185	36,686	101	571	247	15	28,680	1,766
District 10	Cohen	34,000	11%	2,507	38,946	107	1,934	1,278	29	24,950	794
District 11	Avalos	40,550	9%	1,727	0	0	52	40	6	22,010	419
Unmapped							93	76			
Total SF		**444,630**	**7%**	**20,928**	**803,095**	**2,200**	**7,350**	**4,315**	**105**	**376,940**	**19,695**
SOURCE Endnote		8	8	46	20	20	12	12	42	8	13

NUTRITION FOR YOUNGER ADULTS WITH DISABILITIES (18-59)

RETAIL

	Supervisor	DAAS - # of city funded congregate meals served	on-site avg. daily DAAS funded congregate meals (average 252 days/ year)	DAAS - # of YAD home delivered meals	avg. daily DAAS funded YAD home delivered meals (average 314 days/ year)	average daily (adjusted)	# of super-markets	% of super-markets accepting EBT	# of super-markets accepting WIC	# of grocery stores	% of grocery stores accepting EBT	# of grocery stores accepting WIC
District 1	Mar	2,678	11	1,749	6	9	8	75%	2	5	75%	0
District 2	Farrell	11	0	583	2	1	8	63%	1	5	0%	0
District 3	Chiu	3,192	13	6,411	20	21	12	75%	2	32	53%	0
District 4	Tang	0	0	2,040	7	5	5	100%	1	5	40%	0
District 5	Breed	1,768	7	7,286	23	21	9	78%	2	16	63%	0
District 6	Kim	8,267	33	55,080	175	145	10	90%	3	22	68%	4
District 7	Yee	0	0	1,749	6	4	7	100%	3	7	43%	0
District 8	Weiner	720	3	2,623	8	8	6	83%	2	7	29%	0
District 9	Campos	0	0	2,623	8	6	8	100%	3	15	93%	1
District 10	Cohen	1,172	5	4,663	15	13	6	83%	3	9	56%	2
District 11	Avalos	0	0	1,166	4	3	5	100%	1	3	67%	2
Unmapped												**9**
Total SF		**17,808**	**71**	**85,973**	**274**	**236**	**84**	**85%**	**23**	**126**	**59%**	**9**
SOURCE Endnote		9	9	9	9	9	21	21	21	21	21	21

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DATA AND SOURCES USED IN DISTRICT PROFILES

DEMOGRAPHIC INFORMATION

DATA	SOURCE
Population (Estimates)	
Total population	Ojeda T. Socio-economic Profiles for 2012 Supervisorial Districts. San Francisco, CA; San Francisco Planning Department. 2012.
Households	
Average household size	Ojeda. 2012.
% family households	Ojeda. 2012.
% households with children	Ojeda. 2012.
% households with single person	Ojeda. 2012.
Seniors	
60+	San Francisco Department of Aging and Adult Services (DAAS). Summary of Nutritional Needs Assessment Findings. San Francisco, CA; 2012.
65+	DAAS. 2012.
85+	DAAS. 2012.
% living alone	DAAS. 2012.
Children (0-17)	United States Census Bureau, 2010 Census.

Income and Poverty (Estimates)	
Median Income by Household	Ojeda. 2012.
Per Capita Income	Ojeda. 2012.
All residents below 200% of poverty level	American Community Survey, Five Year Estimates, 2007-2011.
Residents below 100% of poverty level	Ojeda. 2012.
Homeless	
Total sheltered and unsheltered	Applied Survey Research. 2013 San Francisco Homeless Point-In-Time Count and Survey. Watsonville, CA: Applied Survey Research. 2013.
Total unsheltered	Applied Survey Research. 2013.
Seniors (65+) below 200% poverty level	DAAS. 2012.

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DATA AND SOURCES USED IN DISTRICT PROFILES

DEMOGRAPHIC INFORMATION (continued from previous page)

DATA	SOURCE
Employment	
Employed residents	Ojeda. 2012.
Unemployment rate	Ojeda. 2012.

Housing (Estimates)	
Number of housing units	Ojeda. 2012.
Units lacking full kitchens	Vaughn L. Analysis of American Community Survey 2011, Kitchen Facilities for All Housing Units (B25051), Oakland, CA; 2013.

PROGRAMS AND SERVICE COVERAGE

DATA	SOURCE
Food Resources	
CalFresh	
All (individuals receiving)	San Francisco Human Service Agency (HSA). San Francisco CalFresh Program Data from July 2013. San Francisco, CA; 2013.
Seniors (60+)	HSA. 2013.
Children (0-17)	HSA. 2013.
Women, Infants, and Children (WIC)	
All individuals receiving	San Francisco Department of Public Health, Nutrition Services. WIC Program Data from February, 2013. San Francisco, CA; 2013.

Food Access	
School Meals (daily)	
# eligible for free or reduced priced meals	San Francisco Unified School District (SFUSD). School Meal Program Data from 2011-12, San Francisco, CA; 2012.
# eating school lunch	SFUSD. 2011-12.
# eating school breakfast	SFUSD. 2011-12.
Summer Lunch for Children	
# of sites (SFUSD/DCYF)	Department of Children, Youth and Families (DCYF) and San Francisco Unified School District (SFUSD). Summer School 2012 Program Data. San Francisco, CA; 2012.
# of children/day (average SFUSD/DCYF)	DCYF & SFUSD. 2012.
# days open during summer (average SFUSD/DCYF)	DCYF & SFUSD. 2012.

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DATA AND SOURCES USED IN DISTRICT PROFILES

PROGRAMS & SERVICE COVERAGE (continued from previous page)

On-site Lunch (City funded) # of meals/day; 5 days/week	
For Seniors	DAAS. 2012.
For Young Disabled Adults (18-59)	DAAS. 2012.
Home-delivered Meals (City funded) # of meals/day; 6 days/week	
For Seniors	DAAS. 2012.
For Young Disabled Adults (18-59)	DAAS. 2012.
Food Pantries	
Weekly food pantries	San Francisco and Marin Food Banks. Food Pantry Data from December. 2012. San Francisco, CA; 2012.
Residents served	San Francisco and Marin Food Banks. 2012.
Free Dining Rooms	Bonini C. Dining Room Meals in San Francisco. San Francisco, CA: San Francisco Food Security Task Force. Compiled December 2012-February 2013.
Shelter Meals funded by HSA (average daily; approximately 2 meals per day; 7 days/week)	San Francisco Human Service Agency (HSA). HSA Funded Shelter Meals from 2012. San Francisco, CA; 2012.
Retail	
Supermarkets (total number)	San Francisco Department of Public Health (DPH). Food Market Store data; 2013
- Number that accept CalFresh EBT	DPH. 2013.
- Number that accept WIC	DPH. 2013.
Grocery Stores (total number)	DPH. 2013.
- Number that accept CalFresh EBT	DPH. 2013.
- Number that accept WIC	DPH. 2013.

SECTION III

SAMPLE BUDGETS FOR LOW-INCOME FAMILIES

These budgets are referred to in Section I, Part 2B, Challenges and Opportunities or Vulnerable Sub-Populations, Children and Families

A. Budget for a family living at 200% of the Federal Poverty Guidelines
MONTHLY EXPENSES (1 parent, 2 school-age children)

Rent (HUD FMR for 2 BR in SF = $1,905) and Utilities	$2,200
Health Care – Healthy San Francisco: Participant fee, POS fee x 3 visits; prescriptions x 3; 1 ER	$73
MUNI (assumes two free youth passes)	$64
Clothing	$60
Supplies (school, hygiene, household)	$50
Internet for computer; cable; cell phone	$95
Savings/expenses for special event, appliance, furniture or emergency (additional transportation, field trip, ER, birthday/holiday)	$50
Credit card interest	$50
TOTAL	**$2,642**

MONTHLY INCOME/VALUE OF BENEFITS

Wages	$3,182
CalWORKS Income Benefits	Not eligible; income too high
CalFresh Benefits	Not eligible; income too high
Free or reduced school meals	Not eligible; income too high
TOTAL	**$3,182**

Available for food:

- $3,182 - $2,642 = $540 a month x 12 months = $6,480/year for food
- Less $1,611 for school-day breakfast and lunch (179 school days: $1.50 for breakfast and $3.00 for lunch x 2 students)
- $4,869 = balance to spend for 2,569 meals a year = $1.90 a meal per person

The number of meals were calculated as follows:

179 school days – need to buy 1 meal per day x 3 people (dinner)	537
179 school days – need to buy 2 meals per day for 1 person (breakfast and lunch for parent)	358
186 nonschool day meals – need to buy 3 meals per day x 3 persons	1,674
TOTAL	**2,569 meals**

SAMPLE BUDGETS FOR LOW-INCOME FAMILIES

B. Budget for a family living at 100% of the Federal Poverty Level
MONTHLY EXPENSES (1 parent, 2 school-age children)

Rent and Utilities – HUD FMR for 2 BR	$1,905
Health Care – Healthy San Francisco: Participant fee, POS fee x 3 visits; prescriptions x 3; 1 ER	$73
MUNI (assumes two free youth passes)	$64
Clothing	$30
Supplies (school, hygiene, household)	$40
Cell phone (no computer, no cable)	$40
Savings/expenses for special event, appliance, furniture or emergency (additional transportation, field trip, ER, birthday/holiday)	$40
Credit card interest	$30
TOTAL	**$2,222**

MONTHLY INCOME/VALUE OF BENEFITS

Wages	$1,591
CalWORKS Income Benefits	$638
TOTAL	**$2,229**

CalFresh Benefits	Qualifies – valued below
Free or reduced school meals (during the school year and Summer)	Qualifies – valued below

Available for food:

- $2,229 minus $2,222 = $7 a month = $84
- Plus value of CalFresh at $526 x 12 months = $6,312
- $84 + $6,312 = $6,396 = balance to spend for 2,479 meals a year* = $2.58 a meal per person

*The number of meals were calculated as follows:

179 school days – need to buy 1 dinner meal per day x 3 people because children qualify for free lunch and breakfast at school. (A child's family income must fall below 130% of the federal poverty guidelines to qualify for free meals, or below 185% of the federal poverty guidelines to qualify for reduced-cost meals. Children in homes that receive CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKS) assistance or Kinship Guardian Assistance Payments (KinGAP) are eligible regardless of household income.)	537
179 school days – need to buy 2 meals per day for 1 person (breakfast and lunch for parent)	358
45 nonschool Summer days (average number of DCYF Summer Lunch sites open during the summer) = need to buy 2 meals per day x 2 persons (kids eat lunch for free)	180

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SAMPLE BUDGETS FOR LOW-INCOME FAMILIES

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45 nonschool Summer days = need to buy 3 meals per day x 1 person	135
186 -nonschool day meals minus 45 Summer Lunch days = 141 days need to buy 3 meals per day x 3 persons	1,269
TOTAL	**2,479 meals**

GLOSSARY OF USEFUL TERMS

Acronyms of City Agencies:
DAAS (San Francisco Department of Aging and Adult Services)
DCYF (Department of Children, Youth and their Families)
DPH (San Francisco Department of Public Health)
HSA (San Francisco Human Service Agency)
SFUSD (San Francisco Unified School District)

Breakfast-after-the-Bell Programs: these programs address child hunger by serving a nutritious breakfast after the starting bell through Second Chance Breakfast, Breakfast in the Classroom or Grab and Go.

CalWorks (California Work Opportunity and Responsibility to Kids): a welfare program that gives cash aid and services to eligible need Californians

Care Not Cash: a San Francisco ballot measure (Proposition N) approved by the voters in November 2002. It decreased funds given through General Assistance programs to homeless people in exchange for shelters/housing and other forms of services. Care Not Cash altered city welfare assistance to the approximately 3,000 homeless adults who received about $395 a month to $59 a month plus shelter. According to the measure, if the services/shelter are not available, a homeless person's aid would not be decreased.

Complete Kitchen: must contain a sink with a faucet; a stove or range; and a refrigerator.

Congregate Meals: refers to on-site meal programs for seniors and young adults (under 60 years of age) who are disabled funded by the San Francisco Human Service Agency's Department of Aging and Adult Services.

EBT (Electronic Benefits Transfer): EBT is an electronic system that allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received.

Federal Poverty Guidelines: The poverty "guidelines" issued by the U.S. Department of Health and Human Services annually, used for administrative purposes, including determining financial eligibility for certain federal programs. In 2013, the guidelines place the ceiling on income for a family of four at $23,550.Given the high cost of living in San Francisco, individuals and families whose income is at or below 200% of the Federal Poverty Level are at risk for food insecurity. For a family of four in 2013, their income would be no more than $47,100.

Golden Advantage Nutrition Program: a pilot program launched by California Departments of Aging, Public Health and Social Services in 2012 to respond to findings that senior participation in CalFresh is possibly as low as ten percent of eligibles. The program is designed to increase CalFresh participation among seniors by expanding targeted outreach (seniors 60-65 years)

GLOSSARY OF USEFUL TERMS

in partnership with CBOs and by providing funds for low-income seniors so they can make a voluntary donation at congregate meals sites and for home delivered meals using EBT.

Grocery Store: Data for grocery stores was obtained from the Sustainable Community Index. Please see the information on classifications available at:
http://www.sustainablecommunitiesindex.org/indicators/view/116

Healthy Children Pantries: a program of the San Francisco Food Bank, the Health Children Pantries provide low-income parents with fresh fruits and vegetables, protein-rich foods such as meat or eggs, and staples like rice and pasta that they can use to prepare nutritious meals for their families at home. These farmers' market-style pantries are located in public schools, giving parents easy access to nutritious food as they drop off or pick up their children.

Healthy SF: a program designed to make health care services accessible and affordable to uninsured San Francisco residents. It is operated by the San Francisco Department of Public Health. It provides a Medical Home and primary physician to each program participant, allowing a greater focus on preventive care, as well as specialty care, urgent and emergency care, laboratory, inpatient hospitalization, radiology, and pharmaceuticals.

Homeless/Unsheltered: people who are homeless and living in places not meant for human habitation (e.g. on the streets, in an abandoned building) are referred to as "unsheltered."

On-site Meals: refers to meal programs serving people in a congregate setting, such as in a Dining Room, irrespective of funding source or targeted diner.

Restaurant Meal Program (RMP): RMP is an optional program that California has made available to counties. Out of 58 counties in the state, six have opted to provide the benefit, including San Francisco, which was the first. RMP benefits are intended to promote food security by permitting elderly, disabled, and homeless individuals (who may have difficulty preparing or storing food) to use CalFresh benefits to purchase prepared meals. RMP vendors can be restaurants, corner stores with prepared food, or supermarkets with deli counters. Meal costs typically range from $5 to $8, and a seating area must be provided for patrons.

Shelter Standards of Care: The San Francisco Shelter Standards of Care are local legislation setting a minimum standard of care for city shelters covering issues related to health, safety and hygiene

Supermarket: Data for supermarkets was obtained from the Sustainable Community Index. Please see the information on classifications available at:
http://www.sustainablecommunitiesindex.org/indicators/view/116

Supplemental Security Income (SSI): The SSI program is a federal program that pays benefits to disabled adults and children who have limited income and resources. SSI benefits are also payable to people 65 and older without disabilities who meet the financial limits. The program

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Report Steering Committee

Cissie Bonini, Member of the Public (formerly with St. Anthony's)
Karen Gruneisen, Episcopal Community Services of San Francisco
Paula Jones, San Francisco Department of Public Health
Teri Olle, San Francisco and Marin Food Banks
Colleen Rivecca, St. Anthony's
Anne Quaintance, Meals on Wheels of San Francisco
Leah Vaughan, Member of the Public

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Jessica Estrada, Vietnamese Youth Development Center
Giovanna Erkanat, St. Anthony's
Elise Borbon Gonzalez
Bernhard Gunther, Housing and Homeless Programs, Human Services Agency
Susana Hennessey-Lavery, San Francisco Department of Public Health, Tobacco Free Program
Mei Ling Hui, SF Environment, Urban Forestry and Urban Agriculture
Andy Hull, Code for America
Linda Lau, Department of Aging and Adult Services, Nutrition
Maria LeClair, San Francisco Department of Public Health, Nutrition Services
Jessie Mandle, (formerly Department of Children, Youth and their Families)
John Murray, San Francisco Human Services Agency
Leo O'Farrell, San Francisco Human Services Agency, CalFresh
Ralph Payton, Hamilton Family Center
Zetta Reicker, San Francisco Unified School District, Student Nutrition Services
Domenique Sillett, Salesforce
Megan Wall, San Francisco Department of Public Health, Environmental Health
Ed Wilkins, former Director of Nutrition Services, San Francisco Unified School District
Grace Yee, San Francisco Department of Public Health, WIC Program

Food Security Task Force

Karen Gruneisen, Episcopal Community Services of San Francisco
Paula Jones, San Francisco Department of Public Health
Linda Lau, Department of Aging and Adult Services
Maria LeClair, San Francisco Department of Public Health
Mei Ling Hui, SF Environment
Heather Tufts, Department of Children, Youth and their Families (alternate)
Bruce McKinney, Glide Foundation
Deloris McGee, Community Living Campaign
Leo O'Farrell, San Francisco Human Services Agency, CalFresh
Teri Olle, SF and Marin Food Banks
Simon Pitchford, Project Open Hand
Anne Quaintance, Meals on Wheels of San Francisco
Hilary Seligman, UC San Francisco Center for Vulnerable Populations at SFGH
Charles Sommer, St. Anthony's

Editors

Karen Gruneisen, Episcopal Community Services of San Francisco
Paula Jones, San Francisco Department of Public Health
with assistance from Elise Borbon Gonzalez

Graphic Design

Domenique Sillett, Salesforce
Elise Borbon Gonzalez

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San Francisco Food Security Task Force
c/o San Francisco Department of Public Health
1390 Market Street, #210
San Francisco, CA 94102
415-252-3853

paula.jones@sfdph.org
http://www.sfdph.org/dph/comupg/knowlcol/meetingsgroups/agendasminutes.asp

A Changing Landscape:

Food Security and Services in San Francisco's Tenderloin

Prepared for the Tenderloin Hunger Task Force

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harder+company
community research

table of contents

Executive Summary

The Tenderloin Hunger Task Force (THTF) is a coalition of agencies working together to maximize food security, defined as 'access by all people at all times to enough food for an active healthy life, in the Tenderloin and nearby disadvantaged neighborhoods in San Francisco. Member agencies include the Glide Foundation, Meals on Wheels SF, Project Open Hand, Salvation Army, the San Francisco and Marin Food Bank, St Anthony Foundation and the Tenderloin Neighborhood Development Corporation (TNDC).

Purpose

This report was commissioned in 2011 through a grant provided by the San Francisco Foundation's Community Action Fund which has allowed the Task Force to take the first steps to further its mission in depth and scope. In order for the THTF to collectively improve the food security of the neighborhood, the Task Force identified the need for an assessment of to examine the state of food security for Tenderloin residents. The purpose of the report is to assess current food and nutrition needs, gaps in service delivery, demographic and social shifts, and other environmental conditions that have critical implications for food insecurity. Based on the report findings, the THTF has outlined four recommendations to increase food security and effect change at the program, local, state, and national levels.

Neighborhood

The Tenderloin is the most densely populated neighborhood in San Francisco and is linguistically and ethnically diverse. The neighborhood is home to the largest population of homeless and marginally housed individuals in the City. More than one-third of households survive on less than $15,000 per year and more than 10% are unemployed.

Tenderloin residents suffer from detrimental health conditions that are often associated with food insecurity and poor nutrition including obesity, diabetes, hypertension, heart disease and cancer. Over one-third of residents in the neighborhood live with disabilities, and this number is expected to grow given the aging population in San Francisco.

Barriers

Barriers to food security and nutrition are multi-faceted and exist at the individual, community, and social levels. The dynamic between barriers and their implications often reinforce the conditions that make it difficult for residents to achieve food security and nutrition short of a multi-pronged intervention. The most prevalent barriers to food security in the Tenderloin include;

- The low cost of housing and continuum of health and human services in the Tenderloin has allowed many low-income individuals and family to reside in a city with very high costs of living. Even then, more than one quarter of Downtown/Civic Center residents expend 50% or more of their monthly income on rent. Despite being housed, many live in facilities that lack cooking facilities. Most homeless individuals and families living in shelter or marginally housed situations often depend on meals from service providers.

- The Tenderloin has few affordable and nutritious food options. The neighborhood does not have a full grocery store, which means residents will purchase food staples at convenience stores or depend on community food programs such as food pantries and free dining rooms.

- At the individual level, residents lack nutrition education and have little knowledge on how to prepare foods. Language and cultural barriers also create barriers for residents who are unable to access information and knowledge on how to navigate systems and available services.

- Issues with mental health and substance abuse can diminish capacity to successfully navigate social service systems to obtain necessary food and nutrition resources and other support.

Gaps

This report shows that nonprofit programs are unable to sufficiently meet the current food and nutrition needs of vulnerable San Francisco and Tenderloin. A recent study conducted by Stanford and the San Francisco Food Bank estimates that nearly 63 million "missing' meals, meals with no identifiable source of support, in San Francisco in 2010. Yet each year, the demand for meals continues to rise, as does the cost of food; meal demand rose 27% from 2007 to 2010 and food costs rise between 4 and 6 percent annually, and at the same time agencies report greater challenges to obtaining grand funding and/or individual donations to support the increase in demand. In addition, proposed cuts in federal and state spending (i.e. SNAP , WIC and FEMA) have and will have a significant impact food security. Lastly, as San Francisco's adult population ages, the City will experience a steep rise in seniors needing support to meet their basic needs.

Recommendations

Based on the report's findings, the Task Force identified its top priorities for working together:

- Address the needs of the Tenderloin's growing population of older adults and people with disabilities. As homeless and low-income residents continue to age and experience disproportionate health issues compounded with disability, food security and nutrition become more critical for independence. The Task Force will expand and tailor services to meet the needs of this growing resident population at the community level, and advocate for additional public benefits programs at the governmental level.

- Improve the low knowledge of food preparation and nutrition. Understanding that there are gaps in knowledge, skills, and resources, the Task Force recommends the continuation of nutrition and food preparation programs/projects that met the diverse needs of our neighborhood.

- Improve access to cooking facilities among homeless and SRO residents. The Task Force will advocate for improving access to cooking facilities among homeless and Single Room Occupancy hotel residents as well as partnering with agencies to implement strategies to improve access as a means of improving food security.

- Strengthen interagency coordination and innovation. Lastly, the Task Force will continue to facilitate conversations focused on improving coordination among agencies, standardize key information collected across agencies, develop a common policy agenda, continue to operate successful collaborative initiatives, increase awareness the importance of food resources through education of elected officials and the community, and to advocate for more promising public benefits programs through state and national policies.

Conclusion

This report outlines the obstacles and barriers that Tenderloin residents face to meeting their food needs and to make healthy food choices. We urge policy makers, foundation partners, community leaders, and individuals to join us to create equitable, impactful, and sustainable food system that will meet the present and future needs of San Francisco's most vulnerable and marginalized residents.

Introduction

Established in 2007, the Tenderloin Hunger Task Force is a coalition of agencies working together to maximize food security in the Tenderloin and nearby disadvantaged neighborhoods in San Francisco.* The purpose of the Task Force is to work collectively on issues and services affecting food security by:

- *Communicating the priorities, policies, and funding decisions of this coalition to government agencies and other institutions.*
- *Stimulating inter-agency communication and cooperation.*
- *Cooperating on issues, funding, and programs affecting food security.*
- *Educating elected officials, administrators, community leaders, representatives of the media, and the community at large about food security and hunger issues.*
- *Maximizing effectiveness of existing programs and creating new services, when appropriate.*

Member agencies include Glide Foundation, Meals on Wheels, Project Open Hand, St. Anthony's, San Francisco Food Bank, the Tenderloin Neighborhood Development Corporation, and the Salvation Army. The San Francisco Departments of Human Services (CalFresh) and Public Health (Food Systems) also participate in Task Force meetings.

A changing landscape

The Tenderloin Hunger Task Force is facing a turning point. As a result of the economic downturn and its extended effects on the city, member agencies are facing increased demand for food at the same time that funding for food programs is at risk. Just recently, the San Francisco Food Bank, which supplies food for the majority of free meals in San Francisco, was denied federal funding for its food program for a second year due to new regulations which favor communities with lower employment rates, while failing to take into account issues of income inequality and concentrated poverty. Unlike last year, federal stimulus funds are not available to help make up for this funding shortfall. Meanwhile, Tenderloin nonprofits are struggling with their own funding challenges, further exacerbating the issue.

While there are some indications that the economy is gaining strength and unemployment is declining, these positive trends have had little impact on food needs in the Tenderloin. As detailed later in this report, individuals and families living in this neighborhood disproportionately struggle with poverty, homelessness, substance use, mental health, disabilities, and other health issues compared to their fellow San Franciscans. Many experience severe vulnerabilities, making it unlikely that they will become self-supporting through labor force participation. In fact, despite improvements in San Francisco's economy and a new focus on community revitalization in the Mid-Market area, recent trends suggest that food needs in the Tenderloin persist and are potentially rising.

* This report focuses primarily on the Tenderloin, but includes data on surrounding neighborhoods that are also home to poor residents including South of Market. The resulting recommendations are relevant to this broader geographic area.

The Task Force recognizes the importance of understanding the changing landscape of resident needs and working together to maximize the impact of public and private investment in this neighborhood. With this in mind, the Task Force commissioned Harder+Company Community Research, a consulting firm that specializes in social sector research and strategy, to conduct an assessment of the state of food security and nutrition among Tenderloin residents. The purpose of this assessment is three-fold: (1) to summarize food security needs and issues in the Tenderloin, (2) to identify options to improve access to healthy food, and (3) to inform Task Force planning and collaboration.

Importance of food security

Before delving into the approach and methods used for this report, it is first important to define food security and its significance. The San Francisco Food Security Task Force defines food security as *access by all people at all times to enough nutritious food for an active, healthy life*.[1] Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire foods in socially acceptable ways is limited or uncertain. Food insecurity has a wide range of manifestations, including worrying that food will run out, buying cheaper and nutritionally inadequate food, rationing meals, or skipping meals completely.

Food security is important because it has serious implications for health. Many people understand that healthy eating and an active lifestyle are essential to health, but what happens when people are unable to consume nutritious food on a routine basis? According to a review of the literature conducted by the UCLA Center for Health Policy Research, food insecurity and malnutrition are associated with poorer health and correlated with increased risk of depression, poor mental health, and chronic disease.[2] Food insecurity among children has also been linked to poor academic outcomes. Among seniors, malnutrition and isolation contributes to slower healing rates, increased risk for medical and surgical complications, and increased length of hospital stays and readmissions.[3] In the Tenderloin, where residents are disproportionately affected by a variety of health issues, access to nutritious food is absolutely vital to residents' day-to-day health and wellbeing, and residents rely profoundly on the continuum of food services provided by local agencies.

Approach and methods

Given the importance of food security, this assessment addresses the following questions:

- *What is the state of food security and nutrition of Tenderloin residents?*
- *What are the demographic trends of the population and the neighborhood, and how might these impact food resources for vulnerable residents?*
- *How do the housing assets of these neighborhoods contribute to or inhibit food security?*
- *What activities can be implemented by members of the THTF to improve coordination, increase efficiencies, and expand impact?*
- *Are additional resources, programs, and assets required to effectively meet the current and future food and nutrition needs of the neighborhood's most vulnerable residents?*

To address these questions, Harder+Company collected and analyzed both quantitative and qualitative data. Quantitative data included analysis of secondary data from the US Census, the American Community Survey, and the California Health Interview Survey, as well as a review of local reports and program data maintained by local public and nonprofit agencies. Qualitative data included interviews with executive directors of Task Force member agencies and focus groups with member agency staff.

There are a few things to note about the information included in this report. *First*, there is a paucity of publicly available local data on food security. The USDA provides national estimates of food security, but this data is not available at the zip code or census tract level. *Second*, data on neighborhood demographic and socioeconomic trends from the US Census and American Community Survey (ACS) is also limited. Data from the 2010 US Census is still being released and some estimates that would have been useful for this report are not yet publicly available. ACS estimates are often used when Census data is unavailable. However, ACS data is constrained by small sample sizes at the neighborhood level, making it difficult to detect trends over time. A *third* limitation pertains to public administrative data sources. For many of these sources, data were not publicly available at the tract or zip code level. In these instances, we relied on data for the Tenderloin's planning neighborhood (Downtown/Civic Center) or supervisorial district (6), or citywide data where none of these were available. *Lastly*, it should be noted that information from interviews and focus groups with providers is self-reported, and therefore may not accurately represent community perspectives.

Organization of this report

This report begins with a summary of the state of food security in the Tenderloin by providing a profile of the demographic and socioeconomic characteristics of this neighborhood and highlighting barriers to food security among residents, including the connection between housing and food. The subsequent section examines the array of public and nonprofit food resources available to Tenderloin residents and their adequacy with respect to meeting neighborhood needs. The report concludes with a discussion of potential opportunities to work together across agencies as well as recommendations from the Tenderloin Hunger Task Force regarding how to strengthen coordination, increase efficiencies, and expand the impact of member agencies on behalf of neighborhood residents.

State of Food Security in the Tenderloin

What are the characteristics of Tenderloin residents, and what is the state of food security in this neighborhood? This section of the report provides an overview of resident demographic and socioeconomic characteristics and outlines barriers residents face in accessing nutritious food.

Who lives in the Tenderloin?

As a variety of data sources reveal, the Tenderloin neighborhood is a dense and economically disadvantaged neighborhood that is home to a culturally diverse population.

The Tenderloin is a densely populated area of San Francisco that is home to more men than women. According to the most recent US Census, 39,231 people live in the Tenderloin, representing approximately five percent of San Francisco's population.[4] Although a small proportion of the city's population is in the Tenderloin neighborhood, it has a high population density of approximately 20,979 per square mile. In addition, more men (60 percent) than women (40 percent) live in the Tenderloin. This estimate however does not necessarily capture the transgender population which may require specialized services and outreach.

The Tenderloin has a similar age structure as the rest of the city of San Francisco. As shown in Exhibit 1, the majority of Tenderloin residents are adults between the ages of 25 and 64. According to the most recent US Census data, the Tenderloin's population of children and teens declined slightly over the past ten years, while its population of older adults increased slightly.[5] San Francisco's older adult population is expected to grow by almost 20 percent over the next ten years, and it is likely that the proportion of older adults living in the Tenderloin will follow this same pattern.[6]

Exhibit 1: Population breakdown by age of Tenderloin residents

Age	Zip 94102, 2000*		Zip 94102, 2010**		San Francisco, 2010**	
	Number	Percent	Number	Percent	Number	Percent
Children (0-14)	*2587*	*8.9*	2,182	7.0	89,964	11.2
Teens and Youth (Age 15-24)	*3480*	*12.0*	3,723	11.9	95,224	11.8
Adults Ages 25 to 64	*19,250*	*66.4*	20,948	67.2	510,205	63.4
Older adults (65+)	*3,674*	*12.7*	4,323	13.9	109,842	13.6
Total Population	***28,991***		**31,176**		**805,235**	

**Source: US Census 2000*
*** Source: US Census 2010*

The Tenderloin neighborhood is racially and ethnically diverse, with a growing number of Latino residents. The Tenderloin neighborhood is racially and ethnically diverse as shown in Exhibit 2. The Tenderloin has a higher proportion of African-American residents than the city of San Francisco overall (14 percent versus 6 percent). Asians composed a quarter of the population of the Tenderloin community. According to the most recent US Census data, the Tenderloin's population of

African-American residents declined over the past ten years, while its population of Hispanic/Latino residents increased.[7]

Exhibit 2: Race and ethnicity of Tenderloin residents compared to San Francisco

Race and Ethnicity†	Zip 94102, 2000*		Zip 94102, 2010**		San Francisco, 2010**	
	Number	Percent	Number	Percent	Number	Percent
Total Population	*28,991*		31,176		805,235	
White	*13,332*	*46.0*	14,147	45.4	390,387	48.5
Asian	*7,285*	*25.1*	7,922	25.4	267,915	33.3
Hispanic or Latino (of any race) [8]	*3,900*	*13.5*	5,893	18.9	121,774	15.1
Black or African American	*4,781*	*16.5*	4,343	13.9	48,870	6.1
Two or more races	*1,660*	*5.7*	1,469	4.7	37,659	4.7
Some other race	*1,493*	*5.1*	2,866	9.2	53,021	6.6
American Indian and Alaska Native	*317*	*1.1*	306	1.0	4,024	0.5
Native Hawaiian or other Pacific Islander	*123*	*0.4*	123	0.4	3,359	0.4

**Source: US Census 2000*
***Source: US Census 2010*

Overall, Tenderloin residents are economically disadvantaged and struggle with issues of poverty and employment. Eighty-nine percent of Tenderloin residents are employed, compared to 93 percent of city residents overall. Because the employment rate excludes people who are not actively looking for work, the number of people who are not working is likely much larger. The proportion of people in the Downtown/Civic Center area living below 200 percent of the Census poverty threshold is 55 percent, the second highest rate compared to other San Francisco neighborhoods.[9] More than one- third of Tenderloin households have incomes under $15,000 per year, which is indicative of many residents' severe vulnerability.[10] Data from Tenderloin nonprofits suggests that those who access hot meal programs are among the most vulnerable. According to recent surveys, 91 percent of St. Anthony's Dining Room guests had a monthly income of less than $1,000 and 71 percent of Glide Dining Room guests had a monthly income of $900 or less.[11] The San Francisco Human Services Agency noted that between 1990 and 2000, the number of low-income people living in the Tenderloin increased substantially, making it home to a greater number of low-income persons than the Bayview.[12] Poverty data from the 2010 Census has not yet been released, so it is not yet possible to determine whether this trend has persisted. However, a recent report released by the US Census Bureau highlights the depth of the poverty challenge in California. According to a new poverty measure that takes into account government programs designed to assist low-income people as well as a state's cost of living, the proportion of Californians living in poverty is 23.5 percent, one of the highest state rates in the nation.[13]

†The percentages represent the proportion of the total population that identifies with the corresponding race/ethnicity category. For the US Census people were able to mark more than one race category. Additionally Hispanic origin is an ethnicity that is calculated separate from race categories. Therefore, the percents do not add up to 100%.

Residents of the Tenderloin disproportionately suffer from serious health issues. The Community Health Status Assessment report recently commissioned by the San Francisco Department of Public Health analyzed a variety of health data for San Francisco.[14] According to this analysis, Tenderloin residents are disproportionately affected by a number of health issues including low birth weight, heart disease, drug overdose, suicide, and premature death due to HIV/AIDS. The Tenderloin neighborhood area also has the highest age-adjusted rate of preventable emergency room (ER) visits. In addition to preventable ER visits, rates of ER visits for other health conditions such as alcohol abuse, adult asthma, and chronic obstructive pulmonary disease, are higher in the Tenderloin compared to all of San Francisco. Finally, the Tenderloin is home to a high concentration of people living with disabilities—*more than one-third of the population*. This population will likely increase given projected growth in the number of older adults.[15] These data raise concerns for Tenderloin residents given the integral connection between nutrition and health.

Violence is prevalent in the Tenderloin. During 2005-07, the Tenderloin was home to the highest number of annual physical (5,948) and sexual assaults (161) of any San Francisco neighborhood. The neighborhood was ranked third in terms of the number of homicides (19) after the Bayview and Mission.[16]

Barriers to food security

The demographic and socioeconomic data described in the previous section suggest a number of implications for the food security of residents. However, pinpointing the exact number of residents who lack food security is challenging. As mentioned previously, food insecurity measures are only available through the United States Department of Agriculture, and estimates are not available at county or neighborhood level. Furthermore, some have criticized USDA food insecurity rates as incomplete because they focus on measures of insecurity and anxiety rather than actual meals needed.[17] Efforts are underway to improve national and regional reporting. Until better information is available, policymakers must rely on qualitative information from service providers, administrative data, and special studies to assess whether food security is adequate among Tenderloin residents.

One thing is clear, however. Tenderloin residents face a number of barriers that affect access to healthy meals. These include residential housing stock that lacks cooking facilities, a dearth of groceries and other retail outlets that sell affordable and nutritious food, and limited knowledge among residents regarding how to prepare healthy meals. It also includes challenges associated with homelessness and the cost of housing, diverse cultural and linguistic needs, and tailoring nutrition programs to the needs of particular populations. These are further described below, along with relevant secondary data.

- Lack of cooking facilities. Many Tenderloin residents lack access to basic cooking facilities that allow for them to routinely prepare their own meals. This is true not only for the substantial numbers of homeless people who live in the Tenderloin, but also those housed in single-room occupancy (SRO) residential hotels which account for 51 percent of the City's SRO rooms. While residential hotels are an important resource in that they provide access to low-cost housing, many are old, in poor condition, and lack in-unit kitchens. According to the American Community Survey, a full 20 percent of the Tenderloin's occupied housing units lack complete kitchen

facilities.[18] Use of microwaves and hot plates is often restricted due to concerns about faulty wiring. Not being able to cook in one's own kitchen means that many residents must rely on congregate meals and pre-prepared foods for daily eating. Agency-level data bears this out—72 percent of St. Anthony's Dining Room guests and 55 percent of Glide Dining Room guests report not having access to cooking facilities.[19]

- Dearth of affordable and nutritious food options. Residents also face challenges when it comes to purchasing healthy food. Overall, there is a lack of affordable and nutritious food options located in this densely populated neighborhood. Only one of San Francisco's 78 supermarkets is located in the Downtown/Civic Center area. Far more common are convenience stores which offer a limited and more expensive line of goods such as milk, bread, soda, snacks, alcohol and tobacco. The Tenderloin has the highest density of convenience stores per square mile of any neighborhood in San Francisco.[20] The Tenderloin is also home to a high number of food retail establishments classified as 'unhealthy' by the San Francisco Department of Public Health that accept food stamps (CalFresh).[21] In keeping with this classification, a 2007 survey of food retailers conducted by ChangeLab (formerly Public Health Law and Policy) found that the majority of these stores do not offer fresh produce.[22] Data from a recent survey of Tenderloin residents conducted by the San Francisco Office of Economic and Workforce Development confirm that there is a strong desire for a full-service grocery store among people who live in this neighborhood.[23]

- Low knowledge of food preparation and nutrition. According to providers, another barrier to food security is residents' level of knowledge regarding how to prepare food. One program manager observed that as a result of the instability that results from deep poverty, "A lot of people do not know how to prepare food. They have forgotten how to prepare vegetables. When we give them pasta or produce they [are unable to] prepare it." According to providers, not knowing how to prepare one's own meals contributes to reliance on congregate meal programs in favor of cooking at home. Aside from food preparation, providers also indicated that many residents lack knowledge regarding what constitutes a healthy diet and how to improve their own eating habits.

- Homelessness and affordable housing. According to the 2011 homeless census, there were 6,455 homeless San Franciscans. The largest population of homeless individuals was in District 6, reporting 40 percent of the City's total. In addition, 32 percent of the City's unsheltered homeless individuals were from the Tenderloin area (1,001 out of 3,106). Though this recent report suggests that the Tenderloin's unsheltered homeless population peaked at 1,239 in January 2007 and has declined since that time, providers identified homelessness, often coupled with behavioral health issues, as a significant barrier to food security. The Tenderloin is also seen as a destination for homeless individuals, who may find other neighborhoods to sleep in at night. Even among those who are housed, providers indicated that the high cost of housing means that Tenderloin residents often face painful choices between rent, medications, and food. In fact, more than one-quarter of Downtown/Civic Center households pay gross rent that is 50 percent or more than their income.[24]

- Linguistic and cultural diversity. As described previously, the Tenderloin neighborhood is ethnically diverse. According to 2010 Census data, many residents of the Tenderloin speak

languages other than English and are foreign born. Half of residents speak a language other than English at home. Forty-three percent of Tenderloin residents are foreign-born and of these, 64 percent were born in Asia and 26 percent were born in Latin America.[25] Meeting the linguistic and cultural needs of such a diverse population presents many challenges. Beyond language, some residents may be hesitant to access services or enroll in public benefits programs due to concerns about their immigration. In addition, waste may occur when individuals are given groceries or meals comprised of ingredients not found in food ways from their country of birth.

- Tailoring food programs to population needs. Aside from cultural and linguistic needs, providers also discussed complexities associated with customizing food programs to the other needs and circumstances of Tenderloin residents. This includes providing groceries that work for residents who have kitchen facilities and those who lack them; meeting the needs of older adults who require food that promotes easy digestion; making services available to working families after typical work hours and in child-friendly settings; and customizing food options for clients with dietary restrictions due to special health conditions. According to providers, maximizing food security in the Tenderloin requires developing an understanding of a variety of client needs and finding ways to be nimble when it comes to meeting them.

- Public benefits access and eligibility. Providers also identified barriers associated with public benefits programs—specifically, the federal Supplemental Security Income (SSI) benefit and San Francisco's own Care Not Cash program. In California, people who receive SSI are not eligible for California's version of the federal Supplemental Nutrition Assistance Program (SNAP), known nationally as CalFresh. While this policy is meant to help SSI recipients by putting more cash in their hands and reducing program administrative costs,[26] providers believe it has a negative impact on their ability to purchase food because most of their income is devoted to housing. One provider explained, "If you get SSI, some of the cash is supposed to go to food, but SSI is typically $700-1000 [per month], and rent is way more than that even if you're living in an SRO." In addition, individuals convicted of drug felonies are also excluded from this program. Aside from eligibility barriers, some providers also expressed the opinion that this program is currently under-enrolled. On a more local level, the City's Care Not Cash program, which provides homeless people with housing and services instead of monthly lump sums of cash, has helped create more affordable housing and expand access to substance abuse and mental health problems. However, some providers commented that the program leaves people little to live on once they are housed, thereby compromising their level of food security.

- Other barriers. Additional barriers mentioned by providers included supporting resident safety while accessing food services (particularly for women); meeting the needs of people with physical disabilities that contribute to limited mobility; addressing stigma and shame associated with seeking services, and attending to the sense of isolation and hopelessness that exists on the part of some residents. In addition, staff of Glide and St. Anthony's, the two largest congregate meal programs in the Tenderloin, highlighted challenges associated with serving clients who have mental health issues. Individuals struggling with mental illness can be withdrawn, appear sad or confused, or act loud. Special care and staffing may be required to help these individuals access services.

Finally, providers also discussed two broader trends with implications for Tenderloin residents' food security. First, many are concerned about the implications of development in the Mid-Market area for low-income residents. While recent development has resulted in new employment opportunities for some San Francisco residents,[27] there is a sense that these benefits are accruing primarily to those who live outside the neighborhood. Several providers expressed concern that development could result in further marginalization of Tenderloin residents by contributing to neighborhood gentrification increasing the cost of housing, and further isolating people living in poverty. A second trend noted by providers was more positive in nature. This had to do with increasing interest on the part of the public in urban agriculture and food justice issues. Several of those interviewed noted that community gardens, urban farmer's markets, and projects likes the Tenderloin National Forest have helped to cultivate a positive vision for the neighborhood. Some see this trend as an opportunity to raise awareness of resident food needs and tap into new opportunities to increase food access.

Food Resources in the Tenderloin

What resources are available to Tenderloin residents to support their food and nutritional needs? This section of the report provides an overview of relevant public and nonprofit programs and summarizes provider perspectives on how agencies can collaborate to meet resident needs.

What public programs are available to Tenderloin residents?

Given neighborhood demographics and barriers, what types of programs are available to support the nutritional needs of Tenderloin residents? Major federal programs include food stamps, school meal programs, senior nutrition programs, and WIC, as described in the following table.

Exhibit 3: Federal nutrition programs*

Program	Benefit	Eligible Population	Tenderloin
CalFresh Food Stamps Program	Federally-funded food stamps program providing monthly electronic benefits that can be used to buy most foods at markets, and food stores.‡	Households with a US citizen and gross monthly income of 130 percent of the federal poverty level. Older adults on SSI are ineligible for this program, as are drug felons. Non-citizens may be eligible for the program if they meet certain immigration requirements.	7,350 people in the District 6[§] receive food stamps representing 16 percent of all food stamps distributed in San Francisco.[28] District 6 is ranked second highest in the number of residents receiving food stamps among other SF neighborhoods.
School Nutrition Program	Federally-funded program providing nutritionally balanced, low-cost or free meals during the school day.	Children in public and nonprofit private schools and residential child care institutions.	*Information not available*
Women, Infants and Children Program	Federally-funded program providing supplemental foods, breastfeeding and nutrition education, and referral to health care.	Women who are pregnant, breastfeeding, or have recently had a baby; infants and children under age five. Meet income eligibility guidelines, live in SF, and have a documented nutritional or medical risk.	*Information not available*

**Though not a means-tested program, the federal Administration on Aging provides grants for congregate and home- delivered meals older adults and people with disabilities through the Elderly Nutrition Program.*

‡ CalFresh participants who are elderly, disabled, or homeless may also use CalFresh to purchase prepared food from restaurants registered with the CalFresh Restaurant Meals Program.

§ District 6 includes the Tenderloin as well as Union Square, Civic Center, Mid-Market, Cathedral Hill, South of Market, South Beach, Mission Bay, North Mission, Treasure Island, Yerba Buena Island, Alcatraz, and part of Hayes Valley.

In addition to the programs highlighted above, smaller public programs exist to fill gaps for specific populations. These include the federal *Commodity Supplemental Food Program* which provides a monthly box of USDA commodities to eligible low income seniors, women, infants, and children; the federal *Child and Adult Care Food Program* which reimburses child and elder care providers for serving nutritious meals; *The Emergency Food Assistance Program* (TEFAP) which makes commodity foods available to states for distribution to soup kitchens and food banks; and the Department of Children, Youth, and Their Families *After-School Snack Program* which provides snacks to low- income children in DCYF-funded after-school programs.[29]

What nonprofit programs are available to Tenderloin residents?

In light of the array of resources described above, one might ask whether these programs are sufficient to meet the needs of San Francisco residents. In short, the answer is no. A variety of nonprofit programs also exist to meet the needs of Tenderloin residents. The Stanford Center for the Study of Poverty and Inequality, in conjunction with the San Francisco Food Bank, estimated that nonprofit programs provided over 34 million meals to San Franciscans in 2009, *nearly three-quarters as many meals* as were provided through government programs.[30] While the study did not include neighborhood-level food estimates, it does highlight the essential role of nonprofit programs within the larger system of resources available to people living in poverty, regardless of where they live. This section of the report highlights three major types of food programs: food pantries, congregate dining rooms, and meal delivery.

- Food pantries. Food pantry programs distribute groceries to individuals and families in need Overall, the Food Bank sources 33 pantries in the Tenderloin which in turn serve nearly 3,000 households each year (Exhibit 4). Many of these programs focus on the needs of subpopulations such as supportive housing residents, older adults, people living with disabilities, and children and families. Few are open to the public at large.

Exhibit 4: Tenderloin food pantries sourced by the Food Bank

Program Type	Population	# of sites	# of households	# annual food pounds
Supportive Housing	Supportive housing residents	17	1,081	912,969
Brown Bag	Older adults & people with disabilities	8	885	522,848
Neighborhood Grocery Network	Open	3	535	383,379
Healthy Children	Children and families	4	290	226,454
Immigrant Food Assistance	Immigrants	1	200	262,409
Total		**33**	**2,991**	**2,308,059**

- Congregate dining. Congregate dining programs offer hot meals served on site. Two major dining room programs open to the public are located in the Tenderloin—St. Anthony's, which serves an average of *2,800* meals daily, and Glide, which serves an average of *2,290* meals daily. Shelters located in the Tenderloin also offer hot meals to their residents. Among the four Tenderloin-based shelters funded by the San Francisco Human Services agency, there is capacity

to serve approximately 893 additional meals each day. In addition, smaller nonprofits offer congregate dining programs for special populations served by their agencies.

- Meal delivery. Finally, home-delivered meal programs provide hot meals to people who are not able to shop and prepare meals without support. Tenderloin residents benefit from two major home-delivered meal programs—Project Open Hand and Meals on Wheels of San Francisco. Project Open Hand provided home-delivered meals to approximately 246 home-bound older adults living in the Tenderloin, while Meals on Wheels served approximately 724.[31]

One key thing to understand about nonprofit nutrition programs, regardless of program type, is that they rely heavily on foundation grants and individual donations. For example, St. Anthony's Dining Room receives no government funding, while 77 percent of Glide's meals programs and 57 percent of Meals on Wheels' annual budget is funded by private contributions. This is because government funding for nonprofit-delivered programs in San Francisco is limited to just two sources—the federal Elderly Nutrition Program and local general fund monies set aside for meal programs. In addition, nonprofit food programs often rely on significant volunteer hours to operate their programs. So, not only do nonprofits play a role in providing food to people in need, they also play an essential role in *developing private funding* and *leveraging volunteer hours* to meet community needs.

Finally, it is worth noting that many Tenderloin nonprofits providing food to those in need go beyond the traditional role of food pantries as an emergency food provider. They often use food programs as a way to engage residents in other services designed to stabilize them and connect them with government, state, and local assistance programs. By helping clients apply for and obtain other supports, Tenderloin nonprofits are able to address the underlying causes of hunger in San Francisco.

Are public and nonprofit resources sufficient to meet resident needs?

A key policy question is whether currently available programs, both public and nonprofit, are sufficient to meet Tenderloin residents' needs. Answering this question with quantitative precision poses several challenges. In terms of demand, it is difficult to pinpoint the exact number of residents who lack food security due to limitations in publicly available data discussed previously. On the supply side, understanding the adequacy of food resources is also complex given differences in how nonprofit programs track clients and services.

Citywide, there is a gap. Some have attempted to develop estimates of food insecurity that get at this issue on a *citywide* level. For example, a recent Stanford and San Francisco Food Bank study which looked at food security in San Francisco and Marin used the number of households living in poverty (185% FPL) as a proxy for identifying families in need of food support and then compared this to an approximation of the number of meals supported through government and nonprofit programs or purchased by residents directly. Based on this approach, the researchers estimated that there nearly 63 million "missing" meals, needed meals with no identifiable source of support, in San Francisco in 2010.[32] The Food Bank estimates overall that one in four San Francisco adults has difficulties feeding themselves and their family on a daily basis.[33] The California Health Interview Survey also contains

some information on food security. According to 2009 survey data, 44 percent of San Francisco adults whose income was less than 200% of the Federal Poverty Level were not able to afford enough food.

Food distribution in the Tenderloin is on the rise, yet some donors are cutting back. While these estimates are useful, they are not specific to the Tenderloin itself. One approach to understanding whether the supply of resources is adequate in relation to demand in this smaller geographic area would be to use demand for food programs as a proxy indicator. In other words, if nonprofit food programs are increasing services, then this must be because existing resources are not sufficient to meet resident needs. When asked directly about this, nonprofit representatives participating in this assessment reported that they are indeed experiencing increases in service demand. Program managers and executive staff of nonprofits reported increases between 5 and 10 percent. On a citywide basis, this trend was reflected in the Stanford/Food Bank study. According to the researchers' analysis, the number of meals provided by San Francisco nonprofits grew from 27.1 million in 2007 to 34.3 million—*an increase of 27 percent*. At the same time, agencies are reporting greater challenges when it comes to obtaining grant funding and individual donations.

Nutrition funding is at risk. It is also important to consider the broader funding landscape that supports Tenderloin residents struggling with food insecurity issues. According to the California Budget Project, Congress is considering deep cuts to the federal food stamps program, known as CalFresh in California, as part of the reauthorization of the Farm Bill.[34] Prior versions of the House bill have included proposals with potential to reduce the amount of benefits program participants and/or restrict some people's eligibility to participate in this program.[35] Concurrently, the WIC program remains vulnerable to sequestration, the process of automatic, across-the-board funding cuts that could occur in 2013 if Congress fails to meet its targets for reducing debt.[36] Changes in the availability of public and private funding have substantial impacts on the ability of nonprofits to provide services. For example, the recent cut to the San Francisco Food Bank's federal funding will likely have implications for the many nonprofits that rely on the Food Bank for supplies. Another example comes from Glide. In 2011, this organization cut its Daily Free Meals Program by nearly 200,000 meals to support the sustainability of its overall program operations.[37] The Daily Free Meals program currently accounts for 10 percent of the pounds of food distributed by Tenderloin organizations and is one of a handful of programs open to anyone in need of services.

How can nonprofits work together to make an impact?

The Tenderloin Hunger Task Force commissioned this report with the overall goal of improving how nonprofits providing food services could work together to meet the needs of neighborhood residents. Providers interviewed for this report were asked to contribute their ideas regarding how this might be accomplished. Suggestions included the following:

- Improve *service coordination* from the perspective of clients by facilitating conversations between (a) providers of similar services (i.e., congregate meals, meal delivery) and (b) providers serving similar populations in close proximity to one another.

- Increase *awareness* among policymakers and the broader public of food security issues and other challenges faced by people in poverty (i.e., perhaps through an education campaign or by working with the Food Security Task Force).
- Develop a common, cross-agency *policy agenda* and prioritizing 2-3 issues for joint advocacy.
- Expand *joint purchasing* efforts with agencies not yet participating in this endeavor.
- Develop cross-agency *volunteer* recruitment, deployment, and/or referral efforts.
- Centralize and improve *service referrals* across agencies by deciding on criteria for case manager assignment and making an up-to-date inventory of services available, potentially by working with existing citywide information and referral providers.
- Standardize *information collected* and reported across agencies.
- Educate *line staff* about food resources and needs, and ways that agencies are collaborating.
- Coordinate *urban agriculture and food justice* efforts across agencies, rather than competing for individual funding.
- Develop *nutrition education programs* that take into account cultural preferences and facilities for use across programs.

Strengthening the System

The Tenderloin Hunger Task Force commissioned this report at a turning point. Despite a changing landscape marked by improving economic conditions, Tenderloin residents still struggle to meet their daily food needs, and agencies are having a hard time obtaining private funding to support their work.

Recognizing the need to strengthen coordination, increase efficiencies, and expand the impact of member agencies on behalf of neighborhood residents, members of the Task Force met over the course of several sessions to review the findings presented in this report. Below are the Task Force's top priorities for working together to strengthen the system of food supports for Tenderloin residents.

1. Address the needs of the Tenderloin's growing population of older adults and people with disabilities. The number of older adults in the Tenderloin is expected to grow 20 percent. More than one-third of people living in this neighborhood have a disability, and this proportion is likely to grow further as the neighborhood ages. This combined population faces multiple barriers to meeting their food needs including coping with mobility issues, isolation, and fixed incomes. Individuals who are on SSI are particularly vulnerable given that this group is not eligible for CalFresh food stamps. To ensure access to food for this group, the Task Force recommends the following program and policy steps.

New Programs/Resources	Local Policy	State & National Policy
☐ Expand home-delivery groceries. ☐ Customize food menus. ☐ Provide special seating for older adults and people with disabilities.	☐ Develop local program to supplement SSI.	☐ Advocate for expansion of public benefits and support including expansion of CalFresh without reducing current benefit payment.

2. Improve residents' knowledge of food preparation and nutrition. Many of the residence in the Tenderloin do not have readily available access to fresh and nutritional food, and when available many do not have the knowledge of how to prepare in SRO facilities.

New Programs/Resources	Local Policy	State & National Policy
☐ Provide Nutrition Education. ☐ Provide Guidance to Families ☐ Provide nutrition/food budget/cooking (microwave, crockpot) classes at senior centers and housing sites.	☐ Develop school based programs ☐	

3. Improve access to cooking facilities among homeless and SRO residents. Providers who were interviewed for this report identified lack of cooking facilities as a major barrier to food access that results in reliance on congregate meal programs and pre-prepared foods for daily eating. The Task Force identified multiple ways to address this community need.

New Programs/Resources	Local Policy	State & National Policy
☐ Expand access to publicly available microwaves in group housing. ☐ Develop and share nutrition and food preparation education targeted to those without cooking facilities. ☐ Expand resident participation in CalFresh Restaurant Meals Program. ☐ Train staff about the lack of cooking facilities. ☐ Partner with people already working on housing improvement issues.	☐ Advocate for policies that expand to cooking facilities ☐ Partner with Mayor's Office of Disability to obtain funding.	☐ n/a access

4. Strengthen interagency coordination and innovation. Task Force members identified a number of ways to improve collaboration and services across organizations, including joint purchasing, education, and policy advocacy. The following steps rose to the top as opportunities to work together on cross-agency issues.

New Programs/Resources	Local Policy	State & National Policy
☐ Facilitate conversations among agencies providing similar services regarding how they can coordinate efforts. ☐ Expand joint purchasing efforts. ☐ Develop cross-agency activities designed to improve residents' knowledge of nutrition, food budgeting, and cooking (i.e., education in schools, senior centers and housing sites). ☐ Standardize information collected	☐ Increase policymaker awareness of food needs and the importance of food resources. ☐ Develop a common, cross-agency local policy agenda. ☐ Have a public affairs person on the task force, to address role Jim used to play.	☐ Increase policymaker awareness of food needs and the importance of food resources. ☐ Develop a common, cross- agency state and national policy agenda. ☐ Advocate for food stamp enrollment that is concurrent with Medicaid enrollment. ☐ Leverage health care resources from health reform for food.

The recommendations in this report will take time to accomplish. Discipline will be required on the part of member agencies to focus on the big picture and on common goals. Flexibility and a willingness to partner will also be necessary to achieving success. The Task Force believes that, taken together, implementation of these recommendations would represent a major step toward addressing changing community needs and enabling a strong system that responds to available resources.

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- Cissie Bonini, *St. Anthony Foundation*
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- Monique Rivera, *Tenderloin Hunger Task Force*
- Paula Jones, *San Francisco Department of Public Health*

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ORIGINAL PAPER

Food Insecurity and Risky Sexual Behaviors Among Homeless and Marginally Housed HIV-Infected Individuals in San Francisco

Nicholas S. Vogenthaler · Margot B. Kushel · Craig Hadley · Ed A. Frongillo Jr. · Elise D. Riley · David R. Bangsberg · Sheri D. Weiser

Abstract Food insecurity is common among HIV-infected populations in resource-rich and resource-poor countries. We hypothesized that food insecurity would be associated with risky sexual behaviors. We examined this hypothesis among all sexually active participants ($n = 154$) in the Research on Access to Care in the Homeless (REACH) cohort in San Francisco. The outcomes were unprotected vaginal or anal sex and multiple sexual partners during the prior 90 days. Associations were examined using repeated measures multivariable logistic regression analyses. Food insecurity was independently associated with unprotected sexual activity (AOR = 2.01 for each five point increase in HFIAS scale, 95 % CI 1.31–3.10) and multiple sexual partners (AOR = 1.54 for each five-point increase in HFIAS scale, 95 % CI 1.05–2.29). Food insecurity is a risk factor for unprotected sexual activity and multiple sexual partners among homeless and marginally housed HIV-infected individuals in San Francisco. Measures to alleviate food insecurity may play a role in decreasing secondary HIV transmission.

Keywords Food insecurity · HIV/AIDS · Sexual risk

N. S. Vogenthaler (✉)
Division of Infectious Diseases, Hennepin County Medical Center, 701 Park Avenue, O1, Minneapolis, MN 55415, USA
e-mail: nicholas.vogenthaler@hcmed.org

M. B. Kushel
Division of General Internal Medicine, San Francisco General Hospital, University of California, San Francisco, San Francisco, CA, USA

C. Hadley
Department of Anthropology, Emory University, Atlanta, GA, USA

E. A. Frongillo Jr.
Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC, USA

E. D. Riley
Department of Medicine, University of California, San Francisco, San Francisco, CA, USA

D. R. Bangsberg
Massachusetts General Hospital, Harvard Medical School, Harvard Initiative for Global Health, Boston, MA, USA

S. D. Weiser
Center for AIDS Prevention Studies, University of California, San Francisco, San Francisco, CA, USA

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Introduction

In the United States, HIV/AIDS affects the urban poor disproportionately [1]. Substance use, limited access to health services, overlapping sexual networks, and difficulties in meeting survival needs contribute to the spread of HIV [2–4]. Food insecurity is highly prevalent among vulnerable HIV-infected urban populations globally [5–8]. HIV and food insecurity are hypothesized to be linked in a cycle where the presence of one condition predisposes and contributes to worsening severity of the other condition [9, 10]. Among HIV-infected individuals, food insecurity is associated with worse health outcomes including poor physical and mental health [5, 11–13], suboptimal adherence to antiretroviral therapy [14–16], incomplete virologic suppression [14, 15, 17] and mortality [18]. Food insecurity remains, however, an under-studied potential contributor to risky sexual behavior.

Behavioral pathways link food insecurity and high-risk sexual behavior when people engage in high-risk sexual

behavior as a means of negotiating other subsistence needs [9]. A growing body of literature, mainly from resource limited settings, suggests that food insecurity places individuals in highly constrained situations that increase the likelihood of unprotected sex and subsequent sexually transmitted infections including HIV. For example, large population-based study in Botswana and Swaziland found that food insufficiency was independently associated with inconsistent condom use with a non-primary partner, sex exchange, intergenerational sex, and lack of control in sexual relations [19]. In a qualitative study of individuals living with HIV/AIDS in Uganda, food insecurity decreased control over condom use and increased the risk of transactional sex [20]. A cross-sectional study among female sex workers in Lagos, Nigeria demonstrated poverty and lack of means to obtain food were common key contributors in the decision to join the sex trade and to engage in unprotected sex with clients [21]. To date, only a few studies have assessed linkages between food insecurity and risky sex in resource rich settings. Among HIV-infected injection drug users in Vancouver, Canada, severe food insecurity was associated with increased risk for recent unprotected sex [22]. In a national survey in Brazil of sexually active women, severe food insecurity with hunger was associated with reduced odds of consistent condom use and condom use at last sexual intercourse [23]. There are no previous studies on the relationship between food insecurity and high-risk sexual behavior among people living with HIV/AIDS in the United States. Previous literature is limited by the use of cross-sectional data and measures of food insecurity that have not been previously validated.

In order to address these gaps, we examined the longitudinal association between food insecurity and measures of high-risk sexual behavior in a cohort of marginally housed and homeless, HIV-infected individuals living in San Francisco using a validated measure of food insecurity. Specifically we hypothesized that individual food insecurity would be associated with (1) recent unprotected sex and (2) multiple sexual partners, both recognized risk factors for HIV transmission.

Methods

Design, Participants and Setting

Participants were from the Research on Access to Care in the Homeless (REACH) Cohort of HIV-infected homeless and marginally housed adults systematically recruited from San Francisco homeless shelters, free-meal programs, and single room-occupancy hotels, as previously described [1, 24]. Participants responded to structured questionnaires at baseline and at three-month intervals. In 2007, the Household Food Insecurity Access Scale (HFIAS) was introduced to routine REACH quarterly interviews and implemented continuously until the end of the study in 2010 [5]. Interviewers collected information on socio-demographics, alcohol and drug use, sexual risk behaviors, and overall mental and physical health status. From 2007 until 2010, 613 study visits were completed with sexually active participants. Participants provided written consent to participate at the onset of the study and were reimbursed $15 per interview. The UCSF Committee on Human Research approved all study procedures.

Variable Selection

The primary outcomes of interest were any unprotected vaginal/anal sex and vaginal or anal sex with more than one partner, in the past 90 days preceding the visit. The primary independent variable was food insecurity. Food insecurity was assessed using the Household Food Insecurity Access Scale (HFIAS) [5, 25]. The HFIAS can be used to assign individuals along a continuum of food-insecurity severity, from food secure to severely food insecure. Scores range from 0 to 27; higher scores reflect more severe food insecurity [25]. Potential confounders of the association between food insecurity and high-risk sex were based on prior literature [10, 19, 21, 26–28] and included: age (years); sex; race (white vs. non-white); income ($\geq$ vs. $<$ sample median); education ($\geq$ vs. $<$ high school diploma); recent homelessness (sleeping on the street or shelter in past 90 days); current employment; recent drug use (any of cocaine, crack, heroin or methamphetamine) in the past 90 days; problem drinking (greater than an average of 14 drinks/week for men and 7 drinks/week for women) [29]; any incarceration in the previous 90 days; a physical health composite score (PCS) and mental health composite score (MCS) constructed from the 36-item Short Form Health Survey (SF-36); scores range from 0 to 100 where higher scores reflect better health [5, 6, 30, 31].

Statistical Analysis

We used generalized estimating equations (GEE) analyses to assess factors associated with unprotected sex and multiple sexual partners. Reports of food insecurity and risky sex outcomes were assessed at the same visit. Standard errors were calculated using an exchangeable correlation structure, adjusted by multiple observations for each individual. For each outcome, covariates associated with either unprotected sex or multiple sexual partners with a $p < 0.25$ in bivariate analysis were included in the final multivariate model. Previous literature suggests that the

association of food insecurity and high-risk sexual behavior may be modified by gender, with stronger associations among women [19]. Therefore, we also constructed a model including an interaction term for food insecurity and gender. We tested the interaction between homelessness and food insecurity and between income and food insecurity [5, 7]. Because abstinence may be a form of sexual risk reduction, we conducted an additional analysis where we included all REACH participants irrespective of whether they were sexually active (with condom use and number of partnerships set to 0 for sexually inactive participants). Because we found no differences (results not shown), subsequent analyses of sexually inactive participants was not pursued. The presentation of analyses restricted to sexually active participants is also justified by prior literature investigating food insecurity and risky sexual behavior in resource rich settings [23]. All statistical procedures were performed using STATA statistical analysis software version 9 (StataCorp LP, College Station, TX, USA).

Results

Participant Characteristics

Of 331 active participants of the REACH cohort who responded to the food insecurity questionnaire, we included the 157 who reported being sexually active. Among this group, the mean age was 41.0 (SD 6.9), 68.2 % were male, 29.2 % of participants were white, and 71.4 % had completed high school. Only 12.5 % of participants were employed at baseline. Fifty-four participants (35.5 %) reported any drug in the preceding 90 days, and 9.9 % reported problem drinking in this same time period. One hundred twenty-five participants (79.6 %) reported recent food insecurity at least once. The mean HFIAS score at baseline was 4.4 (SD 5.9) (Table 1).

Determinants of Unprotected Sexual Activity

During the study period, eighty-six participants (54.8 %) engaged in unprotected intercourse. In adjusted analyses, food insecurity was independently associated with unprotected intercourse; participants had twice the odds of engaging in unprotected sex for each five-point increase, out of a possible total of 27, in the HFIAS score (AOR 2.01, 95 % C.I. = 1.31–3.10) (Table 2). In addition, participants reporting problem drinking had over a three-and-a-half times greater odds of engaging in unprotected sex (AOR 3.67, 95 % C.I. = 1.04–12.89). We did not find any significant interaction between gender, homelessness or income with food insecurity.

Table 1 Baseline characteristics of sexually active homeless and unstably housed adults in the REACH cohort, San Francisco, 2007–2010, $n = 157$

Characteristic	
Age [mean (SD)]	41.0 (SD 6.90)
White (vs. nonwhite)	45 (29.2 %)
Male (vs. female)	105 (68.2 %)
Heterosexual	59 (37.6 %)
Recent homelessness past 90 days	13 (8.3 %)
≥High school education	110 (71.4 %)
Employed	19 (12.5 %)
Income [median (SD)]	930 (SD 481)
Recent incarceration past 90 days	17 (10.8 %)
Any drug use past 90 days	54 (35.5 %)
Problem drinking past 90 days	15 (9.9 %)
Overall physical health[a]	42.6 (SD 10.4)
Overall mental health[b]	45.5 (SD 12.6)
Severity of food insecurity [mean (SD)][c]	4.4 (SD 5.9)

[a] SF-36 score ranges from 0 to 100 where an increasing score indicates better health

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[c] HFIAS scores range from 0 to 27 where higher scores indicate more severe food insecurity

Determinants of Multiple Recent Sexual Partners

During the study period, 51 participants (32.5 %) reported sex with multiple partners. In adjusted analyses, each five-point increase in the HFIAS scale was associated with over one-and-a-half times greater odds (AOR 1.54, 95 % C.I. = 1.05–2.29) of having multiple sexual partners (Table 3). In addition, the odds of having multiple sexual partners were almost four times greater among white/Caucasian participants (AOR 3.80, C.I. = 1.23–11.74), five times greater among male participants (AOR 5.28, C.I. = 1.34–20.71), and two-and-a-half times greater among drug users (AOR 2.66, C.I. = 1.06–6.69). An interaction term testing the potential interaction of gender and food insecurity was non-significant.

Discussion

This study documents an association among HIV-infected individuals between increasing severity of food insecurity and having recent multiple sexual partners and an association between food insecurity and unprotected sex in a well-resourced setting [22]. In this study of HIV-infected homeless and marginally housed individuals in San Francisco, over three-quarters of participants reported food insecurity at least

Table 2 Unadjusted and adjusted associations with unprotected sex among sexually active homeless and unstably housed adults in the REACH cohort, San Francisco, 2007–2010

Characteristic	Odds ratio (95 % CI)	Adjusted OR (95 % CI)
Severity of food insecurity (each five point increase)	2.04 (1.41–2.95)**	2.01 (1.31–3.10)**
Age (per year)	0.99 (0.91–1.07)	–
White (vs. nonwhite)	2.18 (0.63–7.60)	–
Male (vs. female)	1.92 (0.57–6.49)	–
Heterosexual	0.42 (0.13–1.38)	
Recent homelessness past 90 days	1.43 (0.32–6.36)	–
≥High school education	2.30 (0.65–8.13)	–
Employed	0.53 (0.18–1.59)	–
Income (≥median of $930/month)	1.46 (0.68–3.15)	–
Recent incarceration past 90 days	1.83 (0.71–4.73)	–
Drug use past 90 days	2.25 (0.95–5.30)	–
Problem drinking past 90 days	2.85 (0.88–9.26)	3.67 (1.04—12.89)*
Overall physical health (one unit increase)	0.99 (0.95–1.03)	–
Overall mental health (one unit increase)	0.99 (0.96–1.02)	–

* *p value* ≤ 0.05; ** *p value* ≤ 0.001

Table 3 Unadjusted and adjusted associations of sex with multiple partners among sexually active homeless and unstably housed adults in the REACH cohort, San Francisco, 2007–2010

Characteristic	Odds ratio (95 % CI)	Adjusted OR (95 % CI)
Severity of food insecurity (each 5 point increase)	1.61 (1.22–2.19)	1.54 (1.05–2.29)*
Age (per year)	1.01 (0.93–1.09)	–
White (vs. nonwhite)	5.13 (1.58–16.67)	3.80 (1.23–11.74)*
Male (vs. female)	6.30 (1.62–24.52)	5.28 (1.34–20.71)*
Heterosexual	0.45 (0.14–1.44)	–
Recent homelessness past 90 days	0.71 (0.16-3.24)	–
≥High school education	2.77 (0.75–10.18)	–
Employed	1.42 (0.42–4.77)	–
Income (≥median of $930/month)	2.10 (0.89–1.21)	–
Recent incarceration past 90 days	1.94 (0.74–4.92)	–
Drug use past 90 days	5.07 (2.05–12.54)	2.66 (1.06–6.69)*
Problem drinking past 90 days	1.53 (0.45–5.27)	–
Overall physical health (one unit increase)	1.01 (0.96–1.05)	–
Overall mental health (one unit increase)	0.97 (0.94–1.01)	–

* *p value* ≤ 0.05

one time during follow-up. The prevalence of food insecurity in this study was even higher than suggested by cross-sectional studies among HIV-infected individuals in well-resourced settings, and highlights the importance of longitudinal data in understanding the episodic experience of food insecurity and its consequences [5, 6, 32]. The results reinforce that food insecurity among people living with HIV/AIDS is a social problem not confined solely to resource-poor countries.

While food insecurity was significantly associated with both unprotected sex and sex with multiple partners, housing status and income were not. As part of the spectrum of unmet subsistence needs, these results are consistent with recent findings from a study of HIV-infected homeless and unstably housed women that found that unmet subsistence needs are stronger predictors of poor health and adherence to antiretroviral therapy when compared with other measures of socioeconomic status [33]. Taken together, these findings support the need to target food insecurity and other unmet subsistence needs as part of HIV/AIDS care for indigent HIV-infected persons.

These findings suggest that food insecurity may be contributing to secondary HIV transmission risk among vulnerable populations. Previous studies have documented an association between food insecurity and incomplete virologic suppression, which would further compound the risk of secondary HIV transmission in the context of risky sexual behavior [14]. As a result of its strong association with risky sex, food insecurity may also be contributing to the risk of acquiring other sexual transmitted diseases, further compounding its negative impacts. This hypothesis should be assessed in future studies.

Among HIV-infected individuals, food insecurity has been associated with multiple indicators of suboptimal management of HIV-infection [11, 14, 17, 34]. International attention has recently focused on earlier antiretroviral therapy as prevention [35]. To maximize the success of "Test and Treat" paradigms, the social and structural correlates of antiretroviral success must also be addressed [35, 36]. Our results draw attention to the implications of food insecurity for ongoing HIV transmission risk, and highlight the critical need for structural interventions that address food insecurity even in well-resourced settings.

This study has several limitations. Our participants are HIV-infected homeless and marginally housed individuals in San Francisco, and the results may not be generalizable

to other HIV-infected populations. However, this limitation is also strength, as it allows us to draw specific conclusions about a difficult to reach population. Some participants were recruited from free-meal program locations, which may have increased the proportion of participants with initial food insecurity. However, we do not believe recruitment site would confound the longitudinal relationship between food insecurity and our outcomes of interest. Some variables including risky sexual behaviors were measured by self-report and therefore can result in correlated measurement errors that introduce bias. Third, casual or transactional partnerships are more likely to be characterized by greater HIV transmission risk [37]. Failure to account for partner type could have confounded our estimates of the association between food insecurity and risky sexual behavior.

In summary, food insecurity is associated with multiple measures of high-risk sexual behavior among HIV-infected homeless and marginally housed individuals in San Francisco. Innovative intervention models are needed that better incorporate targeted food insecurity interventions into routine HIV care and programming. In addition to improving HIV/AIDS health outcomes, such measures to alleviate food insecurity may also play a role in decreasing secondary HIV transmission and preventing acquisition of other sexually transmitted diseases in this population.

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Food insecurity and HIV clinical outcomes in a longitudinal study of homeless and marginally housed HIV-infected individuals in San Francisco

Sheri D. Weiser[a,b], Caterina Yuan[c], David Guzman[d], Edward A. Frongillo[e], Elise D. Riley[a], David R. Bangsberg[f] and Margot B. Kushel[d]

Background: Food insecurity is common among HIV-infected individuals and has been associated with poor health. Little longitudinal research has examined the association of food insecurity with HIV clinical outcomes, or the extent to which adherence mediates these associations.

Design: Observational cohort study

Methods: HIV-infected homeless and marginally housed individuals in the San Francisco Research on Access to Care in the Homeless cohort completed quarterly structured interviews and blood draws. We measured food insecurity using the validated Household Food Insecurity Access Scale. Primary outcomes were: ART nonadherence (<90% adherence), incomplete HIV viral load suppression more than 50 copies/ml, and CD4 cell counts less than 200. We estimated model parameters using generalized estimating equations, adjusting for sociodemographic and clinical variables.

Results: From May 2007 to March 2010, we followed 284 participants for a median of 22 months. At baseline 54.6% of participants were food-insecure. Food insecurity was associated with increased odds of ART nonadherence [adjusted odds ratio (AOR) = 1.48; 95% confidence interval (CI), 1.19–1.85], incomplete viral load suppression (AOR = 1.29, 95% CI 1.04–1.61), and CD4 cell counts less than 200 (AOR = 1.26, 95% CI 1.01–1.56). When we included ART adherence in adjusted models for incomplete viral suppression and CD4 cell counts less than 200, the magnitude of the effect decreased slightly.

Conclusion: Food insecurity was associated with poor HIV outcomes, including nonadherence, in a longitudinal study of US-based HIV-infected unstably housed individuals. Efforts to address food insecurity should be included in HIV-treatment programs, and may help improve health outcomes.

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Keywords: adherence, antiretroviral therapy, food security, HIV/AIDS

[a]Division of HIV/AIDS, San Francisco General Hospital, University of California, San Francisco, [b]Center for AIDS Prevention Studies, [c]School of Medicine, [d]Division of General Internal Medicine, San Francisco General Hospital, University of California, San Francisco, California, [e]Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, South Carolina, and [f]Massachusetts General Hospital Center for Global Health, Ragon Institute of MGH, MIT and Harvard, Harvard Medical School, Boston, Massachusetts, USA.

Correspondence to Sheri Weiser, MD, MPH, Division of HIV/AIDS, San Francisco General Hospital, POB 0874, UCSF, San Francisco, CA 94143, USA.

Tel: +1 415 314 0665; fax: +1 415 869 5395; e-mail: Sheri.Weiser@ucsf.edu

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Introduction

Food insecurity (the limited or uncertain availability of nutritionally adequate, well tolerated foods or the inability to acquire personally acceptable foods in socially acceptable ways) [1,2] affects up to 50% of HIV-infected urban poor populations in the United States [3,4]. Food insecurity is associated with worse health outcomes including obesity [5], diabetes [6], hypertension [7], self-reported hyperlipidemia [7], and depression [8].

Food insecurity and HIV/AIDS are reciprocally linked. Among HIV-infected individuals, food insecurity is associated with worse health-related quality of life [9], increased opportunistic infections [9], increased hospitalizations [9,10], and increased mortality [11]. Furthermore, cross-sectional and qualitative data suggest that food insecurity may lead to worse HIV outcomes including ART nonadherence, viral rebound and worse immune status [3,4,12–15]. Yet there are limited longitudinal data examining these associations or the mechanisms through which food insecurity may impact HIV-clinical outcomes. Such data are critical for developing interventions to ameliorate food insecurity and mitigate its adverse effects.

We examined the associations between food insecurity and HIV outcomes in a longitudinal study of marginally housed HIV-infected individuals. We hypothesized that food insecurity would be associated with worse ART adherence, and worse immunologic and virologic outcomes. We further hypothesized that ART nonadherence would be an important mechanism by which food insecurity negatively impacts immunologic and virologicoutcomes.

Methods

Participants were from the Research on Access to Care in the Homeless (REACH) study, a cohort of HIV-infected homeless and marginally housed individuals systemically recruited from homeless shelters, free meal programs, and single-room occupancy hotels in San Francisco, as previously described [16,17]. Participants were followed from May 2007 until March 2010. All REACH participants on ART at any time during follow-up were included beginning at the point they initiated or resumed ART. Treatment interruption and discontinuation were coded as 0% adherence. We administered blood draws and structured questionnaires at baseline and at each quarterly follow-up. We processed and stored plasma for viral load and CD4 counts at −40°C within 6 h of collection. Participants provided written consent and received $15 reimbursement per interview. The UCSF Committee on Human Research approved all study procedures.

Measures

Primary independent variable

Food insecurity was measured by the Household Food Insecurity Access Scale, which was previously validated in eight countries [18,19] and adapted for use in marginally housed individuals [3]. The internal consistency of this measure was high in our sample, with a Cronbach's alpha of 0.94 [3]. Individuals were categorized as food secure or food insecure (including mild, moderate, or severe food insecurity) based on a standard algorithm [20].

Primary outcomes

ART nonadherence (average adherence for all ART drugs), was measured by the visual analog scale (VAS), a previously validated self-reported ART adherence measure [21,22]. The VAS has been closely correlated with unannounced pill count ($r = 0.76$) [23] and inversely correlated with viral load ($r = -0.49$) [23] in this population. Nonadherence was defined as less than 90% adherence, based on previous literature that adherence less than 90% is associated with increased progression to AIDS and death [24,25]. Incomplete viral load suppression was defined as an HIV-1 viral load more than 50 copies/ml (HIV-1 Amplicor Monitor Version 1.5 ultrasensitive assay), with a lower limit of quantification of 10 copies/ml [26].CD4 cell counts (done by Quest Diagnostics) were categorized as less than 200 cells/μl (low CD4 cell counts) versus at least 200 cells/μl to indicate severe immunosuppression consistent with a diagnosis of AIDS [27,28].

Covariates

We selected covariates based on previous literature and a conceptual framework on the linkages between food insecurity and HIV/AIDS [3,10,29,30]. We included these fixed covariates: sex (male versus female), age (continuous +10 years), ethnicity (African–American versus Latino versus Mixed/Other), income (≥versus < population monthly median $918), education (≥versus < high school diploma), months on ART at baseline (continuous +12 months), and CD4 nadir (continuous). We also included these time-varying covariates: recent homelessness (sleeping on the street or in a shelter in the past 90 days), health insurance status (uninsured versus insured) illicit drug use in the last 90 days (yes versus no), and problem drinking over previous 30 days (>14 drinks per week for men and >7 drinks per week for women based on National Institute of Alcohol Abuse and Alcoholism's definitions) [31,32].

Analysis

We used generalized estimating equations to determine factors associated with time-varying ART nonadherence, incomplete viral load suppression, and low CD4 cell counts controlling for time-varying food insecurity and other sociodemographic and clinical covariates. For each outcome, all covariates with a $P \leq 0.2$ in bivariate analysis

were included in adjusted models, which were further reduced by only retaining covariates with $P \leq 0.05$. To evaluate the hypothesis that adherence is a potential mechanism through which food insecurity adversely affects virologic and immunologic outcomes, we added ART adherence to adjusted models for incomplete viral load suppression and both ART adherence and viral load suppression to models with incomplete CD4 cell response, and then reassessed the magnitude of the estimates for the relationship of food insecurity with these two outcomes.

Results

Description of study population

Among the 284 participantswho took ART during the study period, 15 died, five dropped out, and 23 were lost to follow-up. Participants were followed for a median of 22 months (IQR 11, 25). The sample was predominately man (74.4%), with a median age of 48 years (Supplemental Table 1, http://links.lww.com/QAD/A387). Over half of the participants were food-insecure at baseline (54.6%); of these, 51.6%were severely food-insecure. The majority of participants had been on ART for over 4 years at baseline. In total, 25.8% were nonadherent to ART during follow-up, 37.2% of individuals had unsuppressed viral loads, and 21.9% had CD4 cell counts less than 200 cells/μl.

Associations between food insecurity, ART nonadherence and incomplete viral load suppression, and CD4 cell counts less than 200 cells/μl

In adjusted analyses, the odds of ART nonadherence were 48% higher (AOR = 1.48; 95% CI, 1.19–1.85; $P < 0.001$; Table 1) while the odds of incomplete viral suppression were 29% higher (AOR = 1.29, 95% CI 1.04–1.61; $P = 0.021$; Table 2) on average among food-insecure persons. ART nonadherence was associated with 55% greater odds of unsuppressed viral load (Table 2, column 3). When ART adherence was included in the models for viral load suppression, the AOR for food insecurity decreased slightly (AOR = 1.24, 95% CI 0.99–1.55; $P = 0.06$; Table 2, column 3).

Food insecurity was associated with 26% greater odds of having CD4 counts <200 cells/mm^3 in adjusted models (AOR = 1.26, 95% CI 1.01 - 1.56; $P = 0.039$; Supplemental Table 2, http://links.lww.com/QAD/A387). When adherence was included in the adjusted models for low CD4 cell counts, the magnitude of association for food insecurity decreased slightly (AOR = 1.24, 95% CI 1.00–1.54; $P = 0.055$). When ART adherence and viral load suppression were added in combination to models with low CD4 cell count as the outcome, the adjusted odds ratio for food insecurity was further attenuated. (AOR = 1.16, 95% CI = 0.83–1.61).

Discussion

Food insecurity was significantly associated with low ART adherence, incomplete viral load suppression, and low CD4 cell counts among homeless and marginally housed individuals in longitudinal analyses after controlling for potential confounders. These findings highlight the importance of addressing food insecurity as part of comprehensive HIV care in order to improve both food security and HIV-related treatment outcomes.

Food insecurity was highly prevalent in this population: over half of participants were food insecure (54.6%), consistent with previous studies among urban poor HIV-infected populations in North America [14,15]. Previous cross-sectional studies from the United States and Canada

Table 1. Factors associated with adherence less than 90% in a homeless and marginally housed population in San Francisco ($N = 284$).

Characteristic	Bivariate analyses odds ratio (0.95 CI)	Adjusted odds ratio*
Any food insecurity	1.60 (1.29–1.99)***	1.48 (1.19–1.85)***
Man (versus woman)	1.17 (0.81–1.68)	–
Age (per 10 years)	0.86 (0.69–1.07)	–
African–American ethnicity	1.20 (0.82–1.77)	–
Latino ethnicity	0.77 (0.38–1.56)	–
Mixed/Other ethnicity	1.38 (0.80–2.38)	–
Education less than high school	1.05 (0.73–1.52)	–
Living in shelter or on street, past 90 days	1.75 (1.16–2.64)**	1.55 (1.04–2.32)*
Problem drinking, past 30 days	1.73 (1.12–2.68)*	1.76 (1.15–2.69)**
Income less than median ($916)	1.21 (0.86–1.72)	–
Uninsured	1.35 (0.77–2.35)	–
Illicit drugs use in last 90 days	2.33 (1.79–3.03)***	2.17 (1.66–2.82)***
Cumulative months on ART at baseline (per 12 months)	0.97 (0.93–1.01)	–
Nadir CD4 cell count (per 100 cells)	0.85 (0.76–0.96)**	0.88 (0.79–0.99)*

***$P < 0.0001$.
**$P < 0.01$.
*$P < 0.05$.

Table 2. Factors associated with HIV viral load more than 100 copies/ml in a homeless and marginally housed population in San Francisco ($N = 284$).

Characteristic	Bivariate analyses odds ratio (0.95 CI)	Adjusted odds ratio (0.95 CI)	AOR with adherence (0.95 CI)
Any food insecurity	1.36 (1.10–1.68)**	1.29 (1.04–1.61)*	1.24 (0.99–1.55)
Man (versus woman)	0.88 (0.58–1.33)	–	–
Age (per 10 years)	0.69 (0.53–0.91)**	–	–
African–American ethnicity	1.77 (1.16–2.70)**	1.98 (1.29–3.02)**	1.96 (1.29–2.99)**
Latino ethnicity	1.31 (0.61–2.80)	1.43 (0.63–3.22)	1.44 (0.63–3.26)
Mixed/Other ethnicity	2.57 (1.41–4.68)**	2.47 (1.32–4.63)**	2.48 (1.34–4.62)**
Education less than high school	1.14 (0.74–1.76)	–	–
Living in shelter or on street in past 90 days	1.98 (1.25–3.14)**	1.89 (1.16–3.07)*	1.86 (1.15–3.02)*
Problem drinking, past 30 days	1.49 (0.96–2.32)	–	–
Income less than median ($916)	0.99 (0.68–1.46)	–	–
Uninsured	1.21 (0.46–3.18)	–	–
Illicit drugs use in last 90 days	1.45 (1.12–1.88)**	1.37 (1.04–1.81)*	1.30 (0.98–1.72)
Cumulative months on ART at baseline (per 12 months)	0.94 (0.89–0.99)*	–	–
Nadir CD4 cell count (per 100 cells)	0.76 (0.67–0.87)***	0.76 (0.67–0.87)***	0.77 (0.67–0.88)***
Adherence <90%	1.63 (1.30–2.04)***	–	1.55 (1.20–2.00)***

***$P < 0.0001$.
**$P < 0.01$.
*$P < 0.05$.

have similarly found that food insecurity is associated with ART nonadherence, incomplete viral load suppression, and lower CD4 cell counts [3,4,15,26,33]. One previous longitudinal study in New England also reported that food insecurity blunted immunologic recovery on ART [34]. Our longitudinal study design coupled with the consistency of findings across several measures of HIV-treatment outcomes strengthens the evidence on the potential detrimental impacts of food insecurity on the health of HIV-infected individuals. Additionally, our finding that food insecurity is associated with unsuppressed viral loads, coupled with prior studies showing that food insecurity contributes to risky sexual practices [35–39], suggests that improving food insecurity among HIV-infected individuals may also reduce secondary HIV/AIDS transmission.

In this study, adherence was a weak mediator of negative health impacts of food insecurity. After adding ART adherence, the magnitude of the odds ratio for food insecurity was only slightly attenuated in models for virologic and immunologic outcomes, and no longer statistically significant. Based on a previously published conceptual framework, impacts of food insecurity on clinical outcomes may also be explained by other behavioral pathways (delayed entry into care, poor clinic attendance, interruptions in care), mental health pathways (such as depression and anxiety), and nutritional pathways (macronutrient and micronutrient deficiencies, worse absorption of drugs in the absence of food) [29]. Further investigation of these pathways is needed in larger studies including detailed measures of macronutrient and micronutrient deficiencies.

Addressing food insecurity should become an integral part of HIV care, consistent with the National HIV/AIDS Strategy goal to support HIV-infected individuals in meeting basic needs, such as food and housing. Currently, food security programs and HIV-related care are separate systems, funded by separate entities, contributing to access barriers for those who require both food assistance and medical care. Co-location of food pantries within HIV care facilities, and having case managers assist eligible patients sign up for the Supplemental Nutrition Assistance Program may help improve food security and health in this population. Such strategies may also contribute to long-term cost savings, as previous work showed that food insecurity contributes to the use of costly emergency healthcare services [9,10,40]. Potential solutions to address food insecurity will also need to consider that a large proportion of marginally housed populations may not have access to cooking facilities or refrigeration [39,41], and creative interventions will be needed to address these additional barriers.

There were several limitations to this study. The initial sampling frame for REACH included those recruited from free meal programs and soup kitchens, which may have led to an oversampling of those with food insecurity; this would not necessarily change the associations reported between food insecurity and poor HIV outcomes. We did not have pretreatment CD4 cell count on all participants, but did adjust for nadir CD4 cell counts. ART nonadherence was measured by self-report, which can lead to an underestimation of its prevalence, and also makes it more difficult to assess its role as a potential mediator; yet VAS adherence has been extensively validated against objective adherence measures and clinical HIV treatment outcomes [21–23] including in the current study. We could not distinguish between patient-initiated and physician-initiated treatment interruptions, but physicians are unlikely to have initiated cessation unless there was poor adherence.

In conclusion, food insecurity was associated with multiple measures of poor HIV outcomes including ART nonadherence, low CD4 cell counts, and unsuppressed viral load in longitudinal study of homeless and marginally housed HIV-infected individuals in San Francisco. Results do not support the hypothesis that effects of food insecurity on clinical outcomes are mainly due to nonadherence. Intervention studies are needed to understand causal connections and further research is needed to tease apart the mechanisms by which food insecurity may negatively impact treatment outcomes. Efforts to address food insecurity should be included in HIV treatment programs, and may help improve health outcomes.

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Conflicts of interest

There are no conflicts of interest.

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Food Insecurity Is Associated with Greater Acute Care Utilization among HIV-Infected Homeless and Marginally Housed Individuals in San Francisco

Sheri D. Weiser, MD, MPH[1,2], Abigail Hatcher, MPH[1], Edward A. Frongillo, PhD[3], David Guzman, MPH[4], Elise D. Riley, PhD[1], David R. Bangsberg, MD, MPH[5], and Margot B. Kushel, MD[4]

[1]Division of HIV/AIDS, San Francisco General Hospital, University of California, San Francisco (UCSF), San Francisco, CA, USA; [2]Center for AIDS Prevention Studies, University of California, San Francisco (UCSF), San Francisco, CA, USA; [3]Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC, USA; [4]Division of General Internal Medicine, San Francisco General Hospital, University of California, San Francisco (UCSF), San Francisco, CA, USA; [5]Massachusetts General Hospital Center for Global Health, Ragon Institute of MGH, MIT and Harvard, Harvard Medical School, Boston, MA, USA.

BACKGROUND: Food insecurity, or the uncertain availability of nutritionally adequate, safe foods, has been associated with poor HIV outcomes. There are few data on the extent to which food insecurity impacts patterns of health-care utilization among HIV-infected individuals.

OBJECTIVE: We examined whether food insecurity was associated with hospitalizations, Emergency Department (ED) visits, and non-ED outpatient visits.

METHODS: HIV-infected, homeless and marginally housed individuals participating in the San Francisco Research on Access to Care in the Homeless (REACH) cohort underwent quarterly structured interviews and blood draws. We measured food insecurity with the validated Household Food Insecurity Access Scale, and categorized participants as food secure, mild/moderately food insecure, and severely food insecure. Primary outcomes were: (1) any hospitalizations, (2) any ED visits, and (3) any non-ED outpatient visits. Generalized estimating equations were used to estimate model parameters, adjusting for socio-demographic (age, sex, ethnicity, education, income, housing status, health insurance) and clinical variables (CD4 nadir, time on antiretroviral therapy, depression, and illicit drug use).

RESULTS: Beginning in November 2007, 347 persons were followed for a median of 2 years. Fifty-six percent of participants were food insecure at enrollment. Compared with food-secure persons, those with severe food insecurity had increased odds of hospitalizations [adjusted odds ratio (AOR)=2.16, 95 % confidence interval (CI)=1.50–3.09] and ED visits (AOR=1.71, 95 % CI=1.06–2.30). While the odds of an outpatient visit were 41 % higher for severely food insecure individuals, the effect was not statistically significant (AOR=1.41, 95 % CI=0.99–2.01). Mild/moderate food insecurity was also associated with increased hospitalizations (AOR=1.56, 95 % CI=1.06–2.30), ED visits (AOR=1.57, 95 % CI=1.22–2.03), and outpatient visits (AOR=1.68, 95 % CI=1.20–2.17).

CONCLUSIONS: Food insecurity is associated with increased health services utilization among homeless and marginally housed HIV-infected individuals in San Francisco. Increased ED visits and hospitalizations are not related to fewer ambulatory care visits among food-insecure individuals. Addressing food insecurity should be a critical component of HIV treatment programs and may reduce reliance on acute care utilization.

KEY WORDS: food security; HIV/AIDS; acute care utilization.
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INTRODUCTION

The introduction of antiretroviral therapy (ART) has led to substantial decreases in morbidity and mortality among HIV-infected individuals[1,2] with a concomitant decline in the use of acute health-care services. Longitudinal studies have shown downward trends in both hospitalizations and emergency department (ED) visits after initiation of ART.[3–5] Gains in health, longevity, and reductions in acute care usage, however, have not been uniform across all population groups in the US. Among HIV-infected individuals, women,[6–9] injection drug users,[7,8,10] and racial/ethnic minorities[8,11,12] account disproportionately for morbidity and suboptimal health-care utilization patterns. Socioeconomic marginalization, in the form of unmet subsistence needs, may drive the acute care usage seen in these subpopulations.[13,14]

Food insecurity, the limited availability of nutritionally adequate or safe food, or the inability to procure food in socially acceptable ways,[15] is an important form of socioeconomic marginalization. In the general population, food insecurity has been associated with many adverse health impacts, including poor nutritional status,[16–21] depression,[22–26] suicidal ideation,[26] obesity,[27] and increased

cardiovascular risk.[28,29] Cross-sectional studies among non-HIV infected individuals in the US found that food insecurity is associated with postponing needed medications and care, increased emergency department use, and increased hospitalizations.[30,31] In cross-sectional studies among HIV-infected individuals in the US and Canada, food insecurity has been associated with decreased immunologic and virologic responses,[32–35] and worse mental health, even when controlling for other markers of socioeconomic status such as income, education, and employment.[35–37] Qualitative and cross-sectional quantitative studies in resource-rich and resource-poor countries have found food insecurity is an important cause of ART non-adherence and treatment interruptions.[32,34,38] A few longitudinal studies have reported negative health impacts of food insecurity among HIV-infected individuals, including worse physical health status and increased opportunistic infections in Uganda, lower CD4 counts in a study in the Boston area, and higher risk of mortality in British Columbia.[39–41]

There is little understanding of how food insecurity impacts patterns of health-care utilization among HIV-infected individuals, particularly in resource-rich countries without universal health care such as the US. Such understanding is critical because use of health services reflects both population-level morbidity and overall costs to the health-care system. We undertook a longitudinal study in an urban area in the US to examine the association of food insecurity and health-care utilization patterns among homeless and marginally housed, HIV-infected individuals. We hypothesized that food insecurity would be associated with hospitalizations and ED visits. Given that use of outpatient services is both a product of need for services (which food insecurity could theoretically increase) and the ability to get services when needed (which food insecurity could theoretically decrease), we also set out to understand whether and how food insecurity was associated with utilization of non-ED outpatient care services.

METHODS

Participants were from the Research on Access to Care in the Homeless (REACH) study, a cohort of HIV-infected homeless and marginally housed adults in San Francisco recruited using probability sampling from homeless shelters, free meal programs, and single room occupancy hotels charging less than $600/month, as previously described.[42,43] REACH participants received quarterly blood draws and structured interviews. All participants signed a written consent form at the onset of the study and were reimbursed $15 per interview. Between August 2007 and March 2010, we administered the Household Food Insecurity Access Scale (HFIAS) as part of the REACH study. The UCSF Human Subjects Committee approved all study procedures.

Measures

Primary Independent Variable. To measure recent food security, we used the Household Food Insecurity Access Scale (HFIAS), version 1, January 2006, previously adapted for use in homeless and marginally housed individuals.[35] The HFIAS was initially developed by Food and Nutrition Technical Assistance (FANTA) project based on validation studies in eight countries including the US.[44,45] Validation studies have demonstrated that the HFIAS distinguishes food-secure from -insecure individuals or households across different cultural contexts. The questions cover three domains of the experience of food insecurity: (1) anxiety and uncertainty about food supply, (2) insufficient quality and variety of food, and (3) insufficient food intake and its physical consequences.[46] Possible responses for each question were never, rarely, sometimes, and often; these were coded as 0, 1, 2, and 3, respectively. Scores range from 0 to 27; higher scores reflect more severe food insecurity. The internal consistency of this measure was high in our sample, with a Cronbach's alpha of 0.94.[35]

Primary Outcomes. Health-care utilization in the previous 3 months was measured by participant self-report and included the following outcomes: (1) any hospitalizations, (2) any ED visits, and (3) any outpatient or non-ED ambulatory visits (defined as any visit with a nurse, doctor, or other health-care provider for a physical health problem or preventative health care). We selected covariates for the study based on prior literature and theory,[35,47–50] and included age (continuous), sex (male/female), race/ethnicity (African American versus Latino versus other), income ($\geq$ versus < sample median), education ($\geq$ versus < high school diploma), health insurance status (insured/uninsured), recent homelessness (sleeping on the street or shelter in past 3 months), illicit drug use (including cocaine, heroin, and methamphetamine) over the past 3 months (yes versus no), nadir CD4 count (continuous -100 cells/μl), and months on ART at baseline of analysis (continuous). We defined risky drinking as greater than an average of 14 drinks/week for men and 7 drinks/week for women in accordance with definitions by the National Institute of Alcohol Abuse and Alcoholism.[51] Depression was assessed using the Beck's Depression Inventory (BDI) version II as a continuous variable, which has been shown to be a reliable and valid measurement of depression in different populations.[52–55]

ANALYSIS

We categorized individuals as food secure, mildly/moderately food insecure, or severely food insecure, based on a standardized algorithm of the HFIAS scale within the FANTA guide that is dependent upon the specific questions that are answered affirmatively. We used generalized

estimating equations to determine factors associated with hospitalizations, ED visits, and outpatient visits controlling for possible socio-demographic and clinical confounders. For each outcome, all factors associated with our outcomes of interest with a $p \leq 0.2$ in bivariate analysis were included in multivariate models, which then were reduced using backward elimination with a p-value of 0.05 for retention of covariates. These models included both time-invariant covariates (e.g., age at baseline, ethnicity, high school education) and time-varying variables (e.g., food insecurity, substance use, depression). Because we were interested in the association between *recent* food insecurity in relation to *recent* patterns of health care utilization, we examined associations over time between food insecurity and health-care utilization patterns reported at the same study visit. Regression diagnostic procedures yielded no evidence of multi-collinearity or overly influential outliers in any model. We conducted two additional sensitivity analyses where we excluded those who (1) were currently homeless or (2) had ever been homeless from our models to better understand whether housing status modifies associations between food insecurity and hospitalization and ED visits.

RESULTS

A total of 347 participants were included in our analysis. The sample was predominately male (71.3 %), with a median age of 48 years (Table 1). More than half of participants were food insecure, and 31.4 % were severely food insecure. The median monthly income was $918, 70.0 % of participants had completed high school, and most (93.4 %) had some form of health insurance (only 1.4 % with private insurance and the remainder having Medicaid/Medicare or Veterans Administration insurance). Only a small proportion of the sample had experienced recent homelessness, with 9.2 % having slept on the street or having been in a homeless shelter in the prior 3 months. While 72.0 % of participants had received some form of food aid at baseline [food aid from a church, clinic, soup kitchen, food bank, Supplemental Nutrition Assistance Programs (SNAP), or other sources], only 17.6 % had received SNAP over the previous year, and only 9.8 % had received SNAP over the previous month.

Nearly one-quarter of participants (23.3 %) reported an ED visit in the 3 months prior to the baseline interview for this analysis, and 10.7 % reported a hospitalization. Only 5.2 % of participants reported risky drinking, and more than one third of the sample (34.0 %) reported recent illicit drug use. The median CD4 nadir was 180 [interquartile range (IQR)=75–312], and a majority of participants had been on ART for over 3 years (median length of ART=44 months; IQR=17–89). The median BDI score was 11 (IQR=4–19); depression, as measured by a standard BDI cutoff of >13, was prevalent (29.6 %).

Table 1. Descriptive Characteristics

Variable	Total (N=347) n (%) unless noted
Food security (HFIAS)	
Food secure	154 (44.4)
Mild/moderately food insecure	84 (24.2)
Severely food insecure	109 (31.4)
ED visit, past 3 months	81 (23.3)
Hospitalization, past 3 months	37 (10.7)
Male sex (vs. female)	246 (71.3)
Race/ethnicity	
White	128 (37.4)
Black	147 (43.0)
Latino	25 (7.3)
Mixed/other	42 (12.3)
Age	
Mean ± SD	48.26 ± 7.73
Minimum, maximum	26, 80
Median (IQR)	48 (43, 53)
Education ≥ high school	238 (70.0)
Homeless, past 3 months*	32 (9.2)
Heavy alcohol consumption†	18 (5.2)
Income, per month (median, IQR)	918 (859, 980)
Insured (vs. uninsured)	324 (93.4)
Any illicit drug use, past 3 months‡	118 (34.0)
Months ARV, cumulative	
Mean ± SD	54.95±46.54
Minimum, maximum	0, 228
Median (IQR)	44 (17, 89)
CD4 nadir	
Mean ± SD	215.76±175.89
Minimum, maximum	3, 1,107
Median (IQR)	180 (75, 312)
BDI score	
Mean ± SD	12.84±11.29
Minimum, maximum	0.00, 53.00
Median (IQR)	11.00 (4.00, 19.00)

** Defined as self-report of sleeping on street or shelter*
† Defined as greater than an average of 14 drinks/week for men and 7 drinks/week for women
‡ Defined as self-reported use of cocaine, heroin, or methamphetamine
ED emergency department; HFIAS Household Food Insecurity Access Scale; IQR inter-quartile range; STD standard deviation; ARV antiretrovirals; BDI Beck's Depression Inventory

Relationship Between Food Insecurity and Recent Hospitalizations. Both mild/moderate and severe food insecurity were significantly associated with hospitalizations in the prior 3 months in both unadjusted and adjusted analyses (Table 2). Compared to individuals who were food secure, the odds of recent hospitalization were one and a half times higher among individuals who were mildly or moderately food insecure [adjusted odds ratio (AOR)=1.56, 95 % confidence interval (CI)=1.06–2.30] and twice as high among individuals who were severely food insecure (AOR=2.16, 95 % CI=1.50–3.09) in

Table 2. Factors Associated with Recent Acute Health-Care Utilization among HIV-infected, Marginally Housed Individuals, *N*=347

Characteristic	Any hospitalization		Any ED visit	
	OR (95 % CI)	AOR (95 % CI)§	OR (95 % CI)	AOR (95 % CI)
Food security (HFIAS)				
Food secure	1.00 (Ref.)	1.00 (Ref.)	1.00 (Ref.)	1.00 (Ref.)
Mild/moderately food insecure	1.69 (1.16, 2.48)†	1.56 (1.06, 2.30)*	1.73 (1.34, 2.22)‡	1.57 (1.22, 2.03)‡
Severely food insecure	2.52 (1.78, 3.55)‡	2.16 (1.50, 3.09)‡	2.20 (1.69, 2.86)‡	1.71 (1.30, 2.25)‡
Male (vs. female)	0.76 (0.51, 1.15)	–	0.96 (0.68, 1.34)	–
Age	1.15 (0.91, 1.46)	–	0.90 (0.73, 1.10)	–
Ethnicity				
Mixed/other	1.29 (0.66, 2.50)	–	1.30 (0.81, 2.09)	–
Latino	1.06 (0.46, 2.45)	–	1.27 (0.68, 2.37)	–
Black	1.51 (0.99, 2.31)	–	1.21 (0.84, 1.75)	–
More than high school education	0.66 (0.44, 0.98)*	–	0.89 (0.64, 1.25)	–
Homeless (past 3 months) ‖	1.87 (1.16, 3.01)*	–	1.87 (1.28, 2.74)†	1.53 (1.03, 2.27)*
Heavy drinking¶	1.41 (0.81, 2.47)	–	1.65 (1.10, 2.46)*	–
Income above median (vs. below)	1.05 (0.71, 1.54)	–	1.10 (0.80, 1.51)	–
Uninsured (vs. insured)	0.91 (0.40, 2.04)	–	0.64 (0.33, 1.24)	–
Illicit drug use (past 3 months) #	1.60 (1.17, 2.19)†	–	1.77 (1.34, 2.34)‡	1.56 (1.18, 2.07)†
Months on ARV	1.00 (0.99, 1.00)	–	1.00 (0.99, 1.00)	–
CD4 nadir (in 100 cells/μl)	1.24 (1.41, 1.09)‡	1.22 (1.38, 1.07)†	1.14 (1.24, 1.04)‡	1.11 (1.22, 1.01)†
Depression (BDI score)	1.03 (1.02, 1.04)‡	1.02 (1.01, 1.04)†	1.03 (1.02, 1.04)‡	1.02 (1.01, 1.03)†

**p< 0.05, †p< 0.01, ‡p< 0.001*
§ All factors associated with our outcomes of interest with a p≤0.2 in bivariate analysis were included in multivariate models
‖ Defined as sleeping in the street or shelter
¶ Defined as greater than an average of 14 drinks/week for men and 7 drinks/week for women
 # Defined as self-report of cocaine, methamphetamine, or heroin use
OR odds ratio; AOR adjusted odds ratio; ED emergency department; HFIAS Household Food Insecurity Access Scale; ARV anti-retrovirals; BDI Beck's Depression Inventory

adjusted analyses. In addition to food insecurity, individuals who had higher BDI scores or lower CD4 nadirs had significantly higher odds of hospitalizations in adjusted analysis.

Relationship Between Food Insecurity and ED Visits. Individuals with mild/moderate or severe food insecurity had higher odds of recent ED visits (Table 2) in both unadjusted and adjusted models. In adjusted models, individuals who were mildly moderately food insecure had more than 50 % higher odds of ED use (AOR=1.57, 95 % CI=1.22–2.03) and individuals who were severely food insecure had 71 % higher odds of ED use (AOR=1.71, 95 % CI=1.30–2.25). Additional factors associated with ED visits in adjusted analyses included recent homelessness, illicit drug use, higher BDI scores, and lower CD4 nadir cell counts.

The results of our sensitivity analyses, where we excluded homeless individuals, were similar for both ED use and hospitalizations. For both outcomes, excluding subjects who were ever homeless or those who were currently homelessness led to a slight reduction in the adjusted odds ratios for food insecurity. The odds ratios for food insecurity remained statistically significant for both outcomes, however, and were not qualitatively different from those in the original multivariate models.

Relationship Between Food Insecurity and Outpatient Visits. Individuals who were mildly or moderately food insecure had higher odds of having had a recent outpatient visit (AOR=1.64, 95 % CI=1.17–2.29). The increased odds of outpatient visits among individuals who were severely food insecure were similar, but smaller (AOR=1.41, 95 % CI=0.99–2.01) and not statistically significant (Table 3). Men and those who were uninsured had lower odds of outpatient visits, and people with more education and more years on ARVs had higher odds of outpatient visits.

DISCUSSION

This was the first study to our knowledge using a longitudinal design to examine associations between food insecurity and patterns of health-care utilization in a resource-rich country, the first among HIV-infected individuals, and the first among homeless and marginally housed individuals. We found that food insecurity was associated with utilization of both acute and non-ED ambulatory health-care services. These results add to the growing body of literature documenting negative health impacts of food insecurity, particularly for groups that are already socioeconomically marginalized. These findings may be helpful to guide development of interventions to improve HIV-related health outcomes and reduce acute care utilization.

Food insecurity was experienced by more than half of individuals within this cohort of homeless and marginally housed HIV-infected persons, consistent with estimates from other North American studies with similar populations.[15,34,56] Many of the same factors that predispose individuals to food insecurity—including poverty, mental

Table 3. Factors Associated with Recent Outpatient Visits among HIV-Infected, Marginally Housed Individuals, N=347

Characteristic	Any outpatient visit	
	OR (95 % CI)	AOR (95 % CI)
Food security (HFIAS)		
Food secure	1.00 (Ref.)	1.00 (Ref.)
Mild/moderately food insecure	1.51 (1.13, 2.02)†	1.64 (1.17, 2.29)†
Severely food insecure	1.34 (0.97, 1.83)	1.41 (0.99, 2.01)
Male (vs. Female)	0.69 (0.48, 0.98)*	0.60 (0.40, 0.91)*
Age	1.05 (0.82, 1.33)	–
Ethnicity		
Mixed/other	0.72 (0.42, 1.25)	–
Latino	0.73 (0.42, 1.27)	–
Black	1.39 (0.96, 2.00)	–
More than high school education	1.35 (0.96, 1.91)	1.52 (1.04, 2.22)*
Homeless (past 3 months) ‡	0.63 (0.42, 0.93)*	–
Heavy drinking §	0.93 (0.64, 1.36)	–
Income above median (vs. below)	1.00 (0.72, 1.38)	–
Uninsured (vs. insured)	0.61 (0.41, 0.91)*	0.51 (0.31, 0.84)†
Illicit drug use (past 3 months) ‖	1.12 (0.85, 1.47)	–
Months on ARV	1.00 (1.00, 1.01)*	1.00 (1.00, 1.01)*
CD4 nadir (in 100 cells/μl)	1.01 (1.10, 0.93)	–
Depression (BDI score)	0.99 (0.98, 1.01)	–

** $p<0.05$, † $p<0.01$*
‡ Defined as sleeping in street or shelter
§ Defined as greater than an average of 14 drinks/week for men and 7 drinks/week for women
‖ Defined as self-report of cocaine, methamphetamine, or heroin use
OR odds ratio; AOR adjusted odds ratio; HFIAS Household Food Insecurity Access Scale; ARV anti-retrovirals; BDI Beck's Depression Inventory

illness, and substance use—also put them at risk for HIV infection[50] and predict poor overall health among HIV-infected adults.[57] The prevalence of food insecurity among HIV-infected homeless and marginally housed individuals is higher than that seen in a nationally representative sample of non-HIV-infected homeless persons, where the prevalence is estimated at 25 %–32 %,[30] and higher than the prevalence of food insecurity in the general US population, which is estimated to be 15 %.[58]

The odds of recent hospitalization increased with increasing severity of food insecurity, even when accounting for potential confounders including measures of socioeconomic status. Both severe and mild/moderate food insecurity were also associated with higher odds of ED visits, but the effect was most pronounced with severe food insecurity. Our findings that link food insecurity to acute care use are supported by previous literature. In previous cross-sectional studies among the general US population, food insecurity was independently associated with increased medical and psychiatric hospitalizations and ED use.[30,31] While the context and contributors to health-care utilization are quite different in resource-rich and resource-poor countries, in a recent study in rural Uganda, severe food insecurity (but not mild/moderate food insecurity) was associated with an increased number of hospitalizations among HIV-infected individuals on ART.[40] This is consistent with studies showing that impacts of food insecurity on HIV-related health outcomes, including immunologic and virologic outcomes, physical health status, and other measures of morbidity, are quite similar in resource-rich and resource-poor countries.[33,34,39–41,59] Such consistency across different settings suggests that food insecurity is a robust and seemingly universal predictor of worse outcomes, which may contribute to the increased need for acute care services.

Other studies have shown that competing subsistence needs are associated with acute health-care utilization among HIV-infected individuals in the US,[60] but did not focus specifically on food security. Previous studies consistently demonstrated a linear relationship between the degree of housing instability and increased acute care use.[61,62] Our study further supports this literature by showing that individuals who lived on the street or in a homeless shelter had higher odds of recent ED visits. The high prevalence of ED visits among homeless and marginally housed HIV-infected persons seen in this study is also consistent with previous research.[10,63] While most US cohorts have shown a steady decline in acute care usage as ART regimens improve and people initiate treatment with higher CD4 counts,[5] the ongoing high rate of acute care utilization in our study highlights that marginalized HIV-infected populations have not realized the same gains in overall health as the general HIV-infected population in the US.[8,64]

While we found that mild/moderate food insecurity was associated with increased outpatient care, severe food insecurity had a non-significant relationship with the same outcome. This finding is consistent with previous studies indicating mixed results. One study among low-income adults across the US found that food insecurity was associated with postponing needed medical care and medications, but was not associated with prior year outpatient care utilization.[31] In related literature, housing instability shows no consistent relationship with increased or reduced ambulatory visits.[61,65–67] These inconsistent findings may be explained by the fact that outpatient clinic visits are the product of the need for care (which is likely increased by food insecurity) and ability to obtain care when needed (which is likely decreased by food insecurity). While available data preclude a definitive conclusion, the predominant mechanism by which mild/moderate food insecurity impacted outpatient care in the current study may have been via worsening morbidity rather than a compromised ability to access to health care. Since our study defined outpatient care broadly (including scheduled and unscheduled primary care, non-ED urgent care, nurse visits, specialist visits), future studies should separate these out in order to help unpack these mechanisms and help us understand whether food insecurity differentially impacts access to scheduled and unscheduled visits.

Previous studies have also shown adverse impacts of food insecurity on morbidity, mortality, and quality of life among HIV-infected individuals.[14,32–34,39,41] Interventions are needed to address food insecurity and its negative impacts on the health and health-care utilization patterns of HIV-infected individuals. Related interventions that address other subsistence needs have shown promise in improving health-care use and treatment outcomes. For example, providing interim or supportive housing has been shown to strengthen engagement in HIV care, lead to fewer hospitalizations, and improve HIV treatment outcomes.[68–73] For non-HIV infected populations, federally funded food assistance programs (e.g., the Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants, and Children) have been shown to have a protective effect on pregnancy outcomes among women,[74,75] birthweight outcomes for infants,[76] and nutritional outcomes for young children.[77,78] Limited research has examined health-care utilization among program participants.[79] Several studies in the general population have found equivocal[80,81] or detrimental[82] health outcomes associated with program participation; these studies are difficult to interpret because selection bias was probably not at all or only partially controlled.

Despite the high prevalence of food insecurity found in this study, fewer than 10 % of participants were receiving SNAP benefits at baseline, which is consistent with UDSA findings that only a portion (72 %) of eligible persons[83] or food-insecure households (41 %)[84] access SNAP. This uptake gap among study participants may be partly due to income limits, since a single-person household is eligible for SNAP only if they earn less than $ 1,080 monthly, including social security. As the median monthly income in our cohort is $ 918 (IQR $ 859–980), it is likely that a number of our food-insecure participants were ineligible. This echoes findings that federal poverty levels are set too low as a measure of what it means to be poor in the US today,[85] particularly in metropolitan areas where the cost of living is high. It is also possible that participants in this cohort were unable to access a computer to complete the online application, which became necessary when SNAP moved program enrollment online in lieu of caseworkers.[86] Overall, our findings suggest that access to and use of SNAP benefits is inadequate among HIV-infected homeless and marginally housed individuals. It is crucial to better link vulnerable HIV-infected persons to SNAP and other food assistance programs. More work is also needed to understand the extent to which enrollment in available food aid programs alleviates food insecurity among HIV-infected populations.

Among HIV-infected individuals, small studies from Haiti and Uganda have shown significant improvements in food security, nutritional status, adherence, and engagement in care among individuals receiving food supplementation during the first 12 months after ART initiation,[59,87] but few studies to date have evaluated food-insecurity interventions among HIV-infected individuals in North America. Such studies using the best possible designs are critical to better understand the impacts that can be gained by addressing food insecurity, to determine which food insecurity interventions are most effective, and to inform the integration of food security and HIV care and treatment programs.

There were several limitations to our study. Several key variables, including food security and health-care utilization, were measured through self-report, which may introduce bias. While we controlled for demographic, socioeconomic, and clinical variables, it is possible that unobserved confounders may explain some of the associations reported. For example, factors related to food insecurity such as household size, household expenditures, and non-monetary resources may influence whether clients seek care in outpatient clinics vs. emergency departments. In addition, mental illnesses other than depression may confound associations between food insecurity and patterns of health-care utilization. Randomized intervention studies are needed to fully understand the causal relationships among food insecurity, HIV-related morbidity, and patterns of health-care utilization; such studies are difficult to carry out in practice because of ethical concerns about withholding food support for a group identified to be in need.

In summary, we found a longitudinal association between food insecurity and increased utilization of acute and ambulatory health services among impoverished HIV-infected individuals in the US. Addressing food insecurity may reduce morbidity among HIV-infected individuals and lead to a reduction in the high utilization of expensive health services over the long term.

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Corresponding Author: *Sheri D. Weiser, MD, MPH; Division of HIV/AIDS, San Francisco General Hospital, University of California,*

San Francisco (UCSF), POB 0874, UCSF, San Francisco, CA 94143, USA (e-mail: Sheri.Weiser@ucsf.edu).

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86. **Heflin CM, Mueser P.** *Assessing the Impact of a Modernized ApplicationProcess on Florida's Food Stamp Caseload.* Lexington: University of Kentucky Center for PovertyResearch;2010.
87. **Cantrell RA, Sinkala M, Megazinni K, et al.** A pilot study of food supplementation to improve adherence to antiretroviral therapy among food-insecure adults in Lusaka, Zambia. J Acquir Immune Defic Syndr. 2008;49(2):190–5.

Rules Clerk & Chair
NS & S Clerk & Chair
Primary Sponsor
Leg Dep
COS

President, District 3
BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-7450
Fax No. 554-7454
TDD/TTY No. 544-5227

DAVID CHIU
邱信福
市參事會主席

PRESIDENTIAL ACTION

Date: 11/12/2013

To: Angela Calvillo, Clerk of the Board of Supervisors

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2013 NOV 12 AM 11:43
AK

Madam Clerk,

Pursuant to Board Rules, I am hereby:

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. _____ _____ (Primary Sponsor)

☒ Transferring (Board Rule No. 3.3)

File No. 130752 Mar (Primary Sponsor)

From: Rules Committee

To: Neighborhood Services & Safety Committee

☐ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor _____

Replacing Supervisor _____

For: _____ (Date), _____ (Committee) Meeting

David Chiu

David Chiu, President
Board of Supervisors

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☐ 1. For reference to Committee.
An ordinance, resolution, motion, or charter amendment.

☐ 2. Request for next printed agenda without reference to Committee.

☒ 3. Request for hearing on a subject matter at Committee.

☐ 4. Request for letter beginning "Supervisor [ ] inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. [ ] from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No. [ ]

☐ 9. Request for Closed Session (attach written motion).

☐ 10. Board to Sit as A Committee of the Whole.

☐ 11. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative

Sponsor(s):

Mar, Kim, Cohen

Subject:

Food Security in San Francisco

The text is listed below or attached:

Hearing to review the Tenderloin Hunger Task Force needs assessment for the Tenderloin and the Food Security Task Force's annual report.

Signature of Sponsoring Supervisor:

For Clerk's Use Only:

130752