Biennial Food Security and Equity Report - Food Program Data Framework

Instructions: Below is the information requested. By 5/15/23 we will provide a tool to collect your responses. Data is due by August 11, 2023.

Department Level Information

1. Department name:
2. Number of FTE staff in your agency working on food and nutrition related programs/funding/initiatives in FY 22-23:
3. In FY 22-23, did your department fund or operate food programs?
4. Number of food programs funded or operated by your Agency in FY 22-23:
5. In FY 22-23, did you fund infrastructure for food security (for example: kitchens, transportation, delivery or storage equipment, freezers, food recovery infrastructure, work force training, urban agriculture and gardening, nutrition and culinary training, and other capacity building and/or infrastructure for food programs, etc.) If YES, please describe what you funded, and the amount of funding dedicated for this.
6. Health Equity: To answer the following questions, please refer to the Preliminary Data Set which provides a reference on understanding health disparities within various populations in San Francisco.
   a. What relevant health disparities are seen in local health data for the populations you serve?
   b. Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.
   c. Describe any new or planned initiatives that will target health disparities among the population your agency serves. Please indicate how these initiatives will impact racial and other health disparities.
7. Since 2020, has your department or the programs you fund collected information from food insecure San Francisco residents about how well city programs meet their needs and/or what is needed to improve food security? If YES, please provide information describing the population of focus, how the data was collected, and a summary of the results.
8. Please provide your department's recommendations for policies, programs, and budget to address food insecurity, gaps in resources, and system infrastructure, to address health, racial, geographic, age, and other inequities.

Program Level Information

9. <u>For each food program your department operated in FY 22-23 (see question 4),</u> please provide the following information:
   A. Name of the program:
   B. Qualifications for program: What are the eligibility criteria? How do people access the program? If available, how many in San Francisco are eligible for the program?
   C. Is the service provided to an individual or for a household?
   D. Is there a wait list for the service? If so, how many people are on the wait list for the service? On average, how long are people on the wait list until they get served?
   E. Number of contractors/vendors providing the service:
   F. What is the unit of service for the program? (For example: # of meals, # of grocery bags, # of vouchers, etc.)
   G. On average, how often do clients receive the service (for example: daily, weekly, monthly)?

H. Do you screen for food security in this program? (YES or NO)
   i. If YES, please describe how you screened for food security including what questions you use, when you screen, etc. Also, please describe how does your agency uses this data.
   ii. IF YES, please provide the most recent results from food security screening including:
      a. # of people screened:
      b. Time period for screening:
      c. What food security screening tool did you use? (For example: Hunger Vital Signs/2 item screen, 6 item screen, etc.)
      d. # of people food secure:
      e. # of people food insecure:
      f. If you have additional information on your food security screening (for example: food insecurity by race/ethnicity, age, geography, language), please provide the results
I. Health Equity Impact Assessment question: Does this program address the racial health disparities highlighted in the Preliminary Data Set? If YES, how? If NO, how can this program advance racial health equity?

Instructions: For Questions 7-9, please submit a spreadsheet with the following information from FY 22-23 <u>for each program</u>:

10. **Program Data (Case Load and Units of Service):**
   A. # of individuals enrolled in the program in San Francisco in FY 22-23
   B. # of individuals enrolled in the program in San Francisco by zip code in FY 22-23
   C. # of households enrolled in the program in San Francisco in FY 22-23
   D. # of households enrolled in the program in San Francisco by zip code in FY 22-23
   E. If the program provides services in community sites, please include the number of program locations in San Francisco and by supervisorial district in FY 22-23
   F. Units of service delivered In SF and per zip code in FY 22-23

Example spreadsheet template for Program Data

Program data (case load and units of service): Please provide the data that is applicable to the program

	Program Name - # of clients enrolled	Program Name - # of households enrolled	Program Name - # of units of service provided in FY 22-23	Program Name - # of locations service is provided in FY 22-23
City wide				
94102				
94103				
94104				
94105				
94107				
94108				
94109				
94110				
94111				
94112				
94114				

94115				
94116				
94117				
94118				
94121				
94122				
94123				
94124				
94127				
94129				
94130				
94131				
94132				
94133				
94134				
94158				
Other				
Unknown				

11. Program funding (please provide the following information on program funding for each program)

A. FY 20-21 Total budget by funding source: (Federal, State, Local public, Local private), Total units of service and average cost per unit of service

B. FY 21-22 Total budget by funding source: (Federal, State, Local public, Local private) Total units of service and average cost per unit of service

C. FY 22-23 Total budget by funding source: (Federal, State, Local public, Local private) Total units of service and average cost per unit of service

D. FY 23-24 Total budget by funding source: (Federal, State, Local public, Local private) Total units of service and average cost per unit of service

E. FY 24-25 Total budget by funding source: (Federal, State, Local public, Local private) Total units of service and average cost per unit of service

Example Spreadsheet template for Program Funding

Program Name	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Federal					
State					
Local Public					
Local Private					
Other					
Total dollars					
Total units of service					
Cost per unit of service					

12. **Enrollment in each program for FY 22-23, please provide the following for clients served by the program (Note: this data can be reported as a point-in-time as of the fiscal year start/end date:**
    a. Percent and number of clients served by race/ethnicity
    b. Percent and number by SOGI
    c. Percent and number of clients by language
    d. Percent and number by age (0-17; 18-24; 24-59; 60+)