

SAN FRANCISCO FOOD SECURITY TASK FORCE

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# Strategies to Improve Food Security Among “Single” Residents of San Francisco’s SROs

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SRO Resident Food, Cooking and Nutrition  
Survey Results & Recommendations

March, 2016



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

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## Executive Summary

The Food Security Task Force surveyed over 600 single adult SRO residents to respond to the Board of Supervisors' request for additional information on strategies to improve food security among that population. Among SRO residents surveyed, 84% were food insecure, and 80% at high nutritional risk. Residents' use of the hunger safety net was robust with 42% using free groceries, dining rooms or home delivered meals every day. The survey asked SRO residents what the City should prioritize to "get you more nutritious food." Because few SRO units accommodate in-unit cooking, the FSTF had hypothesized that tenants' top priority responses would be access to an in-unit kitchen.

### PROJECT TIMELINE:

- 2014** Survey development, testing and administration
- 2015** Data entry and analysis, FSTF review and discussion, stakeholder input
- 2016** FSTF Recommendations to Board of Supervisors

However, "additional funds to purchase healthy food" was prioritized significantly higher than any other intervention, and was the "high" priority selected most often by tenants at high nutritional risk and medium/low nutritional risk, by frequent users of the hunger safety net, by those who cook in SROs now and by those who would cook if provided an improved kitchen. The next most highly ranked cluster of priorities was accessing food to consume at home (full service grocery stores and food pantries closer to home, affordable microwave meals and home delivered meals). Just over one-third of respondents ranked free meals in a dining room as high priority; and just under one-third ranked cooking and nutrition classes as high priority. "Additional funds to purchase healthy food" will help improve food insecurity; but the tipping point for food security among SRO residents likely will depend on how multiple, simultaneous interventions are matched and scaled, and integrated with existing resources.

Identifying the right package is ripe for exploration in SRO buildings: an SRO building houses a microcosm of the San Francisco single adult population which is food insecure and at nutritional risk for sustained periods of time; and pilot interventions in that environment can be designed so that the current food safety net system's inability to meet demand and eligibility restrictions do not interfere with testing packages for highest impact. The FSTF makes two related recommendations: First, the City take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk. We recommend allotting \$1 Million to sponsor pilot programs. Second, the BOS charge the Budget and Legislative Analyst's Office to evaluate the impact of these pilot programs on food insecurity and nutritional risk, and to calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents.

## Background

In its Resolution Committing to a Food Secure and Hunger Free San Francisco, the Board of Supervisors asked the Food Security Task Force (FSTF) “to provide additional information on strategies to improve food security among residents of SROs.” (No. 447-13, San Francisco Board of Supervisors (2013).)

“Food security” means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life. 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. It evaluates food security using this three-pillared framework: *Food Resources* (ability to secure sufficient financial resources to purchase enough nutritious food to support a healthy diet on a consistent basis); *Food Access* (ability to obtain affordable, nutritious, and culturally appropriate foods safely and conveniently); and *Food Consumption* (ability to prepare healthy meals and the knowledge of basic nutrition, safety, and cooking).

The BOS’s Food Secure and Hunger Free San Francisco resolution was greatly informed by the FSTF’s 2013 Assessment of Food Security in San Francisco.<sup>1</sup> In the Assessment the FSTF identified the lack of cooking and food storage facilities as a substantial barrier to *food consumption*: “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.” The Assessment notes that over 19,500 San Francisco housing units do not have complete kitchens, defined as including a sink with a faucet, a stove or range, and a refrigerator. One of the Assessment’s key recommendations for a food secure San Francisco in the area of Food Consumption was to “significantly increase the number of complete kitchens in housing units,” and to “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.”

In order to provide the BOS with strategies to improve food security among residents of San Francisco’s SRO buildings, the FSTF sought input from residents of San Francisco’s SRO buildings.

## Brief Description of San Francisco's SRO Buildings

There are approximately 500 single resident occupancy (SRO) hotels in San Francisco with about 19,400 residential units.<sup>ii</sup> SRO hotels are amongst the oldest buildings in the City.<sup>iii</sup> Although a limited number have seen major recent renovations, the majority of these buildings have not been significantly improved over the years and their overall quality is generally regarded as low.<sup>iv</sup> SRO rooms are typically eight by ten feet in size with shared bathrooms. Citywide only 4.2% of the housing units lack kitchen facilities;<sup>v</sup> but those without kitchen facilities are highly concentrated in the Tenderloin, Chinatown, and the Financial District – the low-income neighborhoods that have many of the City's SRO buildings.<sup>vi</sup>

Originally built in the early 20<sup>th</sup> century to provide temporary accommodations to the City's transient workforce, SRO units are one of the last remaining "affordable" housing options for some of San Francisco's most vulnerable and low-income residents. They are so important to the City's affordable housing stock that the Residential Hotel Conversion and Demolition Ordinance, enacted in 1981, preserves, and regulates the conversion and demolition of residential hotel units. Since 1990, non-profit organizations have purchased or master-leased residential hotels and now maintain just under 30% of the units (5,479 in 2013) with a guaranteed level of affordability and, in some cases, related supportive services to residents.<sup>vii</sup>

Through its Master Lease Program, as of 2014, the Human Services Agency subsidizes nonprofits to lease 28 SRO buildings (some of those buildings are funded through Care Not Cash, the 2004 initiative that transfers part of the city's cash assistance to homeless single adults to investments in permanent supportive housing). The Department of Public Health's Direct Access to Housing program provides permanent supportive housing targeted to homeless adults with special needs, including mental health, alcohol and substance abuse problems and/or complex medical conditions.

In 2014 the DAH program included 6 master-leased SRO buildings. Although Master Lease supportive housing is considered less desirable because the buildings are often older with few amenities, they represent a considerable supply of lower-income housing that might not otherwise be available. Nonprofits also develop newly constructed affordable SROs with supportive services, usually with in-unit kitchen facilities and private, or semi-private bathrooms.<sup>viii</sup>

**The FSTF examined food security in SROs through the input of the population intended to live in those units: single adults.**

While SROs are deemed so inadequate for families with children that families in SROs are considered "homeless" under San Francisco's definition, 699 families with children were living in SROs in 2015 (primarily in Chinatown).

(SRO Families United Collaborative (2015) *SRO Families Report – Living in the Margins*, [http://www.chinatowncdc.org/images/stories/NewsEvents/Newsletters/sro\\_families\\_report\\_2015\\_.pdf](http://www.chinatowncdc.org/images/stories/NewsEvents/Newsletters/sro_families_report_2015_.pdf).)

Affordable housing for those families is a primary means to ameliorate their food insecurity. Although the target of the survey was single adults, implementing recommendations in this report is expected to have positive results for families' food security as well.

## Fall 2014 Survey

To propose the best solutions to end food insecurity among residents of SROs, the Food Security Task Force conducted a food security assessment among SRO residents to better understand their priorities.

A subcommittee of the FSTF, including expert technical assistance,<sup>ix</sup> created blocks of questions to ask tenants:

- what the City should prioritize to allow them to access nutritious food
- whether they had access to a kitchen in their apartment or apartment building, and how often they used either; and if their use would increase if the kitchen was improved
- how often and what types of safety net food programs and food sources they used over the past year
- about their age, gender and ethnicity/race demographics
- where they lived.

The survey also included a two-question screen to identify people at risk of food insecurity, a ten-question screen for nutritional risk<sup>x</sup> and a single question to assess the responder's confidence in completing forms without assistance.

### The survey had these limitations:

1. The survey used the terms "kitchen" and "cooking" without defining either. Responses are limited therefore by respondents' personal, unexpressed definitions of those terms. The elements of a kitchen SRO residents find necessary to cook is a subject for future research.
2. The surveys were self-administered at most sites eliminating responses from those who do not read, and who do not read English, Russian, Chinese or Spanish.
3. The survey used a skip pattern in two questions about cooking meals in-room or in a shared kitchen. Internally contradictory responses evidence that the skip pattern caused confusion.
4. The FSTF speculates that some respondents might have been reluctant to admit that they could cook in their unit, fearing the existence of a kitchen would impact the amount of their income benefits (the SSI benefit can be lower for beneficiaries without a kitchen).

A draft of the survey then was piloted at an SRO building on Sixth Street. After reviewing the 12 respondents' and survey facilitator's feedback, the subcommittee further revised, and finalized the survey, attached as an Appendix to this report. Based on community advice, the survey questions were translated into Spanish, Russian and Chinese.

The surveys were distributed to SRO residents at SRO building, congregate meal sites, social service program locations and through home-delivered meal programs.<sup>xi</sup>

With a goal of receiving input from 500 tenants, unduplicated survey responses came from 633 SRO single adult tenants living in 151 SRO buildings primarily in the Tenderloin and SOMA. (Survey responses excluded were from those indicating they

had taken the survey before or that they did not live in an SRO, i.e. that they were homeless.)

Response data were entered by a FSTF-member agency staff into an online survey platform; 8% of the entries were checked for input accuracy.

Survey results were explored by a team.<sup>xii</sup> A basic descriptive analysis was conducted. The “nutritional risk” and “food security” of respondents was scored and coded. Demographic data was compared to the demographics of tenants living in the City’s Human Services Agency-funded SROs<sup>xiii</sup> to conclude that the survey data captured a representative cross-section of the single adults living in San Francisco SRO hotels.

# Survey Results

## A. Demographics of Tenants Responding to the Survey

The majority of the survey respondents were male (72%), White (40%) or African American (37%), between 45 and 59 years of age (41%) or 60 years or older (44%).

Age (% of 631)		Race/Ethnicity (% of 611)		Gender (% of 622)	
0-17	1%	White	40%	Female	26%
18-24	1%	Black or African American	37%	Male	72%
25-34	4%	Latino	12%	Trans Male	1%
35-44	9%	Asian	9%	Trans Female	1%
45-54	25%	Native American	5%		
55-59	16%	Multi-ethnic	4%		
60-64	19%	Native Hawaiian	2%		
65-74	18%				
75+	6%				

## B. Food Insecurity/Nutritional Risk, Food Access and Consumption Landscape

### Food Insecurity and Nutritional Risk is Very High

**Food Insecure:** 84% of respondents<sup>1</sup> were food insecure, based on answering “sometimes” or “often” to either of these questions:

**Within the past 12 month I worried whether our food would run out before we got money to buy more.**

- 49% - often true
- 14% - sometimes true
- 17% - never true

**On average, within the past 12 months the food I bought just didn't last and we didn't have money to get more.**

- 45% - often true
- 38% - sometimes true
- 17% - never true

<sup>1</sup> 508 of 605 respondents.



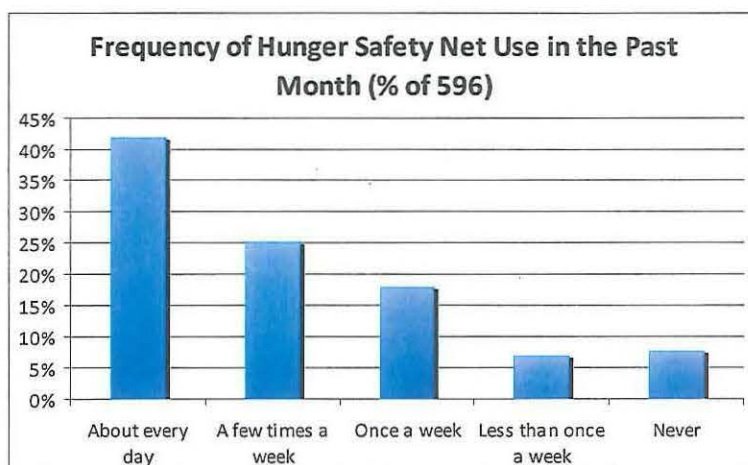
**Nutritional Risk:** Nearly 80% of respondents<sup>2</sup> are at “high” nutritional risk based on their responses to the nutritional risk questions.<sup>3</sup> The prevalence of conditions compromising nutritional health among the respondents was:

Nutritional Risk Question (those who answered “yes”):	% of 633:	% of respondents:
I eat alone most of the time.	78%	83% (of 592)
I don’t always have enough money to buy the food I need.	67%	73% (of 583)
I eat few fruits or vegetables, or milk products.	53%	60% (of 581)
I take 3 or more different prescribed or over-the-counter drugs a day.	53%	60% (of 568)
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	47%	53% (of 562)
I have tooth or mouth problems that make it hard for me to eat.	43%	47% (of 581)
I am not always physically able to shop, cook and/or feed myself.	39%	45% (of 555)
I have an illness or condition that made me change the kind and/or amount of food I eat.	39%	43% (of 574)
I eat fewer than two meals per day.	39%	43% (of 574)
I have three or more drinks of beer, liquor or wine almost every day.	13%	15% (of 579)

### Use of the Hunger Safety Net is Robust

#### Frequency of Use of a Food Program in the Past Month:

A high percentage (42%) of respondents used the San Francisco food safety net *every day* in the month preceding the survey.<sup>4</sup>



<sup>2</sup> 501 of 633 respondents (9% of respondents did not answer a sufficient number of the nutritional risk screening questions to have their nutritional risk assessed so this might be an understatement of those at high nutritional risk).

<sup>3</sup> Nutritional risk is scored using the DETERMINE (see Endnote x) nutritional risk screen as follows: 0-2 affirmative responses = low nutritional risk; 3-5 affirmative responses = moderate nutritional risk; and 6+ affirmative responses = high nutritional risk).

<sup>4</sup> 251 of 596.

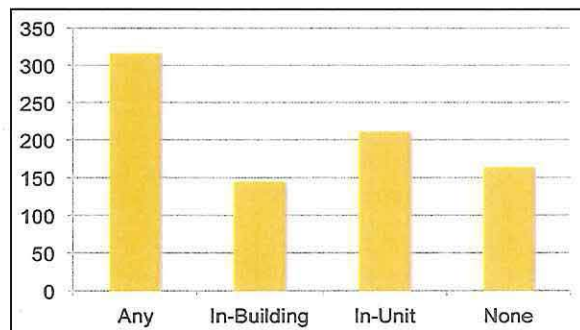
### Type of Food Program Used in the Past 12 months (of 663 respondents):

- 44% used free groceries (food bank, home delivered groceries, Project Open Hand grocery program)
- 42% used free dining room or soup kitchen (like Glide, St. Anthony's, senior lunch, shelters, etc.)
- 33% used home delivered meals (like Meals on Wheels, Project Open Hand, ON LOK)
- 3% used emergency room or jail to get a meal

## Availability and Use of Kitchens is Limited, but Residents Would Cook More Meals at Home with Better Kitchens

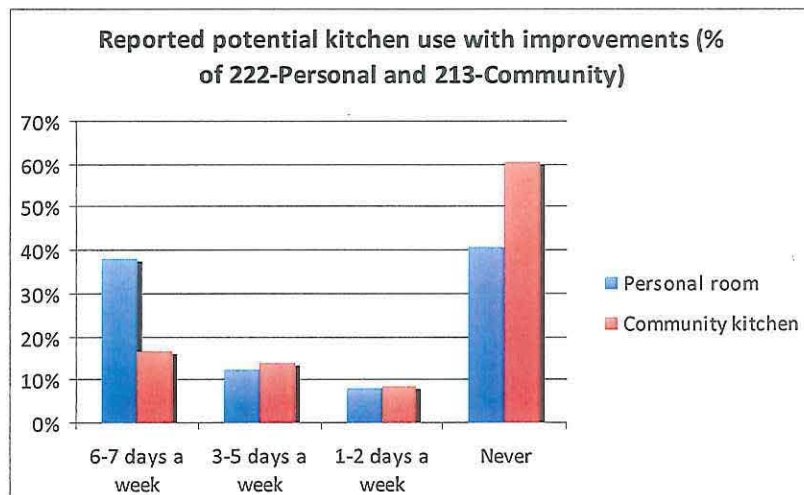
### Availability:

About one-third of 497<sup>5</sup> respondents said they had no access to a kitchen, either in-unit or in-building. This percentage may overstate kitchen access in SROs and the data should be used cautiously: the survey did not define "kitchen" and tenants most likely had differing definitions of that term -- for example, whether a microwave and slow-cooker constitute a kitchen. Also, tenants in the same building gave conflicting answers about the availability of community kitchens.<sup>6</sup>



### Potential for In-unit and Community Kitchen Use:

If their in-unit or in-building community kitchen was upgraded, respondents would cook with the frequency per week shown in this chart:



<sup>5</sup> Responses to kitchen access questions in 136 surveys were eliminated from the kitchen availability data totals (only) due to manifested confusion about the questions; for example, respondents who answered that they had no access to any kitchen, also stated how often they currently use those types of kitchens.

<sup>6</sup> Separate from the SRO survey project, the FSTF has sponsored the work of a cadre of volunteers to obtain information about 530 SRO buildings across the City, including a description of in-unit and community kitchens. The FSTF anticipates this data to be available for use by applicants for pilot projects submitted in response to the RFP discussed in the Recommendations section of this report.

**The top reasons that keep SRO tenants from cooking or cooking more often in their *unit* (of 497 responses):**

- 42% "I don't have a stove or oven."
- 25% "I cannot afford food to cook."
- 24% "The question does not apply to me. I do/would cook all of my meals in my room."
- 16% "My disability keeps me from cooking."

**The top reasons that keep SRO tenants from cooking or cooking more often in a *community kitchen* (of 497 responses):**

- 28% "Too many other people will use the kitchen"
- 26% "I don't have cooking equipment or staples"
- 24% "It's inconvenient to use (I have to bring my own cooking equipment and staples from my room)."

In-unit Cooking by High Nutritional Risk Respondents:

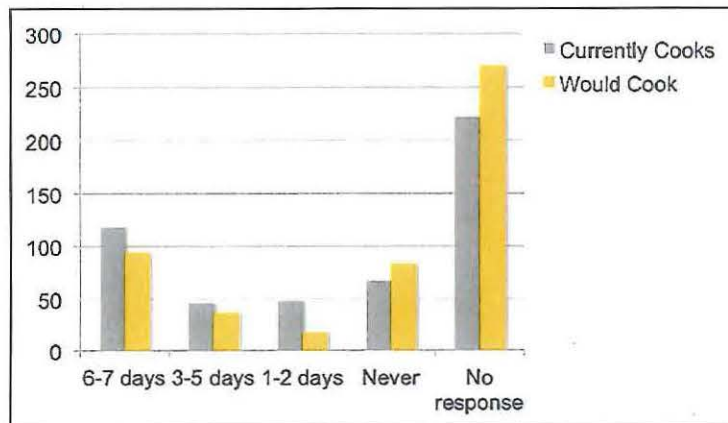
High nutritional risk respondents (501 respondents) already cook in-unit, or would cook if their unit was upgraded, with the frequency per week shown in this chart:<sup>xiv</sup>

**The top reasons that keep tenants with a high nutritional risk from cooking or cooking more often in their rooms mirrors those of all respondents):**

- 46% "I don't have a stove or oven."
- 27% "I cannot afford food to cook."
- 17% "My disability keeps me from cooking."

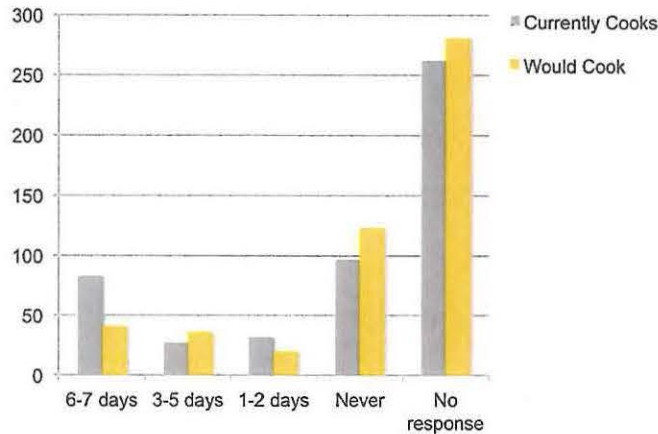
**Almost two-thirds (64%) of 231 high nutritional risk respondents *who currently do not cook* in a personal kitchen said they would once a week or more with a kitchen upgrade:**

- 7% would cook 1-2 times a week
- 16% would cook 3-5 times a week
- 40% would cook 6-7 times a week.



**Community Kitchen Cooking by High Nutritional Risk Respondents:**

High nutritional risk respondents currently cook, or would cook in a community kitchen if one was available to them with the frequency per week shown in this chart, significantly fewer than those who do/would cook in-unit:<sup>xv</sup>



**44% of 219 high nutritional risk respondents who currently do not cook in a community kitchen said they would once a week or more if a shared kitchen was available.**

- 9% would cook 1-2 times a week
- 16% would cook 3-5 times a week
- 18% would cook 6-7 times a week

**The top reasons that keep high nutritional risk tenants from cooking in community kitchens:**

- 31% “Too many other people will use the kitchen”
- 28% “I don’t have cooking equipment or staples”
- 26% “It’s inconvenient to use (I have to bring my own cooking equipment and staples from my room).”

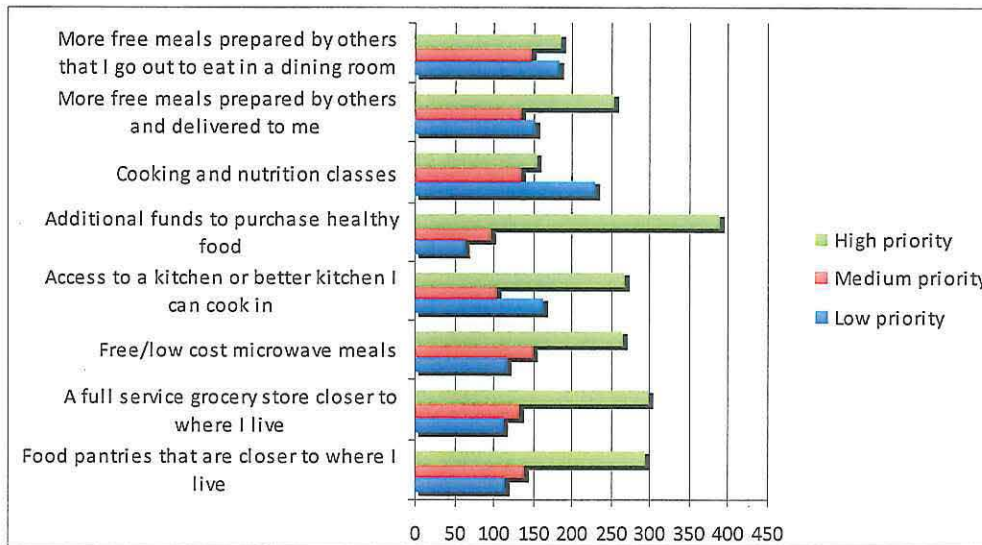
## C. Priorities of SRO Tenants for Improving Food Security

### Priorities of All Tenants

With the opportunity to highly prioritize as many selections as desired, SRO tenants prioritized “additional funds to purchase healthy food” significantly higher than any other choice:

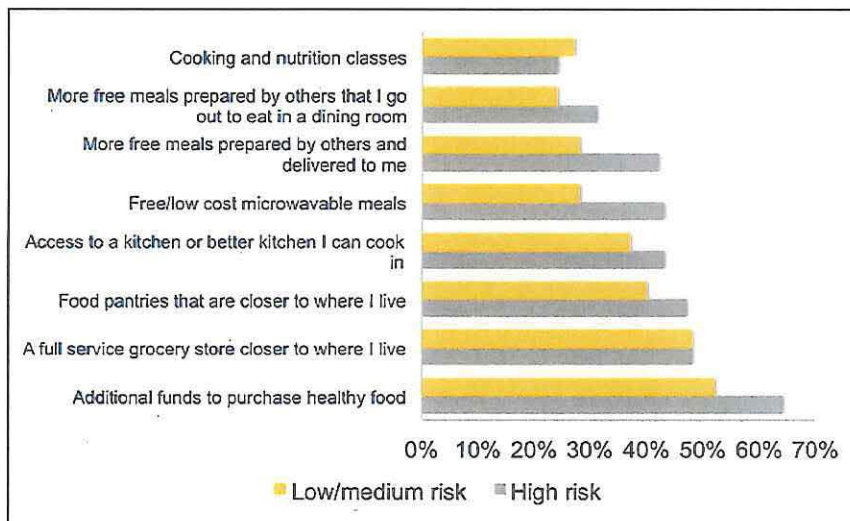
The things the City should prioritize to get you more nutritious food:	Low priority	Medium priority	High priority	High + Medium priority	Total Responses
Additional funds to purchase healthy food	11%	17%	71%	89%	543
A full service grocery store closer to where I live	20%	24%	55%	80%	537
Food pantries that are closer to where I live	21%	25%	54%	79%	541
Free/low cost microwave meals	22%	28%	50%	78%	527
Access to a kitchen or better kitchen I can cook in	31%	19%	50%	69%	527
More free meals prepared by others and delivered to me	28%	25%	47%	72%	538
More free meals prepared by others that I go out to eat in a dining room	35%	29%	36%	65%	512
Cooking and nutrition classes	44%	26%	30%	56%	517

This chart graphically depicts the priorities by number of respondents and level of priority:



### Priorities of Tenants with Low/Medium Nutritional Risk vs. High Nutritional Risk

The priorities of respondents who were at low/medium nutritional risk, and those who were at high nutritional risk also were in substantially the same order except those at low/medium nutritional risk had a higher preference for cooking and nutrition classes:



### High Priorities of Frequent Users of the Hunger Safety Net

Of those who use the hunger safety net daily (251 respondents), 61% indicated that “additional funds to purchase healthy food” was a high priority:

Those who rated the intervention below high, use the hunger safety net as frequently as shown in the columns to the right	Daily (251)	Few x week (151)	1x week (107)	<1x week (41)	Never (46)	Total
Additional funds to purchase healthy food	156	96	74	20	20	366
A full service grocery store closer to where I live	117	68	52	20	22	279
Food pantries that are closer to where I live	115	67	58	17	16	273
Free/low cost microwave meals	111	65	47	12	14	249
More free meals prepared by others and delivered to me	111	62	42	14	11	240
Access to a kitchen or better kitchen I can cook in	93	70	52	15	22	252
More free meals prepared by others that I go out to eat in a dining room	83	42	35	6	11	177
Cooking and nutrition classes	60	32	32	5	13	142

## Top Priorities of Both Tenants Who Use Kitchens Currently and Who do not Have a Kitchen

The top priorities of tenants who currently use kitchens, and who do not have access to any kitchen, follow. “A better kitchen” was not a top high priority for current in-unit kitchen users, but it was for current community kitchen users and those who currently cannot cook at home:

Top Four Priorities Among In-Unit Kitchen Users	Frequency
Additional funds to purchase healthy food	72%
Food pantries that are closer to where I live	57%
A full service grocery store closer to where I live	56%
Free/low cost microwave meals	53%

Top Four Priorities Among Community Kitchen Users	Frequency
Additional funds to purchase healthy food	70%
A full service grocery store closer to where I live	61%
Food pantries that are closer to where I live	58%
Access to a kitchen or better kitchen I can cook in	56%

Top Four Priorities Among those who Cannot Cook at Home	Frequency
Additional funds to purchase healthy food	71%
Access to a kitchen or better kitchen I can cook in	55%
Food pantries that are closer to where I live	51%
A full service grocery store closer to where I live	51%

## High Priorities of those who Prioritized “Better” Kitchens

Respondents who said “better” in-unit or community kitchens were a high priority, also gave a “high” priority to these interventions:

Top Four Priorities Among those who gave a “High Priority” to Better Kitchens	Frequency
Additional funds to purchase healthy food	85%
A full service grocery store closer to where I live	68%
Food pantries that are closer to where I live	67%
Free/low cost microwave meals	59%

## Recommendations

After reviewing the SRO survey responses, the FSTF convened three special meetings of community stakeholders to gather input on recommendations to the Board of Supervisors. The FSTF makes two related recommendations: First, the City take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk by allotting \$1 Million to sponsor pilot programs. Second, the BOS charge the Budget and Legislative Analyst's Office to evaluate the impact of these pilot programs on food insecurity and nutritional risk, and to calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents.

### **I. To improve food security among SRO tenants the City should fund pilot programs in SRO buildings responsive to the substance of this report.**

Fundamental to the FSTF's recommendation is the conclusion that each of the tenants' prioritized activities can play a part in reducing food insecurity. "Additional funds to purchase healthy food" will help improve food insecurity. But the tipping point for food security among SRO residents likely will depend on how multiple, simultaneous interventions are matched and scaled, and integrated with existing resources so tenants are able to obtain and consume enough nutritious food to support an active, healthy life. Identifying the right package is ripe for exploration in SRO buildings.

An SRO building provides a microcosm of the San Francisco single adult population which is food insecure and at nutritional risk, housing people for sustained periods who are seniors, are disabled, and live in extreme poverty. Compared to other San Francisco residents, SRO tenants experience some of the highest levels of instability in the pillars of food security – Resources, Access and Food Consumption. Also, pilot interventions in that environment can be designed to account for the shortcomings of the current under-resourced food safety net systems such as inability to meet demand and programmatic eligibility restrictions. The City should take advantage of the controlled SRO environment to test the impact of specified eligible interventions on decreasing food insecurity and nutritional risk not only for the health of SRO residents – but also to learn how results might apply to assistance for food insecure single adults irrespective of housing venue.

Therefore, FSTF recommends that the City allot \$1,000,000 to sponsor pilot programs in SRO building to be awarded through a Request for Proposal process. Looking to the experience and innovation of agencies and collaborations of agencies in this community to make specific proposals within the framework of the RFP's requirements is the best means to achieve the BOS's and FSTF's goal to improve food security among SRO residents.



Proposals to implement eligible activities will be selected for funding based on:

- impact on decreasing food insecurity and nutritional risk,
- responding to the needs identified in the survey,
- cost of the intervention, and short- and long-term cost savings occasioned by food security,
- integration of current resources,
- mechanisms to evaluate the pilot, and
- alignment with the FSTF's "Principles" guiding recommendations to improve food security among SRO residents.

### Principles guiding recommendations to improve food security among SRO residents

- Food security interventions should be tailored to high nutritional risk populations.
- Solutions to improve food security for SRO residents may require multiple activities conducted through multi-sector collaborations.
- All San Francisco residents should have kitchens where they live (with a refrigerator, freezer, sink, stove and oven); however, new kitchens should not reduce the number of units for SRO tenants.
- Safety and sanitation in food preparation and consumption is the first priority.
- Fresh fruit and vegetables are essential to food security.
- Programs should offer nutritional interventions responsive to the medical and dental needs of those who are food insecure.
- Programs should be culturally competent.
- Programs should be sustainable.
- Isolation is an important, but separate, issue from food insecurity, and the primary impact of activities to improve food security need not be improved socialization.

#### Other recommended detail for the RFP:

- Collaborative applicants are encouraged
- The RFP identifies nutritious food resources already in place so responders can make impactful proposals (e.g. consider existing resources that can be leveraged and identify potential collaborators)
- The RFP identifies anticipated barriers to success and challenges responders to state how those will be met
- Additional points are awarded for projects that also respond to issues of vector control, food waste, sanitation and hygiene in meal preparation
- FSTF representatives participate in the RFP process to draft language and review/score proposals
- The San Francisco Budget and Legislative Analyst's Office is tasked with assessing the impact of the pilots
- Funding is through the Human Services Agency

## Eligible activities to improve food security among SRO residents

It is recommended that the funding be available for the following eligible activities. The detail provided in section “b. Eligible Activities” is not meant to limit the activity or the cost of the activity, but rather to aid understanding of the concept and elements that affect cost.

### Overview of Eligible Activities with Cross-Walk to High Priorities

Priorities of Food Insecure and High Nutritional Risk SRO Tenants	Examples of Eligible RFP Activity
Additional funds to purchase healthy food	Provide Nutritious Food Vouchers to SRO tenants
A full service grocery store closer to where I live	Expand the reach of on-site pantry/grocery programs by coordinating distribution to SRO buildings, and then to tenants  A full service grocery store is not eligible for funding; support existing community efforts to achieve this outcome
Food pantries that are closer to where I live	Expand the reach of on-site pantry/grocery programs by coordinating distribution to SRO buildings, and then to tenants
Access to a kitchen or better kitchen I can cook in	Make capital improvements to SRO buildings to permit in-unit cooking with appliances other than a stove/oven
Free/low cost microwave meals	Provide nutritious food vouchers to SRO tenants
More free meals prepared by others that are delivered to me	Expand the reach of home-delivered meal programs by coordinating distribution to SROs, and then to tenants  Provide nutritious meals in a community space using a mobile kitchen model
More free meals prepared by others that I go out to eat in a dining room	Subsidize meals in dining rooms through nutritional food vouchers to SRO tenants accepted by local restaurants, including by expanding programs such as the CalFresh Restaurant Meals Program and DAAS CHAMPSS Program
Cooking and nutrition classes	Provide cooking and nutritional education classes to engage tenants in using healthy recipes to prepare meals
NOT A PRIORITY – included as Infrastructure to support meal preparation/consumption	Install warming stations in each building and community refrigerators/freezers

## Eligible Activities

<p><b>Provide Nutritious Food Vouchers to SRO tenants.</b></p> <ul style="list-style-type: none"> <li>▪ Voucher can be used for nutritious groceries and prepared meals, including those that are microwaveable and available at restaurants</li> <li>▪ Choices for use of voucher should be as flexible as possible to permit consumer choice in which nutritious food/meals to purchase</li> </ul>	
<p><b>Goal:</b> Food Resources: Tenants can purchase enough nutritious food to support a healthy diet on a consistent basis.</p>	
<p><b>Ideas around Cost:</b></p> <ul style="list-style-type: none"> <li>▪ For highest impact, calculate the weekly value of the voucher based on the self-sufficiency standard<sup>xvi</sup> for San Francisco (amount needed for food minus resources for food/meals available)</li> <li>▪ Add staffing and administration costs</li> </ul>	<p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>▪ Additional funds to purchase healthy food is the most identified “high” priority of all SRO tenants, including in all subgroups (e.g. those at nutritional risk, those who already use kitchens)</li> <li>▪ 62% of those who rank this as high priority use the food safety net daily</li> </ul>
<p><b>Make capital improvements to SRO buildings to permit in-unit cooking with appliances other than a stove/oven (such as a rice cooker, covered skillet, NuWave oven, microwave, etc.).</b> Scope of work might include:</p> <ul style="list-style-type: none"> <li>▪ Electrical capacity upgrade</li> <li>▪ Power distribution upgrade</li> <li>▪ Exhaust system upgrade</li> <li>▪ Sinks in units</li> <li>▪ Dishwashing station per floor</li> <li>▪ Appliances (refrigerator/freezer), cooking equipment and storage cart/shelving</li> </ul>	
<p><b>Goal:</b> Food Consumption: Tenants can prepare meals in their homes.</p>	
<p><b>Ideas around Cost:</b></p> <p>\$3,250 per unit (an additional \$2,500 if a dedicated transformer is required)</p>	<p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>▪ 64% of 231 high nutritional risk respondents <i>who currently do not cook</i> in a personal kitchen said they would once a week or more with a kitchen upgrade             <ul style="list-style-type: none"> <li>○ 7% 1-2 times a week</li> <li>○ 16% 3-5 times a week</li> <li>○ 40% 6-7 times a week</li> </ul> </li> <li>▪ 39% of those who prioritized access to a kitchen/better kitchen use the safety net daily; 30% use it several times a week</li> <li>▪ 55% of those without kitchens gave a “high” priority to a better kitchen;</li> <li>▪ 56% of users of community kitchens gave a “high” priority to a better kitchen</li> </ul>

**Expand Pantry and Home Delivered Grocery Programs in SROs to provide food for healthy meals.**

- Expand the reach of pantry and home delivered grocery programs in SROs (number of people served as well as groceries provided) by decreasing the cost of distribution through:
  - streamlining the food pantry distribution system. (For example, centralize an SRO building pantry distribution center; deliver pantry program food to each building from centralized point.)
  - coordinating the food pantry and home delivered grocery distribution system to avoid duplication of client service among providers.
  - staffing the delivery of the pantry program food and groceries in the SRO building to tenants through nonprofit service providers, property management staff, tenants association members or a combination of those. (For example, staff/tenant association members receive the food pantry delivery, unload the boxes from the pallets, sets up tables, facilitate tenant sign-in, distribute food, take down and clean up pantry program and act as a point of contact for the food pantry program coordinator. Another example, on-site staff/tenant volunteers deliver groceries within the building to specific tenants.)
- Note: it is imperative to the current home-delivered meal/grocery providers that the existing safety check/socialization benefits of to-tenant delivery be retained.
- Consider coordinating distribution with home-delivered meal programs to increase reach of those programs as well.

**Goal:** Food access: Tenants safely and conveniently obtain the food products needed to prepare or consume a healthy meal.

**Ideas around Cost:**

- Cost to the Food Bank to operate a supportive housing pantry for a building with 100 residents, approximately \$21,000 per year
- Cost to staff a pantry program is leveraged in buildings with nonprofit staff or property management staff; in buildings without such staff, cost could be approximately \$15/hour for 2 hours per week for two pantry workers, and there would need to be a fiscal agent to pay the workers.
- Cost for home delivered meals is expected to be minimal if current staff/able tenants on-site are leveraged as volunteers to conduct in-unit distribution.

**Impact:**

- 54% of tenants prioritized food pantries closer to where they live as “high;” 79% as a “high” or “medium” priority
- 42% of those who prioritized closer food pantries as “high” use the food safety net daily
- 55% of tenants prioritized a full service grocery store closer to where they live as “high” – this intervention does not result in closer grocery stores, but in nutritious groceries conveniently available
- Distribution system could be linked to home-delivered meal program distribution systems to increase reach of those programs as well.

**Expand home-delivered meal programs in SROs.**

- Expand the reach of programs that deliver meals to SRO tenants (number of people served as well as meals provided) by decreasing the cost of distribution through coordinating meal delivery to:
  - avoid duplication of client service, and
  - leverage existing in-building resources to deliver meals within the building to specific tenants.
- Note: it is imperative to home-delivered meal providers that the safety check/socialization benefits of to-tenant delivery be retained.
- Consider coordinating distribution with pantry and home delivered grocery programs to expand reach of those programs as well.

**Provide nutritious meals in a community space in SROs using a mobile kitchen model**

- Hire a vendor to prepare nutritious meals on-site
- Frequency TBD: Once a day/once a week

**Goal:** Food access: Tenants safely and conveniently consume a healthy meal at home.

**Ideas around Cost:**

- The anticipated cost of home delivered meals would be minimal if current staff/able tenants on-site at SRO buildings are leveraged as volunteers to conduct in-unit distribution.)
- Mobile kitchen model cost is approximately \$8/meal a person (cost includes paid staff)

**Impact:**

- 47% of all respondents and 30% of high nutritional risk respondents identified more free home-delivered meals a high priority
- 17% of all respondents and 16% of high nutritional risk respondents said they would not cook in their unit because of their disability
- Ensures nutritious meal available irrespective of in-unit/in-building kitchens, abilities to use the kitchen and resources for food
- Meal distribution system could be linked to pantry and grocery programs to expand reach of those programs as well.

**Provide cooking and nutritional education classes to engage tenants in using healthy recipes to prepare meals.**

- Cooking/nutritional education sessions in SRO buildings focused on socialization and building cooking skills
- Drop-in opportunity for residents to cook, socialize, and learn but not a structured stop/start time with a formal curriculum; more interactive than a cooking demonstration; everyone eats.
  - Create programming using a trauma-informed framework that values consistency (same staff), focus on care-taking of the residents.

<ul style="list-style-type: none"> <li>▪ Micro-education – mini-skills, SRO culinary skills, health messages (curriculum topics broken down to be very digestible and conversation-based)</li> <li>▪ Resident-led community engagement – recruiting participants, helping guide menus and programs; participation incentives</li> </ul>	
<b>Goal:</b> Food consumption: Tenants know how to prepare healthy and hearty meals safely.	
<b>Ideas around Cost:</b> <ul style="list-style-type: none"> <li>• Monthly Cooking Programming per building (25-50 tenants): 1x per week, 2 hours: \$440/mo</li> <li>• [In addition, if needed] Outreach and Ramp Up (20 hours over 4 weeks) - \$600</li> </ul>	<b>Impact:</b> <ul style="list-style-type: none"> <li>• 30% of respondents ranked cooking and nutrition classes as high priority; 56% ranked it as high or medium priority</li> <li>• 7% of respondents said a barrier to their cooking was that they did not know how to cook</li> <li>• Link to improvements in SRO buildings that permit in-unit cooking</li> </ul>

<b>Install warming stations in each building and community refrigerators/freezers</b>	
<b>Goal:</b> Food consumption: Tenants can consume nutritious meals in their homes.	
<b>Ideas around Cost:</b> \$660 per floor (2 combination microwave and refrigerator/freezers)	<b>Impact:</b> <ul style="list-style-type: none"> <li>• Link to additional funds to purchase healthy food and to free/low cost microwave meals</li> <li>• Link to expanded pantry/grocery programs</li> </ul>

**II. To provide the basis for decision-makers to invest in an end to hunger by 2020, the Board of Supervisors should charge the Budget and Legislative Analyst’s office with determining the cost of hunger in this City.**

It is time for the City to consider what national data predicts – the cost to eliminate hunger is far less than the costs of its existence.

The Center for American Progress calculated the cost of hunger in America in 2010 at minimally \$167.5 billion “due to the combination of lost economic productivity per year, more expensive public education because of the rising costs of poor education outcomes, avoidable health care costs and the cost of charity to keep families fed.” That staggering figure, extrapolated to \$542 per person in America, did not include the cost of the Supplemental Nutrition Assistance Program (SNAP) and the other key federal nutrition programs, which run about \$94 billion a year. The Center for American Progress concludes “The nation pays far more by letting hunger exist than it would if our leaders took steps to eliminate it.”<sup>xvii</sup>

Hunger-Free Minnesota calculated the cost of hunger in that State focused on SNAP participation. “The cost/benefit ratios of reducing food insecurity per federal dollar spent to increase participation in SNAP range from \$2.13 to \$2.74. Looking at only the savings in the administrative costs of SNAP yields a benefit cost ratio of between \$8 and \$11 per \$1 spent on increasing participation in SNAP.” The report concludes “reducing hunger not only saves lives, it yields a return on investment.”<sup>xviii</sup>

Researchers analyzed data from more than 67,000 adult residents of Ontario who participated in the Canadian Community Health Care Survey. “These adults answered household food security questions, using the same scale for assessing food security in the United States, and researchers linked respondents’ food security status to their annual health care expenditures. The results show that health care costs were significantly higher for food-insecure people, even after adjusting for other socioeconomic and demographic variables. Households with low food security—meaning that they faced uncertain or limited access to a nutritious diet—incurred health care expenses that were 49 percent higher than those who were food secure. And health care costs were 121 percent higher for those with very low food security (those who missed meals or ate smaller meals because they couldn’t afford food). Higher costs were seen across a variety of health care services, including inpatient hospitalization, emergency room visits, physician services, home health care, and prescription drugs. And as food insecurity increased, so did health care costs.”<sup>xix</sup>

As the BOS works to meet its promise of a hunger free San Francisco by 2020, investing in more comprehensive solutions to ameliorate the impacts of food insecurity on its most vulnerable residents will be necessary. In tandem with evaluating the impact of the pilot programs on food insecurity and nutritional risk suggested in Recommendation I, the Budget and Legislative Analyst’s Office also should calculate the costs of hunger in San Francisco so that this City can invest prudently for the benefit of all of its residents. Now is the time to prepare to express the consequences of this social problem in economic terms so all who will participate in determining the level and scope of investment can gauge the magnitude of the problem and economic benefits of potential solutions. The next step is for the City to determine the cost of hunger in San Francisco.

## Conclusion

The FSTF is pleased to respond to the BOS’s request for recommendations on strategies to improve the food security of SRO tenants. We look forward to the continued partnership to achieve that result – by bringing the pilot programs’ lessons and the “cost of hunger in San Francisco” data to future interventions, with suggestions for funding to scale.

<sup>i</sup> San Francisco Food Security Task Force (2013). *Assessment of Food Security in San Francisco*. <https://www.sfdph.org/dph/files/sfchip/FSTF-AssessmentOfFoodSecurityInSF-2013.pdf>

<sup>ii</sup> In addition to the 13,900 SRO units in *for-profit* residential hotels, comprising 71% of all residential SRO units, there are 2,942 “tourist rooms” in *for-profit* residential hotels that do not contribute to the affordable housing stock. City and County of San Francisco (2015). *San Francisco General Plan: Housing Element 2014*. [http://www.sf-planning.org/ftp/general\\_plan/2014HousingElement-AllParts\\_ADOPTED\\_web.pdf](http://www.sf-planning.org/ftp/general_plan/2014HousingElement-AllParts_ADOPTED_web.pdf)

<sup>iii</sup> City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2016-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

<sup>iv</sup> San Francisco Budget and Legislative Analyst’s Office (December 15, 2014). *Policy Analysis Report: Analysis of Supportive Housing Programs*. <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51064>

<sup>v</sup> City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2016-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

<sup>vi</sup> City and County of San Francisco (2014) *2015-2019 Consolidated Plan and 2015-2016 Action Plan*. <http://sf-moh.org/modules/showdocument.aspx?documentid=8956>

<sup>vii</sup> City and County of San Francisco (2015). *San Francisco General Plan: Housing Element 2014*.

<sup>viii</sup> San Francisco Budget and Legislative Analyst’s Office (December 15, 2014). *Policy Analysis Report: Analysis of Supportive Housing Programs*. <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=51064>

<sup>ix</sup> Subcommittee member Hilary Seligman, MD, MAS provided the technical assistance. Dr. Seligman is Associate Professor in Residence at the University of California San Francisco with a primary appointment in the Division of General Internal Medicine and a secondary appointment in the Department of Epidemiology and Biostatistics. She also is Core Faculty for UCSF’s Center for Vulnerable Populations at San Francisco General Hospital, and treats patients there. As a researcher, Dr. Seligman’s work focuses on the intersection between food insecurity in the US and health, particularly the prevention and management of chronic disease. Her research has appeared in *New England Journal of Medicine*, *Health Affairs*, *Archives of Internal Medicine*, and *Journal of Nutrition*, among others.

<sup>x</sup> The FSTF used the DETERMINE checklist, available at [http://nutritionandaging.fiu.edu/downloads/NSI\\_checklist.pdf](http://nutritionandaging.fiu.edu/downloads/NSI_checklist.pdf).

<sup>xi</sup>

Survey Distributor	# of Surveys Returned	% of Surveys Returned
Community Housing Partnership	19	0.03
Episcopal Community Services of San Francisco	73	0.12
Glide	97	0.15
Leah’s Pantry with Chinatown Community Development Center	10	0.02
Meals on Wheels	134	0.21
Salvation Army	67	0.11
Sam Patel	24	0.04
St. Anthony Foundation	74	0.11
Tenderloin Housing Clinic	135	0.21
Total	633	100

<sup>xii</sup> The team included Hilary Seligman, MD, MAS (see endnote ix); Paula Jones, PhD, MA, San Francisco Department of Public Health Office of Equity and Quality Improvement; Karen Gruneisen, Associate Director, Episcopal



Community Services of San Francisco; and Erika Brown, University of California, Berkeley, MPH Candidate, Epidemiology/Biostatistics 2016. In addition to presentation to the San Francisco Board of Supervisors and community stakeholders, survey data and findings will be published in an academic model, as UCSF has approved Dr. Seligman’s research study proposal, *Food, Nutrition, and Cooking Survey among Residents of Single-Residency-Occupancy Units in San Francisco*.

<sup>xiii</sup> Human Services Agency client data from: San Francisco Office of the Controller/City Services Auditor (November 18, 2014). *Moving Beyond Stability: Service Utilization and Client Trajectories in San Francisco’s Permanent Supportive Housing*. <http://sfcontroller.org/Modules/ShowDocument.aspx?documentid=601>.

<sup>xiv</sup>

IN UNIT KITCHEN:	Currently Cooks	Would Cook
6-7 days	118	94
3-5 days	46	37
1-2 days	48	17
Never	67	83
No response	222	270
Totals:	501	501

<sup>xv</sup>

COMMUNITY KITCHEN:	Currently Cooks	Would Cook
6-7 days	83	41
3-5 days	27	36
1-2 days	32	20
Never	97	123
No response	262	281
Totals:	501	501

<sup>xvi</sup> For example, from Insight, the Center for Community and Economic Development ([www.insightccd.org](http://www.insightccd.org))

<sup>xvii</sup> Center for American Progress (October, 2011). *Hunger in America, Suffering We all Pay For*. [https://cdn.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/hunger\\_paper.pdf](https://cdn.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/hunger_paper.pdf)

<sup>xviii</sup> Hunger-Free Minnesota (2010) *Cost/Benefit Hunger Impact Study*. <http://hungerfreemn.org/wp-content/uploads/2014/01/HFMN-Cost-Benefit-Research-Study-FULL-9.27.10.pdf>

<sup>xix</sup> Text in report directly quoted from: The Urban Institute (August 26, 2015). *Urban Wire: Food insecurity and hunger*. <http://www.urban.org/urban-wire/how-food-insecurity-adding-our-health-care-costs>. The Urban Institute’s Elaine Waxman’s tweet also notes that “earlier US-centered research has already raised the specter that food insecurity can be a key contributor to poorer health outcomes and higher costs,” citing studies by Dr. Hilary Seligman of the FSTF. The study referred to in the text of the tweet is: Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C. and Kurdyak, P. (August 20, 2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*. DOI:10.1503/cmaj.150234 <http://www.cmaj.ca/content/early/2015/08/10/cmaj.150234.full.pdf+html>