



San Francisco  
Board of Supervisors  
**Food Security  
Task Force**

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**Date:** April 9, 2014  
**To:** Members, San Francisco Board of Supervisors  
**CC:** Mayor Edwin M. Lee  
**From:** San Francisco Food Security Task Force  
**Re:** Presentation for food security hearing on April 10, 2014 and  
Appendices

Please find attached a copy of the presentation **Food Security in San Francisco – The Opportunity** that will be presented on April 10, 2014 at the meeting of the Board of Supervisors Committee on Neighborhood Services and Safety. We have also included a matrix **Summary of Items included in Resolution 447-13 Resolution Committing to a Food Secure and Hunger Free San Francisco**. This matrix outlines the status of all analyses and assessments for each item included in the resolution.

Thank you for your leadership on this issue.

c/o Paula Jones  
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[www.sfdph.org/foodsecurity](http://www.sfdph.org/foodsecurity)

**Summary of Items Included in Resolution 447-13 – Resolution Committing to a Food Secure and Hunger Free San Francisco – April 9, 2014**

*From master set of information for food security hearing on April 10, 2014*

	Program	Agency	Food Security Pillar	Summary of Resolution Request	Current Status	Location of information
<b>Leverage</b>	CalFresh Participation	Human Service Agency	<b>Resources</b>	Develop targeted strategies for increasing CalFresh enrollment among specific populations that have been identified as good targets for outreach	Presentation includes target populations and strategies – budget requested through HSA budget	Presentation
	Improving Food Security for Seniors and Disabled Adults	Dept. Aging and Adult Services	<b>Access</b> Home delivered meals	Provide an analysis of the funding required and policies needed to ensure homebound seniors and disabled adults are served within 30 days, and in an emergency, within 2-5 days	DAAS has analyzed the current need, the existing waitlist, and the cost to ensure that no one waits more than 30 days, and in an emergency, no more than 2-5 days.	Presentation & Appendix A (see p.60)
	Improving Food Security for Seniors and Disabled Adults	Dept. Aging and Adult Services	<b>Access</b> Home delivered groceries	Convene community based organizations providing home-delivered groceries to develop a cost-effective city-wide program	DAAS surveyed community partners. DAAS has analyzed cost to make program city-wide using estimated need from internal survey.	Presentation & Appendix A (see p.60)
	Increasing meal quality for Shelter Meals	Department of Human Services – Housing and Homeless Division	<b>Access</b>	Determine extra cost of providing shelter meals that meet nutrition standards of senior congregate meals	Requirements for senior meals were analyzed and the anticipated additional cost to meet increased standards is provided for largest provider of single adult beds	Appendix B (see p.65)
	Improving food security for children in out-of-school time	Dept. Children, Youth and their Families; SF Unified School District	<b>Access</b>	Plan to expand program for out-of-school meals	DCYF is collaborating current sponsor to expand the number of sites served and identify neighborhood needs. SFUSD has rolled out supper to 3 sites and provides plans to expand program in fall 2014.	Presentation
<b>Innovate</b>	Healthy Food Purchasing Supplement	SF Food Security Task Force	<b>Resources</b>	Develop program to provide voucher redeemable for healthy food purchases	Strategies and projected costs for voucher redeemable for healthy foods is provided	Presentation
	Improving Food security among SRO residents	SF Food Security Task Force	<b>Consumption</b>	Provide additional information on strategies to improve food security among residents of SROs	In April and May, the FSTF will survey SRO residents to assess: food security; nutrition risk; access to kitchens and cooking; and priorities to improve food security.	Appendix C (see p.69)
	Ongoing Data Collection	SF Food Security Task Force	<b>All Pillars</b>	Work with city agencies to make datasets on food security available through DataSF	FSTF will align with the City’s Open Data Initiative; convene a working group to provide recommendations to the Chief Data Officer, Data Coordinators and the Board of Supervisors.	Appendix D (see p.77)
	Integrating Food Security into Planning	SF Planning Dept.	<b>Access</b>	Consider Food Security as part of planning process	SF Planning Department identified a list of projects and programs to assist in reducing food insecurity.	Appendix E (see p.80)

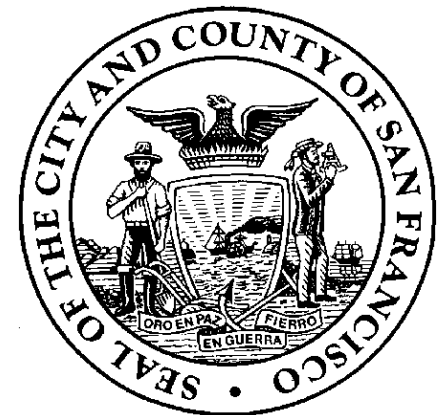
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# Food Security in San Francisco – The opportunity

Continuing Presentation to:

Neighborhood Services and Safety Committee  
San Francisco Board of Supervisors

*April 10, 2014*



# Outline of the Presentation

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## 1. Summary from November meeting

- a. Review of **framework** for understanding food security and its public health and economic implications

## 2. Discuss priority **solutions**

- a. CalFresh (food stamps): Maximizing enrollment
- b. Seniors and disabled adults: Reducing waitlist for home delivered meals
- c. Seniors and disabled adults: Establishing city wide home delivered grocery program
- d. Children: Increasing meals during out of school time (after school & summer time)
- e. New Initiative: Healthy Food Purchasing Supplement
- f. Update on status of additional solutions (food security in SROs, shelter meals, planning, public data)

## 3. Summarize **opportunities** and task force **recommendations**

## Food *Insecurity* in San Francisco

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- Food *Insecurity* exists when the ability to obtain and prepare nutritious food is uncertain or not possible
- < 200% of poverty – highest risk for food insecurity
  - 1 in 4 San Franciscans
  - Every district in San Francisco has residents at risk for food insecurity



**Framework**


# Food Security Rests on Three Pillars

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## 1. Food Resources

- 
- Sufficient *financial resources* to purchase enough nutritious food (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 Insecurity Results in Poor Health

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- Poorer nutritional intake
- Sub-optimal eating behaviors that persist for decades after food insecurity experiences
- Extreme anxiety & distress: less bandwidth for coping with other household needs
- Higher health care costs

*Framework*

# Nutrition Critical for Healthy Development & Aging

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- Children
  - Decreased intellectual & emotional development
  - Poorer physical health: more hospitalizations (decreased employment capacity for caregivers)
- Pregnant mothers
  - Smaller, sicker babies
- Adults & Seniors
  - Physical health: Obesity, diabetes, high blood pressure, HIV
  - Mental illness: Depression, anxiety
  - Decreased capacity to maintain independence with aging




## Costs passed on to:

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

*Framework*



# Key Recommendations: High Impact

	<b>RESOURCES</b> 	<b>ACCESS</b> 	<b>CONSUMPTION</b> 
<b>LEVERAGE</b>	<b>CalFresh Participation</b>	<b>Nonprofit Network Service Capacity</b> <hr/> <b>Summer and Afterschool Meal Sites</b> <hr/> CalFresh Retail + Restaurants and WIC Vendors	Nutrition Education Including through Urban Agriculture
<b>INNOVATE</b>	<b>Healthy Food Purchasing Supplement</b>	SFUSD School Meals <hr/> Healthy Retail	<b>Kitchens in SROs</b>

*Solutions*



# Commitment to Maximize CalFresh Participation

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Tiana Wertheim: SF Human Services Agency

# CalFresh Participation Rate

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- Approximately 51,000 individuals in San Francisco currently receive CalFresh (food stamps).
- As many as 49,000 **MORE** individuals may be eligible for CalFresh, but are not enrolled.\*

*\*CA Food Policy Advocates*



Resources

# CalFresh Benefits

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- The average CalFresh benefit amount for a single person is \$5 a day.
- The benefit is issued on an EBT card, like a debit card, to buy groceries at the market.
- In San Francisco the average CalFresh household receives \$238 a month for food.



Resources



# The Feds/State pay for almost all of the CalFresh

- The City's General Fund pays:
  - **\$0** of the CalFresh benefit itself
  - **\$3.6M**, 15% of administrative costs.
- The Feds pay:
  - **\$97M** in CalFresh benefits
  - **\$21M** (Feds/State) , 85% of administration costs.
- TOTAL CF budget is:
  - **\$121M** = (\$3.6M + \$97M + \$21M)



Resources

## CalFresh Generates Economic Activity

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- San Francisco's investment of \$3.6 million generates **\$173 million of economic activity**.
  - 1.79 economic multiplier effect\*
  - \$5 CalFresh benefit = \$9 economic activity
- An increase **25%** CalFresh participation would generate an additional **\$43 million** of economic activity San Francisco per year.



Resources

\*Economic Research Service of the US Dept of Agriculture

# Getting Clients on CalFresh: Challenges to Enrollment

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- Paperwork/Hassle
- Don't realize they are eligible
- Immigration/Deportation fears
- Cultural and logistical challenges
- Stigma



Resources

## Keeping Clients on CalFresh: Close the back door

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**Churn:** Approximately 25% of cases that are discontinued reapply within 3 months (1,125+ cases). A majority of these clients are discontinued due to noncompliance with paperwork.

### SOLUTIONS:

- **Reduced required paperwork**: Recent State legislation reduced reporting requirements by half.
- **Launched Text Reminders**– So far, we've sent 168 texts, 51% called to remedy before discontinued.



Resources



# New Strategy:

## Outbound recruitment of targeted individuals

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Reach out to individual people instead of waiting for them to come to us.

### Target:

- **Medi-Cal**
  - 9,000 clients under 130% FPL and not on CalFresh
- **Free School Meals:**
  - 11,000 students on Free School Meals are not enrolled in CalFresh but are categorically eligible



Resources

# What is Community Outreach?

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- Eligibility Workers and CBOs provide application assistance:
  - Where: SROs, CBOs, Shelters, Senior Centers, Schools, WIC offices, Community Clinics, Hospitals, community events, etc.
  - Targeted neighborhoods , languages
  - Recruitment: CBOs and public agencies work together to recruit prospective applicants
- Application assistance= Helping clients complete paperwork and gather supporting documentation.



Resources

# How You Can Help: Approve Budget Requests

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With the approval SFHSA's Supplemental Budget and FY '14-'15 Budget Request we will be able to:

- Create **2 Outreach Teams of Eligibility Workers**
  - Need position authority to hire 1<sup>st</sup> team now
  - Need \$142K GF Share and position authority to hire 2<sup>nd</sup> team in FY'14-'15
- **Contract with CBOs** to provide application assistance at community venues and to targeted individuals
  - Need \$55k General Fund Share



Resources

# HOW YOU CAN HELP:

## CalFresh Awareness Month, May 2014

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- **Leverage your resources** to give **media attention** to CalFresh, particularly addressing misconceptions
- **Host an outreach event** in your District or invite CalFresh to join an event



Resources



# Improving food security for seniors and adults with disabilities

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Linda Lau, RD: Department of Aging and Adult Services

# DAAS Nutrition Programs for Seniors & Adults with Disabilities

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- DAAS Mission: “To promote well-being and self-sufficiency among individuals, families and communities in San Francisco.”
- Overview: DAAS Nutrition Programs (current capacity, needs and costs)
  - Congregate Meals
  - Home Delivered Meals
  - Home Delivered Groceries



Access

# Congregate Meals Program Overview

- Meals served to seniors (60+) at **43** community-based centers throughout San Francisco with **10 different types of meals**: American/Western, Chinese, Filipino, Japanese, Kosher, Latino, Russian, Southern Cuisine, Samoan, and vegetarian. Of these, **17 sites** also serve Adults with Disabilities.
- Provide tasty & nutritious meals to meet 1/3 of Dietary Ref. Intake
- Provide participants opportunities for activities and socialization





# Congregate Meal Program Eligibility & Requirements

- **Senior:** Age 60+ or the spouse or domestic partner of the senior regardless of age
  - Nutrition education provided 4 or more times a year
- **Adult with Disabilities:** Age 18-59 with disabilities
  - Sites target to serve low income population, but no income requirements. Participants have opportunities to donate toward the meal.
- **Currently serve:** 3,450 meals daily to seniors & adults w-disability







# Congregate Meal Sites – More Than a Meal

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Health Promotion & Physical Fitness



Food Pantries

Social Activities



# Home-Delivered Meal Program (HDM) Overview

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## For Seniors:

- 1 or 2 meals delivered daily, 5 or 7-days a week
- 7 agencies offer **8 different types of ethnic meals**: American/Western, Chinese, Filipino, Japanese, Kosher, Latino, Russian and modified diets
- One meal provides 1/3 of Dietary Reference Intakes (DRI)
- Currently serve average 4,189 meals daily

## For Adults with Disabilities:

- 1 meal delivered daily, 7-days a week, by 3 meal providers
- One meal provides 1/3 of DRI for adults
- Currently serve average of 295 meals daily



Access

# Home-Delivered Meal Program Eligibility & Requirements

- **Senior (age 60+) or adult (18-59) with disabilities, homebound** due to physical or mental disability, has lack of support network and has no safe, healthy alternative for meals
- Nutrition education provided, and nutrition counseling available for participants on modified diets
- Target to serve low income consumers, but no income requirements. Majority clients served in FY 12-13 are <100% FPL. Participants given opportunities to donate.
- Annual comprehensive in-home assessment & quarterly re-assess client for eligibility.
- Emergency meals (funded with local \$): income <300% federal poverty level

**NOTE: 2014 FPL for family of 1 = \$11,670; 200% FPL = \$23,340**



# Home-Delivered Meal Program Serve Diverse Consumers



Laurie, age 106. Move to SF from Midwest in 1940



Harold, age 84. Grew up in SF Mission District.  
Worked in San Francisco's shipyard



# Home-Delivered Meal Program Serve Diverse Consumers

**Jimmy, age 70**  
**Double amputee &**  
**veteran**



**Ro, age 78**



**Harry, age 90 & his 86 years**  
**young partner/caretaker**



# Meals for Seniors & Adults with Disabilities: Food Security Hearing - page 30

## Needs Assessment Overview

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### DAAS 2012 Nutritional Needs Assessment Findings for Seniors (60+) 0-199% Federal Poverty Level (FPL):

- 126,635 Average Daily Meals **Needed**
- 42,389 Average Daily Meals **Provided** (public & private programs)

### One-third to one-fourth of seniors and adults live < 200% FPL (2014, 200% FPL = \$23,340 for family of 1)

- 33% of seniors age 60+ (52,332)
- 38% of senior age 65+ (40,603)
- 26% of adults age 18-59 (142,271)



Access

# Home-Delivered Meal Program Needs

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- **231** people (154 seniors, 77 disabled adults) currently on DAAS HDM waiting list despite providers over serving contracts (by total of 367,200 meals in FY12-13)
- Currently 42 days average wait before receiving HDM



Access



# Home-Delivered Meal Program: Recommendations to address HDM needs

To reduce the wait time and serve HDM clients within 30 days and emergency clients within 2-5 days:

- **Develop city-wide campaign** to highlight hunger in SF & **raise funds** from across SF to expand food programs
- Make sure adults leaving SF hospitals are offered the **SF Transitional Care Program** to qualified consumers
- Use **Community Living Funds** for emergency meals when appropriate
- Develop **business collaborative** that allows various payers/health plans to purchase meals for their clients
- Advocate for **state & federal policy changes** that promote food security for seniors & adults w/disability
- Report out to the FSTF average wait for HDM service quarterly
- **Conduct additional analysis** to more accurately identify extent of HDM need



# Home-Delivered Meal Program: Estimated Cost

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Estimated cost to serve **231** new unduplicated high risk adults is **\$1.3 Million, or average \$3,663 annually per consumer**

- MANNA (CBO in Philadelphia) research showed nutrition services:
  - 30% monthly savings (or \$12,638) in overall healthcare costs
  - 40% monthly savings (or \$87,198) in inpatient costs
- FY 12-13 Senior meals, DAAS leveraged:
  - 18% federal & state funds (\$1.617M),
  - 51% provider contributions (not mandated & not sustainable)
  - 5% participant contributions
  - Additional in-kind services (friendly visitors, grocery shoppers, etc.)



Access

# Home Delivered Groceries - Overview

Community-Based Organizations partner with SF-Marin Food Bank to provide and deliver supplemental food bags to at risk seniors and adults with disabilities.





# Home Delivered Groceries: Needs Assessment Overview

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- Total DAAS annual FY 13-14 funding = \$240,197, serve 483 unduplicated clients (average \$497/person annually)
- Three HDG models:
  - **HDG:** Weekly Supplement Food Bag to eligible seniors who need supplemental food & meet eligibility requirements
  - **SRO Food Outreach:** Weekly food bag to 5 SROs in Chinatown
  - **Groceries for Food Network Program:** Bi-monthly food bag delivery + community service connections for clients in OMI, Park Merced & Bayview neighborhood
- DAAS met with CBOs in Feb. 2014 & conducted survey to identify HDG needs & methods to develop cost effective citywide model



Access



# Home Delivered Groceries: Needs Assessment Overview

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DAAS' survey of CBOs in February 2014 showed:

- 10,030 adults (74% seniors, 26% disabled adults) identified to be eligible for and in need of HDG
- The supplemental Food Bag increases client's access to healthy food. A Food Bag usually includes fresh produce, staple items (rice, bread, pasta, etc.) and some protein items (eggs, poultry, etc.)



Access



# Home Delivered Groceries: Recommendations & Cost

- Find resources to expand HDG to target high risk seniors and adults with disabilities. Estimated annual cost to serve **10,030** unduplicated consumers is **\$3.17 million**. This is **\$316 a year/client**.

Each Food Bag results in 6-7 X food value for participant

2. DAAS work with CBOs to improve HDG intake & referral process & outcome documentation



Access



# Out of School Time Meals

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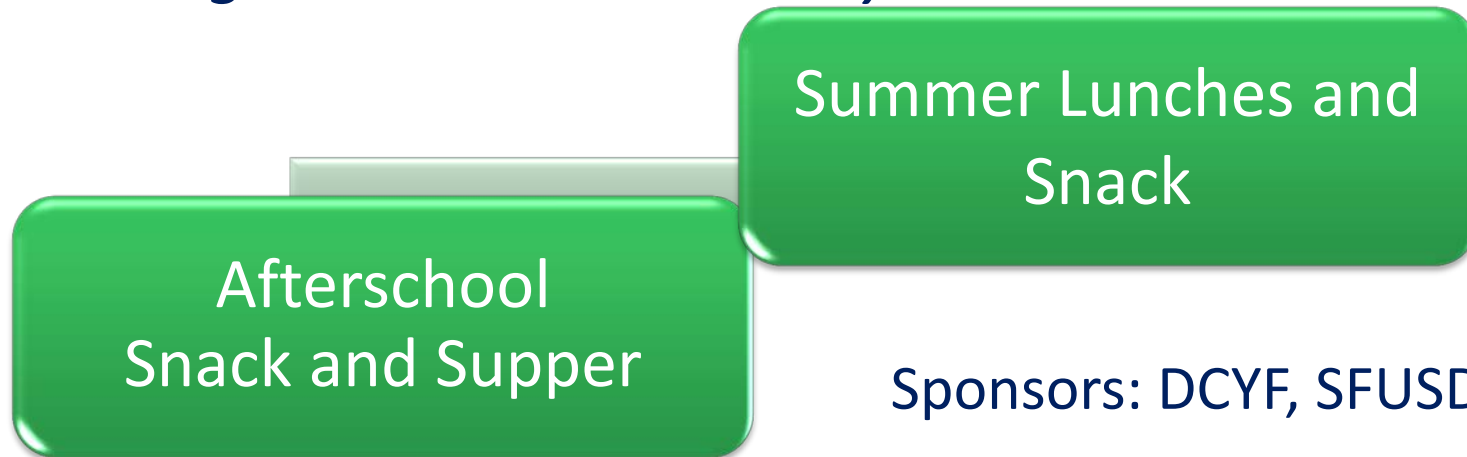
Heather Tufts, MEd: Department of Children, Youth and their Families

Orla O’Keeffe: San Francisco Unified School District

# Out of school time meals

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- What are out of school time meals?
- Why are out of school time meals important?
- Number of meals served in San Francisco?
- Next steps and the Vision to support *Ending Hunger in San Francisco by 2020*



Sponsors: DCYF, SFUSD, CBOs

# Importance of Out of School Time Meals

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- “Hunger and *food insecurity* can negatively affect overall health, cognitive development, and school performance.” Center for Disease Control
- Relieves families’ stress (limited time, strained budgets)
- Federal and state funding is available for child nutrition
  - Allows local funds to be **significantly** leveraged



Access





# No Food= Behavioral Challenges



From October 2013 until Feb 1<sup>st</sup>, 2014, Food Security Hearing - page 41  
**Columbia Park Clubhouse Director** compiled data on youth who had disciplinary issues in the Clubhouse and discovered the following:



42

Total Incidents  
32 youth= 9-12 years old  
8 youth= 6-7 years old  
2 teens

95%

Reported being hungry

21

Had not eaten since 7:30am

40/42

Consumed a meal that was offered on spot

26

Don't consume snack provided due to multiple reason

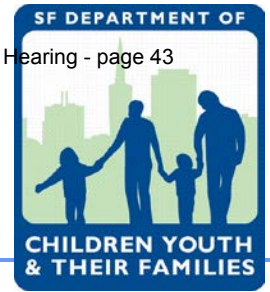
# Afterschool Snack and Summer Meals in San Francisco

- Approximately 72,000 youth ages 5-17 living in San Francisco (based on 2010 census data)
- SFUSD has 57,000 students and ~34K qualify for free/reduced meals

	Average Daily Participation (DCYF)	Average Daily Participation (SFUSD)	Still collecting ADP from CBO's	Total
Afterschool Snack	1,050	5,450	Next Steps	6,500
Summer Lunch	5,200	3,335	Next steps	8,535



Access



# DCYF's Summer Meal Efforts

## DCYF is the Largest Summer Meal provider in San Francisco

- Receive federal reimbursement per lunch to cover cost of meals, delivery, staff, and outreach
- 5,200 lunches per day during the summer
  - “Open Sites”- any child can come, eat and leave (no paperwork)
  - 85 Sites- can serve more youth but not more sites
  - 147 applications for Summer 2014

**Outreach**

- Brochure with all Lunch sites listed (DCYF, SFUSD and other CBO sponsors)
- Fliers/Events
- Posted on dcyf.org, Sfkids.org and ELC

**Collaboration**

- Collaborate with current sponsors (SFUSD and other CBO's) to expand the number of sites served and identify neighborhood needs

**Administration**

- Engage state and local organizations that support new sponsors and costs.



Access

# How can you help increase Summer Lunch in San Francisco?

In May, DCYF will have a complete list of all sites in San Francisco (including DCYF, SFUSD and CBO's); brochures and fliers will be developed for organizations to distribute.



Help promote the open sites serving summer lunches by:

- Distributing the brochures/fliers
- Encouraging attendance through speeches
- Sharing that [dcyf.org](http://dcyf.org) and [sfkids.org](http://sfkids.org) have a complete list of sites.





## Largest public food program in the City of San Francisco

- 33,000 meals and snacks daily
- 4 food providers
- 18 delivery routes
- 114 schools





- Children need more than a snack – supper can sustain them though their afternoon activities
- SFUSD is transitioning from snack to supper
- Freshly prepared – offer healthy proteins, whole wheat grains, fresh vegetables, fresh fruit, and milk
- \$3.16 federal reimbursement rate to cover cost of meals, delivery, additional staff hours, custodial services



Access



- Added supper at Balboa (HS) , Marina (MS), and Glen Park (ES) before spring break
- 11 more schools by June 2014
- 58 schools starting in the fall of 2014
  - Approximately 6,000 suppers a day
  - ExCEL After School Programs
  - EED Out of School Time Programs
- **Future vision – all qualified after-school programs, not just ExCEL and EED**





# Healthy Purchasing Supplement

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Hilary Seligman, MD MAS

Center for Vulnerable Populations at San Francisco  
General Hospital

UCSF, Division of General Internal Medicine



Resources

# Demonstration Project: Local Fruit & Vegetable Voucher

## UCSF's Center for Vulnerable Populations (Seligman)

- Low income women with children
- Targeted neighborhoods: BVHP & Mission
- Vendors highly supportive: *all* except one participated
- Participants highly enthusiastic
  - Used the vast majority of the voucher money available
  - Improved dietary intake (both the participants & their children)

FIRST DAY TO USE	LAST DAY TO USE	
		10000

**Pay to the order of:**

**Kind to buy:**

ANY FRESH OR FROZEN FRUITS AND VEGETABLES WITHOUT ADDED SUGAR OR SALT, INCLUDING HERBS AND PRE-PACKAGED.

ATTACH ITEMIZED RECEIPT OR CIRCLE ITEMS PURCHASED

EXACT PURCHASE PRICE

MUST NOT EXCEED \$10.00

**Submit voucher to:**  
 Voucher Program  
 Box 1364  
 San Francisco, CA 94143

In collaboration with SF City and County Department of Public Health Nutrition Services.

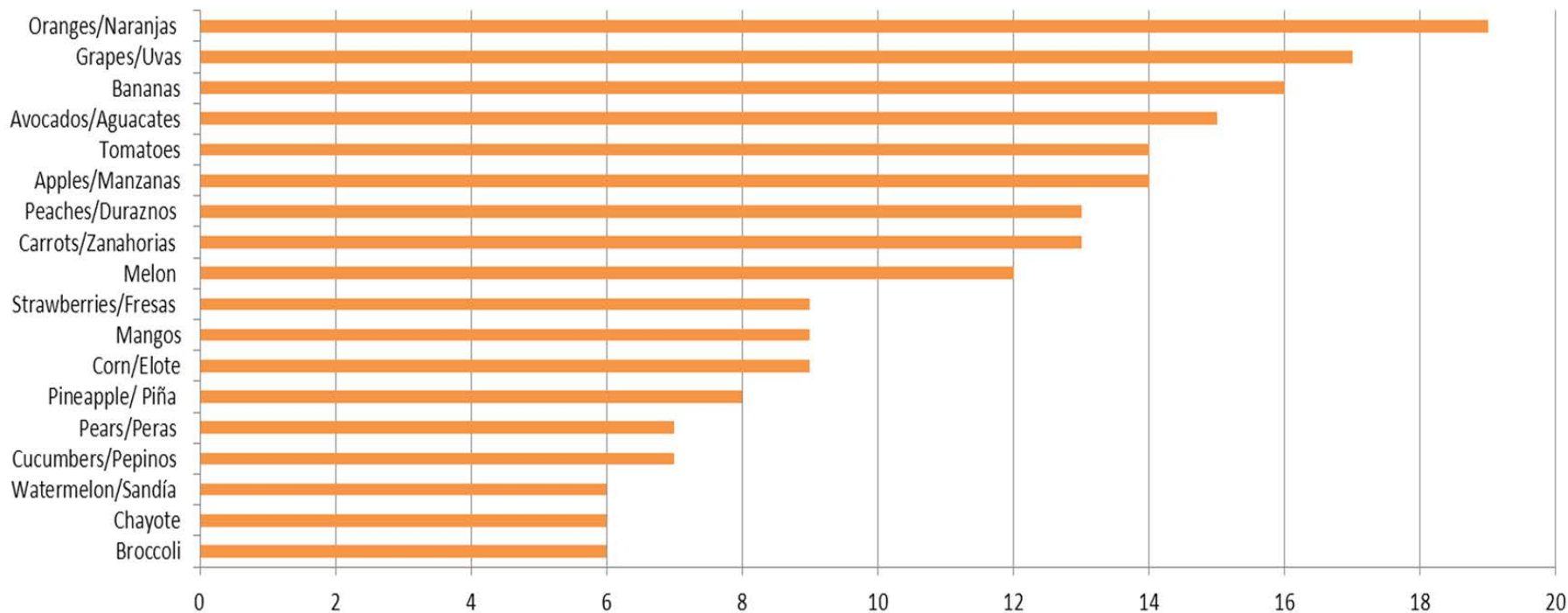
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 AUTHORIZED SIGNATURE (SIGN AT PURCHASE)



Resources

# Vouchers support healthy food purchases

Most purchased fruits and vegetables among voucher participants



Number of vouchers redeemed

# Voucher Systems

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- Reach into populations that aren't reached in existing programs
  - Ineligible for CalFresh, school meals, services for seniors, etc.
- Support local food vendors
  - Most money spent in low-income neighborhoods
  - \$1 of SNAP benefits generates \$1.79 local economic activity
  - Higher turnover of perishable product allows for stocking of greater variety and higher quality produce
- Supports healthy eating habits in recipients
  - Low-income populations have difficulty affording fruits and vegetables
  - Fruits and vegetables essential for staying healthy



Resources

# Models from other cities

- Similar programs in many communities across the US now
  - Wide variability in scope, structure, and cost

Program	Annual Participants	Benefit Amount	Annual Benefit Cost
Double Up Food Bucks	90,000	\$1 for \$1 match ; \$20 cap / market day	\$750,000+
DVCP (all)	39,000	Varies by program (matching incentive)	\$620,000+
Healthy Incentives Pilot (USDA)	7,500	\$0.30 match per \$1 spent; \$60 cap / month	\$260,000
FVRx	1,570	\$1 / person per day for 4-6 months	\$135,000
VeggieRx	525	\$1 / person per day for 16 weeks	\$59,000
Market Match at PCFMA	2,500	\$5 match / \$10 spent / market day	\$50,000



# Proposal

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- SF create the first city-wide voucher program to support fruit and vegetable intake
- Population
  - Start with SSI Recipients: not reached by **CalFresh**
  - Easily scalable to other populations
- All voucher money must be spent at SF stores
- Public-private partnership
  - City supports
    - ❖ Administration and infrastructure
    - ❖ Cash value of some vouchers
  - Private donations
    - ❖ Cash value of some vouchers



Resources

## Estimated costs

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- Cost of the voucher (weekly \$10 per voucher):
  - 1000 people: \$ 520,000 per year (demonstration project)
  - 10,000 people: \$5,200,000 per year
  - 25,000 people: \$13,000,000 per year
- Program operations
  - Labor: 1.5 FTE's for 1,000 enrollees, 2.5 FTE's for 25,000 enrollees
  - Explore electronic voucher methods
- Economic multiplier (\$1.79) = \$23.27 million economic activity

Estimated  
demand among  
SSI recipients  
<200% FPL =  
25,000



Resources



# Food Security by 2020: Additional Resolution Action Items

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*Please see accompanying memo for status updates on:*

- Increasing nutrition standards in shelter meals
- Improving food security of residents living in SROs
- Measuring and sharing food security data through Open Data initiative
- Integrating food security into citywide planning

# Food Security Task Force Recommendations

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Teri Olle – SF and Marin Food Bank

Chair, San Francisco Food Security Task Force

# Food Security in SF by 2020: Key Recommendations

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1. To maximize resources from CalFresh:
  - Invest in outreach teams to enroll target eligible San Franciscans in communities
    - *Approve and/or fund outreach staff requests for HSA*
  - “Close the back door” (reduce churn) to maintain stability and reduce cost
  
2. To ensure food security for vulnerable seniors and adults with disabilities:
  - Institute policy committing to a maximum waitlist of no more than 30 days for home delivered meals; in emergencies, wait shall be no more than 2-5 days
    - Allocate adequate funding to meet home delivered meal policy
    - Conduct analysis of anticipated growth and funding required
  - Increase funding to grow home delivered grocery program into citywide program at DAAS-recommended service level

## Food Security in SF by 2020: Key Recommendations (2)

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3. To increase children's access to out of school time meals:
  - Promote existing summer lunch and after school programs
  
4. To boost nutrition for lowest income San Franciscans with Healthy Food Purchasing Supplement:
  - Fund demonstration project
  - Facilitate future development, innovation and public-private investment

# Questions?

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## Presenters:

- Dr. Paula Jones, SFDPH
- Tiana Wertheim, SFHSA
- Linda Lau, RD - DAAS
- Heather Tufts, MEd - DCYF
- Orla O’Keeffe, SFUSD
- Dr. Hilary Seligman, UCSF/SF General Hospital
- Teri Olle, SF-Marín Food Bank



## Appendix A

Date: April 8, 2014

To: Board of Supervisors and Mayor's Office

From: Anne Hinton, Executive Director

Cc: San Francisco Food Security Task Force

Re: Follow-up Report/Data for April 10<sup>th</sup> Hearing:  
Part 2 – A Hearing on the Status of Hunger and Food Security in San Francisco

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### Overview of Department of Aging & Adult Services (DAAS) Nutrition Programs

DAAS' mission is to promote the well-being and self-sufficiency among individuals, families and communities in San Francisco.

The **Congregate Meal** program provides meals to seniors and adults with disabilities at various community-based sites, e.g. senior centers, senior housing, churches, etc. This program serves seniors (age 60 and above) and adults with disabilities (age 18-59) who are able to attend a meal site. Besides getting a nutritious meal which meets 1/3 of the Dietary Reference Intakes for adults, participants receive nutrition education and have opportunities to participate in other activities offered at the center. The goal of congregate meal program is to help the consumer stay healthy and live independently in the community by increasing their access to healthy food and reducing social isolation. In FY 12-13, DAAS provided a total of 737,234 meals (average of 2,926 meals daily) to 20,427 unduplicated participants.

The **Home-Delivered Meal (HDM)** program is for seniors and adults who have ambulatory difficulty, unable to attend a congregate meal site due to physical and/or mental disability, and have no safe alternate for meals. To determine a person's eligibility for HDM service, a comprehensive intake and screening is conducted. The person with the greatest need will be served when meal slot becomes available in the service delivery area that can best match the person's needs. HDM participants receive an annual comprehensive in-home assessment and quarterly reassessments to determine their needs, eligibility to continue on program and referral to other services, as needed. Additionally, the program participants receive nutrition education on a quarterly basis. Nutrition counseling is available to those on modified diets. Currently about 80% of HDM participants receive 2 meals a day. The other 20% of the participants receive one meal a day. The goal of HDM is to help the consumer to be able to live at home by increasing their access to healthy food and connecting them to other services as needed. . In FY 12-13, DAAS provided a total of 1,457,008 meals (average of 3,992 meals daily) to 4,655 unduplicated participants.

**Home-Delivered Grocery (HDG)** is targeted to older adults who can cook but have limited mobility and need access to healthy food. This program began as pilot program a few years ago based on DAAS needs assessment, as well as recommendations from San Francisco Food Security Task Force. Currently DAAS contracts with five different collaborating service providers to provide home-delivered groceries with three slightly different models:

- **Home-Delivered Groceries:** A weekly supplemental food bag is delivered to seniors who need supplemental food and meet the eligibility requirements.

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- **SRO Food Outreach Program:** A weekly pantry program at 5 SROs (without elevators) in Chinatown that utilizes volunteers for delivering supplemental food bag to the seniors' room.
- **Groceries for Food Networking Program:** Bi-monthly home-delivered groceries are delivered by volunteers to 3 targeted neighborhoods (OMI, Park Merced and Bayview), and these program participants are referred and connected to other services in the community to reduce their social isolation.

**Board of Supervisor's Resolution:** The Department of Aging and Adult Services is requested to provide an analysis of the funding required and policies needed to ensure homebound seniors and adults with disability are served within 30 days, and, in an emergency, within 2 to 5 days and to report back by March 2014.

#### **DAAS Analysis:**

DAAS currently contracts with 7 home-delivered meals (HDM) contractors to provide 8 different types of meals (includes ethnic and modified diets) to eligible seniors and adults with disabilities. In FY 2012-13 overall contractors served 363,000 HDM meals (or 36%), and 4,200 emergency meals (or 25%) above the contracted level using non-city funds (i.e. fundraising dollars and in-kind).

Currently a total of 231 people<sup>1</sup> (154 seniors and 77 for adults with disabilities) are on DAAS' HDM waiting list. In the second quarter of FY 2013-14 the average wait for a consumer takes 42 days before receiving HDM service.

#### **Needs Assessment Findings:**

DAAS 2012 Nutritional Needs Assessment Findings: Of San Francisco's 109,842 seniors (65+ years): 38% (40,603) live below 200% poverty at \$21,661.<sup>2</sup>

DAAS 2012 Nutritional Needs Assessment Findings for Seniors (60+) under 200% Federal Poverty Level:

126,635 Average Daily Meals Needed for Seniors

42,389 Average Daily Meals Provided for Seniors (by public & private programs)

Other research findings showed that 1,864 seniors (age 60+) and 3,166 adults with disability under 200% Federal Poverty Level (FPL)<sup>3</sup> have ambulatory, cognitive, or vision difficulty and at the same time have no access to kitchen or cooking facility. More in-depth information and analysis is needed to determine what percentage of these consumers are food insecure.

In FY 2012-13, 50% of seniors were in the HDM program for 2-years or less, while 27% received services for 4 or more years. Table A below shows profile of the consumer's length of service on HDM program in FY 2012-13. Note: Electronic documentation of client enrollment and assessment data for HDM younger adults with disabilities was implemented a few years ago. Thus, data greater than 6-years is difficult to analyze at this time.

<sup>1</sup> Home-Delivered Meal waiting list data as of 4/9/14

<sup>2</sup> 2010 Census Summary

<sup>3</sup> 2011 3-Year American Community Survey



Table A - FY 2012-13 HDM Program Consumer Profile					
Length on program	Senior (age 60+)			Adults with Disability (age 18-59)	
Under 1 year	1,340	33%		288	49%
1 to 2 years	692	17%		214	36%
2+ to 4 years	910	23%		63	11%
4+ to 6 years	514	13%		25	4%
6+ years	584	14%		0	0%
<b>Total enrolled &amp; served</b>	<b>4,040</b>	<b>100%</b>		<b>590</b>	<b>100%</b>

Increase access to nutritious food for seniors and adults with disabilities will improve their nutrition and health status and has the potential of reducing health care costs

- According to a recent national study, approximately 50% of all health conditions affecting older Americans are directly related to lack of nutrients.<sup>4</sup>
- Over 90% of seniors receiving home-delivered meals stated that the program allowed them to remain in their homes.
- The healthcare costs of hunger has recently been quantified<sup>5</sup>. Seniors (60+) who are food insecure are:
  - 50% more likely to be diabetic
  - Twice as likely to report fair to poor general health
  - Twice as likely to have gum disease or asthma
  - Three time more likely to suffer from depression
  - 14% more likely to have high blood pressure
  - 60% more likely to have congestive heart failure or experienced a heart attack

Recent MANNA<sup>6</sup> research study findings are statistically significant and supported other research which showed that nutrition is an important part of chronic disease management and helps to reduce healthcare costs. 12-months post-starting MANNA services compared to comparison group showed:

- 30% monthly savings (or \$12,638/month) in overall healthcare costs
- 40% monthly savings (or \$87,198/month) in inpatient costs

Other challenges which limit ability for providers to serve consumers within 30 days:

- For program cost efficiency, ethnic meal providers target their services to particular neighborhoods, and do not serve citywide. Consumers who have special needs may have long waits for service.
- Many contractors have experienced challenges in fundraising to cover HDM expansion costs (DAAS funding does not cover 100% of program costs).
- Majority of the consumers served are low income. As cost of living has increased in the city, contributions from participants have declined. To date, participant

<sup>4</sup> Senior Hunger, the Human Toll and Budget Consequences, Older Americans Act; A Report from Chairman Bernard Sanders, Subcommittee on Primary Health and Aging; U.S. Senate Committee on Health, Education Labor & Pensions, 6/21/11.

<sup>5</sup> The Health Consequences of Senior Hunger in the United States, Evidence from 1999-2010 NHANES, by Dr. James Ziliak and Dr. Craig Gundersen, Feb. 2014, report for the National Foundation to End Senior Hunger

<sup>6</sup> Examining Health Care Costs Among MANNA Clients and a Comparison Group, Jill Gurvey et al; *Journal of Primary Care & Community Health* 2013 4:311. MANNA=Metropolitan Area Neighborhood Nutrition Alliance, a Philadelphia non-profit organization

- contributions have dropped by 15%. The result is that contractors need to fundraise more to make-up for less contributions from participants.
- Parking in certain neighborhoods (e.g. Tenderloin, Chinatown) is extremely difficult, resulting in extra resources being used for meal delivery, including using 2 people (a driver and a meal delivery person) per delivery route.

### **Methods for analysis and recommendations:**

Data from DAAS HDM waiting list where consumers are initially screened for program eligibility, and analysis of data from the 2011 3-Year American Community Survey. Cost estimates based on DAAS nutrition budget.

Recommendations to address HDM needs:

1. Develop a city wide campaign to highlight hunger in SF with the goal of raising money from across SF to expand food programs.
2. Provide information to make sure that people leaving SF hospitals are offered the SF Transitional Care Program which can provide 2 weeks of meals to qualifying consumers.
3. Use Community Living Funds for emergency meals when appropriate.
4. Develop a business collaborative that allows various payers to purchase meals for their clients.
5. Advocate for state and federal policy changes that promote food security for seniors and adults with disability, such as reforming the cash out policy, increasing or eliminating the SSI asset limit and implementation of California's AB 69, which would test new strategies for linking seniors to CalFresh benefits.
6. Report out to the Food Security Task Force the average wait for HDM service on a quarterly basis.
7. Conduct additional analysis to more accurately identify the extent of HDM needs.

### **Estimated Costs :**

The estimated annual cost to serve an additional 231 new unduplicated high risk adults (154 seniors and 77 adults with disabilities) is \$1.3 million. The average cost is \$2,997 a year per consumer (before other infrastructure costs for expansion), and \$3,663 a year per consumer, all costs included: food, staffing (administrative, delivery, etc), operating and other infrastructure costs. This analysis is based on DAAS nutrition contractors' budget and capacity.

### **Leverage potential:**

Currently state and federal funds are leveraged for meals served to seniors so meal expansion would leverage additional funds.

FY 2012-13, a total of 1,457,008 home-delivered meals were served to seniors and adults with disabilities (average of 3,992 meals daily) to 4,655 unduplicated clients for total budget of **\$9.18 Million**. Budget sources: 18% federal & state (\$1.62 Million), 26% city general funds, 51% provider contributions (46% cash, 5% in-kind) and 5% participant contribution.

The Senior Hunger national study <sup>3</sup> indicated that the cost of one year supply of home-delivered meals is roughly equal to the cost of one-day in a hospital. Saving in healthcare cost is supported with findings in the recent MANNA research study: Improved nutrition for program participants resulted in 30% monthly savings (\$12,638) in overall healthcare costs and 40% monthly savings (or \$87,198) in inpatient cost.

**Board of Supervisor's Resolution:** FURTHER RESOLVED, By March 2014 the Department of Aging and Adult Services will convene community based organizations providing home-delivered groceries (HDG) to develop a cost-effective city-wide program.

**DAAS Analysis:**

The total DAAS funding for all HDG program in FY 2013-14 is \$240,197 serving 483 unduplicated consumers.

**Needs Assessment Findings:**

Results from DAAS' February 2014 home-delivered grocery survey from CBOs showed that a total of 10,030 consumers (7,458 seniors and 2,572 adults with disabilities) are eligible for and need HDG. DAAS commends the community-based organizations for providing HDG, sharing their information and ideas.

Data also showed that a total of 28,522 adults (17,292 seniors and 11,230 adults with disability) are under 200% Federal Poverty Level (FPL)<sup>7</sup>, and have ambulatory difficulties, cognitive or vision disability. These consumers may be food insecure and qualify for HDG, but more in-depth analysis is needed to make a that determination.

**Methods for analysis and recommendations:**

Analysis of data from the 2011 3-Year American Community Survey. A review of DAAS IHSS clients and home-delivered grocery needs survey.

Two recommendations to address the unmet HDG needs:

1. Find resources to expand the various HDG models to serve the target population based on identified needs. HDG is a cost effective way to provide healthy food to food insecure seniors and adults with disability who are unable to eat at a congregate site, but still have some ability to prepare some meals/food at home.
2. DAAS work with service providers to improve the referral process, document the needs and track outcome measures.

**Estimated impact:**

\$316 a year per client for HDG will provide the participant with a weekly or bimonthly supplemental food bag that includes fresh produce, staple items (grains, pasta, bread, etc.) and protein. .

**Estimated Costs:**

The estimated cost to serve **10,030** new unduplicated seniors and adults with disability for a year is **\$3.17 million**. This is approximately **\$316 a year** per participant served. This budget estimate includes cost for food, staffing (administrative, program coordinator) and other operating costs. It is based on analysis of DAAS nutrition contractors' budget, leveraging and expanding use of CBO's volunteer network to help with food bag deliveries.

**Leverage potential:**

Currently this program is 100% funded with local general funds. However this program leverages volunteers, and helps community-based organizations access donations of healthy foods for participants through partnering with the San Francisco-Marín Food Bank. The total average cost for providing the food bag results in 6-7 times food purchasing value for the program participant.

<sup>7</sup> 2011 3-Year American Community Survey



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**Food Security  
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**Appendix B**

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**MEMO**

**Date:** April 9, 2014  
**To:** Members, San Francisco Board of Supervisors  
**CC:** Mayor Edwin M. Lee  
**From:** San Francisco Food Security Task Force (FSTF)  
**Re:** Cost to improve nutrition in shelters

**Background**

Homeless adults have more difficulty accessing health care than adults who are not homeless and disproportionately suffer from poor health and chronic disease, including diabetes, hypertension, and heart disease. Therefore nutritional content of free meals is important for this population.<sup>i</sup>

Meals available at the single adult shelters (breakfast and dinner at most, and just one meal at some) vary in meeting the minimum caloric and nutrient needs of diners, but none meet the more stringent nutritional requirements of the Elderly Nutrition Program (ENP).<sup>ii</sup>

The ENP requires that meals meet the "Dietary Reference Intakes" for males 51+ for *all* calculated nutrients. The ENP also has requirements governing staffing, training, kitchen sites, monitoring and source of foods prepared that adds considerable additional cost to each meal.

In contrast, the single adult shelter menu patterns suggest minimum portions designed to meet the minimum caloric and nutrients needs of a 31-year old male.<sup>iii</sup> The shelters are subject to considerably less stringent other meal-preparation requirements. Single adult shelters funded by HSA are required by the Shelter Standards of Care to: "engage a nutritionist, who shall develop all meal plans . . . and post menus on a daily basis;" and to "make dietary modifications to accommodate requests from clients based on religious beliefs and practices, health, or disability reasons." By contract with HSA, the shelters are required to "acquire Registered Dietician (RD) services to conduct annual monitoring and evaluation of food service safety/sanitation, meal preparation/service, and menu documentation . . ."

The flexibility accorded by minimum regulation, included in purchasing and obtaining donated products, is important to keep the meals affordable. For example, based on the experience of the largest provider of single adult shelter beds, Episcopal Community Services, it would cost \$3.63 per meal more than it currently expends to meet the ENP standards. That figure is conservative,



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excluding the value of in-kind labor. Further, that increased cost is above what HSA and the shelter provider itself currently invest in producing the shelter meal. Most shelter providers already subsidize shelter food budgets with agency private funding. However, shelter providers' ability to leverage their own dollars to subsidize the cost of meals varies and cannot be expected to fill the gap to provide more nutritious meals. In fact, implementing strict nutrition guidelines would likely force shelter meal providers to spend less on keeping shelters clean and safe, on support services in shelters, and could result in fewer shelter beds being available.

### **Opportunities**

Approximately 1,040 people live in the single adult shelters. Assuming both a 97% occupancy rate, and each resident eating each meal available, approximately 751,000 meals could be consumed annually<sup>iv</sup>.

Further, if each shelter resident was provided three meals per day, and assuming a 97% shelter occupancy rate, 353,600 meals above the 751,000, could be consumed.

### **Next steps:**

The Food Security Task Force, in partnership with the Human Services Agency, Housing and Homeless Division, will continue to consider the health benefits and costs associated with altering nutritional standards for shelter meals including:

- a. meeting the ENP standards for calories and nutrients only (e.g. not requiring adherence to other of its regulations); and/or
- b. providing a grab-and-go lunch to shelter residents.

The FSTF will report back to the Board of Supervisors in summer of 2014 with an update on the progress.

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<sup>i</sup> Lyles CR, Drago-Ferguson S, Lopez A, Seligman HK. Nutritional Assessment of Free Meal Programs in San Francisco. *Prev Chronic Dis* 2013; 10:120301. DOI: <http://dx.doi.org/10.5888/pcd10.120301>.

<sup>ii</sup> The Elderly Nutrition Program is administered by the Administration on Aging of the US Department of Health and Human Services, through Title III-C of the Older American Act, the US Department of Agriculture, through the Nutrition Services Incentive Program, and the Department of Aging of the State of California, through the Older Californians Act.

<sup>iii</sup> Attached as Appendix B - Exhibit 1 is a sample menu pattern for the shelters, and one (Appendix B-Exhibit 2) for a congregate meal site that meets the nutritional requirements of the ENP.

<sup>iv</sup> Residents currently do not partake of each available meal; however, more nutritious meals coupled with nutritional education is expected to increase consumption.

**Appendix B-Exhibit 1****SF Shelter Nutrition Project  
Adult Shelter Menu Pattern****Breakfast**

	<u>Protein Source</u>		<u>Starch/Grain</u>	<u>Vegetable/Fruit</u>	<u>Milk</u>
Portion	2 oz		1 cup	1 cup	1 cup
<i>Examples</i>	<i>Meat</i>	<i>Non-Meat</i>			
	Turkey Sausage	Eggs, scrambled	Cold Cereal	Vegetables in eggs:	Fluid milk or
	Pork Sausage	hardboiled	Oatmeal	spinach	prepared from dry
	Bacon	Peanut butter	Cream of Wheat	broccoli	
	Ham	Cheese	Grits	tomato salsa	
	Ground Beef	Cottage Cheese	Bread		
		Yogurt	Bagels	Fresh /canned fruit	
			Muffins	Dried Fruit	
			Pancakes	Fruit or Veg Juice	
			Waffles		
			French Toast		
			Tortillas		
			Hashbrowns		

**Lunch and Dinner**

	<u>Protein Source</u>		<u>Starch/Grain</u>	<u>Vegetable/Fruit</u>
Portion	4 oz		1 .5 cup	1 cup
<i>Examples</i>	<i>Meat</i>	<i>Non-Meat</i>		
	Beef	Beans	Rice	Fresh/Frozen Vegetables
	Pork	Lentils	Pasta	Salads
	Chicken	Tofu, soy products	Potatoes	
	Turkey	Hummus	Other Grains	Fresh /canned fruit
	Fish	Eggs	Bread	Dried Fruit
		Peanut butter		Fruit or Veg Juice
		Nuts		
		Cheese		
		Cottage Cheese		
		Yogurt		

This menu pattern was designed to meet minimum caloric and nutrient needs and still allow for shelter flexibility in purchasing and obtaining donated products.

MASTER MENU - 6 WEEK CYCLE

ECS- Canon Kip Senior Center

Proposed March 1 to August 2014  
Food Security Hearing - page 68

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Orange Glazed Chicken Broccoli Brown Rice Beet Salad	Salisbury Steak w Bell Peppers+ Steamed Carrots * Macaroni & Cheese WW Dinner Roll Tomato Salad Mand. Orange+	Sweet & Sour Pork Sreamed Bok Choy*+ ( 1cup ) Egg Drop Soup Brown Rice Orange+	Grilled Chicken Chicken <b>Ratatouille</b> Whole Wheat Pasta Banana	Lemon Dill Baked Fish Vegetable Slaw Brown Rice Tropical Fruiti Salad+
Chicken Creole Brussel Sprouts Brown Rice Fresh Orange +	Lasagna W/ Meatsauce Green Salad wTomato+ Minestrone Soup*+ WW Garlic Bread Watermelon	Pork Adobo Braised Cabbage/Carrots*+ ( 1 cup ) Roasted Sweet Potatoes Lentil Soup Apple	Teriyaki Chicken Asian Blend Vegetable+ (1 cup) Brown Rice Fresh Fruit	Fish Filet Veracruz Broccoli*+ WW Dinner Roll Tomato & Cucumber Basil Salad Strawberries+
Pork Stew ( Vegetable *+ ) <b>Potato</b> Cabbage Whole Wheat Cornbread Fresh Fruit	Lemon Thyme Chicken Collard Green Black-Eye Peas WW Bread Tropical Fruiti Salad+	Roast Pork Loin Green Beans Roasted Poatatoes Wholewheat Bread Honeydew	Beef Stroganoff Vegetable Slaw Whole Wheat Noodle Strawberries & Pineapple	Moroccan Fish Filet Mixed Vegetables* Lentil Feta Salad Fresh Orange+
Pork Chinese Stew Steamed Bok Choy + Brown Rice Vegetable Soup Apple	Vegetable Lasagna Italian Wedding Soup Whole Wheat Bread Tropical Fruiti Salad+	Citrus Ginger Chicken Braised Cabbage/Carrots *+ (1Cup) Steamed Rice Fresh Fruit	Asian Meatball (Asian Vegetables *) Miso Spinach Soup* Soba Noodles Mandarin Orange +	Fish Tapanade Seasonal Squash Vegetable Orzo WW Dinner Roll Strawberries+ or Pineapples+
Chicken A La King Broccoli Whole Wheat Cornbread Honeydew +	Open Face Turkey Sandwich Mixed Green Salad w/ tomatoes + Cream of Mushroom Soup WW Bread Tropical Fruit +	Pot Roast Sauteed Chard Carrots  WW Bread Fresh Orange+	Chicken and Gravy Green Beans Savory Irish Oatmeal Roasted Yams Fresh Fruit	Lemon Garlic Tilapia Steamed Carrots& Broccoli *+ Bulgar & Blackbean Salad Apple
Spaghetti w/ Bolognaise <b>Gr. Salad w/tomato/cucumber</b> WW Garlic Bread Cantaloupe +*	Blackened Chicken Black Beans Broccoli+ Spanish Rice Apple	Chicken Tofu Vegetable Stirfry (Vegetables *) (1Cup) Buckwheat Noodles Mung Bean Soup Fresh Orange+	Turkey Loaf Mixed Squash* Irish Oatmeal Strawberries	Fish Filet <b>Ratatouille</b> Whole Wheat Penne Pasta Honeydew+





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**Appendix C**

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**MEMO**

**Date:** April 9, 2014  
**To:** Members, San Francisco Board of Supervisors  
**CC:** Mayor Edwin M. Lee  
**From:** San Francisco Food Security Task Force (FSTF)  
**Re:** Status of FSTF Activities to Improving Food Security for Residents of SROs

**Background**

In its December 10, 2013, resolution to take concrete steps in ending food insecurity and hunger in the City by 2020, the San Francisco Board of Supervisors asked the Food Security Task Force (FSTF) to provide additional information on strategies to improve food security among residents of SROs.

**The Survey**

To respond to the Board of Supervisor's request, the FSTF has created a survey to elicit input from SRO residents on which activities they believe the City should prioritize so that they are able to obtain more nutritious food. The choices cover strategies within the three pillars of food security: resources, access and consumption. The survey also asks for information about food security and nutrition risk. (A copy of the survey is attached.)

Our goal is for 500 SRO residents to complete the survey in April/May, 2014.

SRO tenants will have the opportunity to take the survey at various locations including:

- where they live through facilitated survey-taking groups, or meal-delivery program
- where they may dine, such as congregate meal programs and dining rooms
- where they may access health care, such as a community clinic, or
- in a community space near to their apartment building, also through a facilitated survey-taking group.

This effort is possible through a modest grant from the Hazon Foundation and the donated assistance of Food Security Task Force member agencies, nonprofit agencies that operate SRO hotels and other community partners.

**Results of the Survey and Next Steps**

We anticipate having survey results by the end of May, 2014. The FSTF will analyze and report again to the BOS with proposed next steps.

**This survey is being given in many places. Please only take the survey once.**

**I have taken the survey before. STOP! PLEASE DO NOT TAKE THE SURVEY AGAIN**

---

## Food/Nutrition/Cooking Survey

The San Francisco Food Security Task Force and community groups are asking for your input on food, nutrition, and cooking needs of residents living in SRO buildings. Your voice is important. The combined Citywide results of these surveys will be shared with the Board of Supervisors, City Agencies, and the public. Your individual responses will not be identified with you.

---

1. What is your age?

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-17  | <input type="checkbox"/> 55-59       |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 60-64       |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74       |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75 or older |
| <input type="checkbox"/> 45-54 |                                      |

2. What is your gender? (Check the one that best described your current gender identity.)

- |                                 |                                       |  |
|---------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Trans Male   | <input type="checkbox"/> Not listed, please specify: |
| <input type="checkbox"/> Female | <input type="checkbox"/> Trans Female | _____  |
|                                 |                                       | <input type="checkbox"/> Decline to state            |

3. With which race/ethnicity do you most identify (check as many as apply):

- |   |   |
|---|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Native Hawaiian or Other |
| <input type="checkbox"/> Latino/a               | <input type="checkbox"/> Pacific Islander         |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Multi-ethnic             |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Decline to state         |
| <input type="checkbox"/> Native American        |   |

**Priorities for Improving food security**

The City is trying to make it easier for people in SROs to get more nutritious foods to eat.

4. Which things should the City prioritize to get **you** more nutritious food?

	Low Priority	Medium Priority	High Priority
Food pantries that are closer to where I live			
A full service grocery store closer to where I live			
Free/low cost microwave meals			
Access to a kitchen or better kitchen I can cook in			
Additional funds to purchase healthy food			
Cooking and nutrition classes			
More free meals prepared by others and delivered to me			
More free meals prepared by others that I go out to eat in a dining room			
Other:			

5. Can you cook meals at home if you wanted to? (please check all that apply)

- Yes, in my room
- Yes, in a shared kitchen, in the building,
- No

6. Please answer about cooking meals IN YOUR ROOM. Answer (a) or (b), not both:

	6-7 days a week	3-5 days a week	1-2 days a week	Never
(a) If I wanted to, I <u>can</u> cook meals in my room.  I cook meals in my room this often now →→				
(b) I <u>cannot</u> cook meals in my room now.  If my room was upgraded so I could cook meals in my room, then I would cook meals in my room this often →→→→→→→→→→				

7. I don't/wouldn't cook meals in my room more often because (check all that apply):

- I don't know how to cook
- I don't want to cook
- My disability keeps me from cooking
- I cannot afford food to cook
- I don't have a stove or oven.
- I don't need. I would be cooking some meals in the shared kitchen in my building.
- Other reason: \_\_\_\_\_
- This question doesn't apply to me. I do/would cook all of my meals in my room.

8. Please answer about cooking meals IN A SHARED KITCHEN in your building.  
 Answer (a) or (b), not both.

	6-7 days a week	3-5 days a week	1-2 days a week	Never
(a) If I wanted to, I <u>can</u> cook meals in a shared kitchen in my building now.  I cook meals in the shared kitchen this often → → → → → → → → → → → → → → → →				
(b) I <u>cannot</u> cook meals in a shared kitchen in my building now.  If there was a shared kitchen, then I would use the shared kitchen to cook meals this often → → → → → → → → → → →				

9. I don't/wouldn't use a shared kitchen in the building to prepare meals more often because (check all that apply):

- I don't have a safe place to keep my food
- Too many other people will use the kitchen
- It's inconvenient to use (I have to bring my own cooking equipment and staples from my room)
- I don't have cooking equipment or staples
- I don't know how to cook
- I don't want to cook
- My disability keeps me from cooking
- I don't need to. I would be cooking some meals in my room.
- Other reason: \_\_\_\_\_
- This question doesn't apply to me. I do/would cook all of my meals in the shared kitchen.

**Food Security**

Below are statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you or your household in the last 12 months.

10. Within the past 12 months I worried whether our food would run out before we got money to buy more. Was this often, sometimes, or never true in the last 12 months?

- Often True                       Sometimes True                       Never True

11. On average, within the past 12 months the food I bought just didn't last and we didn't have money to get more. Was this often, sometimes, or never true in the last 12 months?

- Often True                       Sometimes True                       Never True

12. How often did you use any of the FOOD PROGRAMS in the **last month**?

<p>FOOD PROGRAMS are:</p> <ul style="list-style-type: none"><li>• Free groceries (food bank, home delivered groceries, Project Open Hand grocery program)</li><li>• Free dining room or soup kitchen (like Glide, St. Anthony’s, senior lunch, shelters, etc.)</li><li>• Home delivered meals (like Meals on Wheels, Project Open Hand, ON LOK)</li><li>• Emergency room get a meal</li><li>• Jail to get a meal</li></ul>
--

- |   |  |
|---|--|
| <input type="checkbox"/> about every day    | <input type="checkbox"/> less than once a week |
| <input type="checkbox"/> a few times a week | <input type="checkbox"/> never                 |
| <input type="checkbox"/> once a week        |  |

13. In the last 12 months, which sources of food did you use **at least once a week** (check ALL that apply)

- Free groceries (food bank, home delivered groceries, Project Open Hand grocery program)
- Free dining room or soup kitchen (like Glide, St. Anthony’s, senior lunch, shelters, etc.)
- Home delivered meals (like Meals on Wheels, Project Open Hand, ON LOK)
- Emergency room or jail to get a meal
- Other (please give more information) \_\_\_\_\_

You are on the last section now!! Almost finished!!

**Nutrition Risk**

14. I have an illness or condition that made me change the kind and/or amount of food I eat.

- Yes       No

15. I eat fewer than two meals per day.

- Yes       No

16. I eat few fruits or vegetables, or milk products.

- Yes       No

17. I have three or more drinks of beer, liquor or wine almost every day.

- Yes       No

18. I have tooth or mouth problems that make it hard for me to eat.

- Yes       No

19. I don’t always have enough money to buy the food I need.

- Yes       No



20. I eat alone most of the time.

- Yes       No

21. I take three or more different prescribed or over-the-counter drugs a day.

- Yes       No

22. Without wanting to, I have lost or gained 10 pounds in the last six months.

- Yes       No

23. I am not always physically able to shop, cook and/or feed myself.

- Yes       No

24. How many people live in your unit? \_\_\_\_\_

25. How confident are you filling out forms by yourself?

- Extremely    Quite a bit    Somewhat    A little bit    Not at all

Check here to confirm that you live at [X Building]

If not, please tell us where you live:

Building \_\_\_\_\_

Street Address \_\_\_\_\_

THANKS FOR SHARING YOUR IDEAS!



San Francisco  
Board of Supervisors  
**Food Security  
Task Force**

**Appendix D**

Karen Gruneisen  
*Episcopal Community Services*

Paula Jones  
*San Francisco Department of Public  
Health, Office of Food Systems*

Linda Lau  
*Department of Aging and  
Adult Services*

Maria LeClair  
*San Francisco Department of Public  
Health, Nutrition Services*

Mei Ling Hui  
*SF Environment*

Deloris McGee  
*Community Living Campaign*

Bruce McKinney  
*Glide Foundation*

Leo O'Farrell  
*Co-Chair  
Human Services Agency,  
CalFresh*

Orla O'Keeffe (nominee)  
*San Francisco Unified School District*

Teri Olle  
*Chair,  
San Francisco and Marin Food Banks*

Simon Pitchford  
*Project Open Hand*

Anne Quaintance  
*Meals on Wheels of San Francisco*

Hilary Seligman  
*UCSF Center for Vulnerable Populations  
at SFGH*

Charles Sommer  
*St. Anthony's*

Heather Tufts (nominee)  
*Department of Children, Youth and  
their Families*

c/o Paula Jones  
SF Department of Public Health  
1390 Market Street, #210  
San Francisco, CA 94102

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[www.sfdph.org/foodsecurity](http://www.sfdph.org/foodsecurity)

Date: April 9, 2014

To: Members, San Francisco Board of Supervisors

CC: Mayor Edwin M. Lee

From: San Francisco Food Security Task Force

CC: Joy Bonaguro, Chief Data Officer

Re: Open Data and Improving Food Security in San Francisco

### **Introduction**

San Francisco has been a leader in open data policy in the United States. The City and County of San Francisco recently amended the City's Open Data policy to modify open data standards and set deadlines for releasing open data.

The San Francisco Food Security Task Force (FSTF) is an advisory body to the Board of Supervisors comprised of public agencies and community based organizations. The FSTF is responsible for recommending funding priorities, legislative action, and city policies to address hunger and enhance food security of San Francisco residents. To accomplish these goals, the FSTF is charged with preparing an annual assessment of the state of hunger and food insecurity in San Francisco with recommendations for funding, programs, and policy.

### **Role of public data in improving food security**

The FSTF uses the following framework for evaluating food security in



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San Francisco:

- **Food Resources** (financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis),
- **Food Access** (affordable, nutritious, and culturally appropriate foods that can be obtained safely and conveniently), and
- **Food Consumption** (ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking).

In November 2013, the FSTF published *Assessment of Food Security in San Francisco 2013* (see [www.sfdph.org/foodsecurity](http://www.sfdph.org/foodsecurity)) utilizing a combination of data from public agencies as well as community based organizations. In the development of this report, it became apparent that there are gaps in the available data and consistency of the data about each area of the food security framework. The availability of comprehensive Open Data can improve understanding of the hunger and food security in San Francisco in the following ways:

- Track food insecurity prevalence over time, in response to the Board of Supervisors' challenge to eliminate food insecurity in SF by 2020;
- Determine the reach and effectiveness of current programs;
- Tailor new initiatives to populations not being reached by current projects;
- Develop new initiatives that maximize social and economic benefits stemming from increased accessibility to City data sets;
- Monitor the reach and effectiveness of new programs;
- Create innovative digital applications;
- Provide data to support applications for external funding and for mobilizing public/private partnerships.



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**Proposed Plan to Ensure Data to Improve Food Security**

In April, 2014, the FSTF will convene a workgroup consisting of public agencies, community organizations, universities, professional associations and the public. These stakeholders will review existing resources and best practices to develop recommendations for food security data, metadata and indicators. They will also describe how contract provisions can be implemented to promote and ensure Open Data publications.

The FSTF will forward their recommendations for food security indicators to be made public through the City's Open Data policies to the Chief Data Officer, Department Data Coordinators, and the Board of Supervisors by summer 2014.



# SAN FRANCISCO PLANNING DEPARTMENT

**MEMO**

**DATE:** April 4, 2014  
**TO:** Paula Jones, SF Department of Public Health  
**cc:** John Rahaim, SF Planning Department  
San Francisco Food Security Task Force  
**FROM:** Diana Sokolove, SF Planning Department  
**RE:** Urban Planning and Food Security

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## Introduction

As demonstrated by the work of San Francisco's Food Security Task Force (FSTF), food security is an essential component to urban vitality. It is not only a health issue but also a community development and equity issue. Like air, water, and energy, food security is a critical part of a sustainable community.

Disparities in food security are highlighted in the FSTF's *2013 Assessment of Food Security in San Francisco*. Such disparities are influenced by geographic, economic, and social factors, but also by a community's food production, processing, distribution, consumption, and waste recovery policies and practices. For these reasons, access to healthy, affordable, and culturally appropriate food is a key component not only in a healthy, sustainable local food system, but also in a healthy, sustainable community.

## Role of the Planning Department in Alleviating Food Security Issues in San Francisco

San Francisco's General Plan serves to guide growth in the City and County of San Francisco. The General Plan is based on a creative consensus concerning social, economic, and environmental issues. Adopted by the Planning Commission and approved by the Board of Supervisors, the General Plan serves as a basis for decisions that affect all aspects of the everyday lives of San Francisco residents, ranging from housing and economic development to land use and transportation. It is implemented by decisions that direct the allocation of public resources and that shape private development. In short, the General Plan is the embodiment of the community's vision for the future of San Francisco. State law requires that the General Plan address seven issues: land use, circulation, housing, conservation, open space, noise and safety.

The San Francisco General Plan is just one tool that the Planning Department can use to address complicated societal issues, such as food security. The General Plan also contains several area plans that cover specific geographic areas of the city. Here, the more general policies in the General Plan elements are made more precise as they relate to specific parts of the city.

In addition, there are several documents that support the General Plan. These include background papers, technical reports, proposals for citizen review, environmental impact reports or negative declarations, program documents, and design guidelines. The San Francisco Planning Department is committed to considering ways to increase food security as these documents are developed and the General Plan elements are updated, as appropriate and feasible. The Planning Department is also committed to reviewing its policies and code standards for the purpose of reducing food security disparities and, as always, the Planning Department is open to receiving public input on the matter.

### **Projects and Programs that Address Food Security**

**Health Care Services Master Plan.** The Planning Department recently collaborated with other city agencies to address food insecurity through the development of the *Health Care Services Master Plan*. The Planning Department developed the plan's land use analysis and helped structure goals and objectives related to increasing healthy eating in San Francisco:

- **Guideline 2.1.1:** Support the expansion of networks of open spaces, small urban agriculture, and physical recreation facilities, including the network of safe walking and biking facilities.
- **Guideline 2.1.2:** Review the impact of large-scale residential and mixed-use development projects – and/or expected areas of new growth – on the potential impact on neighborhood residents' future health care needs and, when feasible, such projects should address service connectivity. Projects serving seniors, persons with disabilities, or other populations with limited mobility options, for example, should employ a range of transportation demand management strategies (e.g., shuttle service, gurney service) to address the project's impact and utility for the community.
- **Guideline 2.1.3:** Encourage residential and mixed-use projects to incorporate healthy design – design encouraging walking and safe pedestrian environments.

**General Plan Element Update, Recreation and Open Space Element.** Supporting community gardening, home gardening, and urban farming are some ways in which San Francisco can improve community food security and increase participant intake of fruits and vegetables. The Recreation and Open Space Element (ROSE) is in the process of being updated. Objective 1 of the draft ROSE says, "Ensure a well-maintained, highly utilized, and integrated open space system." Under this objective, Policy 1.8 says, "Support urban agriculture and local food security through development of policies and programs that encourage food production throughout San Francisco."

**General Plan Element Update, Urban Design Element.** The Urban Design Element is in the very early stages of its update. This development of this element will include ways to encourage residential and mixed-use projects to incorporate "healthy design" in a

manner that supports walking and safe pedestrian environments. It will also consider urban spatial structure related to enhancing safe, physical access to services and retail, such as grocery stores, and the encouragement of attractive, civic gathering spaces to enhance community cohesiveness and resiliency.

**General Plan Element Update, Transportation Element.** The Transportation Element is also in the very early stages of its update. Transportation equity issues will be considered, including the healthy, affordable food-transit connection as well as connecting employees to areas that have a high percentage of low- to middle wage jobs. Mobility modes (transit, walking and cycling) will be optimized through the update of the Transportation Element.

**Invest in Neighborhoods, HealthyRetailSF.** HealthyRetailSF provides individualized attention to retail businesses by providing concentrated and tailored technical assistance to increase their capacity to serve healthy food in food insecure neighborhoods in San Francisco. The Planning Department supports this program by providing zoning and land use expertise to the program's advisory committee.

**Public Sites Framework.** Recently, some of the City's enterprise agencies have expressed interest in redevelopment of some of their real estate assets in order to help fund the public services they provide. These agencies have asked the Planning Department to assist with an overall program for site development. As public resources, the development of these sites could provide a number of public benefits, including food security.

**Food and Beverage Industry Cluster Strategy.** The San Francisco Planning Department, in partnership with the Office of Economic and Workforce Development (OEWD), and SPUR, and supported by a steering committee of local businesses and food-focused non-profit organizations, and other city agencies, is leading the development of a strategy to support the growth and expansion of the food and beverage industry cluster within San Francisco. One of the program goals is to connect food and beverage businesses with nonprofit food programs in an effort to create synergies between the needs of these varied but related types of businesses and the services they provide. For example, the Planning Department is exploring opportunities to make available publicly-owned land for new industrial facilities, with opportunities for nonprofit food programs and incentives for partnerships between nonprofit and for profit food industry facilities.

**555 Fulton Street Legislation.** The San Francisco Planning Department is supporting Supervisor London Breed (District 5) in her efforts to introduce legislation to amend the Planning Code Section to allow for a grocery store in a special use district that may be defined as a formula retail use. The Planning Department is helping to develop the grocery's healthy and affordability criteria as part of the legislation.

**Central SoMa Plan.** This draft plan provides the vision and the strategies to support positive change along and around the Fourth Street transit spine, while maintaining SoMa's diverse social and economic mix. One component of this plan will be a sustainable development strategy that will take into account the health and well-being of the plan area's community and social fabric.

**Sustainable Systems Performance Framework.** This is an evolving guide for implementing and measuring sustainable development projects in San Francisco. Health and Well-being is one of the eight performance areas within the plan.