

Table 13E: Program responses to framework questions on racial health disparities, FY 22-23

ProgramType	Agency	Program name	Does this program address racial health disparities?	Text reponse part 1	Text reponse part 2
Infrastructure	Department of Early Childhood	Early Care and Education Integrated Services, Nutrition Services	Yes	Services aim to reduce the incidence of hunger in young children and their families, which is closely associated with their kindergarten readiness, which measures cognitive, social-emotional, and physical development.	Services are largely provided to children and families in greatest need, who tend to be from Black, Latino, Indigenous, or Pacific Islander backgrounds.
Infrastructure	Department of Early Childhood	Family Child Care - Child Health and Nutrition Mini-Grants	Yes	Services aim to reduce the incidence of hunger in young children and their families, which is closely associated with their kindergarten readiness, which measures cognitive, social-emotional, and physical development.	Services are largely provided to children and families in greatest need, who tend to be from Black, Latino, Indigenous, or Pacific Islander backgrounds.
Infrastructure	Department of Early Childhood	Family Resource Center Enhancement Grants	Yes	Services aim to reduce the incidence of hunger in young children and their families, which is closely associated with their kindergarten readiness, which measures cognitive, social-emotional, and physical development.	Services are largely provided to children and families in greatest need, who tend to be from Black, Latino, Indigenous, or Pacific Islander backgrounds.
Financial resources	Department of Public Health (DPH)	Black Infant Health (BIH) Grocery vouchers	Yes	Yes, the program is embedded in BIH to address high levels of early preterm births	Yes, the program is embedded in BIH to address high levels of early preterm births
Food access	Department of Public Health (DPH)	Bulk Food Distribution to housing sites for people living with HIV	Yes	HIV Health Services' (HHS) food-related programs focuses on low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Services are prioritized for those experiencing disparate health outcomes and income statuses below 500% of the Federal Poverty Level (FPL). HHS-wide programs are designed to address HIV viral load disparities among Black and African American communities and persons experiencing unstable housing. Ending The HIV Epidemic prioritizes Trans Women, persons experiencing unstable housing, those with a recent history of incarceration, and persons with uncontrolled substance use. Food services are available for all of these clients.	HIV Health Services' (HHS) food-related programs focuses on low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Services are prioritized for those experiencing disparate health outcomes and income statuses below 500% of the Federal Poverty Level (FPL). HHS-wide programs are designed to address HIV viral load disparities among Black and African American communities and persons experiencing unstable housing. Ending The HIV Epidemic prioritizes Trans Women, persons experiencing unstable housing, those with a recent history of incarceration, and persons with uncontrolled substance use. Food services are available for all of these clients.
Food access	Department of Public Health (DPH)	Feeding 5000	Yes	Yes, the program focuses on populations with the highest rates of diet related health disparities.	
Food access	Department of Public Health (DPH)	Food Bridge to Health (FB2H)	Yes	Yes, we will be tracking inequities in by measuring both disparities and equity in the services we deliver, stratified by race, ethnicity, language, sexual orientation, and gender identity. We will be measuring differences in screening rates, services enrolled in and reception of services, health outcomes, healthcare utilization data, quality of life, improvement in food security, satisfaction with program services including cultural responsiveness, and more.	Yes, we will be tracking inequities in by measuring both disparities and equity in the services we deliver, stratified by race, ethnicity, language, sexual orientation, and gender identity. We will be measuring differences in screening rates, services enrolled in and reception of services, health outcomes, healthcare utilization data, quality of life, improvement in food security, satisfaction with program services including cultural responsiveness, and more.
Food access	Department of Public Health (DPH)	Food Pharmacies funded by DPH DKI (in partnership with OEWD and the Food as Medicine Coalition & Bayview Hunters Point Community Advocates)	Yes	Yes, Food Pharmacies tackle persistent racial health disparities by addressing food insecurity as a major social determinant of health, deliver respectful, individualized nutrition education that is culturally and linguistically responsive to our diverse community, increase patient dignity and self-efficacy while improving health outcomes, reduce the stigma associated with food aid by pairing food support with medical care, forward food justice and health equity through healthy food, cooking & nutrition education, referrals to food resources, and targeted healthcare services (e.g. blood pressure checks), and inspire nutritional behavior change based on the joy of healthy eating, in contrast with typical messages that focus on restriction and reproach.	Yes, Food Pharmacies tackle persistent racial health disparities by addressing food insecurity as a major social determinant of health, deliver respectful, individualized nutrition education that is culturally and linguistically responsive to our diverse community, increase patient dignity and self-efficacy while improving health outcomes, reduce the stigma associated with food aid by pairing food support with medical care, forward food justice and health equity through healthy food, cooking & nutrition education, referrals to food resources, and targeted healthcare services (e.g. blood pressure checks), and inspire nutritional behavior change based on the joy of healthy eating, in contrast with typical messages that focus on restriction and reproach.
Food access	Department of Public Health (DPH)	Groceries and Prepared meals for people living with HIV	No		HIV Health Services' (HHS) food-related programs focuses on low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Services are prioritized for those experiencing disparate health outcomes and income statuses below 500% of the Federal Poverty Level (FPL). HHS-wide programs are designed to address HIV viral load disparities among Black and African American communities and persons experiencing unstable housing. Ending The HIV Epidemic prioritizes Trans Women, persons experiencing unstable housing, those with a recent history of incarceration, and persons with uncontrolled substance use. Food services are available for all of these clients.

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Financial resources	Department of Public Health (DPH)	Healthy Food Purchasing Supplement	Yes	Yes. Because of the high rates of food insecurity among pregnant people in San Francisco and the impacts of food insecurity across the life span, we partially focus these resources on low-income pregnant people. Additionally, people living in SROs and supportive housing (many who are receiving SSI) often experience complex health issues and have very high rates of food insecurity and low access to nutritious food.	
Food access	Department of Public Health (DPH)	Sugary Drinks Distributor Tax (soda tax) community based grants			
Financial resources	Department of Public Health (DPH)	Women, Infants and Children (WIC)	Yes	Yes, address health disparities in embedded in program model. This is achieved by providing nutrition support during pregnancy, postpartum and early childhood years which are critical years of growth in a person's life.	Yes, address health disparities in embedded in program model. This is achieved by providing nutrition support during pregnancy, postpartum and early childhood years which are critical years of growth in a person's life.
Infrastructure	Environment Department	Kitchen Zero SF			
Food access	Homelessness and Supportive Housing (HSH)	Food Pantry in Permanent Supportive Housing	Yes	This program provides food security for people at high risk of health issues that interact with homelessness.	Over 60% of the individuals enrolled in this program identify as a race and/or ethnicity that is marginalized. By ensuring these individuals have access to reliable and nutritious food daily, we are supporting protective factors against health risks for people whose health is most impacted by racism.
Food access	Homelessness and Supportive Housing (HSH)	Safe Sleep Site Meals	Yes	This program provides food security for people at high risk of health issues that interact with homelessness.	Over 60% of the individuals enrolled in this program identify as a race and/or ethnicity that is marginalized. By ensuring these individuals have access to reliable and nutritious food daily, we are supporting protective factors against health risks for people whose health is most impacted by racism.
Food access	Homelessness and Supportive Housing (HSH)	Shelter and Navigation Center Meals	Yes	This program provides food security for people at high risk of health issues that interact with homelessness.	Over 60% of the individuals enrolled in this program identify as a race and/or ethnicity that is marginalized. By ensuring these individuals have access to reliable and nutritious food daily, we are supporting protective factors against health risks for people whose health is most impacted by racism.
N/A	Housing Authority of the City and County of San Francisco	N/A			
Infrastructure	Office of Economic and Workforce Development/Community Economic Development	Healthy Retail SF Program	Yes	A primary goal of Healthy Retail SF is to improve the availability of healthy food, especially fruits and vegetables, in corner stores. Each HRSF store sold an average of 21,000 additional units of produce during the three-year program period.i Program participation allows stores to stock and sell more produce. These increased sales accounted for an average increase of \$33,000 in revenue.ii After three years of participating in the program, Healthy Retail SF stores increased the number of produce items sold by 39%.iii Stores are selling more units of produce, and they are also stocking a greater variety of fresh fruits and vegetables. Before each store redesign, FJLs survey customers of HRSF stores to gather data on the types of fruits and vegetables that they would like to buy at the store. FJLs provide this data to the store owner, support them in stocking this produce, and track the store's ability to keep these products stocked and available to the community. Three out of five graduating stores saw large improvements in the variety of fresh fruits and vegetables that they stocked at their stores. For example, Ana's Market in the Oceanview stocked three times more types of produce due to program participation; similarly, Mid City Market and Radman's Produce Market both stocked approximately 1.2 times and 1.5 times more types of produce, respectively.iv	Healthy Food Retailers Are Selling More Fruits and Vegetables and Are Increasing Revenue
	Office of Racial Equity				
N/A	Planning Department	N/A			
Food access	Real Estate Division - GSA	Alemanys Farmers Market			

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Food access	SF Department of Children, Youth, and their Families (DCYF)	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	Yes	Eligibility for these programs are based on free/reduced price meals data which is geographically based on where student attendance zones are. Majority of youth who participate in this programs and are eligible are students of color.	This program can advance racial health equity by providing meals to priority populations who are most at risk for health related issues.
Food access	SF Department of Children, Youth, and their Families (DCYF)	Summer Meals Program (SFSP – Summer Food Service Program)	Yes	Eligibility for these programs are based on free/reduced price meals data which is geographically based on where student attendance zones are. Majority of youth who participate in this programs and are eligible are students of color.	This program can advance racial health equity by providing meals to priority populations who are most at risk for health related issues.
Financial resources	San Francisco Human Services Agency (SFHSA)	CalFresh (Division: Benefits and Family Support)	Yes	CalFresh effectively reaches low-income individuals in San Francisco. It has the most extensive reach for youth and seniors, Chinese and other Asian or Pacific Islander racial groups, and populations living in the City’s downtown and Southeast neighborhoods. In serving groups that are most impacted by low income or poverty, CalFresh supplements food budgets and provides flexibility to afford other basic needs. Program recipients report less food insecurity, and in fact evidence shows that certain racial discrepancies in food insecurity are erased among SNAP participants. Recipients also report better long-term health, and lower healthcare costs – making this program particularly impactful for racial and ethnic groups that are disproportionately affected by medical conditions such as diabetes and cardiovascular disease.	See response to above question.
Food access	San Francisco Human Services Agency (SFHSA)	Community Centered Grocery Access (Division: Citywide Food Access Team)	Yes	Clients accessing CFAT programs are often from hard-to-reach communities who may live in more remote parts of the city, speak a primary language other than English, or have an immigration status that prevents them from being eligible for federal food support. Our service population has low income and experiences high rates of food insecurity, and therefore may lack adequate nutrition to avoid chronic health issues such as diabetes and heart disease. Our clients are also majority BIPOC, and therefore face the compounding impacts of race on health outcomes. Our Community Centered Grocery Access program curbs the impact of being low income and inflation on the food access of our clients. The program offers coverage in every high-need neighborhood. Providing culturally relevant and nutritious options that participants can choose from, we hope to ensure that households of all incomes can meet their dietary needs and avoid the negative health impacts associated with belonging to a certain economic or racial group.	See response to above question.
Food access	San Francisco Human Services Agency (SFHSA)	Congregate Meals (Division: Disability and Aging Services)	Yes	Older adults and people with disabilities are more likely than their peers to experience food insecurity, which is closely connected to malnutrition, poor health status, and negative health events. Adequate, high-quality nutrition is an important factor in maintaining good health. Without it, these individuals may experience loss of strength, greater susceptibility to disease, and increased need for emergency health services. Seniors and disabled adults with low income face even greater risk of food insecurity. They may not have access to affordable and nutritious fresh produce in their neighborhoods, or they may be forced to make a choice between purchasing health foods and meeting other basic needs. In response to the range of unmet nutritional needs among our service populations, DAS food programs provide culturally appropriate meals and groceries to alleviate food insecurity among older adults and adults with disabilities. Even within the context of senior and disabled adult populations, clients who participate in DAS food programs tend to be from high needs groups. For example, they are more likely to belong to one or more of the following populations: individuals with low-to-moderate income; people identifying as BIPOC; individuals with limited English proficiency; and people who live alone (and are therefore at increased risk of social isolation, with its related adverse health impacts). Further, DAS administers these various programs using both site-based (e.g., Congregate Meals) and Citywide (e.g., Home-Delivered Meals) service models that engage residents across all the City’s 11 Supervisorial Districts; the Department makes particular effort to engage often hard-to-reach clients in outer districts.	See response to above question.

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Food access	San Francisco Human Services Agency (SFHSA)	Food Empowerment Market Pilot (Division: Citywide Food Access Team)	Yes	<p>Clients accessing CFAT programs are often from hard-to-reach communities who may live in more remote parts of the city, speak a primary language other than English, or have an immigration status that prevents them from being eligible for federal food support. Our service population is low-income and experiences high rates of food insecurity, and therefore may lack adequate nutrition to avoid chronic health issues such as diabetes and heart disease. Our clients are also majority BIPOC, and therefore also face the compounding impacts of race on health outcomes. The Food Empowerment Market Pilot will test a new model for food support that operates like a free grocery store, prioritizing client choice and dignity. The pilot market is in the Bayview Hunters Point neighborhood where food access has and continues to be a challenge due to poverty and the dearth of grocery stores. Providing a reliable food access point, with diverse and nutritious options, and more open hours than a traditional grocery program, will likely increase food security in the surrounding neighborhood. Long-term, the market may help diminish the health disparities associated with high poverty, food insecurity, and racial inequities. The market also will engage a Community Advisory Board to ensure that residents of this majority-BIPOC neighborhood are guiding the design and implementation of the market, better integrating community voice into food security solutions.</p>	See response to above question.
Food access	San Francisco Human Services Agency (SFHSA)	Food Production (Division: Citywide Food Access Team)	Yes	<p>Clients accessing CFAT programs are often from hard-to-reach communities who may live in more remote parts of the city, speak a primary language other than English, or have an immigration status that prevents them from being eligible for federal food support. Our service population is low-income and experiences high rates of food insecurity, and therefore may lack adequate nutrition to avoid chronic health issues such as diabetes and heart disease. Our clients are also majority BIPOC, and therefore face the compounding impacts of race on health outcomes. The Food Production program increases community-led and -owned models to build food sovereignty into food security programming. The farming component enables community members to grow produce for their own communities, increasing community decision making and control over food production and distribution. It also increases equity in San Francisco’s urban agriculture by training BIPOC youth in trainee programs. The community kitchen component provides opportunities for community members to prepare meals through large-scale kitchens. This model uplifts dignity by allowing neighborhood residents in need of food assistance to participate in the decision-making process from menu creation to preparation of meals. Neighborhoods can honor the cultural and historical fabric of their unique communities while bringing people together to cook and feeding the community at the same time.</p>	See response to above question.
Financial resources	San Francisco Human Services Agency (SFHSA)	Grocery Vouchers (Division: Citywide Food Access Team)	Yes	<p>Clients accessing CFAT programs are often from hard-to-reach communities who may live in more remote parts of the city, speak a primary language other than English, or have an immigration status that prevents them from being eligible for federal food support. Our service population is low-income and experiences high rates of food insecurity, and therefore may lack adequate nutrition to avoid chronic health issues such as diabetes and heart disease. Our clients are also majority BIPOC, and therefore face the compounding impacts of race on health outcomes. Our Grocery Vouchers program is a resource for individuals who face racial health inequities. In a recent program cycle, 38% of participants were Latinx/Hispanic, 35% were API, and 12% were Black/African American. In addition, the program reaches residents of color who make up smaller proportions of the San Francisco population, and may lack access to tailored support, including Middle Eastern or North Africans and Native Americans. The program works well for groups with racial, ethnic, or religious identities that affect their food needs, such as residents who eat Halal and may not be able to use other food resources. In addition, most participants live in more isolated neighborhoods, especially in the southeast portion of the city where services are scarcer.</p>	See response to above question.

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Food access	San Francisco Human Services Agency (SFHSA)	Home-Delivered Groceries (Division: Disability and Aging Services)	Yes	<p>Older adults and people with disabilities are more likely than their peers to experience food insecurity, which is closely connected to malnutrition, poor health status, and negative health events. Adequate, high-quality nutrition is an important factor in maintaining good health. Without it, these individuals may experience loss of strength, greater susceptibility to disease, and increased need for emergency health services. Seniors and disabled adults with low income face even greater risk of food insecurity. They may not have access to affordable and nutritious fresh produce in their neighborhoods, or they may be forced to make a choice between purchasing health foods and meeting other basic needs. In response to the range of unmet nutritional needs among our service populations, DAS food programs provide culturally appropriate meals and groceries to alleviate food insecurity among older adults and adults with disabilities. Even within the context of senior and disabled adult populations, clients who participate in DAS food programs tend to be from high needs groups. For example, they are more likely to belong to one or more of the following populations: individuals with low-to-moderate income; people identifying as BIPOC; individuals with limited English proficiency; and people who live alone (and are therefore at increased risk of social isolation, with its related adverse health impacts). Further, DAS administers these various programs using both site-based (e.g., Congregate Meals) and Citywide (e.g., Home-Delivered Meals) service models that engage residents across all the City's 11 Supervisorial Districts; the Department makes particular effort to engage often hard-to-reach clients in outer districts.</p>	See response to question 32.
Food access	San Francisco Human Services Agency (SFHSA)	Home-Delivered Meals (Division: Disability and Aging Services)	Yes	<p>Older adults and people with disabilities are more likely than their peers to experience food insecurity, which is closely connected to malnutrition, poor health status, and negative health events. Adequate, high-quality nutrition is an important factor in maintaining good health. Without it, these individuals may experience loss of strength, greater susceptibility to disease, and increased need for emergency health services. Seniors and disabled adults with low income face even greater risk of food insecurity. They may not have access to affordable and nutritious fresh produce in their neighborhoods, or they may be forced to make a choice between purchasing health foods and meeting other basic needs. In response to the range of unmet nutritional needs among our service populations, DAS food programs provide culturally appropriate meals and groceries to alleviate food insecurity among older adults and adults with disabilities. Even within the context of senior and disabled adult populations, clients who participate in DAS food programs tend to be from high needs groups. For example, they are more likely to belong to one or more of the following populations: individuals with low-to-moderate income; people identifying as BIPOC; individuals with limited English proficiency; and people who live alone (and are therefore at increased risk of social isolation, with its related adverse health impacts). Further, DAS administers these various programs using both site-based (e.g., Congregate Meals) and Citywide (e.g., Home-Delivered Meals) service models that engage residents across all the City's 11 Supervisorial Districts; the Department makes particular effort to engage often hard-to-reach clients in outer districts.</p>	See response to question 22.
Food access	San Francisco Human Services Agency (SFHSA)	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries (Division: Benefits and Family Support)	Yes	<p>The program delivers essential assistance to residents at high risk for food insecurity due either to low income or immigration status. In doing so, it targets disparities for racial and other groups most impacted by food insecurity – for instance, BIPOC individuals, low-income pregnant women, housing insecure adults and older adults with disabilities. With the supplemental food from IFA &amp; PFA program pantries, people are better equipped to meet nutrition recommendations, mitigate disease impacts, and counter toxic stress. The program also focuses on immigrants in recognition that these groups' health can be impacted by myriad additional barriers faced in accessing key resources; these barriers may stem from legal constraints on eligibility, fear of repercussions, or stigma.</p>	See response to question above.

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Food access	San Francisco Human Services Agency (SFHSA)	Meal Support (Division: Citywide Food Access Team)	Yes	Clients accessing CFAT programs are often from hard-to-reach communities who may live in more remote parts of the city, speak a primary language other than English, or have an immigration status that prevents them from being eligible for federal food support. Our service population is low-income and experiences high rates of food insecurity, and therefore may lack adequate nutrition to avoid chronic health issues such as diabetes and heart disease. Our clients are also majority BIPOC, and therefore face the compounding impacts of race on health outcomes. Our Meal Support program provides a smaller, targeted investment for individuals unable to store and/or prepare their own fresh food, who might otherwise resort to consuming meals with lower nutritional value or skipping meals altogether. The program offers both dine-in and to-go options to meet clients' diverse needs. The family meals offer a critical resource for families with young kids, an important intervention for children who would otherwise lack sufficient food resources and face the associated immediate and lifelong consequences, including health disparities that are worse for children of color.	See response to above question.
Food access	San Francisco Human Services Agency (SFHSA)	Nutrition as Health (DAS:)	Yes	Older adults and people with disabilities are more likely than their peers to experience food insecurity, which is closely connected to malnutrition, poor health status, and negative health events. Adequate, high-quality nutrition is an important factor in maintaining good health. Without it, these individuals may experience loss of strength, greater susceptibility to disease, and increased need for emergency health services. Seniors and disabled adults with low income face even greater risk of food insecurity. They may not have access to affordable and nutritious fresh produce in their neighborhoods, or they may be forced to make a choice between purchasing health foods and meeting other basic needs. In response to the range of unmet nutritional needs among our service populations, DAS food programs provide culturally appropriate meals and groceries to alleviate food insecurity among older adults and adults with disabilities. Even within the context of senior and disabled adult populations, clients who participate in DAS food programs tend to be from high needs groups. For example, they are more likely to belong to one or more of the following populations: individuals with low-to-moderate income; people identifying as BIPOC; individuals with limited English proficiency; and people who live alone (and are therefore at increased risk of social isolation, with its related adverse health impacts). Further, DAS administers these various programs using both site-based (e.g., Congregate Meals) and Citywide (e.g., Home-Delivered Meals) service models that engage residents across all the City's 11 Supervisorial Districts; the Department makes particular effort to engage often hard-to-reach clients in outer districts.	See response to above question.
Food access	San Francisco Human Services Agency (SFHSA)	Pantries (Division: Disability and Aging Services)	Yes	Older adults and people with disabilities are more likely than their peers to experience food insecurity, which is closely connected to malnutrition, poor health status, and negative health events. Adequate, high-quality nutrition is an important factor in maintaining good health. Without it, these individuals may experience loss of strength, greater susceptibility to disease, and increased need for emergency health services. Seniors and disabled adults with low income face even greater risk of food insecurity. They may not have access to affordable and nutritious fresh produce in their neighborhoods, or they may be forced to make a choice between purchasing health foods and meeting other basic needs. In response to the range of unmet nutritional needs among our service populations, DAS food programs provide culturally appropriate meals and groceries to alleviate food insecurity among older adults and adults with disabilities. Even within the context of senior and disabled adult populations, clients who participate in DAS food programs tend to be from high needs groups. For example, they are more likely to belong to one or more of the following populations: individuals with low-to-moderate income; people identifying as BIPOC; individuals with limited English proficiency; and people who live alone (and are therefore at increased risk of social isolation, with its related adverse health impacts). Further, DAS administers these various programs using both site-based (e.g., Congregate Meals) and Citywide (e.g., Home-Delivered Meals) service models that engage residents across all the City's 11 Supervisorial Districts; the Department makes particular effort to engage often hard-to-reach clients in outer districts.	See response to above question.
Food access	San Francisco Parks and Recreation	Aleman Farm - food security farm	Yes	We grow culturally important crops for our diverse communities. Friends of Aleman Farm operate a farm apprenticeship program that hires at-risk community members.	We provide culturally appropriate crops, seeds and plants starts and in-language workshops
Infrastructure	San Francisco Parks and Recreation	Community Gardens Program	Yes	Though the communities are diverse and each garden population is a reflection of the neighboring area's ethnic, social, and economic population, the program is open to everyone equally.	We provide culturally appropriate seeds and plants starts and in-language workshops.
Infrastructure	San Francisco Parks and Recreation	Garden Resource Day	No		We are holding our pop-up events and locating our brick-and-mortar GROW Center in the SE sector, within areas of the city defined by the USDA as distressed/food insecure communities, to ensure highest accessibility for our neighbors that have the lowest access to fresh produce.
Food access	Student Nutrition Services, San Francisco Unified School District	NSLP - National School Lunch Program			
N/A	Treasurer & Tax Collector	N/A			