

2023
SAN FRANCISCO
Biennial Food Security and Equity Report

Appendices



San Francisco
Department of Public Health

Appendix A: Project Documents

1 [Administrative Code - Biennial Food Security and Equity Report]

2

3 **Ordinance amending the Administrative Code to direct the Department of Public Health**
4 **to report biennially on food security and equity, with input from other departments.**

5 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
6 **Additions to Codes** are in *single-underline italics Times New Roman font*.
7 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.
8 **Board amendment additions** are in double-underlined Arial font.
9 **Board amendment deletions** are in ~~strikethrough Arial font~~.
10 **Asterisks (* * * *)** indicate the omission of unchanged Code
11 subsections or parts of tables.

9

10 Be it ordained by the People of the City and County of San Francisco:

11

12 Section 1. The Administrative Code is hereby amended by adding Chapter 59A,
13 consisting of Sections 59A.1, 59A.2, and 59A.3, to read as follows:

14 **CHAPTER 59A: FOOD SECURITY AND EQUITY REPORTS**

15 **SEC. 59A.1. PURPOSE AND INTENT.**

16 *This Chapter 59A is intended to codify a method for the Department of Public Health to collect*
17 *and aggregate data related to food security and health equity from other City departments and then*
18 *publish a biennial report based on that data. The report is intended to identify the populations in the*
19 *City that are food insecure; that are receiving City food-related services, whether those services*
20 *address health, racial, geographic, age, or other inequities; and what barriers to food security exist. If*
21 *the City establishes a program of grant-supported food empowerment markets, the report is also*
22 *intended to inform the Human Services Agency in its implementation and awarding of grants under*
23 *such a program.*

24 **SEC. 59A.2. FOOD SECURITY AND EQUITY REPORTS.**

25

1 (a) **Biennial Report.** The Department of Public Health (“DPH”) shall publish a Food Security
2 and Equity Report (“Biennial Report”) by October 1, 2023, and by October 1 every second year
3 thereafter. The Biennial Report shall contain information and analysis on food security and equity in
4 the City, as detailed in subsection (d).

5 (b) **Reporting Departments and Other Reporting Entities.**

6 (1) DPH shall work in collaboration with the Department of Children, Youth, and Their
7 Families, Department of Disability and Aging Services, Department of Benefits and Family Support,
8 Department of Homelessness and Supportive Housing, Office of Early Care and Education, First 5 San
9 Francisco, Recreation and Parks Department, Human Rights Commission, Municipal Transportation
10 Agency, Planning Department, Department of the Environment, Office of Economic and Workforce
11 Development, Office of the Controller, Office of Contract Administration, and Treasurer & Tax
12 Collector (the “Reporting Departments”) to collect data and publish the Biennial Report.

13 (2) DPH ~~may~~shall request data from the San Francisco Unified School District and the
14 San Francisco Housing Authority and include such data in the Biennial Report, as outlined in
15 subsections (c) and (d). If either entity provides such data, that entity shall be considered a Reporting
16 Department for purposes of this Section 59A.2.

17 (3) DPH may request data from other relevant entities, including, for example, grantees
18 of any food empowerment markets established by the City pursuant to Administrative Code Section
19 10.100-72 and City-funded community-based organizations.

20 (c) **Data Collection.**

21 (1) DPH shall provide a preliminary data set on health conditions and health
22 disparities of City residents (“Preliminary Data Set”) to the Reporting Departments. The Preliminary
23 Data Set shall include data on relevant social conditions and defined group conditions and, to the
24 extent feasible, such data shall be disaggregated by race, ethnicity, and sexual orientation and gender
25 identity. Relevant social conditions include, by way of example but not limitation, poverty and

1 malnutrition. Defined group conditions include, by way of example but not limitation, hypertension
2 and other cardiovascular diseases, low birth weight, diabetes, weight, mental health conditions, and
3 dietary intake.

4 _____ (2) DPH shall develop and provide a food program data framework (“Food Program
5 Data Framework”) to the Reporting Departments. The Food Program Data Framework shall provide
6 Reporting Departments with guidelines for applying the Preliminary Data Set to programs or
7 initiatives within each Reporting Department and a format for the Reporting Departments to send
8 relevant data, reports, and recommendations to DPH. The Food Program Data Framework should
9 include at least the following: available descriptors of the population served (such as household size
10 and household income), funding for food-related programs (including from federal, state, and City
11 grants or funds), racially disaggregated enrollment in food programs, service volumes, and geographic
12 distribution of program services. DPH may include other information in the Food Program Data
13 Framework as it deems appropriate, and may request the Reporting Departments to provide
14 information as a narrative report, a data set, or other appropriate response.

15 _____ (3) After receiving the Preliminary Data Set and Food Program Data Framework, the
16 Reporting Departments shall apply the Preliminary Data Set to applicable programs or initiatives
17 within their departments as prescribed in the Food Program Data Framework. Applicable programs
18 or initiatives include those that provide a food- or nutrition-related service or food- or nutrition-related
19 income support. Each Reporting Department shall develop a food security data set (“Food Security
20 Data Set”) in alignment with the Food Program Data Framework using existing data from each
21 Reporting Department. Nothing in this Section 59A.2 shall be construed as mandating additional or
22 new data collection by a Reporting Department beyond data a department already collects. Within 120
23 days after receiving the Preliminary Data Set and Food Program Data Framework, each Reporting
24 Department shall submit its Food Security Data Set to DPH. DPH may answer inquiries from and

1 assist any Reporting Department during development of each department's Food Security Data Set to
2 help that department meet the requirements and intent of this Section 59A.2.

3 (d) **Biennial Report Contents.** DPH shall incorporate into the Biennial Report each Reporting
4 Department's Food Security Data Set and the Biennial Report shall address, to the extent feasible, at
5 least the following:

6 (1) Information describing the current state of food insecurity in the City with
7 demographics and analysis of household need, including, at a minimum, (A) household income and
8 self-sufficiency, (B) population-level food insecurity estimates, (C) results of standardized food security
9 screenings in public agencies and community programs, (D) analysis of health disparities for which
10 nutrition is critical, and (E) data from residents experiencing food insecurity on their needs and their
11 experience with city-funded programs.

12 (2) Information describing food-related programs or services delivered to City residents
13 by federal, state, and local governments and private entities. Examples of such information include
14 financial resources (such as CalFresh, WIC, food vouchers, and income support); food access services
15 (such as free dining rooms, food pantries, school meals, and congregate and home-delivered meals);
16 and related services (such as nutrition education).

17 (3) Analysis of system infrastructure to support food security, including information and
18 referral systems, community food infrastructure (including, for example, kitchens in housing units, food
19 storage, transportation, and workforce), and urban agriculture.

20 (4) Analysis of health and other inequities as applied to food security programs.

21 (5) Recommendations for policies, programs, and budget from DPH, the Reporting
22 Departments, and the Food Security Task Force (established in Article X, Chapter 5 of the
23 Administrative Code) to address food insecurity, gaps in resources, and system infrastructure, to
24 address health, racial, geographic, age, and other inequities.

1 DPH may include additional information, such as Supervisorial district-level data, as
2 appropriate, in the Biennial Report. The Office of Economic Workforce Development shall contribute
3 to the Biennial Report an analysis of economic development potential of community food system and
4 food security initiatives.

5 (e) **De-Identified Information.** The Biennial Report shall present information in de-identified
6 form to protect the privacy of individuals whose data are included. Data collected and shared between
7 the Reporting Departments and DPH necessary for preparation of the Biennial Report shall be
8 confidential as between the Reporting Departments and DPH to the extent required by law.

9 (f) **Food Security Task Force.** The Food Security Task Force shall consult with DPH to
10 review the Food Security Data Sets received from the Reporting Departments and develop
11 recommendations for inclusion in the Biennial Report, and shall assist DPH in preparation and
12 presentation of the Biennial Report to the Board of Supervisors and the Mayor, as specified in
13 subsection (h). The Food Security Task Force may assist DPH in collecting data from non-City entities
14 for inclusion in the Biennial Report.

15 (g) **Office of Racial Equity.** The Office of Racial Equity shall assist DPH in preparation of the
16 Biennial Report by coordinating with the Office of Contract Administration to identify contracts and
17 grants with community-based organizations that provide City-funded food security programs and
18 services and request data from those community-based organizations. To the extent feasible, the Office
19 of Racial Equity may provide the Food Program Data Framework to the community-based
20 organizations or otherwise solicit data from the community-based organizations that address the
21 contents of the Biennial Report listed in subsection (d) and as determined by DPH. The Office of
22 Racial Equity shall assist DPH in preparation of the Biennial Report based on any data received from
23 the community-based organizations.

24 (h) **Presentation to Board of Supervisors and Mayor.** DPH shall present the Biennial Report
25 to the Board of Supervisors and the Mayor, along with any recommendations for legislation or other



City and County of San Francisco
Tails
Ordinance

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 210568

Date Passed: July 20, 2021

Ordinance amending the Administrative Code to direct the Department of Public Health to report biennially on food security and equity, with input from other departments.

July 12, 2021 Rules Committee - RECOMMENDED AS COMMITTEE REPORT

July 13, 2021 Board of Supervisors - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

Ayes: 11 - Chan, Haney, Mandelman, Mar, Melgar, Peskin, Preston, Ronen, Safai, Stefani and Walton

July 13, 2021 Board of Supervisors - PASSED ON FIRST READING AS AMENDED

Ayes: 11 - Chan, Haney, Mandelman, Mar, Melgar, Peskin, Preston, Ronen, Safai, Stefani and Walton

July 20, 2021 Board of Supervisors - FINALLY PASSED

Ayes: 11 - Chan, Haney, Mandelman, Mar, Melgar, Peskin, Preston, Ronen, Safai, Stefani and Walton

File No. 210568

I hereby certify that the foregoing Ordinance was FINALLY PASSED on 7/20/2021 by the Board of Supervisors of the City and County of San Francisco.

Handwritten signature of Angela Calvillo in blue ink.

Angela Calvillo
Clerk of the Board

Handwritten signature of London N. Breed in blue ink.

London N. Breed
Mayor

7/30/2021

Date Approved

San Francisco Department of Public Health

Biennial Food Security and Equity Report

Preliminary Data Set

April, 13, 2023

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Section 1: Overview and Purpose

Biennial Food Security and Equity Report Requirements

Ordinance 103-21 was passed by the San Francisco Board of Supervisors and signed by Mayor Breed on July 30, 2021 requiring the creation of a Biennial Food Security and Equity Report. The purpose of the report is to codify a method for the Department of Public Health (DPH) to collect and aggregate data related to food security and health equity from other City departments and then publish a biennial report based on that data. The report is intended to, “identify the populations in the City that are food insecure, that are receiving City food-related services, whether those services address health, racial, geographic, age, or other inequities; and what barriers to food security exist.” The report also requires “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.”

To create the report, the ordinance directs DPH to prepare a Preliminary Data Set and a Food Program Data Framework and send it to Reporting Departments. Within 120 days after receiving the Preliminary Data Set and Food Program Data Framework, each Reporting Department shall submit its Food Security Data Set to DPH.

Preliminary Data Set: “The Preliminary Data Set shall include data on relevant social conditions and defined group conditions and, to the extent feasible, such data shall be disaggregated by race, ethnicity, and sexual orientation and gender identity. Relevant social conditions include, by way of example but not limitation, poverty and malnutrition. Defined group conditions include, by way of example but not limitation, hypertension and other cardiovascular diseases, low birth weight, diabetes, weight, mental health conditions, and dietary intake.”

Food Program Framework: “guidelines for applying the Preliminary Data Set to programs or initiatives within each Reporting Department and a format for the Reporting Departments to send relevant data, reports, and recommendations to DPH”

Food Security Data Set: “Each Reporting Department shall develop a food security data set (“Food Security Data Set”) in alignment with the Food Program Data Framework using existing data from each Reporting Department. Nothing in this Section 59A.2 shall be construed as mandating additional or new data collection by a Reporting Department beyond data a department already collects.”

Food and Nutrition Security Overview

Article X of the San Francisco Administrative Code defines food security as “the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources.” The San Francisco Food Security Task Force believes that food insecurity is a result of many converging factors (structural racism, low wages, high cost of living, lack of affordable housing, among others) and it must be addressed through a broader perspective. While the immediate need for healthy and culturally appropriate food is a critical concern, a holistic view and a collective effort are needed to change the economic, physical and societal drivers to promote food security and equity. The ordinance requiring the Biennial Food Security and Equity takes a broad view of food security recognizing the many City agencies that have a role in the food landscape in San Francisco such as funding or operating food programs, supporting

the food retail environment and food infrastructure, advancing cash payment programs to support basic needs, supporting urban agriculture and food recovery, as well as many more

Nutrition is essential to health and is critical for not only the prevention of chronic diseases, but also for disease management. “Food insecurity contributes to poor health and health disparities through multiple pathways: stress, trauma, poor diet quality and malnutrition. Food insecurity increases the risk of multiple chronic conditions including diabetes, heart disease, and hypertension, and exacerbates existing physical and mental health conditions. It impairs child development and limits academic achievement. Food insecurity and hunger impacts our community in many direct and indirect ways, and the social and economic costs are passed on to society in many ways...” (2018 FSTF Assessment of Food Security)

A health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (Disparities. Healthy People 2020. Office of Disease Prevention and Health Promotion. (<https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>))

Racial Health Inequities

According to the 2019 San Francisco Community Health Needs Assessment, “Racial inequities are not just a matter of unfortunate history, but of on-going, correctable injustice.” Racial inequities are the result of oppression, racism and prejudice, and intentional and systematic social and economic exclusion based on race. The impact of such inequality is that in the U.S. non-White minorities have increased rates of poverty, lower median household incomes, lower educational attainment, and thus less economic prosperity.

In San Francisco, 78% of non-Hispanic White adults had earned a bachelor’s degree or higher compared to just 32%, 21%, and 38% of Black or African American, American Indian or Alaska Native, or Hispanic/Latino adults, respectively. In San Francisco, American Indian and Alaska Natives and Black or African American residents had the highest rates of poverty – 31.1% and 26.4%, respectively – compared to 7.2% of non-Hispanic White residents living below 100% of the federal poverty line (FPL).

As the social conditions of the environments in which people live, work, and age play an outsized role in influencing health outcomes, it is no surprise that the racial disparities present within our social and economic lives are also observed in racial health disparities.

Life expectancy for Black or African American residents is the lowest of all race/ethnicities in San Francisco. Based on data from 2015-2017, a Black or African American residents could expect to live 72 years, nearly 10 years less than White, Asian, and Hispanic/Latino residents who can expect to live into their 80s. Black or African American infants are five times more likely than White infants to die before their first birthday.

Heart disease impacts Black and African Americans at younger ages. Rates of heart disease related hospitalizations among Black and African Americans in their 40s and 50s are comparable to those seen in other races/ethnicities over 75 years of age. Black/African Americans and Latinos at higher risk for diabetes, as well. Diabetes hospitalization rates were significantly higher among Black/African American (40.31 per 10,000 residents) and Hispanic/Latino residents (12.55) than White (6.04) and Asian or Pacific Islander residents (3.71).

Using the Preliminary Data Set and Submitting Responses

Section 2 of this document provides data on health conditions and health disparities and relevant social conditions. The legislation requires “Reporting Agencies to apply the Preliminary Data Set to applicable programs or initiatives within your department.” To assist your application of the Preliminary Data Set to your programs or initiatives, Question 6 of the Food Program Data Framework (sent separately) asks questions to guide a health equity assessment of your programs.

Section 2: Health Conditions, Health Disparities, and Relevant Social Conditions

In order to help orient you to this process, we have included a brief overview of data relevant to food security and malnutrition. These data can be broken up into the following buckets:

- Income/Poverty
- Food Security
- Mortality
- Diabetes
- Hypertension and other cardiovascular diseases
- Pre-term birth
- Low birth weight
- Weight
- Mental Health
- Dietary Intake

Income/Poverty

Median household income was lowest for American Indian or Alaska Native (\$38,750), Black or African American (\$44,142), and some other race (\$73,407) residents (2017-2021 5-year ACS).

San Francisco Median Household Income by Race and Hispanic/Latino Origin

Race and Hispanic or Latino Origin of Householder	Median Income (dollars)
One race--	N/A
White	156,581
Black or African American	44,142
American Indian and Alaska Native	38,750
Asian	107,741
Native Hawaiian and Other Pacific Islander	96,705
Some other race	73,407
Two or more races	126,940
Hispanic or Latino origin (of any race)	84,992
White alone, not Hispanic or Latino	160,007

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

By age group, transitional age youth (those between the ages of 18 and 24) had the highest rate of poverty compared to the citywide average of 10.3% (2017-2021 5-year ACS).

Number and Percent of San Francisco Residents Below 100% FPL by Age Group

Age Group	Below 100% FPL	Total Population	Estimated Percent Below 100% FPL
Under 5 years	2,749	37,062	7%
5 years	507	6,024	8%
6 to 11 years	3,676	36,867	10%
12 to 14 years	1,770	18,192	10%
15 years	882	5,325	17%
16 and 17 years	2,011	11,787	17%
18 to 24 years	12,452	52,129	24%
25 to 34 years	13,255	194,948	7%
35 to 44 years	9,964	139,137	7%
45 to 54 years	10,099	113,828	9%
55 to 64 years	10,950	101,211	11%
65 to 74 years	9,100	77,913	12%
75 years and over	10,459	57,808	18%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Overall, 10% of residents are below 100% of the Federal Poverty Level (FPL). American Indian or Alaska Native residents (31.1%), Black or African American residents (26.4%), residents with some other race (14.9%), and Native Hawaiian and Other Pacific Islander residents (14.5%) have the highest rates of poverty (2017-2021 5-year ACS).

Number and Percent of San Francisco Residents Below 100% FPL by Race and Hispanic/Latino Origin

Race and Hispanic or Latino Origin	Below 100% FPL	Total Population	Estimated Percent Below 100% FPL
One race	79,276	707,820	11%

White	22,229	313,085	7%
Black or African American	13,840	41,436	33%
American Indian and Alaska Native	1,125	3,812	30%
Asian	32,681	286,672	11%
Native Hawaiian and Other Pacific Islander	690	2,593	27%
Some other race	9,274	60,222	15%
Two or more races	11,246	92,942	12%
Hispanic or Latino origin (of any race)	16,440	122,690	13%
White alone, not Hispanic or Latino	21,187	298,403	7%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Over 174,000 residents live below 200% FPL (2017-2021 5-year ACS).

Number and Percent of San Francisco Residents at Specified Income/Poverty Ratios

Poverty Threshold	Estimate	Percent Below Poverty Threshold
50 percent of poverty level	44,938	5%
125 percent of poverty level	111,666	13%
150 percent of poverty level	135,180	16%
185 percent of poverty level	162,231	19%
200 percent of poverty level	174,457	20%
300 percent of poverty level	253,599	30%
400 percent of poverty level	327,000	38%
500 percent of poverty level	392,950	46%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

The zip codes with the highest rates of residents below 100% FPL were 94130 (42.1%), 94104 (22.2%), 94108 (19.7%), 94102 (18.5%), and 94111 (18.2%), (not shown, 2017-2021 5-year ACS).

Food Security

The recent RAPID-SF survey administered in 2022 by the San Francisco Department of Children, Youth and Their Families (DCYF) to over 600 households in San Francisco with children ages birth to 17 years revealed overall, 30% were food insecure. The average household income of RAPID-SF survey respondents was \$130,000. Food insecurity rates were highest among recipients of Medi-Cal (57%) and CalWorks (90%), and Black/African American families (77%).

Mortality

Black or African American (37.1 per 100,000) and Asian (22.6 per 100,000) residents had the highest rates of deaths due to malnutrition. Rates were suppressed for American Indian or Alaska Native residents and Native Hawaiian or Other Pacific Islander residents and residents that were more than one race.

Number and Rate of Malnutrition-Related Deaths Among San Francisco Residents by Race/Ethnicity

Race and Ethnicity	Deaths	Population	Crude Rate (per 100k)
American Indian or Alaska Native, not Hispanic/Latino	Suppressed	4920	Suppressed
Asian, not Hispanic/Latino	208	921342	22.6
Black or African American, not Hispanic/Latino	48	129335	37.1
Hispanic or Latino, all races	41	394304	10.4
Native Hawaiian or Other Pacific Islander, not Hispanic/Latino	Suppressed	9943	Suppressed
White, not Hispanic/Latino	222	1008489	22
More than one race, not Hispanic/Latino	10	95023	Unreliable
Total	540	2563356	21.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics

Note: Data are from the 2019-2021 Multiple Cause of Death Files.

Selected ICD codes were chosen to align with malnutrition diagnoses investigated in this paper Guenter P, Abdelhadi R, Anthony P, et al. Malnutrition diagnoses and associated outcomes in hospitalized patients: United States, 2018. *Nutrition in Clinical Practice*. 2021;36:957–969

MCD - ICD-10 Codes: E40 (Kwashiorkor); E41 (Nutritional marasmus); E43 (Unspecified severe protein-energy malnutrition); E44.0 (Moderate protein-energy malnutrition); E44.1 (Mild protein-energy malnutrition); E45 (Retarded development following protein-energy malnutrition); E46 (Unspecified protein-energy malnutrition); K91.2 (Postsurgical malabsorption, not elsewhere classified); R63.3 (Feeding difficulties and mismanagement); R63.4 (Abnormal weight loss); R63.6 (Insufficient intake of food and water due to self neglect); R64 (Cachexia); T74.0 (Neglect or abandonment)

Diabetes

The Diabetes section of the 2019 Community Health Assessment can be found [here](#). A summary of diabetes-related data from the assessment is below:

- Over the past 30 years the prevalence of diabetes among Black/African Americans quadrupled. Black/African Americans are 70 percent more likely to develop diabetes than Whites. In San Francisco, rates of hospitalization are 3-6 times higher and rates of death are 2-3 times higher among African Americans compared to all other race/ethnicities.
- People living in households earning less than 200 percent of the Federal Poverty Level (FPL) are 3 times more likely to have diabetes than those who earn more in San Francisco.
- Residents in the eastern zip codes (94102, 94110, 94115, 94124, and 94130) are more likely to be hospitalized due to diabetes than those living elsewhere in San Francisco.

Links to Related Maps/Graphs Below:

[Link to Map 3: Age-adjusted Rates of Hospitalizations and ER Visits due to Diabetes Primary per 10,000 by Zip Code in San Francisco, 2012-2016 here](#)
[Link to 3B: Age-adjusted Rates of Hospitalizations and ER Visits due to Diabetes Primary by Race/Ethnicity per 10,000 in San Francisco, 2016 here](#)
[Link to Figure 3C: Age Specific Rates of Hospitalizations and ER Visits due to Diabetes Primary \(by age\) per 10,000 in San Francisco here](#)
[Link to Map 2: Incidence Rates of Gestational Diabetes per 100 Live Births by zip code, 2012-2016 here](#)

Cardiovascular Disease and Stroke

The cardiovascular disease and stroke section of the 2019 Community Health Assessment can be found [here](#). A summary of the data in the report is below:

- 23.4 percent of adults living in San Francisco have been told that they have high blood pressure.

- The prevalence of high blood pressure among male (32.7 percent) is much higher than females (15.7 percent) in San Francisco.
- Black/African Americans have the highest percentage (33.5 percent) with high blood pressure compared to other races.
- The hospitalization rates due to hypertension or heart failure for Black/African Americans are 3-5 times higher than all other races.
- Hospitalization and emergency room visit rates due to cardiovascular disease are higher among residents in the southeast half of San Francisco.

Links to Related Maps/Graphs Below:

[Link to Map 2: Age-adjusted Rates of Hospitalizations and ER Visits due to Hypertension per 10,000 by Zip Code in San Francisco, 2012-2016 here](#)
[Link to Figure 2B: Age-adjusted Rates of Hospitalizations and ER Visits due to Hypertension per 10,000 by Race/Ethnicity in San Francisco, 2016 here](#)
[Link to Map 4: Age-adjusted Rates of Hospitalizations and ER Visits due to Heart Failure per 10,000 by Zip Code in San Francisco, 2012-2016 here](#)
[Link to Figure 4B: Age-adjusted Rates of Hospitalizations and ER Visits due to Heart Failure by Race/Ethnicity per 10,000 in San Francisco, 2016 here](#)
[Link to Figure 4A: Age-adjusted Rates of Hospitalizations and ER Visits due to Heart Failure per 10,000 in San Francisco by Gender, 2012-2016 here](#)

Pre-Term Birth

The pre-term birth section of the 2019 Community Health Assessment can be found [here](#). A summary of the data in the report is below:

- Annually, over 700 infants are born in San Francisco before 37 weeks of gestation.
- In 2012-2016, 414 infants were born before 32 weeks gestation.
- Preterm birth disparities persist for Black/African American women and vulnerable population groups.

Links to Related Maps/Graphs Below:

[Link to Figure 3: Disparities in preterm birth \(by zipcode, race/ethnicity, etc.\) here](#)

Low Birth Weight

The low birth-weight section of the 2019 Community Health Assessment can be found [here](#). A brief summary of the findings are below:

- People with an address on the SFHA list or SRO list had significantly greater relative odds of low birth weight compared with people with an address not on either list

Links to Related Maps/Graphs Below:

[Link to Slide/Graph 5: Birth outcomes by type of housing in San Francisco, 2019-2020](#)

Overweight or Obesity

The overweight or obesity section of the 2019 Community Health Assessment can be found [here](#). A brief summary of the findings are below:

- Over 30 percent of 5th grade SFUSD students and over 40 percent of adults in San Francisco are overweight or obese
- Overweight or obesity disproportionately affects individuals with low-income and individuals of color
- For individuals with low income, increased risk of becoming overweight or obese is associated with specific zip codes and community-level factors, such as type of housing, childcare center, and hospitals.

Links to Related Maps/Graphs Below:

[Link to graphs 2A: Percent of SFUSD 5th grade students with a measured body composition outside the Healthy Fitness Zone by income, race, and zip code here](#)

[Link to graph 2B: Percent of adults age 18 or older who self-reported a BMI of 25 or higher on the CHIS survey by income, race, and zip code here](#)

[Link to Figure 6: Percent of women with public health insurance coverage who were normal weight before pregnancy and had a BMI in the obese range when they gave birth by zip code, housing type, and hospital here](#)

Mental Health Conditions

The mental health section of the 2019 Community Health Assessment can be found [here](#). A brief summary of the findings are below:

- In San Francisco, 22.5 percent of adults surveyed reported needing help for mental health or substance use issues in 2016. The local prevalence is higher than the statewide prevalence of 16.4 percent.
- One quarter of pregnant women with Medi-Cal insurance in San Francisco reported prenatal depressive symptom in 2013-2015.
- 26.1 percent of San Francisco high school students reported prolonged sad or hopeless feelings in the past year in 2017.
- Over 10 percent of high school and middle school students in San Francisco considered attempting suicide in 2017.
- In 2012-2016, the rate of emergency room (ER) visits due to major depression increased from 16.768 to 20.427 per 10,000 residents.
- The ER rate due to self injury decreased significantly by more than 50 percent, but suicide rates increased by 87 percent to 11.8 per 100,000 population in 2013-2016.
- Mental health issues were more common among females than males, people ages 18-24 and 45-54 years old than other age groups, White, Filipino, Latino and Black/African American than other race-ethnic groups, people living with incomes below 200 percent of the Federal Poverty Limit than people with higher income, and people identifying as bisexual, gay or lesbian. Rates of mental health issues were highest in the Tenderloin and South of Market neighborhoods.

Links to Related Maps/Graphs Below:

[Link to Figure 2A: Percent of Adults Who Had Serious Psychological Distress in the Past 12 Months in San Francisco and California, 2011-2016 here](#)

[Link to Figure 2B: Percent of Adults Who Had Serious Psychological Distress in the Past 12 Months by Household Poverty Level in San Francisco, 2011-2016 here](#)

[Link to Figure 5A: Age-adjusted Rates of Hospitalizations and ER Visits due to Depression and Self Injury per 10,000 by Gender and Race/Ethnicity in San Francisco, 2014-2016 here](#)

[Link to Map 5: Age-adjusted Rates of Hospitalizations and ER Visits due to Depression and Self Injury per 10,000 by Zip Code in San Francisco, 2012-2016 here](#)

[Link to Figure 4C: Figure 4C: Percent of High School and Middle School Students Who Seriously Considered Attempting Suicide in the Past 12 Months by Sexual Orientation in San Francisco, 2015-2017 here](#)

Nutrition

The nutrition section of the 2019 Community Health Assessment can be found [here](#). A brief summary of the findings are below:

- Available data suggest that the diets of many San Franciscans do not meet minimum recommendations for vitamins and water and exceed maximum recommendations for salt, fat, and added sugar. Two thirds of children and teens in San Francisco report less than 5 servings of vegetables and fruit daily.
- Not meeting dietary recommendations is associated with low income, Hispanic and Black/African American race-ethnicity, and neighborhood, Southeastern San Francisco and Treasure Island, in particular.
- Food insecurity is prevalent among students in public school, low-income pregnant women, housing insecure adults and older adults with disabilities. 53 percent of students in San Francisco Unified School District qualify for free or reduced-price meals; 72 percent of pregnant women participating in the WIC-Eat SF program report food insecurity; 84 percent of people living in single-residency-occupancy hotels (SROs) report food insecurity; An estimated 20,000 older adults with disabilities are estimated to be food insecure.
- Despite increases in the number of food outlets in San Francisco, the number of vendors that accept SNAP decreased by 7 percent, widening disparities in access to food (2018)

Links to Related Maps/Graphs Below:

[Link to Figure 1: Various rates of consumption above/below recommendations in WIC population here](#)

[Link to Figure 2: Various reportings of consumption above/below recommendations and odds of hospitalization in specific populations here](#)

[Link to Figure 6: Consistent patterns of access to a healthy diet across the city by neighborhood or zip code here](#)

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. For each food program your department operated in FY 22-23 (see question 4), 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 for each program:

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)

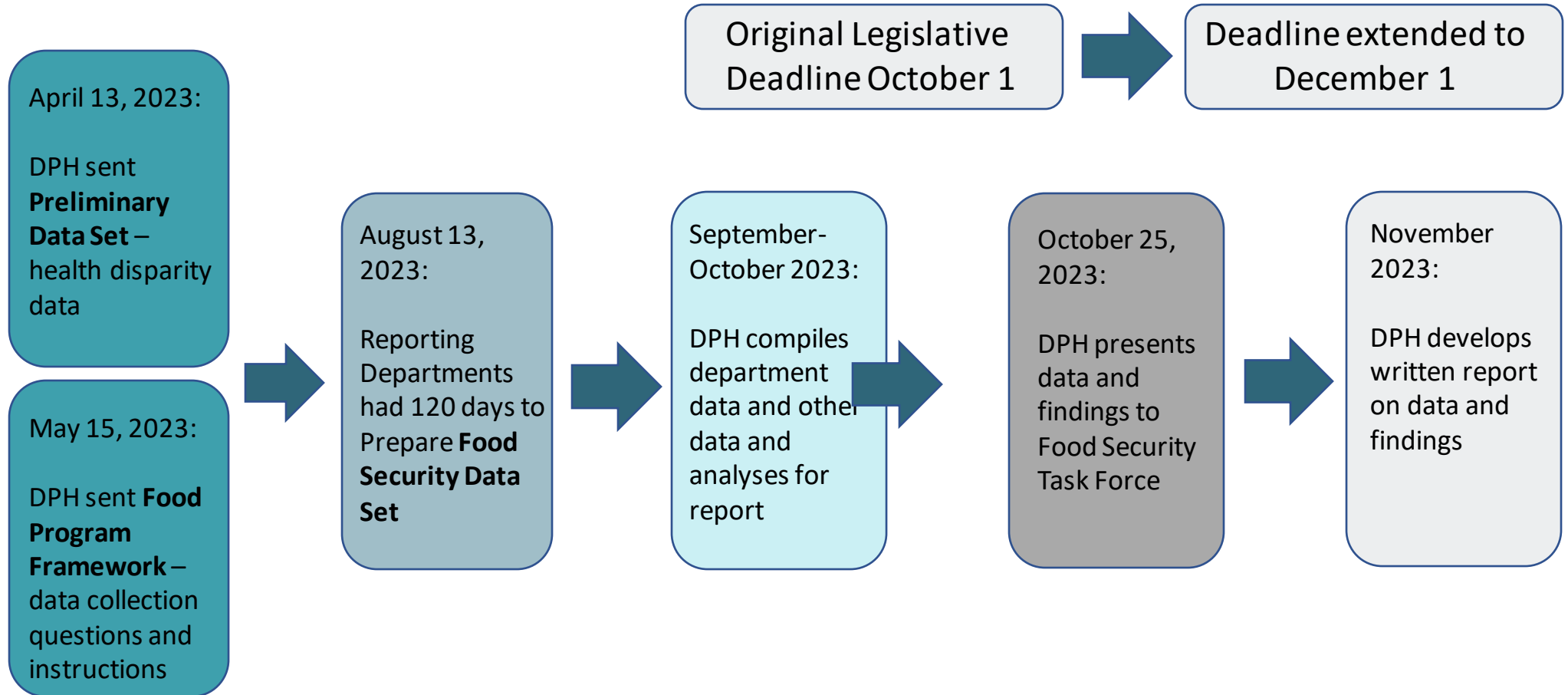
- A. FY 20-21 Total budget by funding source: (Federal, State, Local public, Local private), Total units of service and average cost per unit of service
- B. FY 21-22 Total budget by funding source: (Federal, State, Local public, Local private) Total units of service and average cost per unit of service
- 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+)

Data Collection – Process and Timeline



Data review schedule with the Food Security Task Force
Simplified from the ordinance 103-21 “Biennial Report Contents”
Schedule prepared for the FSTF Special Meeting 10/25/23 – subject to change

Section of the Report	Information required	Data reviewed with FSTF
Analysis of household need	Analysis of household income versus self-sufficiency standard	FSTF 10/4 meeting
	Population level food insecurity estimates	FSTF 10/4 meeting
	Results of standardized food security screenings in City and community programs	FSTF 10/4 meeting
	Analysis of health disparities for which nutrition is critical	FSTF 10/4 meeting
	Qualitative data from residents experiencing food insecurity including how well city programs meet their needs, what is needed to improve food security	
Report on nutrition resources available including:	Financial resources (CalFresh, WIC, food vouchers, P-EBT, income support, etc.)	10/25/23 Special meeting
	Food resources available (free dining rooms, food pantries, congregate and home delivered meals, etc.)	10/25/23 Special meeting
	Resources tailored to food needs of people requiring specialized programs due to dietary reasons, lack of kitchen, etc.	10/25/23 Special meeting
	Programs reaching vulnerable households	10/25/23 Special meeting
Analysis of system infrastructure to support food security, including:	Information and referral systems	11/6/25 Special Meeting, 25 Van Ness, 2-5pm
	Community food infrastructure (Ex: kitchens in housing units, food storage, transportation, and workforce)	
	Urban agriculture	
Analysis of health and other inequities	look at race/ethnicity and food programs Look at zip codes and food programs	10/25/23 Special meeting

Section of the Report	Information required	Data reviewed with FSTF
as applied to food security programs	Feedback from meetings Department responses to health equity questions Other TBD	
City investments in nutrition programs	Number of eligible residents accessing these programs by race/ethnicity, geography, age, language	10/25/23 Special meeting
	Analysis of program coverage compared to household need	10/25/23 Special meeting
	Other TBD	
Recommendations for policies, programs, and budget from DPH, the Reporting Departments, and the Food Security Task Force to address the following:	Food insecurity	Department responses FSTF Special Meeting notes 10/25/23 and 11/6/23
	Gaps in resources	
	System infrastructure to address health, racial, geographic, age, and other inequities.	
Analysis of economic development potential of community food system and food security initiatives (The Office of Economic Workforce Development shall contribute to the Biennial Report)		Separate report being developed by OEWD

Note: Please check the Food Security Task Force webpage for updates on the Biennial Food Security and Equity Report including meeting dates/times

<https://sf.gov/information/biennial-food-security-and-equity-report>

Approved FSTF Meeting Minutes

Virtual Meeting - Online

October 4, 2023, 1:30 p.m. - 3:30 p.m.

Present: Paula Jones (SFDPH – Food Security/Office of Anti-Racism & Equity); Anne Quaintance (Conard House); Austin Dalmaso (Tenderloin Neighborhood Development Corporation); Guillermo Reece (San Francisco African American Faith-Based Coalition); Jade Quizon (API Council); Mei Ling Hui (SF Rec and Park/Urban Agriculture); Raegan Sales (Children’s Council of SF); Tiffany Kearney (Department of Disability and Aging Services); Chester Williams (Community Living Campaign); Priti Rane (SFDPH – Nutrition Services); Jeimil Belamide (HSA/CalFresh); Cissie Bonini (UCSF/Vouchers4Veggies - Eat SF); Geoffrey Grier (SF Recovery Theater); Michelle Kim (Department of Children, Youth, and Their Families)

Also Present: Anthony Singh; Asha Chirackal (Vouchers4Veggies/EatSF); Ayla Burnett (Journalist); Christopher Lee (SFDPH – Center for Data Science); Danielle Lundstrom (SFDPH – SNAP-Ed); Daphne Young (Journalist); DeJanelle Bovell (SFDPH – Office of Anti-Racism & Equity); Ellen Garcia (EatSF); Emmy Miller (TNDC Food & Nutrition); Eric Chan (SFDPH – Office of Anti-Racism & Equity); Fiona McBride (SFHSA Food Access); George Gundry (Glide); Haley Nielsen (Farming Hope); Hannah Grant (Meals on Wheels); Jalal Alabsi (TNDC); Julia Chong (Florence Fang Community Farm); Kaela Plank (SFDPH – Center for Data Science); Kristi Friesen (Project Open Hand); La Rhonda Reddic (SFDPH – Office of Anti-Racism & Equity); Leah Walton (SF Dept. Of Disability and Aging Services); Marchon Tatmon (SF Marin Food Bank); Reese Isbell (SFDPH – Office of Health Equity); Serena Ngo (Hirsch Philanthropy Partners); Tammy (TNDC – Tenderloin Food Policy Council); Tiffany Lei (Department of Children, Youth, and Their Families); Tommy McClain (SF HSA Food Access); Veronica Shepard (SFDPH – Office of Anti-Racism & Equity)

Agenda Item	Discussion	Next Steps
1. Call order to order 1:30 p.m.	Call to order at 1:33 p.m.	None.
2. Land Acknowledgment 1:30 p.m.	Eric Chan recited the Land Acknowledgment.	None.
3. Welcome, member roll call, introductions, Cissie Bonini (Chair, EatSF/Vouchers4Veggies) 1:35 p.m.	Cissie Bonini did roll call and introduced the agenda. Public Comment: N/A	None.
4. Approval of minutes from September 6, 2023 1:40 p.m.	Chester, Raegan, Paula, Austin, Geoffrey, Priti, Tiffany, Jade, Mei Ling, Cissie, Michelle abstaining	None.
5. General Public Comment 1:45 p.m.	None.	None.

<p>6. Presentation – Nancy Hernandez (Excelsior Strong), Updates on Food Programs 1:50 p.m.</p>	<p>This has been postponed to the November 1st Food Security Task Force meeting.</p>	<p>None.</p>
<p>7. Elections for Chair and Vice-Chair Cissie Bonini (Chair, EatSF/Vouchers4Veggies), 2:15 p.m.</p>	<p>Cissie Bonini: In October we have elections for the Chair and Vice-Chair. I am currently the chair, and Paula is the Vice-Chair. We are opening up for nominations for a new Chair. We will start with a discussion and a vote on the Chair, followed by a discussion and vote on the Vice-Chair. Eric did send out this announcement; this is open to Food Security Task Force members. He did not receive any advance notice of interest, but we want to open it up for folks that are interested in being the Chair of the Food Security Task Force. Do we have a PowerPoint slide for the responsibilities of this role?</p> <p>Eric Chan: No but I can share our bylaws. If you look at sections 2 and 3, they describe the responsibilities of the Chair and the Vice-Chair.</p> <p>Here is the link the bylaws.</p> <p>Cissie Bonini: I can speak for myself that I cannot do this job forever, but I am willing to continue if there's no one else, but I want to hear discussion or if someone wants to nominate someone, we can have a discussion and then vote.</p> <p>Chester Williams: Cissie, in your position as Chair, do you have an assistant to help you within your category or is that supposed to be the Vice-Chair?</p> <p>Cissie Bonini: We as the Food Security Task Force did recommend more funding for staffing the task force, and you see a bunch of those folks on this call – DeJanelle, La Rhonda, and Eric help around the running of the meetings, agenda setting, and following up with items. Given that, it's still a lot of work. But it's super helpful to have, which has been different from prior years, which has made the chair jobs so much easier. The Vice-Chair does help with everything.</p>	

	<p>Paula Jones: I have to say Cissie has done an incredible amount of work as the Chair and constantly does, really appreciate all that you do.</p> <p>Cissie Bonini: We are looking for a nomination, anyone interested in nominating?</p> <p>Raegan Sales: Cissie did you nominate yourself or do you need someone else to nominate you?</p> <p>Cissie Bonini: Why don't you nominate me?</p> <p>Raegan Sales: I nominate Cissie for Chair.</p> <p>Geoffrey Grier: I second that nomination.</p> <p>Cissie Bonini: Is there any discussion or public comment?</p> <p>Online comment from Priti Rane: I nominate Cissie.</p> <p>Cissie Bonini: So let's go ahead and forward the vote. The motion on the table is that Cissie Bonini remains Chair of the Food Security Task Force. All in favor raise your hands</p> <p>In favor: Paula Jones, Jade Quizon, Austin Dalmasso, Raegan Sales, Michelle Kim, Guillermo, Reece Chester Williams, Mei Ling Hui, Priti Rane, Geoffrey Grier, Anne Quaintance, Jeimil Belamide, Tiffany Kearney</p> <p>Opposed: None</p> <p>Abstentions: Cissie Bonini</p>	
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Cissie Bonini: The motion is passed and I continue to be Chair. I can't do it forever people, someone is going to have to step up soon, but I'm happy and thank you for your support.

Cissie Bonini: Moving onto the Vice-Chair.

Anne Quaintance: I nominate Paula.

Paula Jones: This is an opportunity for somebody else to step up and be the Vice-Chair and I would welcome that.

Raegan Sales: It has to be someone from a city department, right Paula?

Paula Jones: No, anyone from the task force can be the Vice-Chair or the Chair.

Chester Williams: That was the comment I was going to make to Paula, was she interested in doing this again down the road because she's been active for quite some time, but she answered her own question so thank you Paula.

Paula Jones: I'm willing but I'm with Cissie. What we would probably do is revisit this in a year not two years, but if someone wants to step up right now that would be great too.

Michelle Kim: I saw the proposed amendments to the bylaws, it says the Vice-Chair can be individuals that are not members of the task force, as it's potentially optional and not required for advisories/subcommittees. I don't know if this going to change in the future; I would like more clarification and how this might change how we're nominating for Chair and Vice-Chair.

Paula Jones: Those were only for subcommittee discussion, not for the task force.

	<p>Cissie Bonini: Do we have a second for the nomination?</p> <p>Raegan Sales: I'll second it.</p> <p>Discussion/Public Comment: none.</p> <p>Cissie Bonini: We're up for vote, the motion on the table is to re-elect Paula Jones as Vice-Chair of the Food Security Task Force:</p> <p>In favor: Anne Quaintance, Jade Quizon, Raegan Sales, Reece Guillermo, Priti Rane, Austin Dalmasso, Michelle Kim, Chester Williams, Tiffany Kearney, Mei Ling Hui, Cissie Bonini, Geoffrey Grier.</p> <p>Opposed: None</p> <p>Abstentions: Paula Jones</p> <p>Cissie Bonini: Motion is passed, and Paula Jones remains the Vice-Chair of the task force.</p>	
<p>8. Subcommittee on Reimagining Food Coordination update and discussion on amending bylaws, Cissie Bonini (Chair, EatSF/Vouchers4Veggies), Jade Quizon (Subcommittee Chair, API Council) 2:30 p.m.</p>	<p>The subcommittee elected a chair, FSTF member Jade Quizon, and asked for the opportunity to select a vice chair at the first subcommittee meeting. Subcommittee proposed bylaw amendments to allow a non-Task Force member as vice chair were discussed. The proposed amended bylaws were shared with the meeting attendees, please see the amended bylaws embedded here. FSTF members discussed their views on overall language of the bylaws and requested the subcommittee make additional edits. Jade shared that the subcommittee also decided on a meeting cadence (meeting every 4th Tuesday of the month) and next steps of working on looking at that list of criteria, adding what's missing, reviewing the research from last year, and reaching out to additional food policy councils. Recommendations for food policy councils to connect with were elicited. All documents shared for the subcommittee can be found online.</p>	<p>FSTF staff to make additional edits to the FSTF bylaws. Post proposed edits to the FSTF website 10 days in advance of next FSTF meeting for discussion and a vote.</p>

	<p>Please see the full video of discussion embedded (37:18:00 – 1:00:00 marks) here.</p> <p>Task Force Member Comments:</p> <p>Geoffrey Grier: Is there a space for a co-chair? Cissie Bonini: That's what came up during the meeting. One of the things that came out was this issue that we don't have anything in the bylaws talking about a co-chair.</p> <p>Michelle Kim: Based on how it's written on the shared document, it sounds like with any subcommittees that we do have, a chair can be self-nominated or nominated by another task force member, and then appointed by the chair of the Task Force. It doesn't go to a vote, right? Paula Jones: There's no vote and I see what you're saying, Michelle. I would propose that the process around vice chair shouldn't be the same as about the chair. So maybe the part about vice chairs in red should be moved and that whole discussion around vice chair should be separated from committee chair.</p> <p>Chester Williams: I am in agreeance with Michelle, but I need more clarification on the amendment itself on this particular line of if the vice chair can be individuals that are not members of the task force. I need more clarification on that because they won't necessarily know what we've been doing if they are not a member. They may have certain specialties that we need, but they need to be brought in earlier if they want to be in a vice chair position. Cissie Bonini: You made a good discussion point. Thank you for bringing that up.</p> <p>Tiffany Kearney: With the current language as it is, is there a vote that's taken or is it strictly an appointment by the chair? Because that's not clear to me. And I guess that would be the same. That would be the same in the amendment as well. Yeah, I think that's close to maybe what Michelle was saying.</p>	
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Paula Jones: So, it sounds like the subcommittee chair can be appointed by the chair of the task force. But I think the language revision on this one is around the vice chair.

Tiffany Kearney: Well, it's not even clear to me at this point, it says advisory subcommittee chairs may be nominated by any task force member or may be self-nominated. So that's one thing. And at that point, will be appointed by chair of the task force from the committee membership. So does that mean that the committee membership takes a vote?

Paula Jones: That's not what this says. Everything in black is our existing bylaws and the existing bylaws allow the chair to choose from whoever's in the committee membership, then the chair of the task force will can choose who will be a subcommittee chair. We can make additional changes to existing language.

Tiffany Kearney: Maybe there's more changes around the existing language, but I hear what the priority is. If we're going to have to go through the process of making an amendment, then it might be a good idea to take this opportunity to make the amendment clearer throughout, in addition to vice chair.

Cissie Bonini: Great. So, clarifying language, for sure. Sounds like there's a couple of comments on that and making it super clear.

Tiffany Kearney: But I guess I still don't know what the answer is. Unless I'm just, maybe I'm just being a little slow to pick up what the answer is.

Cissie Bonini: It clearly needs some clarity on how it's written, but the subcommittee would like to have a vice chair that is not a food security task force member to assist the chair in the work of the subcommittee. It is currently not allowed in the bylaws. It's up to the group to discuss and accept, adjust, or reject the idea from the subcommittee.

Anne Quaintance: Yes, I really, really value people coming to the food security task force, meaning advisory or the subcommittees as well. I just think that if you're going to be in an executive position for the Food Security Task Force, you should follow it. I think it needs to be a member of the Food Security Task Force. So, I encourage people who really want to chair something to please join the Food Security Task Force so you can chair a subcommittee. I'm happy to make a motion.

Raegan Sales: I guess I wanted to add that my preference would be for the vice chair process to be similar to, in the subcommittees, to be similar to what we've done here for the Task Force. for Take nominations from the committee and then vote on the position based on the nominations. I'm happy to hear the discussion and that we're thinking a lot about this and want to get it right. There is a person who's not a member of the Task Force but has been very engaged in our meetings on a regular basis and they have someone else from their organization who is a member of the Task Force, so they wouldn't be able to join the Task Force themselves. Sometimes community members have a really strong perspective and have a strong voice but don't always have a seat at the table. For me, I kind of see it as an opportunity for folks to have a little bit of a stronger seat at the table by participating in a subcommittee and providing support as a vice chair. I would agree that the chair should still be a Task Force member. Personally, I would welcome the addition of members of the public to help provide support with subcommittees. Thank you. Cissie Bonini: Thank you, Raegan.

Tiffany Kearney: I don't remember all the ins and outs of this, but could it be someone that is sponsored by a committee member? Considering what Raegan is saying, if there's someone in the public that is with an organization that already has a member on the committee, there wouldn't be a reason why the committee member couldn't be the vice chair and they just do it together.

Jade Quizon: I just wanted to ditto what Raegan was saying too. I just feel like if we as a subcommittee are voting for the vice chair too, then that's like one control mechanism and ensuring that the people who are chairing the committee are people with experience, even if they aren't like a formal task force member.

Geoffrey Grier: I understand but it's opening the door for a whole lot of bruja down the pipeline. You can get somebody in there who you really don't want to be the vice chair and then you've got to go through this rigmarole all over again. And I've been here in this place on other commissions. My suggestion is no, I think everybody who's going to serve on committee or is taking a position of leadership has to have served or be on the commission at some point. Now this person who's a member of the public that is an active member can submit their suggestion. I don't think they should hold office without having gone through the commission. That is my thoughts.

Cissie Bonini: Great, thank you. Appreciate the. Appreciate discussion here.

Paula Jones: It sounds like there are different views and additional edits to be made. I think we got clarity to disaggregate the vice chair and chair language. Make the chair language be clear so that when we vote, like that's not the same as the vice chair. I did hear from Tiffany making more clarity around procedure. I don't know that we're ready to vote on anything.

Cissie Bonini: We have had a good discussion. It sounds like the process is this will come back next meeting for discussion and then a vote if there's to be an amendment to be made.

Public comment:

John McCormick: I work for TNDC. I'm the program manager of healthy retail and I've been a part of these meetings for the last five years since I started with

the healthy retail program, and I was nominated and for the vice chair position. I just wanted to like to come in, say hello, and hear these concerns about having a vice chair that's a part of the task force. I get that a bit. I've also heard quite a lot in these meetings over the years about how it's important that members of the public and community members also have a voice in these meetings and I'm able to give comment now, but I think that this would be a great way to have some additional options for community members to participate sort of indirectly in the task force. My colleague Austin is on this task force, so I couldn't be on the task force given that he's on the task force already; I think Paula said this earlier. I'd really love to chair this with Jade. So, if it's possible, I know we're not voting anything today, but just wanted to put that out there. Super, thank you.

Cissie Bonini: Thank you all for the good discussion. Appreciate it.

Eric Chan: Will be presenting about the subcommittee at the Shape up Steering Committee tomorrow (10/5). A lot of people in the shape of steering committee are interested in learning more about what's happening with the subcommittee, so I'll just be giving a brief background and then catching them up to speed on everything that's happened so far. There will be a new web page for the subcommittee, and it will be live soon. All the information shared to date can be found online already.

Online Comment by Raegan Sales: Do we need to finalize the language today in order to be able to vote next time?

Online Comment by John McCormick: Is this conversation open to the public?

Online Reaction by Paula Jones re: John McCormick's question above: Thumbs up

<p>9. Food Security Task Force Workplan Update, Cissie Bonini (Chair, EatSF/Vouchers4Veggies) 2:40 p.m.</p>	<p>This agenda item was held in place of agenda item 6. Please find the downloadable Excel spreadsheet linked under agenda item 9 on our web page, linked here: https://sf.gov/meeting/october-4-2023/food-security-task-force</p> <p>Cissie Bonini reviews the workplan and provides an update. The workplan is based on priorities that were mentioned by task force members and community members in a previous survey. The priorities were then put together as actionable items and put those into a time frame.</p> <p>The workplan is color-coded, with: Green – Tier 1 – near term Blue/Purple - Tier 2 – mid to longer term Red – Tier 3 – need info/research Yellow – Tier 4 – emerging issues</p> <p>A big item is the 2024 recommendations and will be pulling recommendations and data from the Biennial Food Security & Equity Report (BFSEER). There will be a proposed hearing for sometime in Quarter 3.</p> <p>There are no current next steps for funding equity – special revenue.</p> <p>Budget asks are part of the 2024 recommendations.</p> <p>We are actively working on the FSTF configuration.</p> <p>The work around ensuring community voice & community leadership is tied to the work around the centralized food body. We will hear more about this later today from Jade.</p> <p>Housing & Food – no specific next steps on this; we rely on Anne (an FSTF member) to provide updates</p>	<p>Send workplan to task force/upload web page.</p>
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	<p>MediCal and CalAIM – hoping that the Health Plan will provide a presentation sometime in November/December.</p> <p>We hope to schedule and meet with Directors and the BOS after the FSTF recommendations and BFSER are ready, sometime in Quarter 3.</p> <p>Emerging Issues – we have asked the Department of Emergency Management to present at a future meeting.</p> <p>The Heart of the City Farmers’ Market – we did vote at our last FSTF meeting to send out a letter to the city urging no negative impacts from the move.</p> <p>More information needed on (most of these will be covered in the BFSER).</p> <ul style="list-style-type: none">- Whole household coverage- Info and referral – outreach and centralized- Direct cash benefits- Urban agriculture- Transportation <p>Michelle Kim: Are these files accessible? I need time to digest the information.</p> <p>Eric Chan: It’s not linked on the website, but we will send it out after this.</p> <p>Anne Quaintance: Is there any particular area that you want us to make comments on?</p> <p>Cissie Bonini: I think we’re going to bring this item back; we will have plenty of opportunity to talk about it again. I think the idea is the generalized time frame, a sense of where we’re going, that these were the priorities that we identified, and there might be new ones, but that these were some issue action areas that were identified, and once they’re on here, that we would see what would be presented at task force meetings. We are very eager to have housing and food</p>	
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	<p>as an agenda item. It would be super helpful if there are interesting presentations to bring to the group or activities.</p> <p>Raegan Sales: I do appreciate having these check-ins and it's helpful to have a map of where we've been and where we're headed. I appreciate taking even a brief time to make sure we're still on track.</p> <p>Public Comment: None.</p>	
<p>10. Update and presentation of data on the Biennial Food Security and Equity Report, DPH Project Team 2:50 p.m.</p>	<p>Online Comment by Paula Jones: The slides are available at the link: https://sf.gov/sites/default/files/2023-10/FSTF_BFSE%20Data%20Briefing_10-4-23.pdf</p> <p>Kaela Plank reviews data on food security samples, agencies and community-based organizations that screen for food security and how programs are being screened, and what the data tells us about food insecurity, Please review the slide deck as well as the recorded presentation for more details.</p> <p>Christopher Lee reviews health outcome findings related to diabetes, hypertension, and heart failure broken down by race/ethnicity and age-adjusted rates by zip code. Christopher also presents data on life expectancy at birth by race/ethnicity and gender. Please review the slide deck as well as the recorded presentation for more details.</p> <p>Next steps discussed were:</p> <ul style="list-style-type: none"> - October 10th special meeting has been cancelled - Special meetings on October 25th 9am-12pm and November 6th 1:30pm – 4:30pm are happening in person at 25 Van Ness Ave, Room 610. <p>Online Comment by Kaela Plank: Specific program data is shared in the appendix</p>	<p>None.</p>

	<p>Raegan Sales: I know the first special meeting will be a deep dive, looking at data provided, is that the same for the second meeting or are there different expectations?</p> <p>Paula Jones: We're trying to get clarity on what we're going to present in the first one. We will primarily be looking at agency data and some data from CBOs. We also have a lot of recommendations we received from agencies and want to review this. As soon as we get an agenda going, we'll make it clear what each meeting will cover and get that on the website.</p> <p>Chester Williams: Thank you for the work. What surprised me was Treasure Island, I didn't know what was going on out there, that was an important point to understand what's going on out there. I do believe the results are pretty accurate given what I see in the community. I'm going to try to attend the meeting on the 25th, now that we have this data we need to think about how we can start resolving the issues and finding solutions.</p> <p>Paula Jones: Now we have a lens through which to look at, on what the city is funding and for whom and where and use this data along with the reporting agency data and see how we're doing.</p> <p>Reese Isbell: This is a biennial process, for future reports we hope to have departments respond more quickly with their data as they now know what to expect, and also have a frame of reference of what the data shows so that we can see trends and make recommendations from that as well.</p> <p>Paula Jones: I want to give a shout out to Fiona with HSA, they have done an incredible job of pulling their data together, they had a heavy lift, thanks Fiona.</p> <p>Cissie Bonini: I appreciate the use of the self-sufficiency standard because that's more real of what it's like to live in San Francisco. I think broadening this perspective is important and super sobering. It's what we've known and why we</p>	
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	<p>need to work hard on food security issues in San Francisco. I'm hoping we can do better.</p> <p>Public Comment:</p> <p>Fiona McBride: Thanks for the presentation, it's great to see the direction the data is taking. I have two questions. First question related to slide 23 re: food security data, it was noted that programs with more frequent food resources are associated with lower rates of food security. I'm curious where this logic came from and how we know it's related to frequency and not underlying service population differences or program type.</p> <p>Kaela Plank: I wouldn't say associated, we weren't doing statistical tests. We were looking at the programs and the ones that consistently showed lower percentages tended to also be ones that offered food more frequently. It's not proof, it could definitely be related to underlying population as well.</p> <p>Paula Jones: What are the food insecurity rates compared to intake vs. being on home-delivered meals after a year. That's for you all to look at, but when we did a big survey of single adults living in SROs, almost 800 people, we consistently saw that those who did get home-delivered meals did have lower rates of food insecurity. When we saw the data on the home-delivered meals as well as congregate meals, those programs are more available more often and that's where we came up with this info. But we don't have pre-and post-data.</p> <p>Fiona McBride: What was the strategy for poverty and income analysis and health equity data. I thought it was helpful to see that laid out, curious on your thoughts re: rates and percentages that were used, which are very effective displaying equity, but as we start to converse more about resource distribution and raw numbers. For example, we see Treasure Island having extremely higher rates of the issues we're concerned about, but we know it's a smaller</p>	
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	<p>population. Will there be a side of analysis that talks about population numbers?</p> <p>Online Comment by Anne Quaintance: Yes, perhaps we can include the % of the actual population in that district.</p> <p>Paula Jones: That makes a lot of sense. I think we’re going to do what we can with the data, and we’re going to dive into defining what we’re going to be able to present on the 25th. Even cleaning the data right now is high priority, and getting the rest of the data is higher priority. What we’re actually able to present is probably going to be pretty limited given the timeline and that this is the first time we’re doing this, but would love to if there are any thoughts from Eric or Christopher.</p> <p>Eric Chan: We did have a conversation about specific recommendations on how we’re going to allocate resources different populations. We have some of that data around population count, and we do have the sample sizes for our data, but like Paula said it’s a matter of cleaning up all our data, and figuring out what those next steps are.</p> <p>Paula Jones: We would love your thoughts too Fiona as you are all deep in the data as well.</p> <p>Fiona McBride: Yes, definitely. I plan on attending the meeting on the 25th</p>	
<p>11. Food Security Task Force member updates and emerging issues 3:20 p.m.</p>	<p>Cissie Bonini: For future agenda items, we will be changing this agenda item to include emerging issues.</p> <p>Raegan Sales: Children’s Council is having our annual City Kids Family fair this Saturday, October 7th. I will drop a link to the event in the chat and want to invite everyone to come and to share with their networks. We’re going to have</p>	<p>None.</p>

	<p>activities, giveaways (fresh fruits and veggies), great way to learn about Children’s Council and other organizations and get some free food.</p> <p>Online Comment by Raegan Sales: https://www.childrencouncil.org/events/citykids/</p> <p>Jeimil Belamide: General update on CalFresh caseloads: As of September 2023k, 104,105 individuals, 76,563 households. Each number is up a couple hundred from last month.</p> <p>Cissie Bonini: is SNAP being impacted? There are a lot of conversations about WIC nationally re: the potential shutdown that could have paused WIC.</p> <p>Jeimil Belamide: We’re keeping an eye on that right now. When there was a possibility of shutdown in October, we were asked to issue benefits earlier than we usually do.</p> <p>Anne Quaintance: Emerging issue: EBT fraud, and it happening to a couple of our board members, to some residents, and people struggling with policies that exist re: amounts, days, that not being the amount that was fraudulent. I did reach out to Jeimil, it is a system wide issue, would love to hear solutions at some other point. The residents of Conrad House are really eager to expand the food kiosk, we still currently only have one. We are looking for a government partner, private partner, or both.</p> <p>Michelle Kim: DCYF’s RFP was released, will put the link to the website. All the information related to the RFP is linked on our website. We didn’t release it today; it was released a couple months ago.</p> <p>Online Comment by Michelle Kim: DCYF Releases 2024 - 2029 Request for Proposals today. Copy of RFP document, details on pre-proposal conferences,</p>	
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	<p>question submission deadlines and deadline for submitting proposals can be found on our website: https://www.dcyf.org/rfp</p> <p>Priti Rane: It was a close call with the shutdown. California WIC did have enough funding in case of a shut down, did have enough funding to go through November. We still need the full budget to be passed by Congress to continue through the rest of the year. We continue to serve families; a relief was that the increase benefit to fruit and vegetables that happened during COVID continued with the continuing resolution. It did not drop from the 45 dollars to 11-12 dollars. Once the full budget is passed, we hope that the increased amount continues. There is another concern re: appropriations for the budget were based off the old caseload numbers. Just like CalFresh we have grown quite significantly, there is a concern that we might not serve everybody reaching out to us. If that happens, there is a prioritization system that they will have to create. I'm hoping that we will never have to go there because we never want to turn anyone down who is eligible for the program, but we will have to wait and see. For right now we are good until November 17th.</p> <p>Cissie Bonini: There's a bunch of things happening these next couple of months:</p> <ul style="list-style-type: none"> - Subcommittee meeting on October 24th - BFSEER special meeting on October 25th - November Task Force Meeting on November 1st - BFSEER special meeting on November 6th <p>No Public Comment.</p>	
12. Adjournment 3:30 p.m.	Meeting adjourned at 3:24 p.m.	None.

FSTF Special Meeting Minutes

25 Van Ness Ave, Room 610, San Francisco, CA 94102

October 25, 2023, 9:00 a.m. – 12:00 p.m.

Present: Rebeca Flores (Office of Anti-Racism and Equity (OARE)/San Francisco Department of Public Health (SFDPH)); Tommy McClain (SF Human Services Agency (SFHSA)); Eric Chan (OARE/ SFDPH); Kaela Plank (Center for Data Science/SFDPH); Raegan Sales (FSTF Member, Children’s Council SF); Lura Jones (Leah’s Pantry); Cindy Lin (SFHSA); Fiona McBride (SFHSA); Cathy Huang (SFHSA); Ellen Garcia (Vouchers4Veggies/EatSF); Pilar Marin (Leah’s Pantry); Marchon Tatmon (San Francisco Marin Food Bank); Jade Quizon (FSTF Member, API Council); Guillermo Reece (FSTF Member, San Francisco African American Faith-Based Coalition); Reese Isbell (Office of Health Equity/SFDPH); Chester Williams (FSTF Member, Community Living Center); Jade Siphomsay (SFHSA); Isaiah Coston (Leah’s Pantry); Kim Wong (SFDPH); Ana Ayala (Project Open Hand); Cissie Bonini (FSTF Chair, Vouchers4Veggies/EatSF); Paula Jones (FSTF Vice Chair, OARE/SFDPH); Veronica Shepard (OARE/ SFDPH)

Agenda Item	Discussion
1. Call to order 9:00 a.m.	Paula Jones, Vice Chair/SFDPH called the meeting to order at 9:08 a.m.
2. Land Acknowledgement 9:00 a.m.	Eric Chan recited the Land Acknowledgement.
3. Welcome and Introductions, Paula Jones (OARE/SFDPH) 9:05 a.m.	Paula asked everyone to present themselves and introduced the agenda.
4. General Public Comment 9:15 a.m.	None.
5. Overview and Update on Biennial Food Security & Equity Report (BFSER), DPH BFSER Project Team 9:20 a.m.	Reese Isbell (SFDPH – Office of Health Equity) gave an overview of logistics for the meeting. Paula Jones provided an overview of the purpose and requirements of the contents of the Biennial Food Security and Equity report as defined in Ord 103-21 June 30, 2021 (handout)

	<p>Overarching questions required to be answered by the ordinance:</p> <ul style="list-style-type: none">• Do city related services address health, racial, geographic, age or other inequities?• What barriers exist?• Recommendations• Improvements <p>The full presentation for this is available on the Task Force website: See presentation FSTF Special Meeting 10.25.23 Presentation</p>
<p>6. Review selected data from Reporting Agencies, DPH BFSEER Project Team 9:30 a.m.</p>	<p>Attendees divided themselves into 3 breakout groups, with:</p> <ul style="list-style-type: none">• Group 1 focusing on the health disparities data• Group 2 focusing on poverty and income data• Group 3 focusing on programs serving priority populations. <p>Each group was provided with data tables to help them answer the following questions:</p> <p><i>Questions</i></p> <ul style="list-style-type: none">▪ How many programs serve these groups?▪ How many people are being served?▪ How much funding is going to the programs serving these groups?▪ Are there gaps?▪ What are the barriers?▪ Other insights?▪ Recommendations? <p>Please see the breakout group notes at the end of this document for all three groups.</p>

<p>7. Next Steps and Feedback, DPH BFSEER Project Team 11:30 a.m.</p>	<p>Each breakout group shared what they discussed in response to the guiding questions. After each group reported out, general feedback and comments were provided by attendees. The DPH BFSEER project team clarified next steps and thanked everyone who participated in the meeting. The next steps will be to compile the notes, and add the remaining data mentioned. Also prepare to review the remaining data from Reporting Agencies at the meeting on 11/6/23 (1:30 pm – 4:30 pm).</p> <p>Veronica Shepard – Thanked the DPH team and especially Paula and Kaela for pulling together the data.</p> <p>Fiona McBride – Include population counts with rates/percentages so that we can see actual number of people being served/not served. It would be helpful to have initial summary data tables that are a bit more digestible so that we can start analyzing the data.</p> <p>Chester Williams – Thank you for the work, it’s important to get community voices involved in the programs that are serving and impacting them. They need to have a say in how the programs are structured and developed to best meet their needs.</p> <p>Shali - Thanked all of the people who came to the meeting and contributed to looking at the data, giving their insights and recommendations.</p>
<p>8. Adjournment 12:00 p.m.</p>	<p>Meeting adjourned at 12:00 p.m.</p>

Breakout group notes from 10/25/23 Special Meeting of the Food Security Task Force

Group 1 – Focused on health inequities and health disparities

Used data presented at: 10/4/23 FSTF data presentation

- ❑ Slides 28-31 show hospitalizations due to diabetes, hypertension and heart failure
 - Highest rates: Native Hawaiian or Pacific Islander, Black/African American, Native Americans

How many programs serve these groups and areas? Where are the gaps?

- Groups with highest health disparities are receiving least amount food access. Not adequate amounts of food resources for groups with the highest needs.
- The groups with the highest health disparities need services in different ways than other groups may need.
- CalFresh is the easiest to join you can go online or via phone.
- WIC, Cal FRESH, Afterschool meals and Homeless Services reach the African American and Latinx populations the most.
- Programs serving the groups with the highest health disparities: programs from HSH and DCYF. Gap – programs serving adults that aren't homeless
- The following programs are not serving the groups with the highest health disparities as much:
 - Grocery access, meal support, Home Delivered Meals, food pantries.
- Programs providing financial resources are more accessible than food access programs, because one of the barriers are location.

The group looked at zip codes: 94130, 94102, 94124 because these zip codes had high rates of hospitalization for diet sensitive diseases.

- 94130/Treasure Island high rates of Health Disparities issues.
- 94130 has highest poverty rate 42%. Do we know the age? (Data not available at this time)
 - Not a lot of programs are reaching this zip code
 - Lacking in resources for adults
 - Most people aren't eligible for programs from Department of Disability and Aging Services
 - No Permanent Supportive Housing on Treasure Island, so there aren't programs from HSH
 - There are residential stepdown programs operated by DPH. Do they have food programs?
- Positive - Grocery vouchers funded by HSA are available as a result of feedback from organizations and people on Treasure Island.
- 94102 – This zip code has more support than 94130
- 94124 – There are a lot of programs but they're not meeting the need
 - Total units of service are high but individuals served are not, showing that the programs that exist are serving the same people a lot.
 - People rely on the programs, so they're critical for the people accessing them.
 - Existing programs are not enough.

How many people are being served?

There are different programs DAS does the most - home delivery program. They contract with non-profits to provide weekly boxes to people.

Food access – Asian population receiving the highest % of these services

How much funding is going to the programs serving these?

How do we bring knowledge of CBO funding if it is not found on the spreadsheet?

Funding the programs that are actually serving these groups? Do they have funding?

What are the barriers? Why are some groups not accessing programs (especially food access programs)

- Diet specific needs, culture and religious needs.
- Time is a barrier
- People must go to many programs.
- Locations of programs can be a barrier. Just because there's a program doesn't mean that people can access it. Resources need to come to people.
- May not have kitchen, refrigerator.
- Not enough food with the programs. Not enough food resources to sustain these populations, the dehumanization of this is having to go for food to many places.
- Lots of waste in programs - quality matters.

Other insights (more questions)?

- Programs need to be intentional about people accessing food, especially people with health disparities.
- We are creating situations that increase the health disparities because of the way programs are funded. They're not intentionally addressing health disparities.
- Programs in silos – Not interrupting but perpetuating and exacerbating health disparities. The barriers and programmatic silos are not interrupting the food disparities.
- Need to look comprehensive around households.
- Consult with key leaders from highest need communities. Use existing community groups that are trusted
- Why don't we all come together (meaning all providers)

- There are waitlists but organizations may not have city \$ so their wait lists aren't visible
- Information needed to make decision – need to know what programs are running out?
- What shapes program structures or resident's ability to access?
 - How are people getting food involved in shaping programs?
 - What does the community need? Prepared food or groceries?
- What is the plan to get people out of relying on food programs?

- Need more upstream investment and comprehensive approach:
 - Workforce training
 - Financial Empowerment

- Education
- Childcare

Recommendations? Group 1

1. Data:
 - a. Would like more analysis.
 - b. Want to know what direction the public facing report going to take so we can provide comment on that.
 - c. Need to add CBO Data.
 - d. Data points are established – now need to ensure programs are planning to collect that data.
2. We need to address root causes of food insecurity including work force development, economic opportunity, education, child care.
3. We need stories from the community, what is it that people need?
4. Community should be involved in designing and running their own programs
5. Departments need to work more collaboratively to plan for food allocation – Mayors Office can help.

Group 2 – Focused on poverty and income

Used data 10/4/23 FSTF data presentation

- ❑ Slides 9-16 show poverty and income levels by race/age/zip code
 - Populations with highest rates of poverty (<100% FPL): Black/African, American Indian, or Alaskan Native, Native Hawaiian or Other Pacific Islander
 - Zip codes with highest rates of poverty (slide 9 last bullet)
 - Median income by race (slide 13) lowest Black/African American, American Indian or Alaska Native

How many programs serve these groups and areas?

Number of programs that serve each high priority zip code (quick calculation based off tables)

94102	17
94103	17
94108	18
94111	14
94124	18
94130	12
94133	14

Programs that serve groups/areas

- All 19 serve African Americans
- 14 that serve American Indian/Alaska Native
- 15 for Native Hawaiian/Pacific Islander

How much funding is going to the programs serving these groups?

How much \$ is going to programs (these have poverty eligibility regulations)

- WIC? 2022-23, \$10.84 million 2023-24
- CalFresh \$79.5 million 2022-23, \$71.3 million 2023-24
- SDDT \$1.5 million 2022-23, \$1.3 million 2023-24

This question was not a good use of the group's time. It's easier to calculate this information on an Excel spreadsheet.

Federal programs are under-enrolled due to thresholds.

Note: 94104 & MOE – need to check margin of errors for zip codes and other data, 94104 (financial district) has a small population and if the MOE is just as large as the population, then we should exclude this zip code

- Understanding more in depth of each zip code, neighborhood, demographic makeup
- Clustering zip codes by neighborhoods

- Identifying programs based on tiers – difficult to determine as different programs serve different levels (individual level, family, household)
 1. Full service
 2. Moderate
 3. Supplemental

Question on HSA's funding of food security farms – why was theirs' not included as food access but SF Recreation and Park's funding for Alemany Food Security Farm was included as Food Access?

Is there data on:

- Low -income families
- Seniors living alone

Wanted to note that children's poverty decreased with increased funding during COVID. Now that emergency funding is over, what will happen?

Are there gaps?

Should we be looking at other identifiers of low- income populations, such as:

- SSI recipients
- CalFresh recipients (we did receive this data)
- MediCal recipients – San Francisco has a high enrollment rate, almost perfect
- Data on recipients impacted by ending of emergency allotment funds
- Data/analysis on the people that are in between programs eligibility requirements
- Data on 200%, 300 % FPL
- Demographics: e.g., immigrants

CBO data needed:

- St. Anthony's (we do have this data)
- DKI funding is important as their budget hasn't been impacted. They will be larger players and knowing what their funding is going to look like is important
- MTA hasn't given us any data, but we do know they run some programs related to food, such as a shuttle that takes seniors to supermarkets. DAS might have data on this.

What are the barriers?

- Food insecurity in terms of funding cycles of food programs – not guaranteed/ impermanence. Programs are always not 100% sure of where funding will come from next
- Federal programs do not meet SF needs, benefits eligibility vs. true cost of living in San Francisco
- Using actual counts and combine zip codes based on neighborhood to guide funding
 - Can potentially serve whole population if numbers are small enough
- There are biases in perception of need, e.g., Chinatown may seem like a neighborhood that is low need, but a significant population is very low-income
- Barriers in access based on travel and transportation, and safety related to getting to resources
- Sometimes there's limited choice in food options within food access programs

- Language access

Other insights?

- MediCal well enrolled – effective avenue for reaching people
 - MediCal/Medicaid Medically supportive food - expand/ Go Big
- Targeted food support to highest need through organizations serving those populations
 - What is success? Set targets (i.e., increase access to xx by 20%)
- Tables don't stratify by program, so it's hard to compare/ tally programs that prioritize different populations or eligibility criteria
- What happens w/ entities that didn't provide data?
- CBO data needs to be considered in the data sets to get a better sense of services and gaps
- Federal programs don't make sense given the income and poverty data
- DKI budget not getting cut – becomes a larger more significant role in food security –
 - need them at the table
 - Importance of DKI funding populations being served need to make sure we understand that data

Recommendations

- Local supplement to WIC/SNAP CACFP
- Having interventions/programs that specifically serve target populations based on age, behaviors, lifestyle, culture, and highest needs
- Medically supportive interventions
- SF's high cost of living (tied to housing)
 - UBI / Supplemental income
 - Link food funding and support to housing costs - if housing goes up food funding needs to go up
- Do not cut or restrict access to cash benefits
- Have BFSEER recommendations not be restrictive to allow departments the independence and flexibility to set targets/create programs and not restrict funding
- Recommendations to do some more data analysis
 - Want to break out this data, putting aggregate numbers to see how these programs might look

Group 3 Focused on programs focusing on priority populations

Used data presented on Table 5 – Zip code & Table 7 – Racial Health Disparities

- Which programs are serving areas with highest need (color coded zip)

How many programs serve these groups and areas?

Priority Populations:

- Family with Children/Dependents – with larger households with Children and /or Dependents
- People living under 200% FPL
- Populations with Chronic disease
- *Brown and Black communities (Black/ AA, Latinx, Asian Pacific Islander, Native American)
- Unhoused individuals
- Older adults
- TAY (18 – 24 year-olds)
- Homebound/ People with limited mobility
- Foster age youth
- Emancipated youth
- Monolingual speakers
- People losing access to food due to budget cuts

Number of programs serving

- * 94102 – 17
- * 94103 – 18
- 94104 – 6
- * 94108 – 16
- 94109 – 19
- 94111 – 9
- 94112–14 – 94112 – CFAT Community-centered groceries – funding is going down for this program. People currently served will lose out/
- * 94115 – 16
- * 94121 – 13
- * 94124 – 18
- * 94130 – 9
- 94132 – 16
- 94133 – 17
- * 94134–17
- 94158 – 12
- Other – 15

94102 – Tenderloin and SOMA

94112 – Excelsior and Parts of Outer Mission

94121 – The Richmond

94124 – Bayview Hunters Point

94130 – Treasure Island

94134 – Visitacion Valley, Portola

94108 – Chinatown / North Beach

And 94133,94109, 94111

94115 – Western Addition / Filmore

How much funding is going to the programs serving these groups?

- Priority zip codes will be losing a ton of funding
- How do these cuts impact certain populations
- Look really hard at cuts happening in priority zip codes
 - cuts on funding table?

Are there gaps?

FY22–23 vs FY 23–24 – COVID Funding scaled back and will not be captured in this data

- Gap that leaves these populations even more vulnerable
- Are these programs still operating in these zip codes?

Missing data about school is a gap.

What are the barriers?

Lack of continued funding

Other insights?

Landscape is shifting so drastically

Questions:

- Funding contract or actual monies spent?

Want to be able to compare across years direct service in programs?

To do:

Map with layers for all priority populations – layers

Ex.: 1. Layer FPL

2. Layer Diabetes rates etc.

Next time:

- Funding by zip code. | Effectiveness of different models

- Race/Ethnicity by zip code

Community Supports

- Focus on people with chronic disease
- Time limited
- Scaling will be slow
- Food Markets

Recommendations:

People with incomes

Economic opportunity

Recommendations? Priority populations Focus

- People with different disabilities
- TAY
- Asking for narratives – asking people for their stories!

Food Security Task Force (FSTF) Special Meeting Minutes

25 Van Ness Ave, Room 610, San Francisco, CA 94102

November 6, 2023, 1:30 p.m. - 4:30 p.m.

Present: Rebeca Flores (Office of Anti-Racism and Equity (OARE)/San Francisco Department of Public Health (SFDPH); Tommy McClain (SF Human Services Agency (SFHSA)); Eric Chan (OARE/ SFDPH); Kaela Plank (Center for Data Science/SFDPH); Raegan Sales (FSTF Member, Children’s Council SF); Lura Jones (Leah’s Pantry); Cathy Huang (SFHSA); Ellen Garcia (Vouchers4Veggies/EatSF); Marchon Tatmon (San Francisco Marin Food Bank); Jade Quizon (FSTF Member, API Council); Guillermo Reece (FSTF Member, San Francisco African American Faith-Based Coalition); Reese Isbell (Office of Health Equity/SFDPH); Chester Williams (FSTF Member, Community Living Campaign); Isaiah Coston (Leah’s Pantry); Cissie Bonini (FSTF Chair, Vouchers4Veggies/EatSF); Paula Jones (FSTF Vice Chair, OARE/SFDPH); La Rhonda Reddic (OARE/SFDPH); Luana Turovskaya; Anne Quaintance (FSTF Member, Conard House); Leah Walton (SF Disability and Aging Services (SFDAS)); Griselda Blackburn (Century Urban); Hannah Grant (Meals on Wheels SF); Tiffany Dang (SFDAS); Anshu Poudel (Human Rights Commission (HRC)/Office of Racial Equity (ORE)); Michelle Kim (FSTF Member, SF Department of Children, Youth and Their Families); Sarah Tseng (HRC/ORE); Christopher Lee (Center for Data Science/SFDPH); Adar Schneider (SF Homelessness and Supportive Housing)

Agenda Item	Discussion												
1. Call to order 1:30 p.m.	Paula Jones, Vice Chair of the Food Security Task Force/SFDPH called the meeting to order at 1:30 p.m.												
2. Land Acknowledgement 1:30 p.m.	Eric Chan recited the Land Acknowledgement.												
3. Welcome and Introductions, Paula Jones (OARE/SFDPH) 1:35 p.m.	<p>Paula presented the agenda and asked everyone to introduce themselves along with having each person share a one-word value that describes why they were interested in this work.</p> <p>These were the words that were shared by attendees:</p> <table data-bbox="674 1289 1923 1412"> <tr> <td>Caring</td> <td>Access</td> <td>Love</td> <td>Justice</td> </tr> <tr> <td>Wellness</td> <td>Kindness</td> <td>Equity</td> <td>Hunger</td> </tr> <tr> <td>Data</td> <td>Community</td> <td>Transparency</td> <td>Empathy</td> </tr> </table>	Caring	Access	Love	Justice	Wellness	Kindness	Equity	Hunger	Data	Community	Transparency	Empathy
Caring	Access	Love	Justice										
Wellness	Kindness	Equity	Hunger										
Data	Community	Transparency	Empathy										

	Equity Advocacy Compassion Food	Food Wholeness Equity	Equity Conscious Care	Responsibility Solution Transparency
<p>4. General Public Comment 1:40 p.m.</p>	<p>None.</p>			
<p>5. Overview and Update on Biennial Food Security & Equity Report (BFSER), DPH BFSER Project Team 1:45 p.m.</p>	<p>Reese Isbell (SFDPH – Office of Health Equity) gave an overview of logistics for the meeting space.</p> <p>Paula Jones provided an overview of the purpose and requirements of the contents of the Biennial Food Security and Equity report as defined in Ord 103-21 June 30, 2021 to orient new participants. Paula then went over progress made since first special meeting held on October 25, 2023, then reviewed and discussed remaining data received from reporting agencies. Paula then reviewed data on infrastructure, including current state, gaps, and what’s needed, followed by themes that came from recommendations made in the first special meeting.</p> <p>The full presentation for this is available on the Task Force website: See presentation FSTF Special Meeting 11.6.23 Presentation</p>			
<p>6. Review selected data from Reporting Agencies, DPH BFSER Project Team 2:00 p.m.</p>	<p>Paula Jones shared the instructions for break out groups (see slide 41).</p> <p>Attendees divided themselves into 3 breakout groups. Each group was provided with data tables to help them answer the following questions:</p> <p><i>Questions</i></p> <ul style="list-style-type: none"> ▪ Add to “gaps” & “what’s needed” in Infrastructure Categories (slides 21 – 33) ▪ Review Recommendations from: 			

	<ul style="list-style-type: none"> ○ Department level recommendations – Table 13D ○ Summary slide (Department recommendations – slide 37) ○ Feedback on 10/25/23 small groups (slides 35 – 37) ○ Appendix Slides 50 – 61 <ul style="list-style-type: none"> ▪ Do you agree with the recommendations? What would you change? <p>Please see all breakout group notes at the end of this document.</p>
<p>7. Next Steps and Feedback, DPH BFSER Project Team 4:00 p.m.</p>	<p>Each breakout group shared what they discussed in response to the guiding questions. After each group reported out, the DPH BFSER project team clarified next steps and thanked everyone who participated in the meeting. The next steps will be to compile and summarize breakout group notes and pull data and recommendations for the report. This is the last FSTF special meeting that will be held before the report is published on December 1st.</p>
<p>8. Adjournment 4:30 p.m.</p>	<p>Meeting adjourned at 4:30 p.m.</p>

Breakout Group Notes

Group 1

Infrastructure

Data Systems

- Gap: IT in general, our systems need transformation
- What's needed: In our services, use technology more (Example: (Food Kiosk/ Smart Fridge in permanent supportive housing)
- Gap: City wide data on food programs/assessment
 - Need Key Performance Indicator
 - Need Dashboard updated quarterly
 - Need easier to digest presentation
- Current state: Data systems - Too many
 - Need one system > integrated system

Food and Health Care

- Gap – Managed Care Plans need to fund more

Transportation

- What's happening - there's a new shuttle service in Bayview Hunters Point
 - Gap – Need a shuttle service to take people in Bayview Hunters Point to get food

Informational / Referral

- What's happening: Our415.org - New resource website sponsored by Mayors Office for youth and families.
 - Gap - Doesn't have all food resources - Current staff- (only 2 people working on it)
- Services are silos by categories /seniors, homeless
 - Gap - need to be able to sort categories
 - Need a platform
- Suggestion – Commcare – can text information to people - connector of all systems

New infrastructure category: Policy

Policy

- Current status: There are policy standards for wait times for some city food programs (for example: Home Delivered Meals has a maximum 30 day wait time). This policy requires that the program be funded to provide the service within the wait time.
 - Gap – the wait time now exceeds the policy (looking at the data today)
- Need policy standard for wait time for all city funded food programs
 - Gap - No policy standard for wait time to receive EatSF so there's inconsistent availability

New infrastructure category: Program

Gap – Shelter to housing gap. Shelter residents receive to 2 to 3 meals a day. There is no transitional program for people moving from the shelter system to permanent supportive housing. People have to pay for rent and don't have easy access to food or money for food.

Food Recovery

- Current state: Fears/conflicting information with Good Samaritan Laws for food donations and SFDPH Environmental Health
 - Gap – Need consistent policy and guidance on food safety. DPH/EH are telling food sites to not donate food
 - Gap - Equipment at sites
 - Don't have refrigerated trucks
 - Need freezer / cooler bags

Coordination

- What's needed: Engage private sector more (ex: COVID – Uber), restaurants, grocery stores.

Group 1 Recommendations

- Expand EatSF funding to meet demand
- Need public campaign to restore local budget cuts to food.
- Set max wait time for city programs like HDG (30 max wait time or shorter) & fund service
- Create program for food in supportive housing:
 - DAS/should have funding to serve food-supportive housing, or
 - HSH expand Navigation Center contract to serve supportive housing

- Fund food kiosk model
- Communicate that this is a State of Emergency
- The city should establish a coordinated group to address gaps in infrastructure > Implementation group
- Develop citywide outcome objectives
- Community and faith based groups need to advocate more (food programs and their government affairs teams)
 - fund community residents to be advocates for food
- Include food into the City's economic development plans - Look at OEWD report
- Bring City Commissions to the community. The community will attend and the commissioners need to hear from the community.
- Need equipment

Group 1- Report out

Group added information to infrastructure categories:

- IT in general was talked about
- Food Recovery that was added
- Food Coordination

- Recommendation for policy standards for maximum waitlist times for city-funded programs
- This is a state of emergency so making this front and center is most important
- Bringing city commission to the community
- Funding the community to be advocates

Group 2

Infrastructure

Public transportation

- Gap: Safety on buses
- Current state: SFMTA bus rules and seniors getting kicked off for having carts
- What's needed: Public-private partnerships
 - Leveraging food delivery systems with the new fleet of self-driving cars
 - Example from the past: Door Dash partnered with San Francisco Marin Food Bank to do grocery deliveries

- What's needed: CSAs/Grocery delivery needed to childcare programs

Food Supply

- What's needed: Small businesses to help feed young children in ECE (Early Care and Education)
- May need for emergency food programming due to city budget cuts. How to manage these acute crises?

Equipment

- Current state: Space restraints for equipment, storage, refrigeration, and kitchens in home-based childcare programs

Food Recovery

- Gap: How is accountability built into SB1383?
- What's needed: To be aware of dumping costs/logistics on CBOs, and the quality of food being provided. Need to be careful about how we use recycled foods to meet people's needs
- What's needed: Tech/platform support

Food Coordination

- What's needed: Accountability
- Gap: Ability to breakdown city department silos
- What's needed: Improve contracting infrastructure for CBO's & medically supportive food
 - Less burden on participants

Information & Referral

- Boulder, Colorado model of information & referral – explore if we can replicate in SF
- Gap: Information and referral to services other than food
 - What's needed: Link SF type of system – open source, needs to be updated
- Important to break down silos
- Gap: Missing connections left by free eats/prep pantry chart

- Gap: There's no referral system for medically supportive food/medically tailored meals, produce, RX

Healthcare + Food

- Gap: The type of food offered through healthcare – certain populations can only eat pureed/ground/thickened liquid foods, and how to make this more accessible

Data Systems

- What's needed: Embedding food screenings into healthcare (also in Health Care & Food category)
- What's needed: Develop universal enrollment forms, have standardized questions between city agencies and CBOS (also under Information & Referral category)
- What's needed: Centralized information system that shows program status, eligibility, etc.
 - Having a live dashboard, real time information

Group 2 Recommendations

Legislation/Policy

- Add USDA Child and Adult Care Food Program - CACFP to the list and the Farm Bill
- No food security cuts if housing costs are higher than a certain threshold
- SF Health Plan & Aetna
 - Adopt full spectrum of medically supportive food (CalAIM) and go in at a LARGE volume
- Support CalFresh, WIC, and also California Market Match/double up food bucks
 - Local supplement to increase CalFresh enrollment
 - Protect/Support interventions that meet the needs of neighborhoods most in need

Other Recommendations

- Increase support to neighborhoods with great need & less support (e.g., OMI, Chinatown)
- Reimagining Food Structure /Food Coordination to include effective community involvement and decision making
- Do analysis on different food programs (core vs. supplemental)
 - What are the specific strategies that are being used by food programs to deliver and coordinate food?
- Implement pay what you can models to increase food access

Group 3

Gap

- Meal diversity, meets people's needs, varied food, personal equipment
- Food recovery- don't know how to give surplus food to others, for home-delivered groceries
- Data systems >Way to track food people want to donate
 - > extra food Marin in SF
- Existing restaurants that offer community meals
- CHAMPS program- only 3 restaurants participating
- Vending machine meals
 - If you are unhoused can't store food
- City support for small food operators> priority for permits
- TA/Labor support for implementing CBOs tracking data
 - Tracking in multiple systems
 - Restructure contracts?
 - Sharing data across tracking systems

Group 3 Recommendations

1. Establish a local supplement for WIC & CalFresh
2. Evaluate underutilization of programs and how to expand outreach
3. Work with businesses to prevent price gouging of people on assistance programs.
4. Design RFPs for CBOs that are large enough to support sustainable programs.
5. Overhaul the permitting process to make it easier for people to start food businesses
6. Restructure the City budget so that basic needs are funded through a protected line item rather than the general fund.
7. Advocate for a streamlined application process for food program enrollment
8. Advocate that tech Companies that receive tax breaks to support data infrastructure for food systems in SF
9. Advocate that USDA provide more flexibility in meal requirements for food programs.
10. Evaluate "Success" of programs from perspective of participants, health outcomes, etc.
11. Increase funding for nutrition education
12. Invest in technical assistance and training of CBO partners on all resources SF residents can access
 - a. For example, the City should promote use of the SF Services guide

Group 3 Report out

Infrastructure

- Gaps identified a desire to be able to provide a diversity of food and having the ability to choose.
- Need personal equipment for storing food and processing food
- Food recovery how do we get surplus food to other places redistribute what is not being used
 - For example, Meals on Wheels has to serve milk but some participants are lactose intolerant. Is there a way to take unused milk and donate to a different food program?
- Data system to track food that people want to donate
 - Extrafood Marin is expanding to SF.
- Restaurants were doing community meals -
 - People can pay 5.00 and get a meal
 - This is a more dignified way of feeding people
 - Can we create/expand this program?
- It is really hard to start food programs in the city-
 - Need better permitting system to support for this kind of work
- Is there a way to share data across programs so that we are not filling out the same data in 4 different data tracking systems?
- Lacking data outcomes from participants.

other notes:

- How do we improve community relationships with people in SF?
- How do we make basic needs not just money coming out of the general funds so that our budgets don't get cut from our funding.
 - Basic needs should not just come out of general fund, should have protected status in budget
- Understand underutilization of programs and how to expand outreach
- Price gouging of people on assistance programs. Some companies have:
 - Poor community relationships
 - Refuse to serve people participating in food programs
 - Residents pay more for same food in SF vs other places in the Bay Area

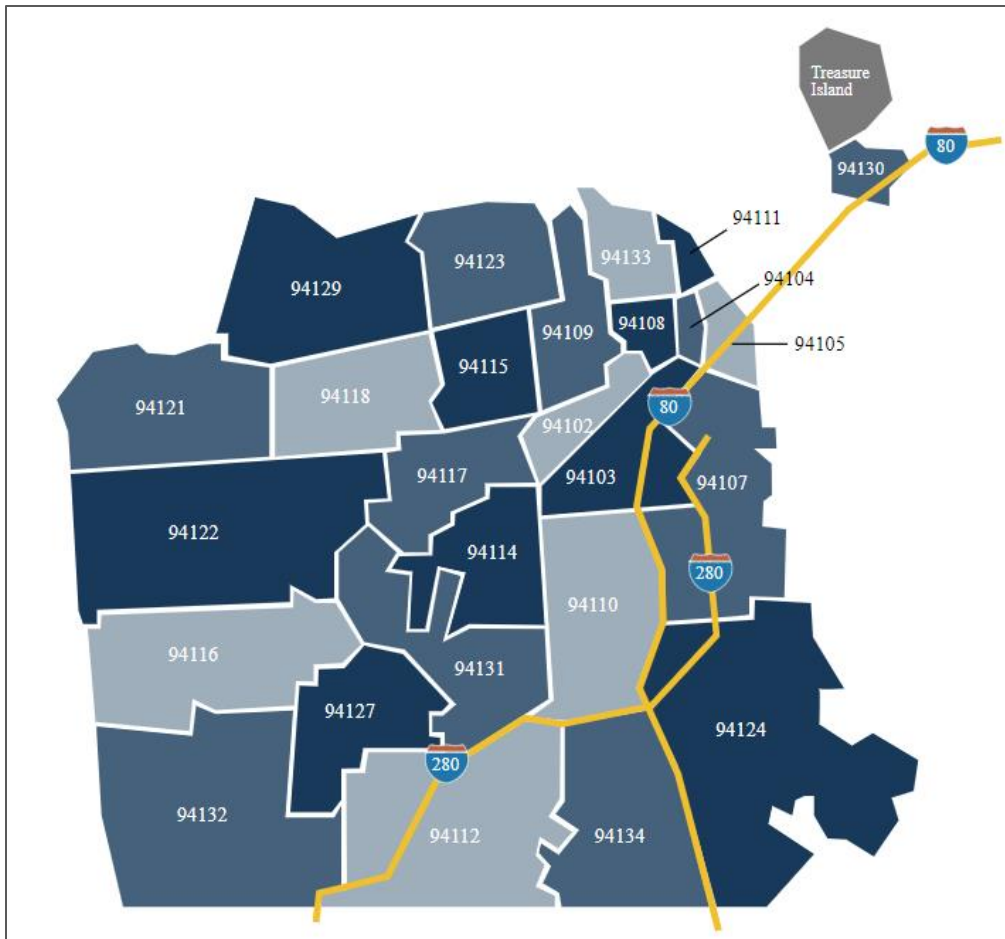
RFPs for CBOs need to be large enough to support program sustainability.

There is high CBO Staff turnover which impacts services delivered

- Make it easier for people to start food businesses

- Permitting system in SF makes it hard for small businesses to survive
- Streamline application process for programs
 - Documentation requirements not easy in a “gig” economy, ex. Meals on wheels, CalFresh
- Tech Companies that get tax breaks should be required to do pro bono data infrastructure work for food systems in SF
- More flexibility in what can be included in meals > Advocate USDA to make changes
- Lacking info on “Success” of programs from perspective of participants, health outcomes, etc.
- Money for nutrition education
- Train CBOs on all resources people can access > SF Services guide - promote it

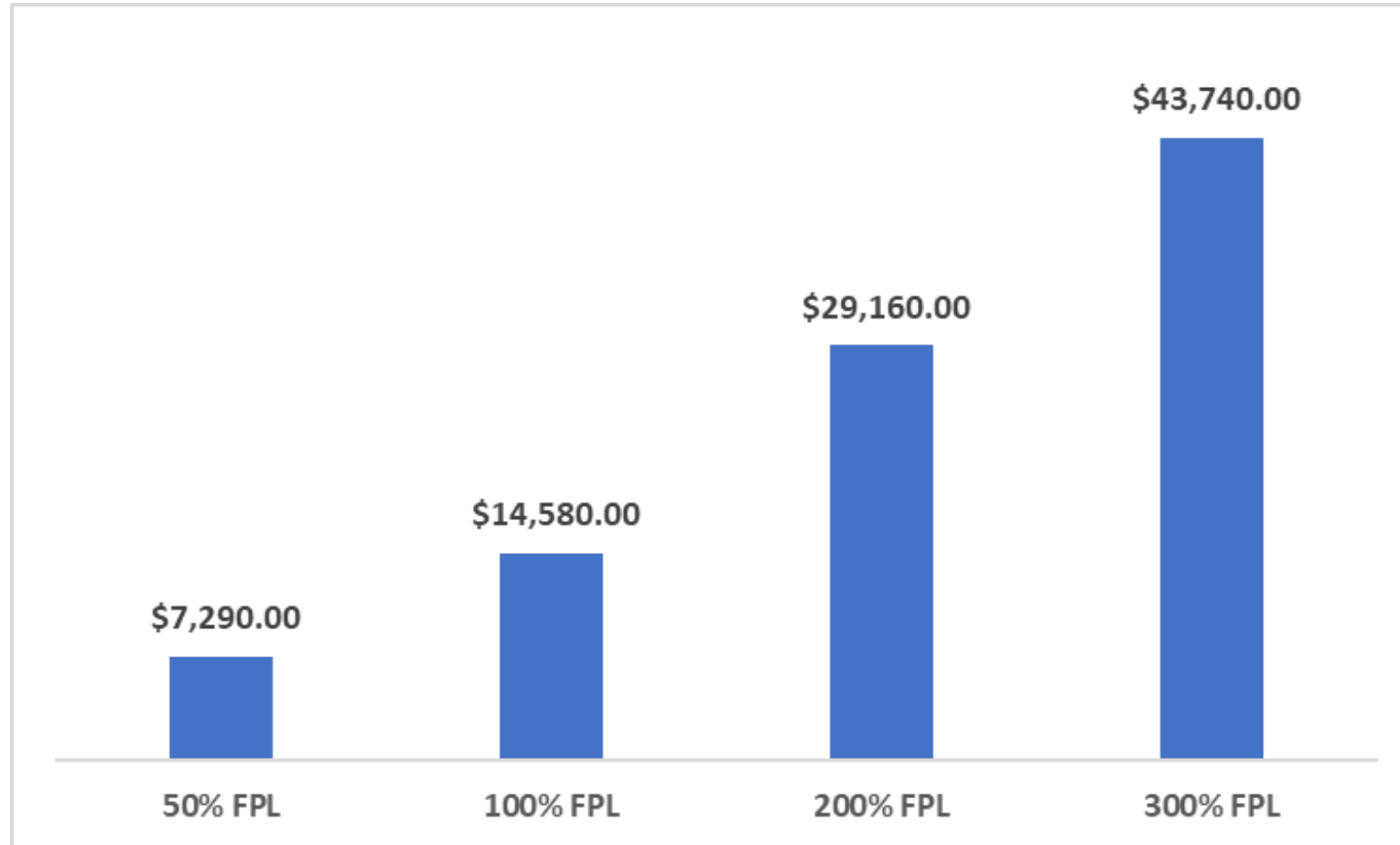
Appendix A: Document 9: San Francisco Zip Code Map



Zip Code	Neighborhoods Covered	Zip Code	Neighborhood Covered
94102	Hayes Valley, Tenderloin, North of Market, Civic Center	94118	Inner Richmond
94103	South of Market	94121	Outer Richmond
94104	Financial District	94122	Inner and Outer Sunset
94105	Financial District South, Embarcadero, Rincon Hill	94123	Marina
94107	Potrero Hill, Dogpatch	94124	Bayview-Hunters Point
94108	Chinatown, Union Square	94127	West Portal, St. Francis Wood, Miraloma
94109	Tenderloin, Nob Hill, Russian Hill	94129	Presidio
94110	Inner Mission, Bernal Heights	94130	Treasure Island
94111	Financial District, Embarcadero	94131	Glen Park, Twin Peaks, Diamond Heights
94112	Oceanview, Merced, Ingleside (OMI), Excelsior, Outer Mission	94132	Ingleside, Merced, Parkmerced
94114	Castro, Noe Valley	94133	Chinatown, North Beach, Pier 39
94115	Western Addition, Japantown, Fillmore, Pacific Heights	94134	Visitacion Valley, Sunnydale
94116	Parkside, Sunset, Forest Hill	94158	Mission Bay
94117	Haight/Ashbury		

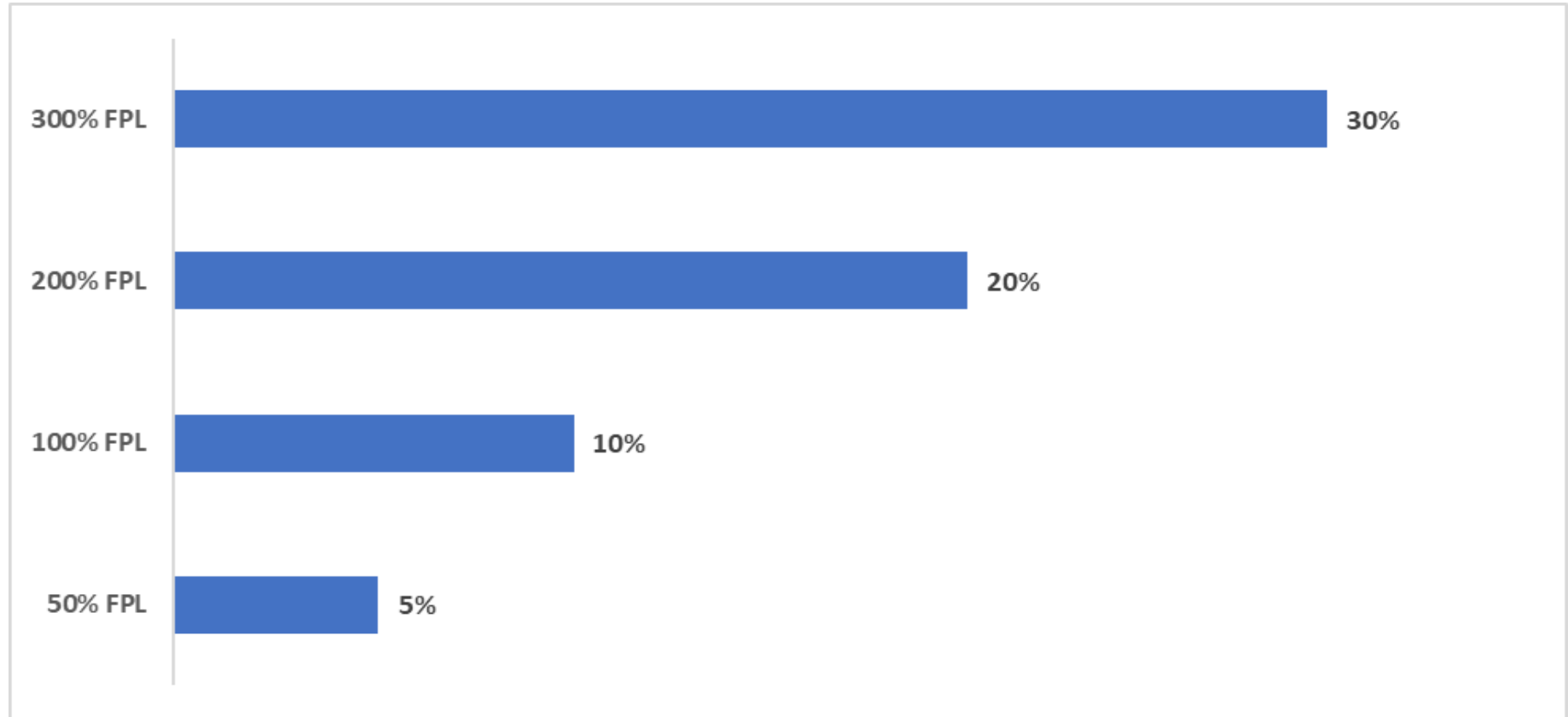
Appendix B:
Data on Income, Poverty, and
Self-Sufficiency

Health and Human Services Poverty Guidelines for a Household of 1 in 2023



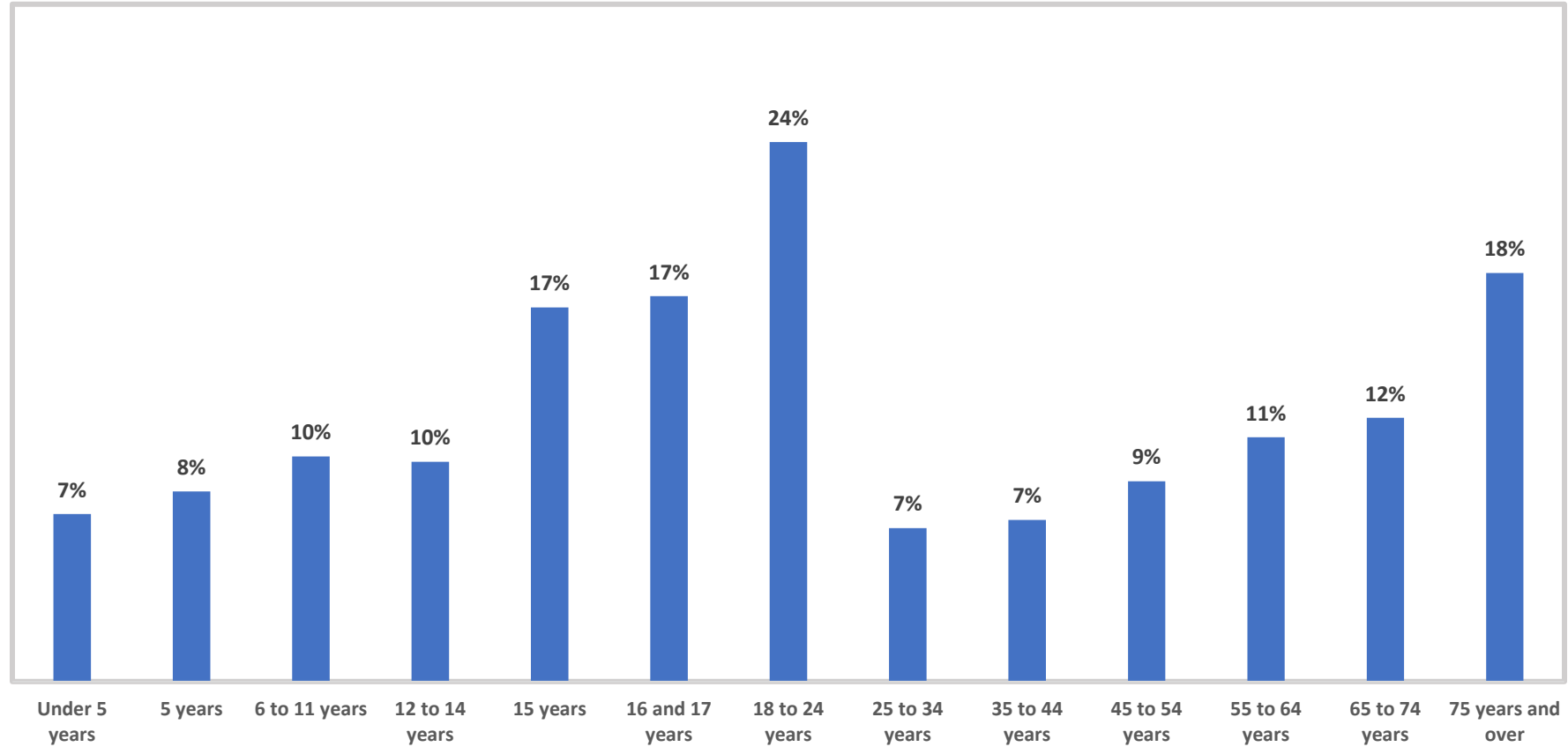
Source: Office of the Assistant Secretary for Planning and Evaluation, U.S. Health and Human Services Federal Poverty Guidelines 2023

Percent of San Francisco Residents Living at Different Federal Poverty Levels, 2017 - 2021



Note: FPL = Federal Poverty Level.
Source: U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates

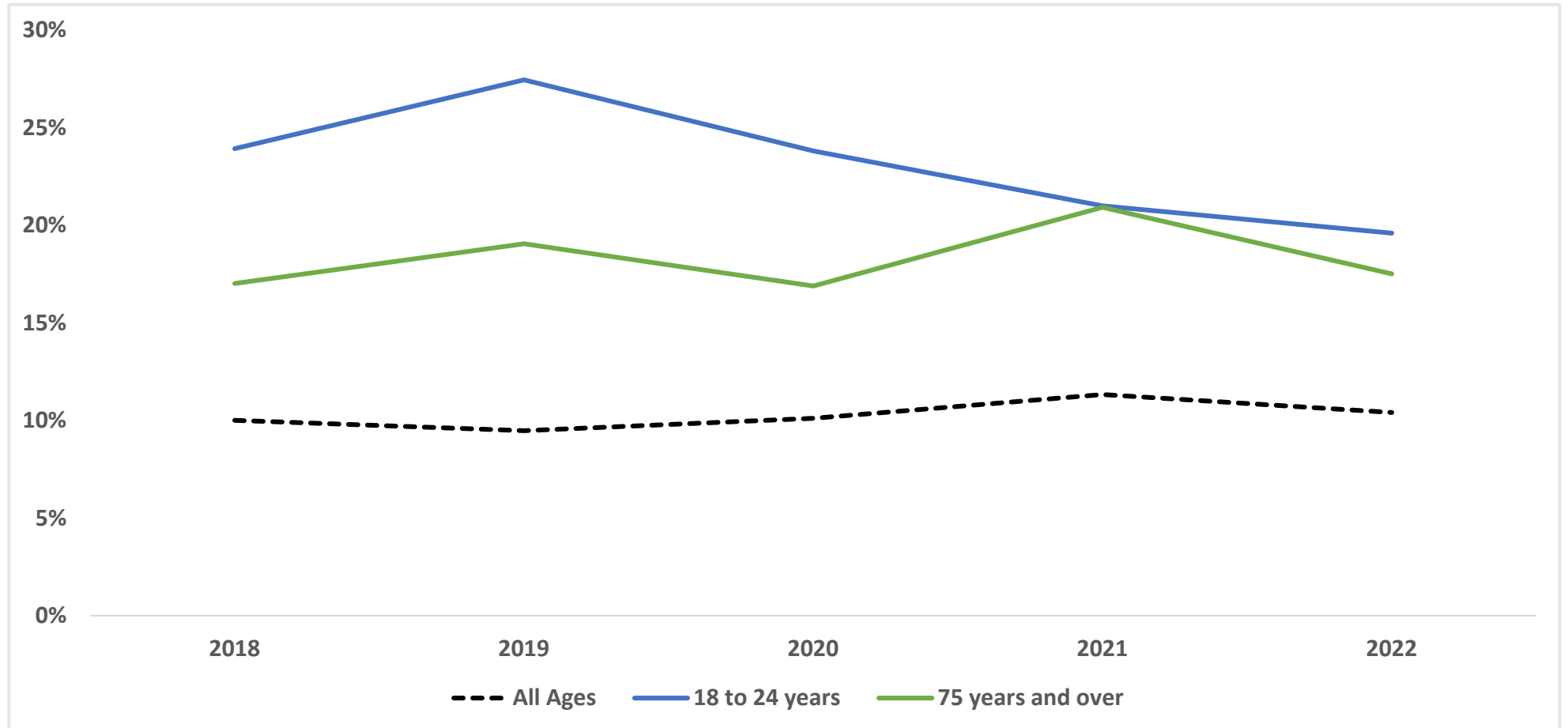
Percent of San Francisco Residents Below 100% FPL by Age Group, 2017 – 2021



Note: FPL = Federal Poverty Level.

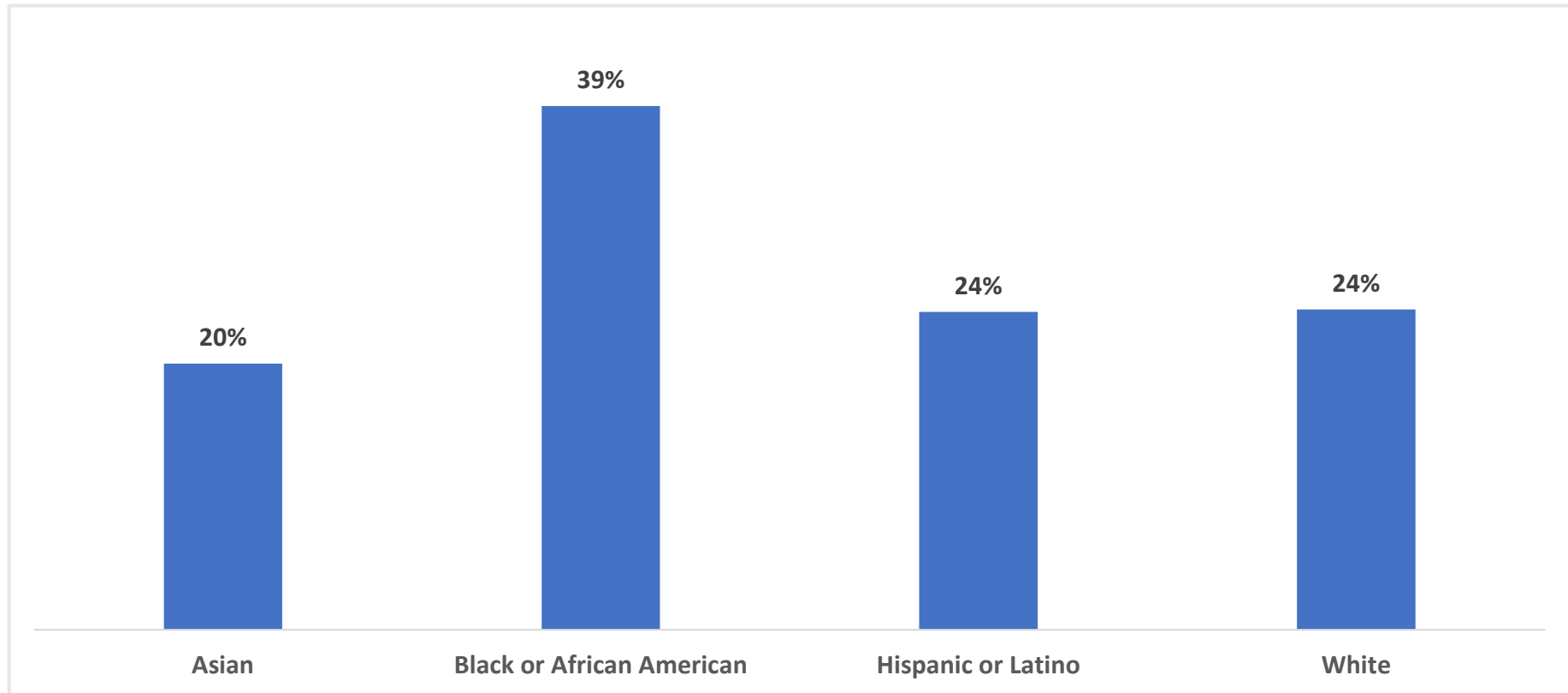
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

Percent of San Francisco Residents Below 100% FPL by Age Group and Year, 2017 – 2021



Note: FPL = Federal Poverty Level.
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

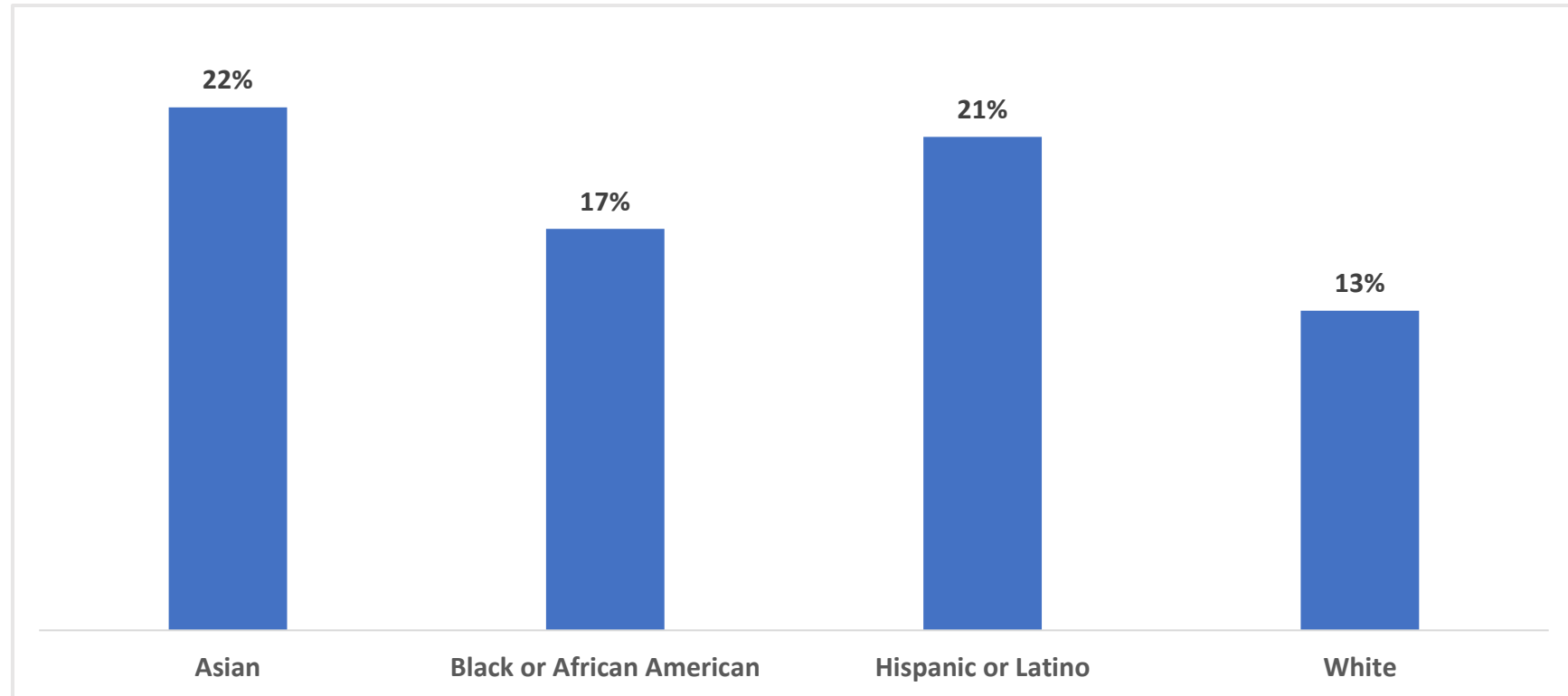
Percent of Transitional Age Youth (18-24) in San Francisco Below 100% FPL by Race/Ethnicity, 2017 – 2021



Note: FPL = Federal Poverty Level. Poverty data were not available for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander residents because the population sizes were too small. Estimates are pooled from 5 years of data.

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

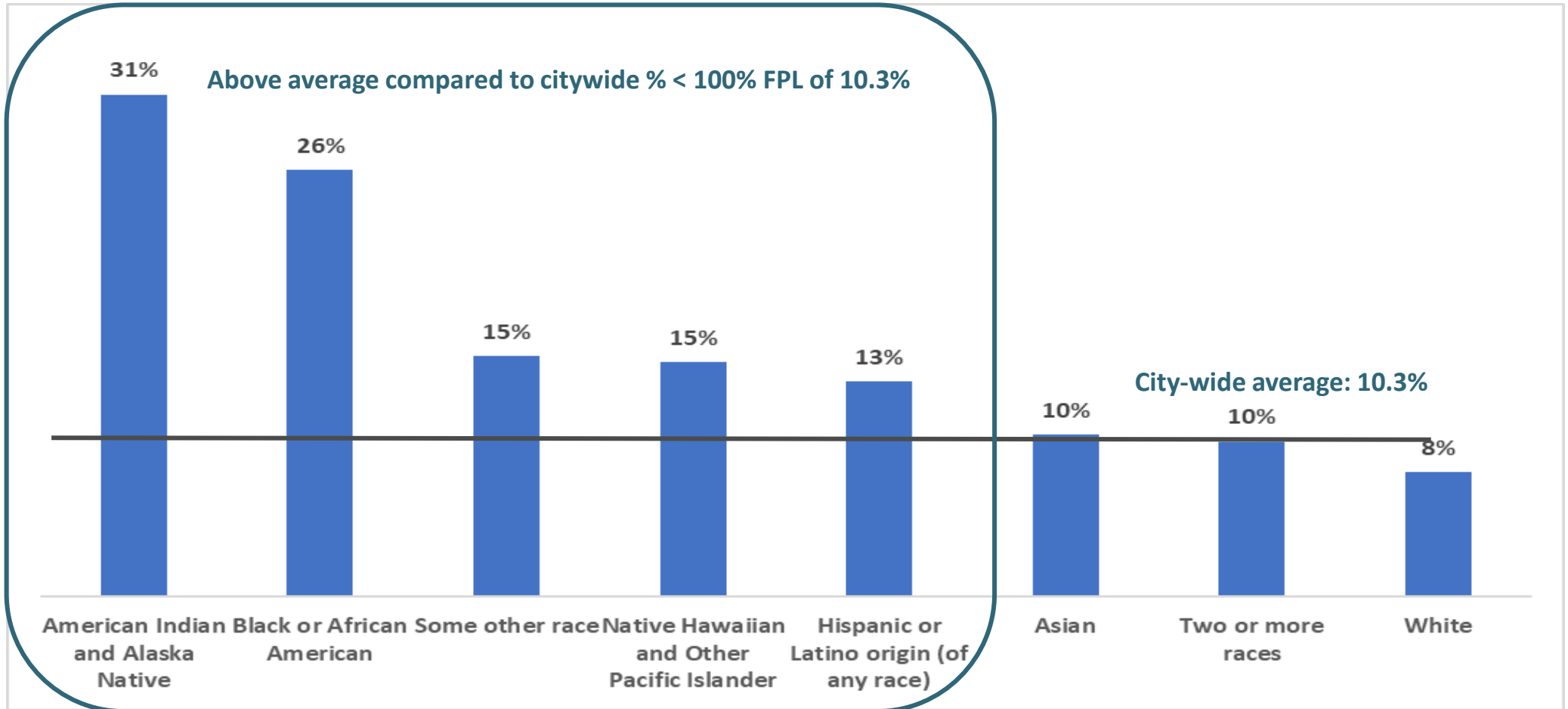
Percent of Seniors 75 and Older in San Francisco Below 100% FPL by Race/Ethnicity, 2017 – 2021



Note: FPL = Federal Poverty Level. Poverty data were not available for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander residents because the population sizes were too small. Estimates are pooled from 5 years of data.

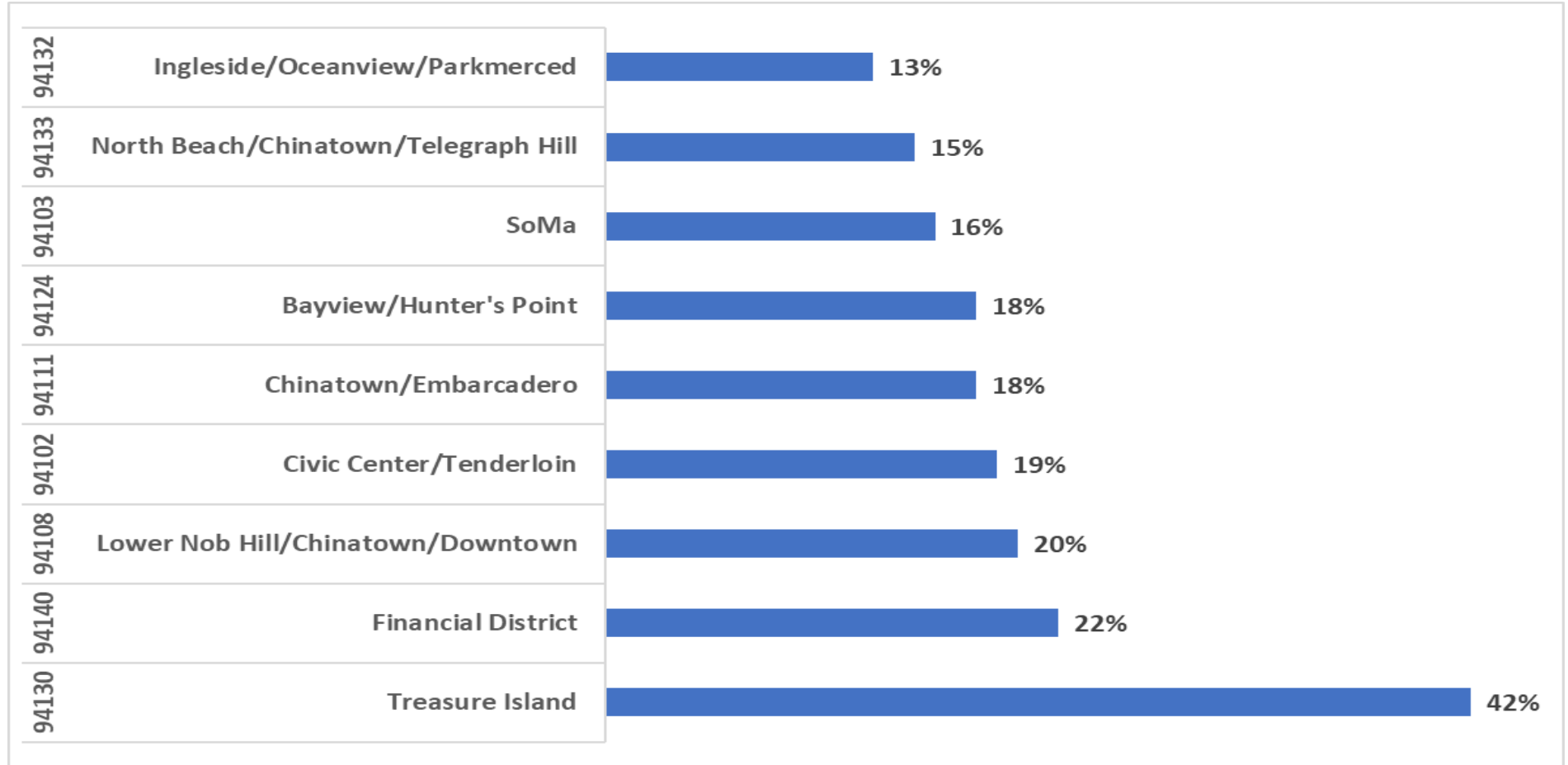
Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

% of San Francisco Residents Below 100% FPL by Race/Ethnicity in the Past 12 Months, 2021



Note: FPL = Federal Poverty Level. *Poverty data were not available for American Indian or Alaska Native or Native Hawaiian or Other Pacific Islander residents because the population sizes were too small. Estimates for these groups are pooled from 5 years of data from 2017 – 2021.
 Source: For other Race/Ethnicity groups - U.S. Census Bureau, 2021 American Community Survey

Zip Codes with Higher Percentage of San Francisco Residents Below 100% FPL than the City-wide Average (10.3%), 2017 - 2021

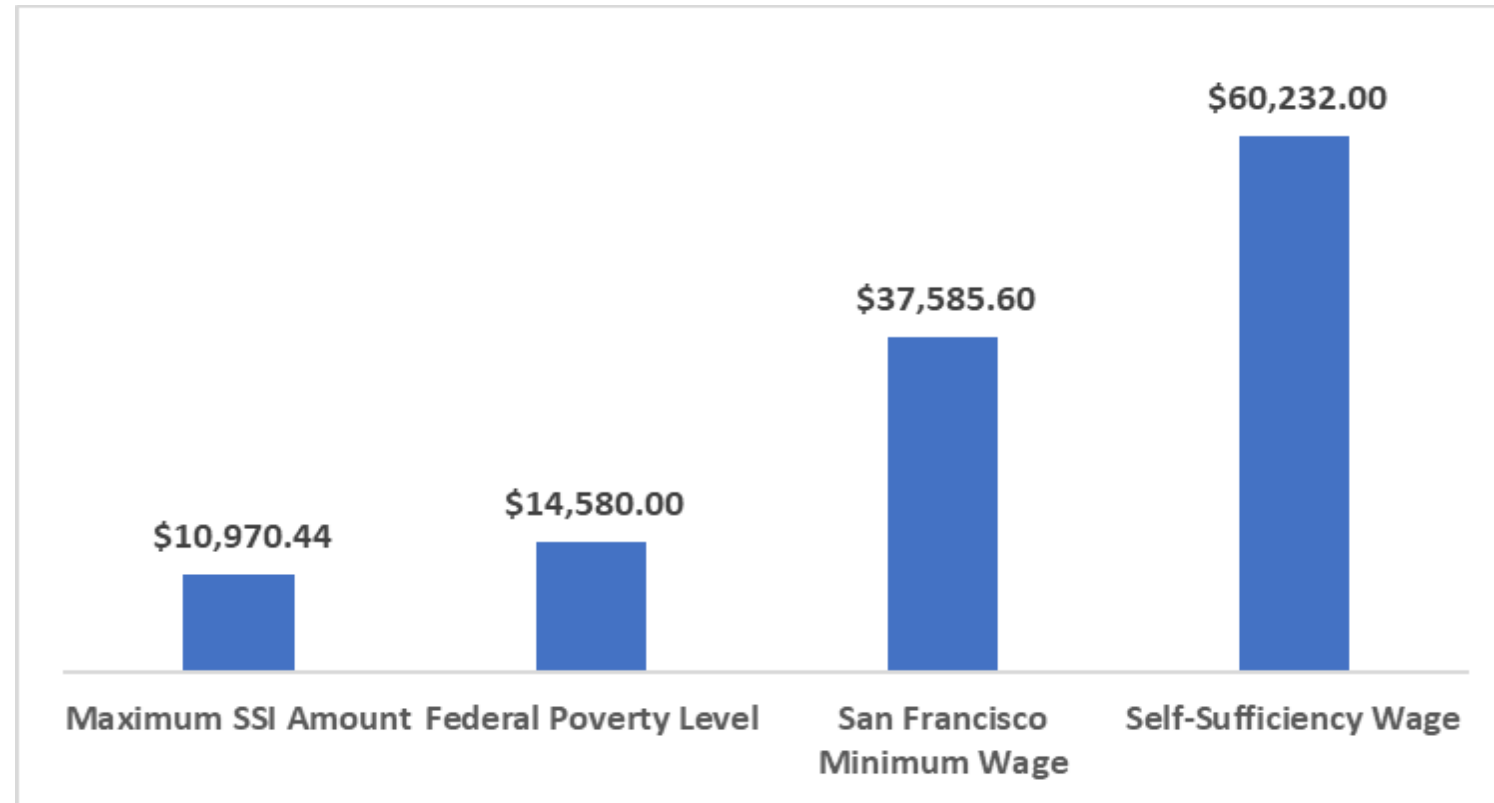


Note: FPL = Federal Poverty Level

City-wide - 12% of San Francisco residents have incomes below 100% of the Federal Poverty Level. Total range is 3% - 42%

Source: U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates

Annual Income Comparisons for a Single Adult, 2023



Note: The most up-to-date calculated Self-Sufficiency Wage is from 2021, whereas maximum SSI amount, FPL, and San Francisco minimum wage is based on 2023 calculations.

Sources:

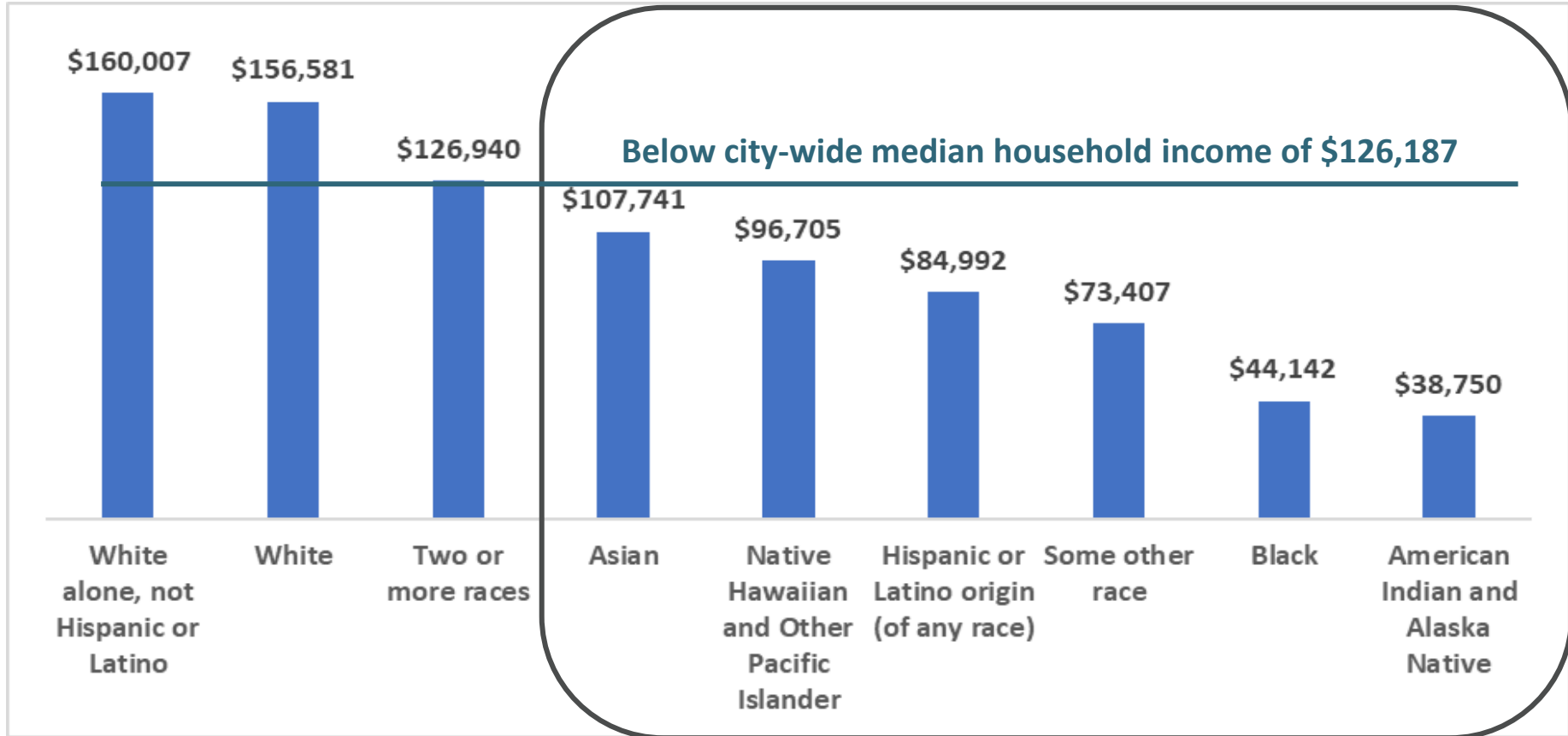
Social Security Administration, How much could you get from SSI, 2023

Office of the Assistant Secretary for Planning and Evaluation, Federal Poverty Guidelines 2023

City of San Francisco Minimum Wage Ordinance, 2023

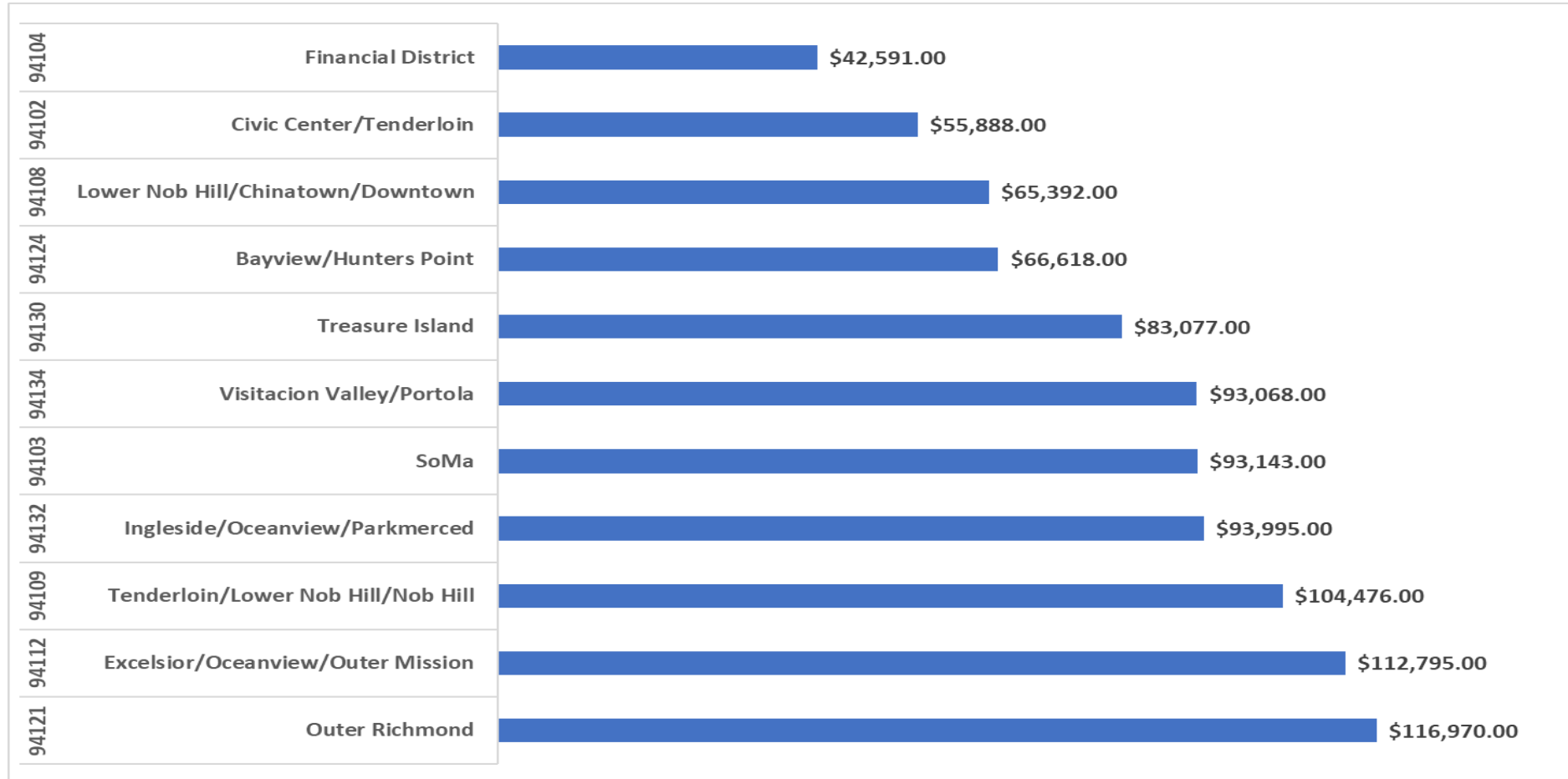
Self-Sufficiency Standard at the Center for Women's Welfare, University of Washington, California Dataset 2021

Annual Median Income in San Francisco by Race/Ethnicity, 2017 – 2021



Note: San Francisco Median Household Income: \$126,187
 Source: U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates

Annual Median Household Income in San Francisco by Zip Code, 2017 - 2021



Note: Range is \$42,591 to > \$250,000+

Source: U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates

Annual Median Household Income by Age of Householder in San Francisco, 2017 – 2021

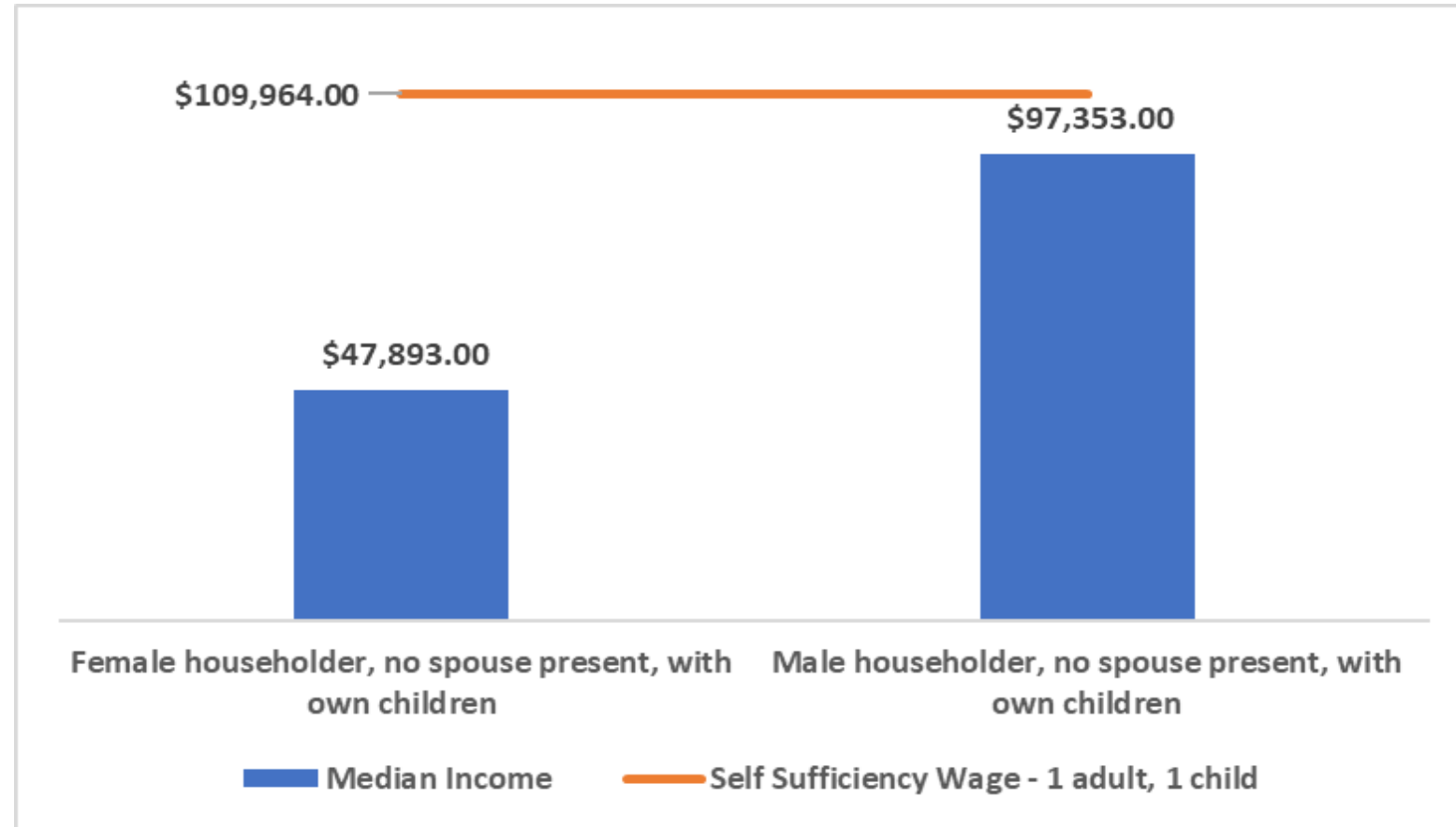


Self-Sufficiency Annual Income for Households in San Francisco, 2021



Source: Self-Sufficiency Standard at the Center for Women's Welfare, University of Washington, California Dataset 2021

Single Parent Incomes Compared to Self-Sufficiency Standard for San Francisco, 2017 - 2021



Sources:

U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates

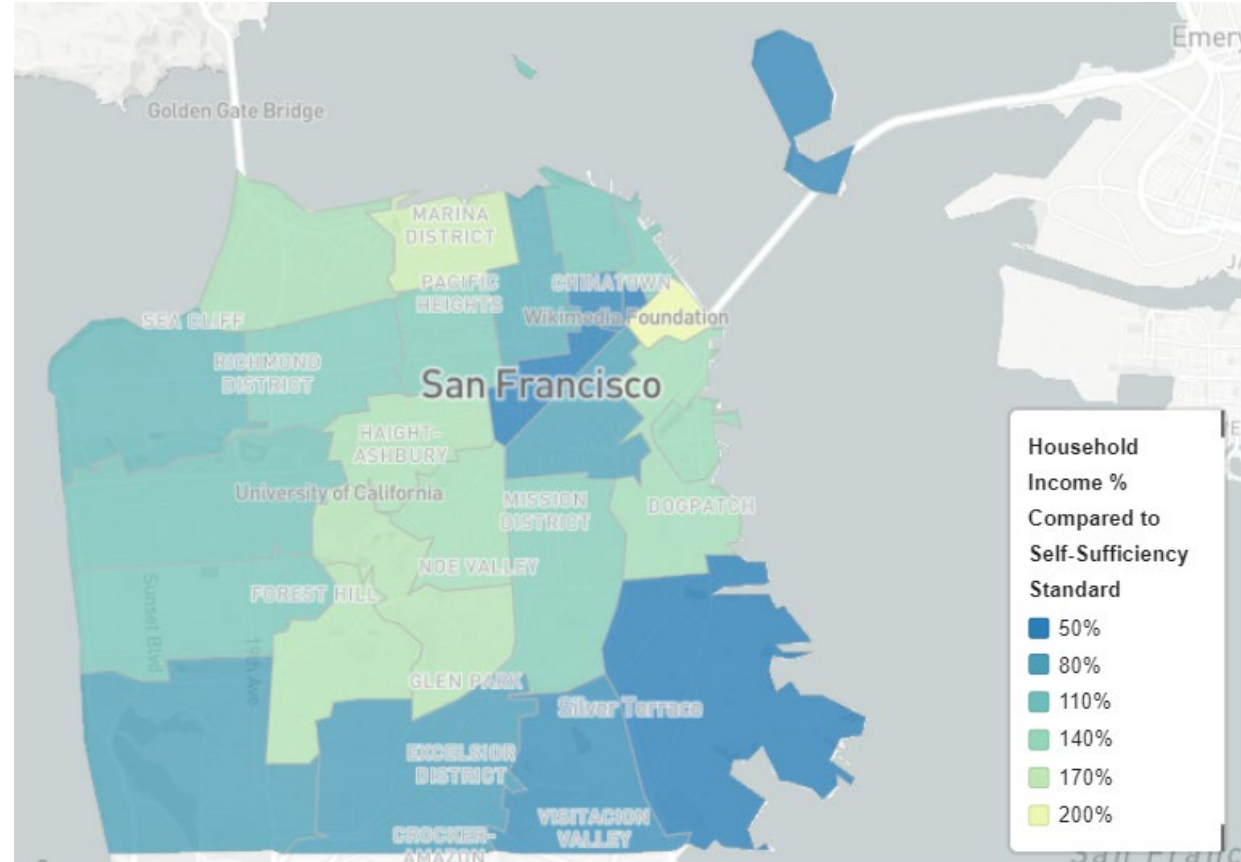
Self-Sufficiency Standard at the Center for Women's Welfare, University of Washington, California Dataset 2021

Average Household Size and Annual Income by Zip Code Compared to Self-Sufficiency Standard for San Francisco, 2017 - 2021

Based on the average household size and the associated household income, there are 10 zip codes that do not meet the self-sufficiency standard.

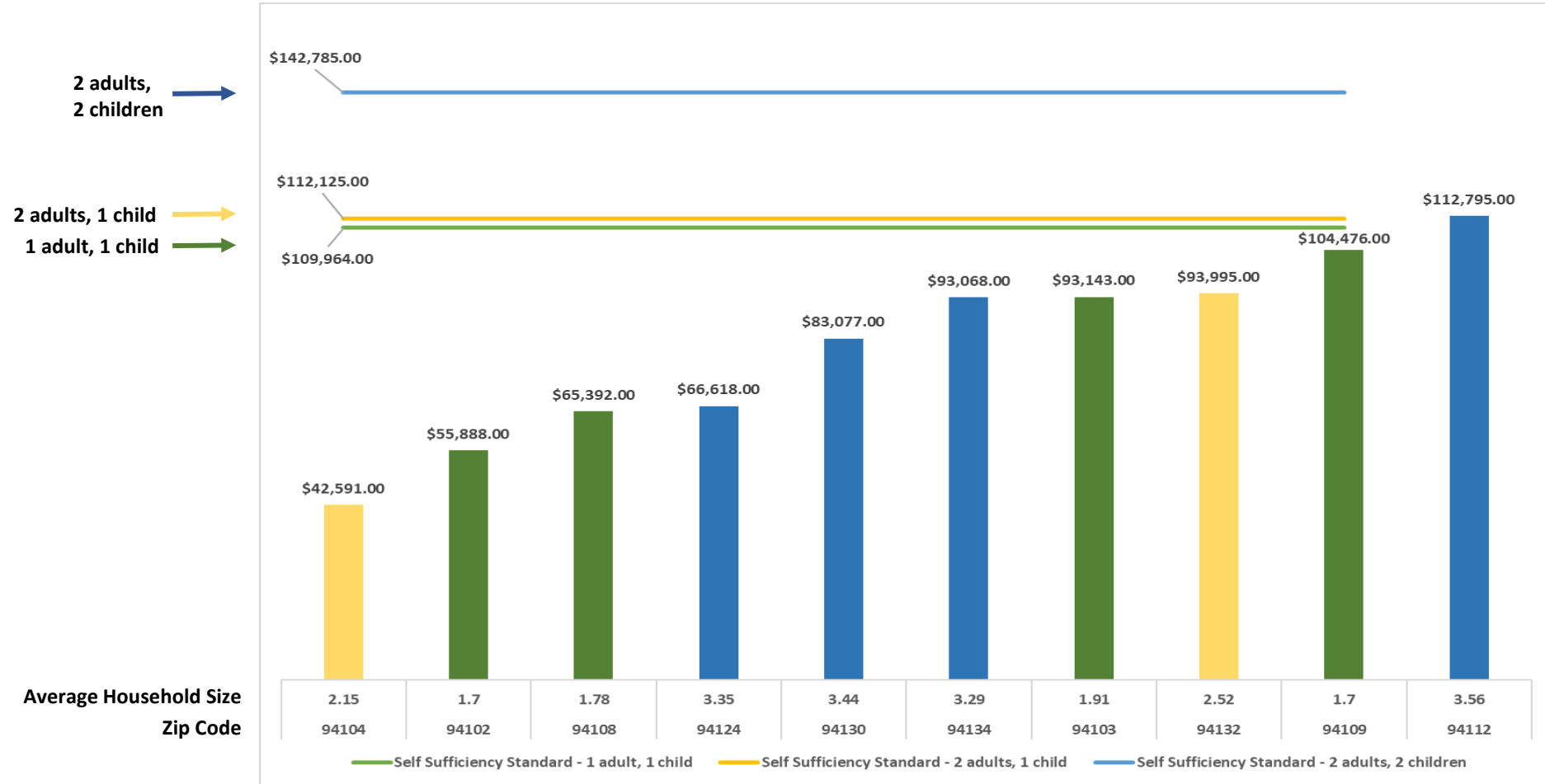
Zip code 94124 (Bayview/Hunters Point) has the largest gap between its median household income and the self-sufficiency standard. Gap - **\$76,167** (\$42,591 vs. \$112,125 for a household of 4).

Further details in Appendix B, Figures 16 and 17



Sources: U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates; Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington, California Dataset 2021

Average Household Size and Annual Income by Zip Code Compared to Self-Sufficiency Standard for San Francisco, 2017 – 2021



Sources:
 U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates
 Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington, California Dataset 2021

Annual Median Income by Average Family Size by Zip Code Compared to Self-Sufficiency Standard for San Francisco, 2017 – 2021



Sources:
 U.S. Census Bureau, 2017 – 2021 ACS Survey, 5 Year Estimates
 Self-Sufficiency Standard at the Center for Women’s Welfare, University of Washington, California Dataset 2021

Appendix C:

Data on Food Insecurity

Food Security Samples from San Francisco

Data source	Sample population	Percent food insecure
Homeless Count and Survey	Individuals experiencing homelessness	47%
National College Health Assessment	SF State Students	42%
MIHA*	Birthing Individuals	10.2% prevalence
RAPID-SF (DCFY/Stanford)*	Households with children under 17 years old	30%

Data source:

San Francisco Department of Homelessness and Supportive Housing, Homeless Count and Survey, 2022 Comprehensive Report

American College Health Association, National College Health Assessment, San Francisco State University Data Report Spring 2021

Maternal and Infant Health Assessment (MIHA) Survey, 2018-2020

RAPID-SF survey administered by DCFY and Stanford

Notes:

* See Appendix C, Pg 4 and 5 for more information by race/ethnicity, income, etc.

Nationally, about 10% of individuals are in food insecure households¹

- Female head of households with children and no spouse were the most food insecure (24%) in 2021¹

Data source:

USDA Economic Research Service, U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement

Food Security Samples from San Francisco, Part 2

- Among persons experiencing homelessness, 47% experienced a food shortage in the four weeks prior to the survey³
- Among students at San Francisco State University, nearly 42% reported experiencing any food insecurity in last 30 days in 2021⁴

Data source:

San Francisco Department of Homelessness and Supportive Housing, Homeless Count and Survey, 2022 Comprehensive Report
American College Health Association, National College Health Assessment, San Francisco State University Data Report Spring 2021

Maternal and Infant Health Assessment (MIHA) 2018-2020 data found a 10.2% prevalence of food insecurity during pregnancy among birthing individuals (n = 538). Higher prevalence was seen among:

- Medi-Cal recipients (36%)
- Black (44%) and Hispanic (33%) birthing individuals
- Those who were prenatal WIC participants (40.1%)
- Those with incomes between 101-200% Federal Poverty Guideline (FPG) (30.5%) and 0-100% FPG (43.7%)

Data source: MIHA 2018-2019

Notes:

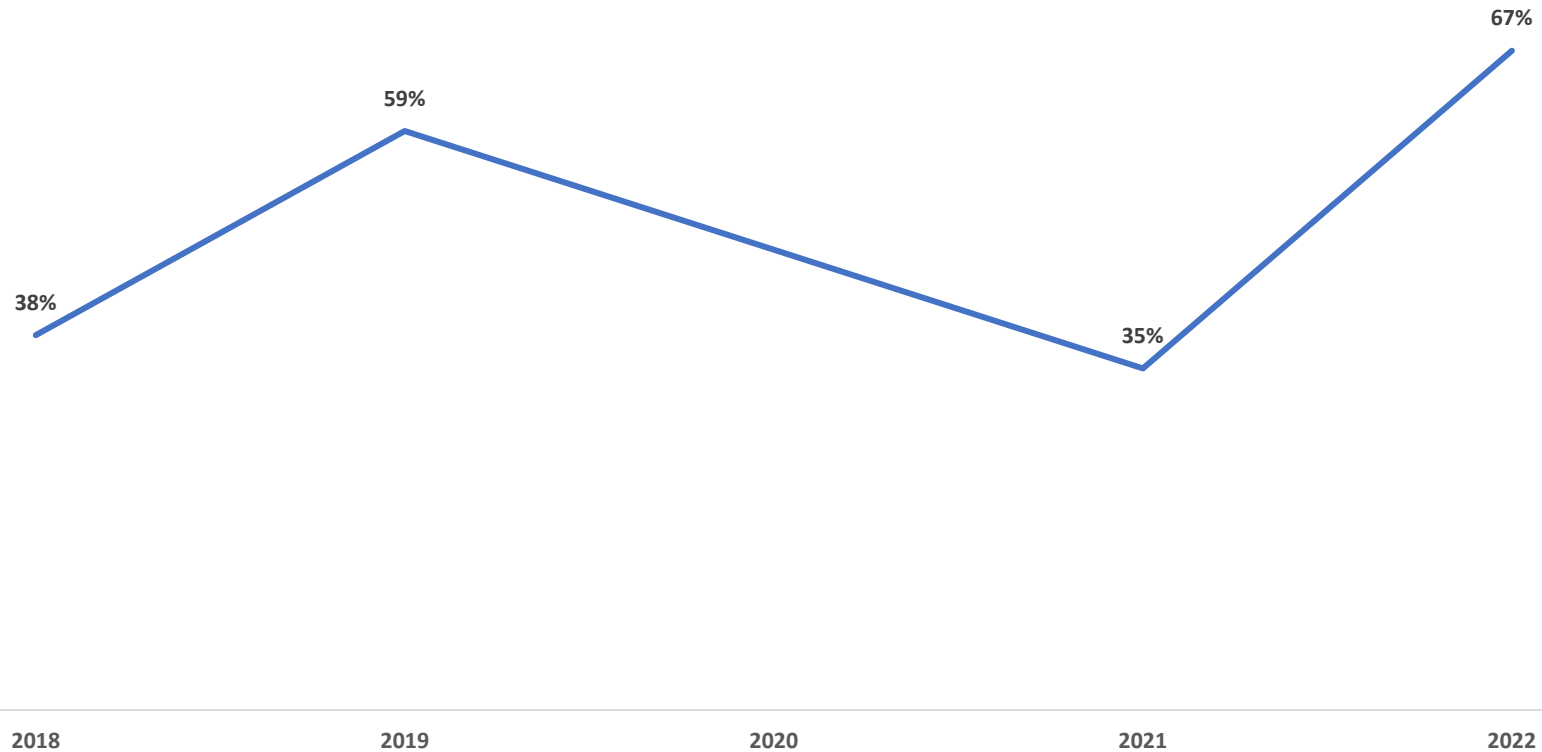
MIHA is an annual population-based survey of California resident women with a live birth. Data from MIHA 2018-2020 were combined, resulting in a statewide sample size of 18,571. The sample size of San Francisco County was 538. MIHA participants for 2018 were sampled from the California Automated Vital Statistics System. MIHA participants for 2019 and 2020 were sampled from the CDPH Monthly Birth File.

RAPID-SF survey administered (DCYF/Stanford) to over 600 households in San Francisco with children ages birth to 17 years revealed:

- 30% were food insecure despite an average annual household income of \$130,000 among survey respondents.
- Food insecurity rates were highest among recipients of:
 - Medi-Cal (57%),
 - CalWorks (90%),
 - and Black/African American families (77%).

Percent of Food Insecurity Among San Francisco Residents Below 200% FPL, 2018 to 2022

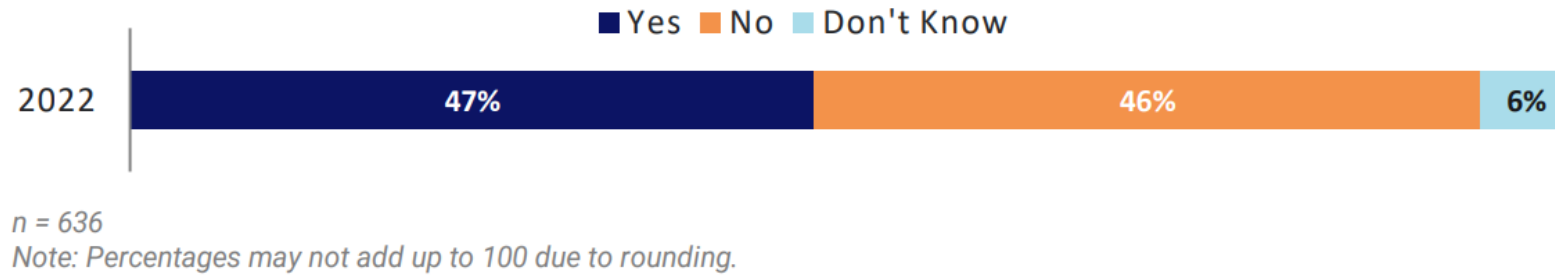
Food Insecurity (inability to afford enough food)



Data source: California Health Interview Survey, 2018-2022

Notes: Food insecurity was only asked among respondents who were below 200% of the Federal Poverty Level (FPL). Data for 2020 are not shown because the estimate was statistically unstable. For 2021, the estimate of food insecurity among San Franciscans was lower in large part due to federal and state financial assistance that was provided during the COVID-19 pandemic.

Percent of Persons Experiencing Homelessness that Experienced Food Shortage in the Past Four Weeks, 2022



Data source: San Francisco Department of Homelessness and Supportive Housing, San Francisco Homeless Count and Survey, 2022 Comprehensive Report

Notes: More information on how the count occurs and who is considered experiencing homelessness can be found here: <https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf>

Reporting Department Food Security Screening Findings, FY 22-23

Reporting Department	Program name	Total individuals Screened	Percent Food insecure
SF Human Services Agency (SFHSA)	Home-Delivered Groceries	5,097	63%
SFHSA	Home-Delivered Meals	6,231	39%
SFHSA	Pantries	3,413	63%
SFHSA	Congregate Meals	15,510	46%
SFHSA	Nutrition as Health	162	67%
SFHSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries	46	83%
SFHSA	Community Centered Grocery Access and Meal Support	1,109	72%

Data source: Food Security Task Force, Food Security Framework FY 22-23

Community Organization Food Security Screening Findings, FY 22-23

Community Organization	Program name	Total individuals Screened	Percent Food insecure
SF Marin Food Bank	Pop Up, Pantry at Home and Community Pantry Network Programs	9,089	83%*
TNDC	Kain Na	245	72%

Data source: Food Security Task Force, Food Security Framework FY 22-23

Notes:

*SFMB - 6,473 (or 83%) responded Sometimes or Often to the question 'In the past 12 months, I worried whether food would run out'.

Community Organization Food Security Screening Findings, FY 22-23, Part 2

Community Organization	Program name	Total individuals Screened	Participant response of “Often true” or “Sometimes True” for Q1*: n(%)	Participant response of “Often true” or “Sometimes True” for Q2*: n(%)
Children’s Council	R&R Family Needs Assessment and Parent & Caregiver Education Program Survey	1,558	537 (34.7%)	494 (32.5%)

Data source: Food Security Task Force, Food Security Framework FY 22-23

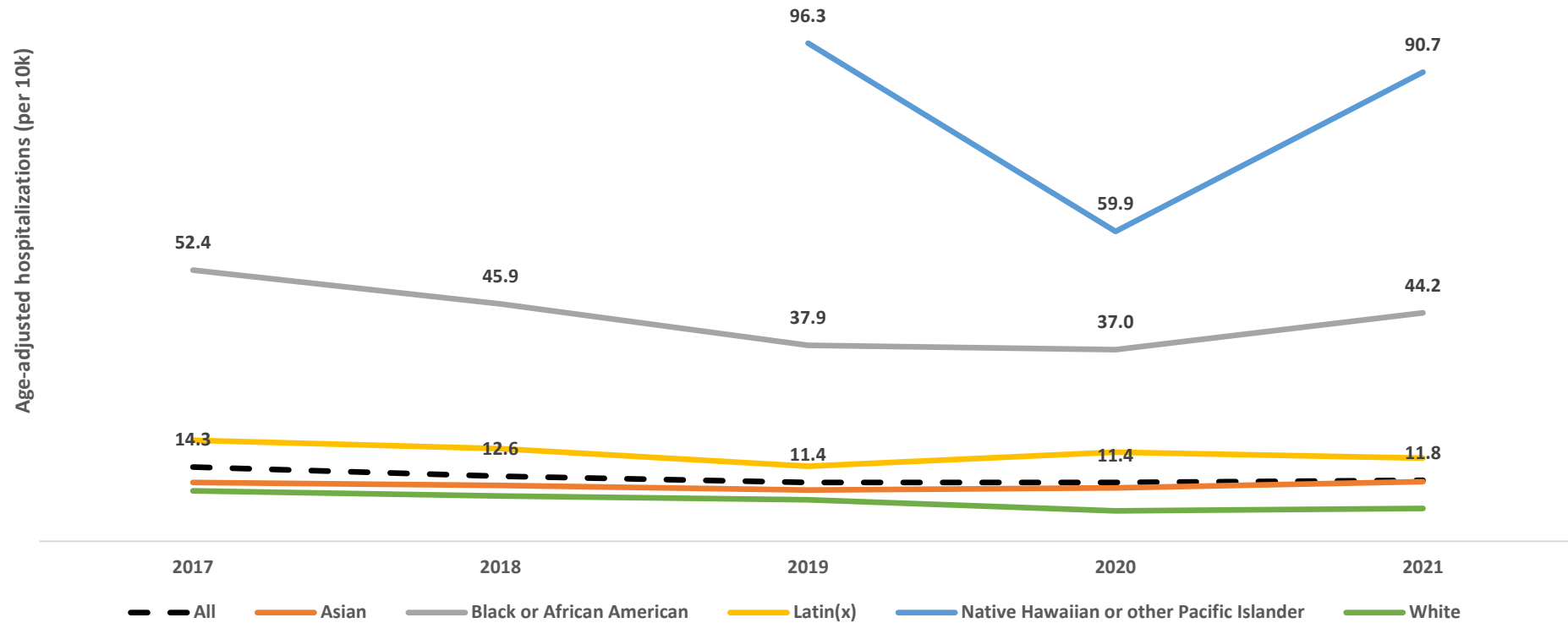
Notes:

*Q1: We worried whether our food would run out before we got money to buy more

Q2: The food we bought just didn't last, and we didn't have money to get more.

Appendix D: Data on Health Disparities and Inequities

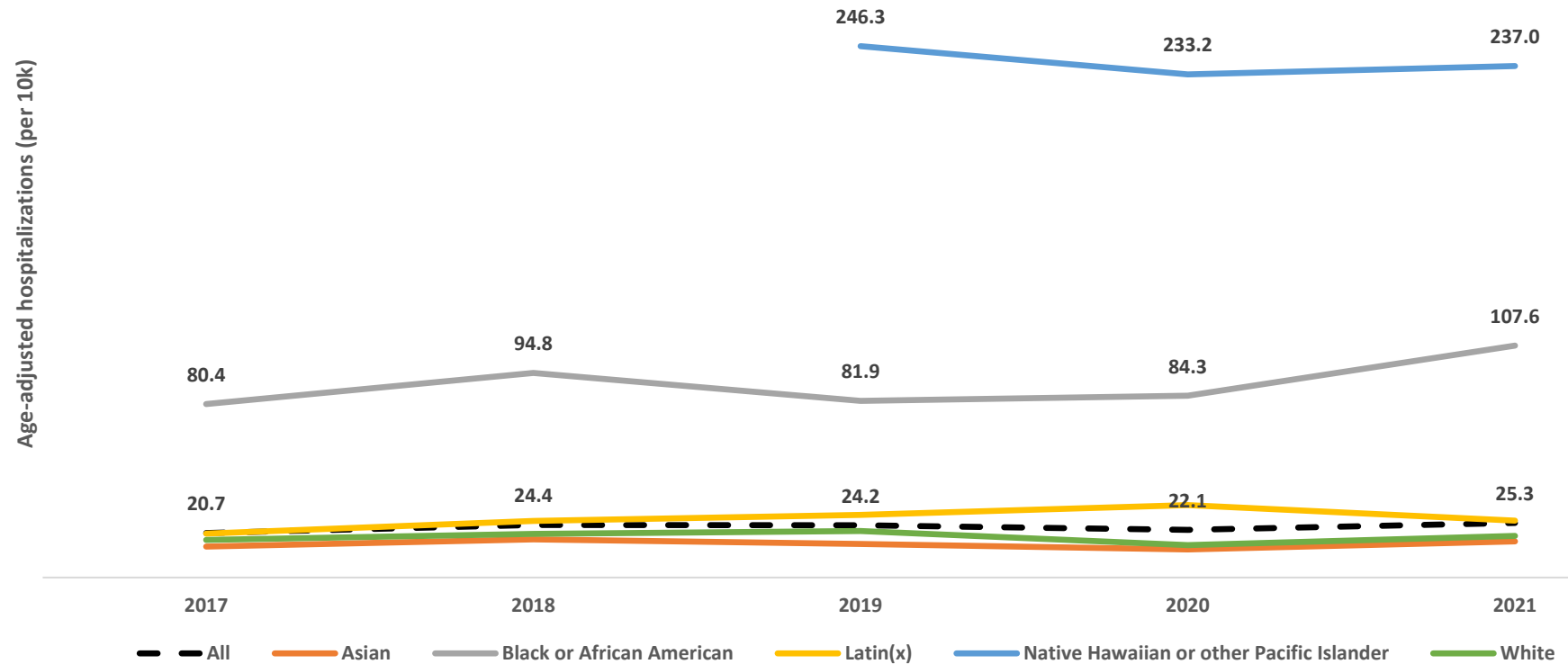
Age-adjusted Rate of Hospitalizations Due to Diabetes in San Francisco by Race/Ethnicity, 2017-2021



Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they are calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

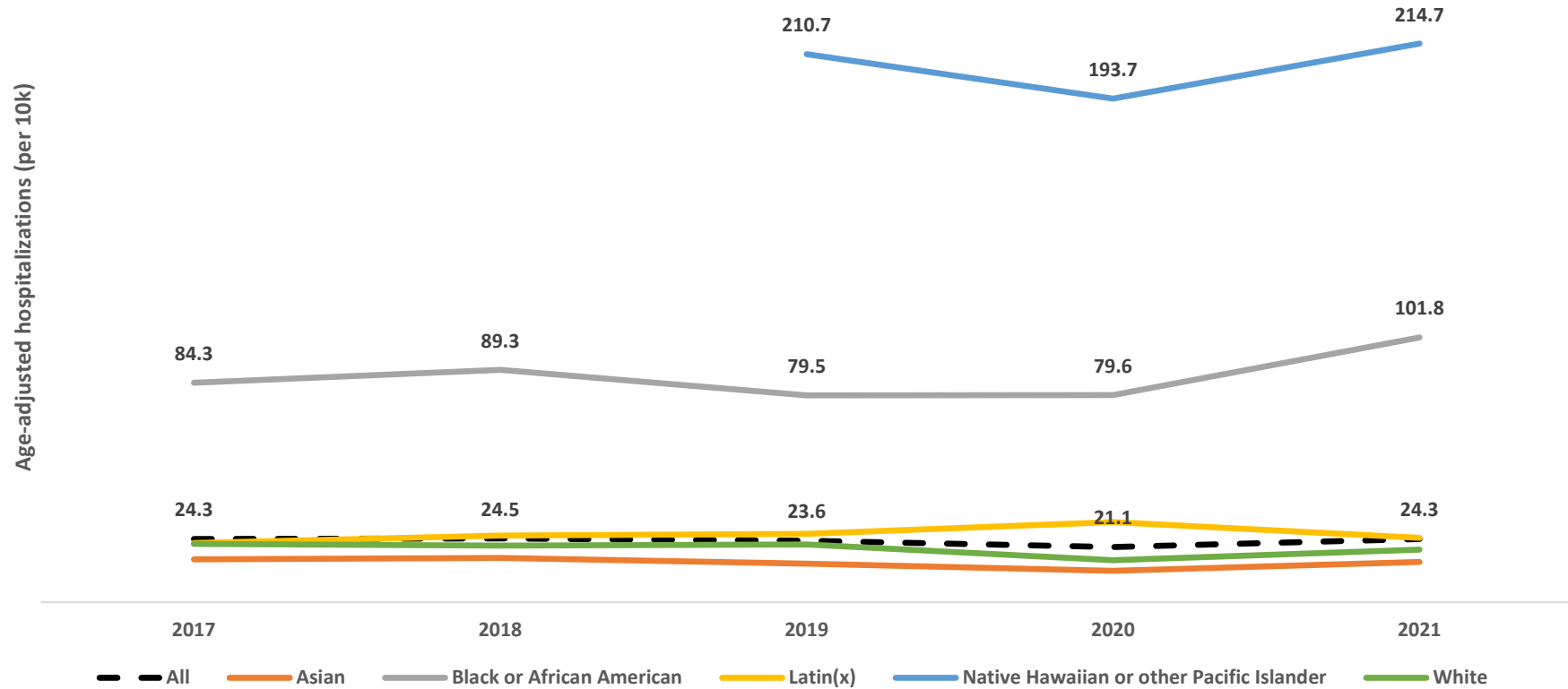
Age-adjusted Rate of Hospitalizations Due to Hypertension in San Francisco by Race/Ethnicity, 2017-2021



Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they're calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

Age-adjusted Rate of Hospitalizations Due to Heart Failure in San Francisco by Race/Ethnicity, 2017-2021



Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they're calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

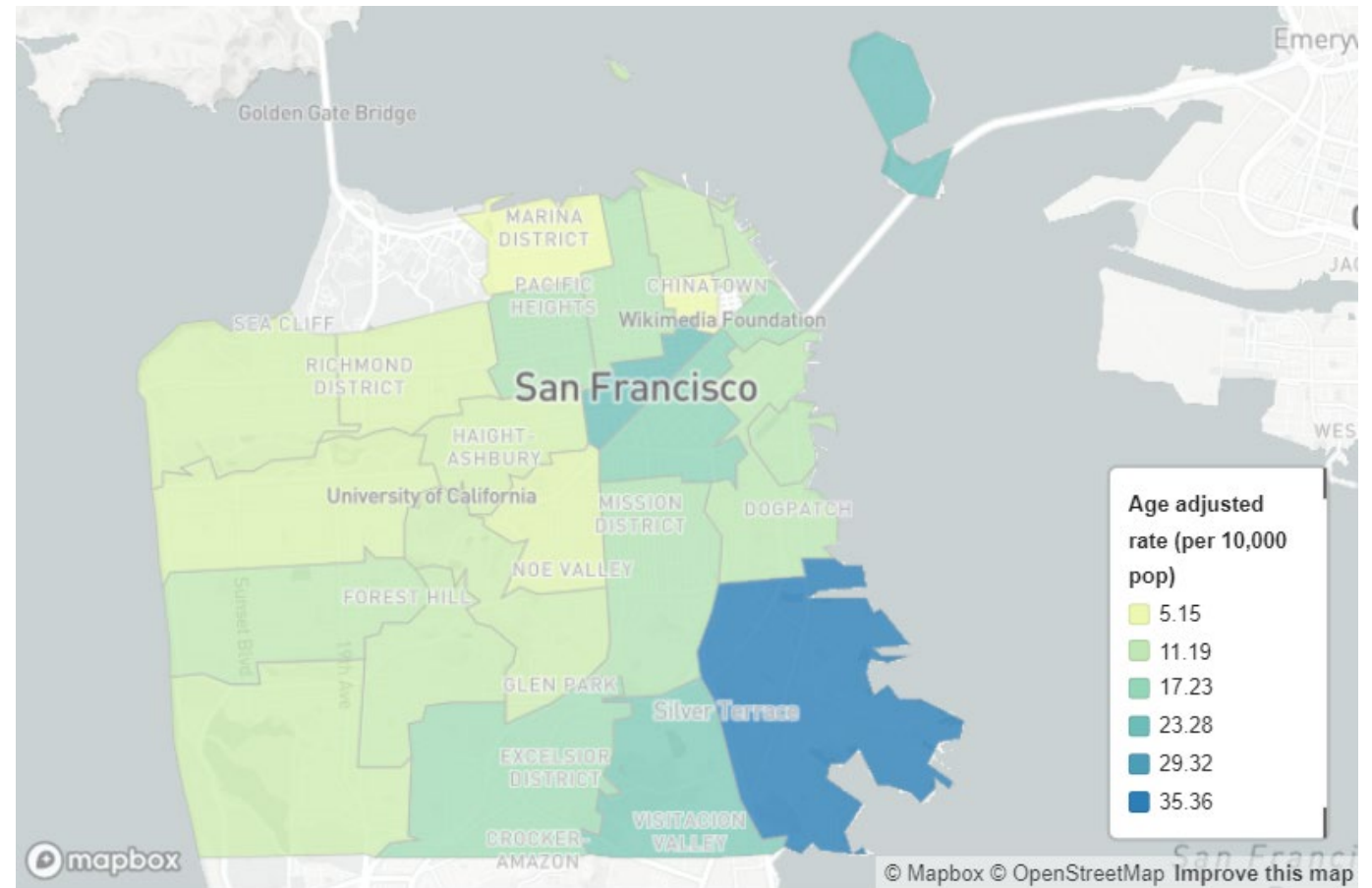
Age-adjusted Rate of Diabetes Hospitalizations per 10k by Zip Code, 2017-2021

Zip code Age adjusted rate (per
10,000 pop)

94124	35.36
94130	23.18
94102	22.65
94134	20.16
94103	17.94
94112	15.09

City average

12.42



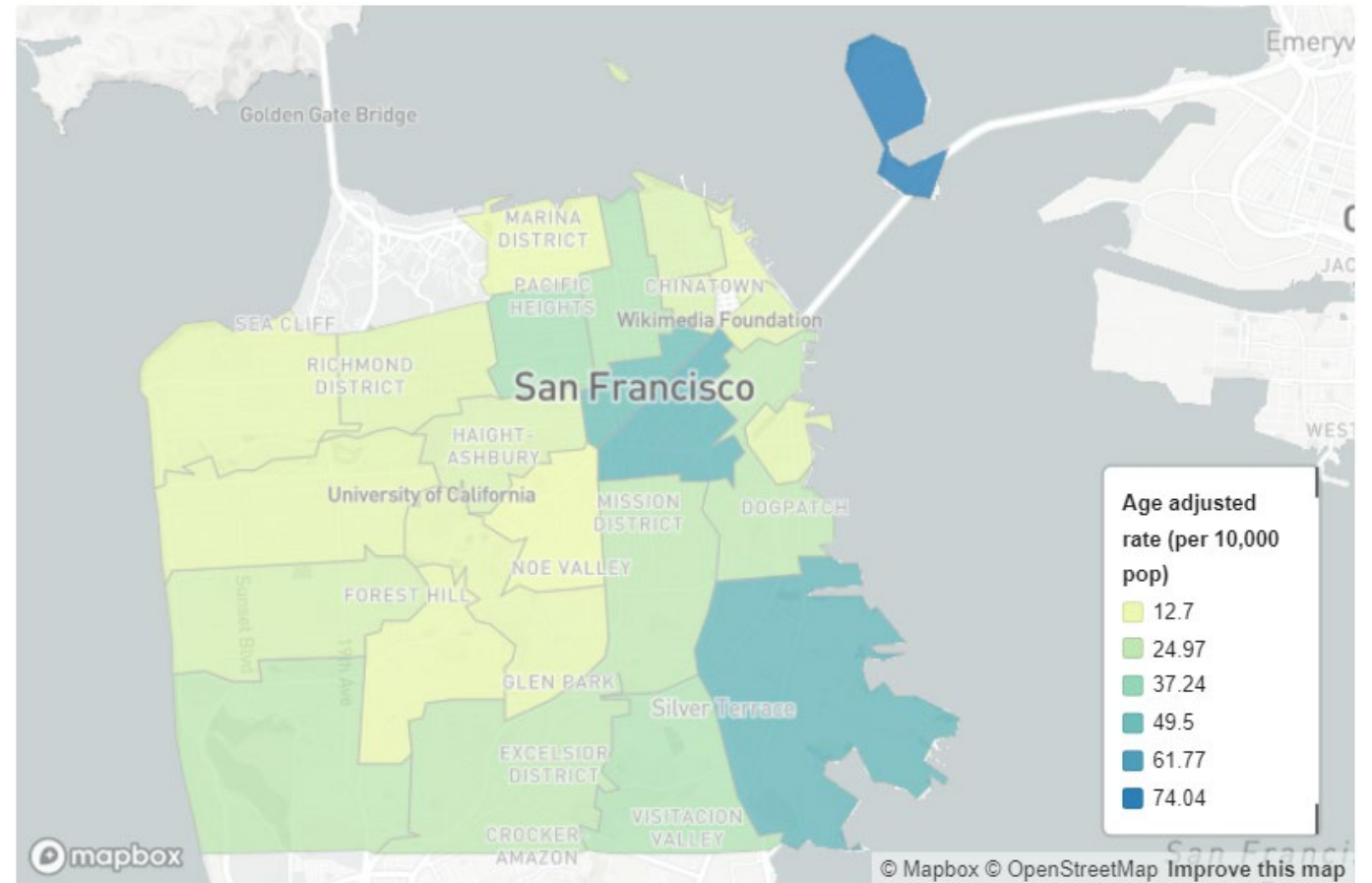
Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they're calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

Age-adjusted Rate of Hypertension Hospitalizations per 10k by Zip Code, 2017-2021

Zip code Age adjusted rate (per
10,000 pop)

94130	74.04
94103	52.41
94124	52.22
94102	47.95
94115	31.10
94134	28.60
City average	24.01



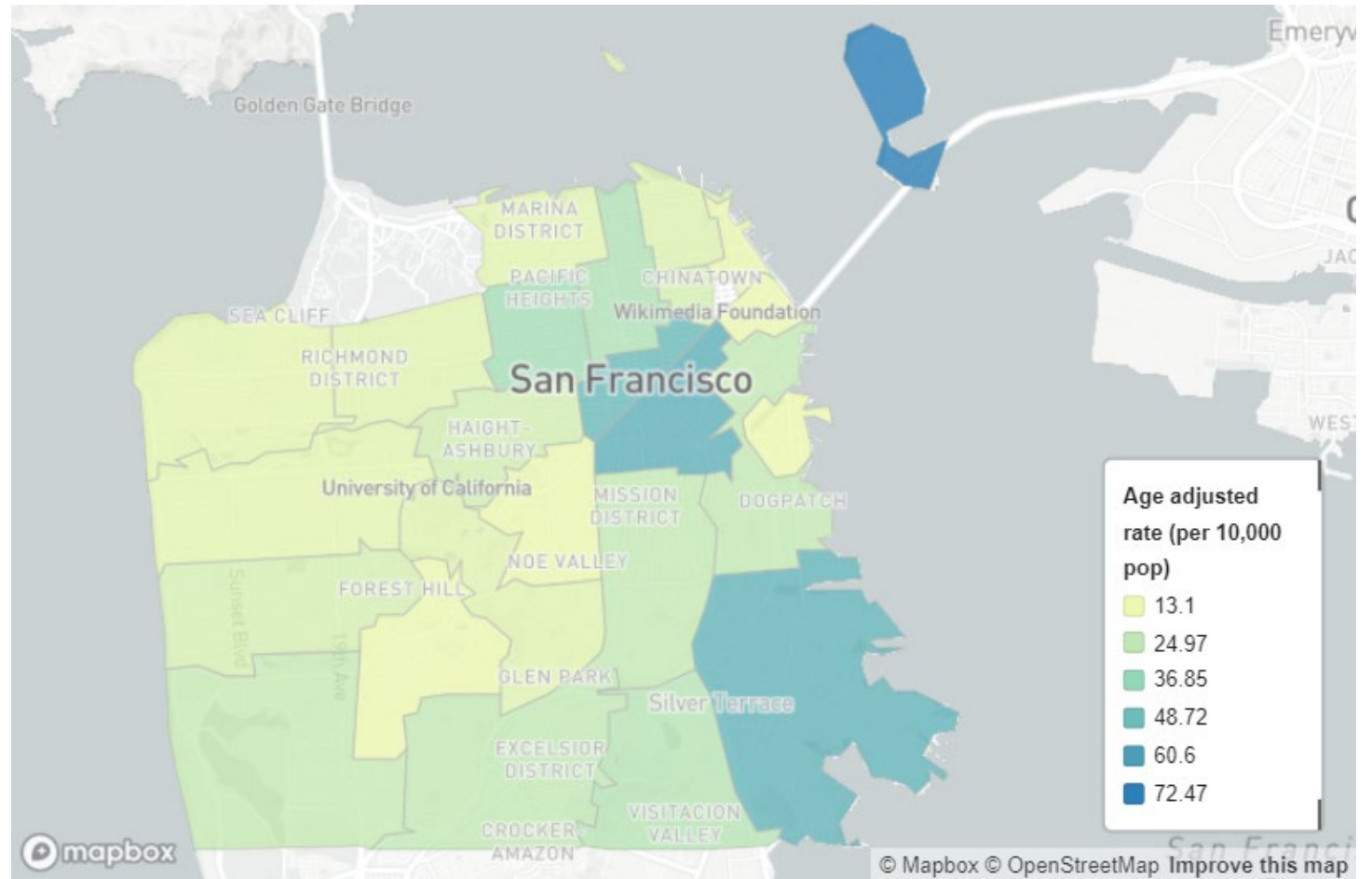
Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they're calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

Age-adjusted Rate of Heart Failure Hospitalizations per 10k by Zip Code, 2017-2021

Zip code Age adjusted rate (per
10,000 pop)

94130	72.47
94103	53.81
94124	52.18
94102	49.87
94115	32.13
94109	29.37
City average	24.22



Data source: California Department of Health Care Access and Information, 2017-2021

Notes: Age-Adjustment is a standard practice used to compare disease rates between groups with different age distributions. You can read more about why and how they're calculated here <https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm>. Rates for American Indian or Alaska Native residents are not shown because the populations were too small.

Life Expectancy at Birth by Race/Ethnicity and Gender in San Francisco, 2015-2017

Race/Ethnicity	2016 to 2018			2019 to 2021			Change in Years	
	All	Female	Male	All	Female	Male	Female	Male
All	83.3	86.2	80.4	82.4	86.1	79.0	-0.1	-1.4
American Indian or Alaska Native	75.5	NA	NA	74.5	NA	NA	NA	NA
Asian or Pacific Islander	87.0	89.4	84.1	86.7	89.3	83.8	-0.2	-0.3
Black or African American	72.4	77.0	68.7	69.3	74.5	64.7	-2.5	-3.9
Latino(a)	85.6	88.7	82.7	83.1	87.8	78.9	-0.9	-3.8
Native Hawaiian or Other Pacific Islander	76.3	77.9	74.6	73.4	77.2	71.5	-0.7	-3.1
White	81.8	84.3	79.8	81.9	84.8	79.6	0.5	-0.2

Data source: California Department of Public Health. Vital Records Business Intelligence System death statistical master file 2016-2021

Notes: Data are pooled estimates from three years. Life expectancy is not shown for racial/ethnic populations where the size of the population is too small.

Appendix E:
Tables from Reporting
Agencies' Food Security
Data Sets

Table 1: Inventory of Food Program Data Provided in FY22-23

Reporting Department	Program Name	Did program provide zip code data?	Did program provide funding data?	Did program provide demographic data?
HSH	Food Pantry in Permanent Supportive Housing	Yes	Yes	Yes
HSH	Safe Sleep Site Meals	Yes	Yes	Yes
HSH	Shelter and Navigation Center Meals	Yes	Yes	Yes
SFHA	N/A	N/A	N/A	N/A
SF Planning	N/A	N/A	N/A	N/A
Real Estate	Alemanys Farmers Market	No	No	No
DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	Yes	Yes	Yes
DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	Yes	Yes	Yes
DPH	Black Infant Health (BIH) Grocery vouchers	Yes	Yes	Yes
DPH	Bulk Food Distribution to housing sites for people living with HIV	No	Yes	No
DPH	Feeding 5000	Yes	Yes	No
DPH	Food Bridge to Health (FB2H)	No	No	No
DPH	Food Pharmacies funded by DKJ in partnership with DPH and OEWD	Yes	Yes	No
DPH	Groceries and Prepared meals for people living with HIV	Yes	Yes	Yes
DPH	Healthy Food Purchasing Supplement	Yes	Yes	Yes
DPH	Sugary Drinks Distributor Tax (soda tax) community based grants	No	Yes	No
DPH	WIC	Yes	Yes	Yes
HSA	CalFresh -BFS	Yes	Yes	Yes
HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries -BFS	Yes	Yes	Yes
HSA	Community Centered Grocery Access - CFAT	Yes	Yes	Yes
HSA	Grocery Vouchers - CFAT	Yes	Yes	Yes
HSA	Meal Support - CFAT	Yes	Yes	Yes
HSA	Congregate Meals - DAS	Yes	Yes	Yes
HSA	Food Empowerment Market Pilot - CFAT	No	Yes	No
HSA	Food Production - CFAT	No	Yes	No
HSA	Home-Delivered Groceries - DAS	Yes	Yes	Yes
HSA	Home-Delivered Meals - DAS	Yes	Yes	Yes
HSA	Nutrition as Health - DAS	Yes	Yes	Yes
HSA	Pantries - DAS	Yes	Yes	Yes
Rec & Parks	Alemanys Farm - food security farm	Yes	Yes	No
SFUSD	NSLP - National School Lunch Program	Yes	Yes	Yes
SF Treasurer	N/A	N/A	N/A	N/A
Infrastructure				
DEC	Child Health and Nutrition Mini-Grants up to \$1,200 to purchase appliances and equipment to increase food and nutrition security among children zero to five years old	Yes	Yes	No
DEC	Family Resource Center Enhancement Grants that included funding for basic needs, inclusive of food delivery, food resources, and food security gift cards	Yes	Yes	No
DEC	within the context of Early Care and Education Integrated Services, Nutrition Services to support early care and education programs to participate in the Child and Adult Care Food Program and improve nutrition practices through the Healthy Apple Program.	No	Yes	No
SFE	Kitchen Zero SF	No	Yes	No
OEWD	Healthy Retail SF Program	No	No	No
Rec & Parks	Community Gardens Program	Yes	Yes	No
Rec & Parks	Garden Resource Day	Yes	Yes	No

Table 2: Basic Program Information by Reporting Department, FY 22-23

	Reporting Department	Program Name	Who is the service provided to?	Number of vendors/contractors that provide this service:	Unit of service	Average frequency that clients receive service	Does this program screen for food security?
Financial resources	DPH	Black Infant Health (BIH) Grocery vouchers	Individual	1	Vouchers	Monthly	No
Financial resources	DPH	Healthy Food Purchasing Supplement	Individual	2	Vouchers	Monthly	No
Financial resources	DPH	WIC	Individual	N/A	Participants	Monthly	Yes
Financial resources	HSA	CalFresh - BFS	Household	N/A	Electronic Benefit Transfer	Monthly	No
Financial resources	HSA	Grocery Vouchers - CFAT	Household	1	Vouchers	Monthly	No
Food access	DPH	Bulk Food Distribution to housing sites for people living with HIV	Individual	1	Pounds of food	Weekly	No
Food access	DPH	Feeding 5000	Household	8	Meals and grocery bags	Annually	No
Food access	DPH	Food Bridge to Health (FB2H)	Varies	1	Meals and grocery bags	Varies	No
Food access	DPH	Food Pharmacies funded by DK1 in partnership with DPH and OEWD	Individual	1	Grocery bags	Weekly	Yes
Food access	DPH	Groceries and Prepared meals for people living with HIV	Individual	1	Meals and grocery bags	Weekly	No
Food access	DPH	Sugary Drinks Distributor Tax (soda tax) community based grants	Varies	4	Participants		
Food access	HSH	Food Pantry in Permanent Supportive Housing	Individual	1	Grocery bags	Weekly	No
Food access	HSH	Safe Sleep Site Meals	Individual	1	Meals	Daily	No
Food access	HSH	Shelter and Navigation Center Meals	Household	20	Meals	Daily	No
Food access	Real Estate	Alemanly Farmers Market	Data not provided	Data not provided	Data not provided	Data not provided	Data not provided
Food access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	Individual	1	Meals	Monday-Friday	No
Food access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	Individual	1	Meals	Daily	No

Table 2: Basic Program Information by Reporting Department, FY 22-23

	Reporting Department	Program Name	Who is the service provided to?	Number of vendors/contractors that provide this service:	Unit of service	Average frequency that clients receive service	Does this program screen for food security?
Food access	HSA	Community Centered Grocery Access - CFAT	Household	17	Grocery bags	Weekly	Yes
Food access	HSA	Congregate Meals -DAS	Individual	10	Meals	Daily	Yes
Food access	HSA	Food Empowerment Market Pilot - CFAT	Household	1	Grocery bags	TBD	No
Food access	HSA	Food Production - CFAT	Household	6	Pounds of Produce and Meals	Monthly	No ^a
Food access	HSA	Home-Delivered Groceries -DAS	Individual	5	Grocery bags	Weekly	Yes
Food access	HSA	Home-Delivered Meals -DAS	Individual	8	Meals	Daily	Yes
Food access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	Household	Eleven. One contractor maintains non-contractual relationships with ten partner sites where services are delivered.	Grocery bags	Weekly	Yes
Food access	HSA	Meal Support - CFAT	Varies	7	Meals	Weekly	Yes
Food access	HSA	Nutrition as Health - DAS	Individual	1	Meals and Grocery bags	Daily	Yes
Food access	HSA	Pantries -DAS	Individual	1	Grocery bags	Weekly	Yes
Food access	Rec & Parks	Alemanly Farm - food security farm	Varies	1	Pounds of produce grown annually	Weekly	No
Food access	SFUSD	NSLP - National School Lunch Program	Individual	1	Meals	Daily	No
Infrastructure	DEC	Early Care and Education Integrated Services, Nutrition Services	N/A	225 Family Child Care Homes in the Child and Adult Care Food Program (CACFP) and 256 educators in the Healthy Apple Program.	Training and technical assistance	Varies	No

Table 2: Basic Program Information by Reporting Department, FY 22-23

	Reporting Department	Program Name	Who is the service provided to?	Number of vendors/contractors that provide this service:	Unit of service	Average frequency that clients receive service	Does this program screen for food security?
Infrastructure	DEC	Family Child Care - Child Health and Nutrition Mini-Grants	N/A	161	Grants of \$1,200 or \$800	One-time grant	No
Infrastructure	DEC	Family Resource Center Enhancement Grants	N/A	30	Food pantries and food security gift cards	Weekly food resource distribution	No
Infrastructure	SFE	Kitchen Zero SF	N/A	7	Number of pick ups and drop offs and pounds of food recovered	Varies	No
Infrastructure	OEWD	Healthy Retail SF Program	N/A	2	Store equipment	Daily	No
Infrastructure	Rec & Parks	Community Gardens Program	Varies		Number of households served	Average 3 times a week	No
Infrastructure	Rec & Parks	Garden Resource Day	Household		Cubic feet of compost and number of plant starts	Approximately every 6 weeks in non-winter months	No

^a This program will screen for food security once operating. The market has yet to open, so this survey was not been conducted in FY22-23.

Table 2a: Waitlist Data, by Reporting Department

Program Type	Reporting Department	Program Name	Does this program have a waitlist?	Number of people/households on waitlist	Average time on wait list
Infrastructure	DEC	Early Care and Education Integrated Services, Nutrition Services	No		
Infrastructure	DEC	Family Child Care - Child Health and Nutrition Mini-Grants	No		
Infrastructure	DEC	Family Resource Center Enhancement Grants	No		
Financial resources	DPH	Black Infant Health (BIH) Grocery vouchers	No		
Financial resources	DPH	Healthy Food Purchasing Supplement	Yes	10000	Unknown
Financial resources	DPH	Women, Infants and Children (WIC)	Yes		While there is no waitlist, we currently have a appointment wait time of 4-6 weeks to enroll (which is a long time in an infant or pregnant person's life)
Food access	DPH	Bulk Food Distribution to housing sites for people living with HIV	No		
Food access	DPH	Feeding 5000	No		
Food access	DPH	Food Bridge to Health (FB2H)	No		
Food access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD	No		
Food access	DPH	Groceries and Prepared meals for people living with HIV	No		

Table 2a: Waitlist Data, by Reporting Department

Program Type	Reporting Department	Program Name	Does this program have a waitlist?	Number of people/households on waitlist	Average time on wait list
Food access	DPH	Sugary Drinks Distributor Tax (soda tax) community based grants			
Infrastructure	SFE	Kitchen Zero SF	No		(No response) Many food recovery organizations have been interested in the program but have not had capacity to seek out partnerships with T1/T2 generators
Food access	HSH	Food Pantry in Permanent Supportive Housing	No		
Food access	HSH	Safe Sleep Site Meals	No		
Food access	HSH	Shelter and Navigation Center Meals	No		
Infrastructure	OEWD	Healthy Retail SF Program	No		
Food access	Real Estate	Alemany Farmers Market			
Financial resources	HSA	CalFresh (Division: Benefits and Family Support)	No		
Financial resources	HSA	Grocery Vouchers - CFAT	Yes	The contractor for this service estimates a wait list of 10,000 but does not keep a client-based wait list. Their estimate is based on a list of organizations in the city who have expressed interest in their clients receiving the service. The contractor uses the number of clients at each organization to make the estimates. It is likely an overestimate, because some of these clients might be either ineligible or uninterested in the program. In addition, the estimate does not account for potentially duplicated individuals between organizations.	N/A
Food access	HSA	Community Centered Grocery Access - CFAT	Yes	3700	Unknown
Food access	HSA	Congregate Meals -DAS	No		
Food access	HSA	Food Empowerment Market Pilot - CFAT	No		
Food access	HSA	Food Production - CFAT	No		

Table 2a: Waitlist Data, by Reporting Department

Program Type	Reporting Department	Program Name	Does this program have a waitlist?	Number of people/households on waitlist	Average time on wait list
Food access	HSA	Home-Delivered Groceries - DAS	Yes	0	0
Food access	HSA	Home-Delivered Meals - DAS	Yes	207	Average: 9 weeks, Median: 3.7 weeks
Food access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries (Division: Benefits and Family Support)	Yes	Just under 40 people are on the waitlist for an IFA/PFA site as of July 2023. An additional 30 people currently get food assistance from a different food pantry of home-delivered grocery services, and have been waitlisted for an IFA or PFA site after requesting to move their site of enrollment. They continue to receive services while on the waitlist.	It takes approximately 165 days on average between when a participant is placed on a waitlist for an IFA/PFA pantry and they are offered a spot. This average includes participants that participate in second-choice food sites or programs while waiting for a spot at a IFA/PFA site, and those that get offered a spot and then don't ultimately accept it.
Food access	HSA	Meal Support - CFAT	Yes, there is a waitlist for the family meal and grab-and-go meals for adults. There is no wait list for the community dining room, all are welcome and will receive a meal.	54	
Food access	HSA	Nutrition as Health - DAS	No		
Food access	HSA	Pantries - DAS	No, though some clients may be on waitlists for a preferred pantry location, but they are still getting service		
Food access	Rec & Parks	Aleman Farm - food security farm	No		
Infrastructure	Rec & Parks	Community Gardens Program	Yes	Varies by garden. in an average year we receive 10x the waitlist requests as available plots throughout the system, though gardeners carry over from year-to-year and many individuals sign up for mutliple garden wait lists.	For CG: Waitlist vary greatly by site. Pre-covid, 60% of the locations had a 3-5 year waitlist, 25% had a 5-10 year waitlist, and 15% had a 10+ year waitlist. Covid changed sign up patterns, but due to long wait times, we don't yet have the datat to analyze the changes to our wait times.
Infrastructure	Rec & Parks	Garden Resource Day	No		
Food access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	No		
Food access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	No		
Food access	SFUSD	NSLP - National School Lunch Program	No		

Table 3: Program Qualifications, by Program Type, FY 22-23

Program Type	Reporting Department	Program Name	Program Qualifications
Financial resources	DPH	Black Infant Health (BIH) Grocery vouchers	Eligibility: Enrolled in SF BIH program
Financial resources	DPH	Healthy Food Purchasing Supplement	Low income SF residents are eligible including the following: pregnant WIC clients, other pregnant people, low income families, and residents of SROs and permanent supportive housing, and CalFresh clients. Residents access the program through the WIC program, as well as through partnering agencies including housing providers and community based organizations. CalFresh clients access the program through the Market Match program at Heart of the City Farmers Market.
Financial resources	DPH	WIC	Eligibility: Pregnant, postpartum, breastfeeding, or families with children under 5 years of age. Income less than 185% FPL or enrolled in MediCal or CalFresh. Over 15,000 San Franciscans are eligible for WIC each year. We serve approximately 12000-13000 annually
Financial resources	HSA	CalFresh - BFS	Eligibility criteria: Eligibility is primarily based on income. Eligible households will typically have income at or below 130% of the poverty level. The California Department of Social Services estimates that around 110,000 San Franciscans are eligible for CalFresh. Access: Applications can be submitted online, in person at an SFHSA office, or by phone, fax, or mail. Applicants may be asked to submit proof of certain household circumstances and/or participate in an interview as part of the approval process.
Financial resources	HSA	Grocery Vouchers - CFAT	Eligibility Criteria: SF resident Access: Participants must be connected to a community-based organization that serves low-income residents as a form of proxy eligibility. Participating community-based organizations must have a working relationship with our vendor EatSF, a project of UCSF.
Food access	DPH	Bulk Food Distribution to housing sites for people living with HIV	Services will be provided to all San Franciscans, however, the target population for this contract is 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. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city. POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 500% of Federal Poverty Level as defined by the US Department of Health and Human Services A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES
Food access	DPH	Feeding 5000	There were no eligibility criteria. People accessed the holiday grocery box and seniors accessed prepared meals through the partnering community and faith-based organizations that serve low-income families and older adults.
Food access	DPH	Food Bridge to Health (FB2H)	Eligibility: Patient in ZSFG acute care settings (ED or inpatient). Screened positive for food insecurity. Have a nutrition-sensitive medical condition. Access: eligible patients will be screened for electronically and approached by FB2H staff while admitted. Ongoing access will be provided by FB2H community navigator outreach. Food vendor access will depend on which food vendor clients are enrolled in. Estimated eligibility for ZSFG inpatient services (don't have ED number): approximately 4000 people per year
Food access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD	Patients must have a chronic condition such as hypertension or diabetes. Priority given to populations experiencing disparities in clinical outcomes. Patients enrolled in program based on referrals from providers and identification via chronic disease registries.

Table 3: Program Qualifications, by Program Type, FY 22-23

Program Type	Reporting Department	Program Name	Program Qualifications
Food access	DPH	Groceries and Prepared meals for people living with HIV	Services will be provided to all San Franciscans, however, the target population for this contract is 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. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city. POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 500% of Federal Poverty Level as defined by the US Department of Health and Human Services A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES
Food access	DPH	Sugary Drinks Distributor Tax (soda tax) community based grants	for any of the funded programs, participants must be low income. access to program depends on the specifically funded grant.
Food access	HSH	Food Pantry in Permanent Supportive Housing	In order to be eligible, participants must be part of the Homelessness Response System and enrolled in the site-based program (i.e. staying in the Navigation Center, Safe Sleep Site, or Permanent Supportive Housing). Everyone at the site where the food program is located is eligible.
Food access	HSH	Safe Sleep Site Meals	In order to be eligible, participants must be part of the Homelessness Response System and enrolled in the site-based program (i.e. staying in the Navigation Center, Safe Sleep Site, or Permanent Supportive Housing). Everyone at the site where the food program is located is eligible.
Food access	HSH	Shelter and Navigation Center Meals	In order to be eligible, participants must be part of the Homelessness Response System and enrolled in the site-based program (i.e. staying in the Navigation Center, Safe Sleep Site, or Permanent Supportive Housing). Everyone at the site where the food program is located is eligible.
Food access	Real Estate	Alemany Farmers Market	Data not provided
Food access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	Eligibility criteria is by location. If a location is in a school attendance zone or census block where 50% or more youth qualify for free/reduced price meals, the site is qualified. Income forms can also be used for sites for locations that are located in "non-needy" areas but only for SFSP programs. Youth 18 years and younger can access the program by enrolling in many of the programs that participate in our meal program. There are approximately 27,000 youth 18 years and younger enrolled in SFUSD that are eligible for this program.
Food access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	Eligibility criteria is by location. If a location is in a school attendance zone or census block where 50% or more youth qualify for free/reduced price meals, the site is qualified. Income forms can also be used for sites for locations that are located in "non-needy" areas. Youth 18 years and younger can access the program by enrolling in many of the programs that participate in our meal program or they can walk into an "open" site during meal service times. There are approximately 27,000 youth 18 years and younger enrolled in SFUSD that are eligible for this program.
Food access	HSA	Community Centered Grocery Access - CFAT	Eligibility Criteria: San Francisco resident Access: Those interested in participating register at the service provider site. There may be a wait list.
Food access	HSA	Congregate Meals - DAS	Eligibility criteria: Clients must meet one of the following eligibility criteria: 1) A person who is 60 years of age or older (older adult). 2) The spouse or domestic partner of an older adult, regardless of age. 3) A person who is an adult with a disability. 4) A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. 5) A person with a disability, under the age of sixty (60) who resides in housing facilities occupied primarily by older adults at which congregate nutrition services are provided. 6) A disabled individual who resides at home with and accompanies an older adult who participates in the program. Access: Clients access the program by going to any congregate meal site and registering with the DAS-funded congregate nutrition partner. By registering with a DAS congregate nutrition partner, a client receives a meal card with a barcode, also known as a "gold card." A gold card can be used at any congregate meal site, regardless of the issuing congregate nutrition partner/location.
Food access	HSA	Food Empowerment Market Pilot - CFAT	Eligibility criteria: Clients must be residents of 94124 and fill one of the following eligibility criteria: 1) receive public assistance 2) be a member of the undocumented community 3) SRO resident 4) referred by a San Francisco community-based organization. Access: Residents will access the program by going to the market and registering or being referred by a community-based organization. It's estimated that about 6,600 residents would be eligible for the program. However, capacity for the program will depend on funding availability and the capacity of the operator.
Food access	HSA	Food Production - CFAT	Eligibility Criteria: SF resident Access: Program access ranges by the provider from attending a grocery site that sources from the farm or enrolling at a community kitchen site, to simply living nearby a participating farm and harvesting produce oneself.

Table 3: Program Qualifications, by Program Type, FY 22-23

Program Type	Reporting Department	Program Name	Program Qualifications
Food access	HSA	Home-Delivered Groceries - DAS	Eligibility criteria: ☑Clients must be residents of San Francisco who meet all of the following eligibility criteria: 1) Is an older adult OR an adult with a disability 2) Reports having an income at or below 200% of the federal poverty line 3) Has a condition that prevents the individual from standing in a food pantry line 4) Has a demonstrated need for supplemental groceries due to food insecurity and is not receiving two home-delivered meals from a DAS funded nutrition partner 6) Has capacity or help to store and handle delivered groceries 7) Is able to prepare food at home or has a caregiver who can prepare food. Access: Clients can apply for the service through SF-Marin Food Bank via website, phone, or email.
Food access	HSA	Home-Delivered Meals - DAS	Eligibility criteria: ☑Clients must be residents of San Francisco who meet one of the following criteria: 1) A person 18-59 years of age living with a disability and is homebound by reason of illness, disability, or isolation 2) An older adult living in the City and County of San Francisco who is homebound due to illness or disability, or is otherwise isolated 3) A spouse or domestic partner of an older adult enrolled in the program if an assessment by the grantee’s social worker or assessment staff concludes that it is in the best interest of the enrolled older adult 4) An individual with a disability who resides at home with an enrolled older adult, if an assessment by the grantee’s social worker or assessment staff concludes that it is in the best interest of the enrolled older adult. Access: Clients can apply for the program through the DAS Benefits and Resource Hub.
Food access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries (Division: Benefits and Family Support)	Eligibility criteria: The program is available to San Franciscans who are low-income and who are experiencing, or at risk of experiencing, food insecurity. Access: Interested households can find out about and enroll via the San Francisco-Marin Food Bank or directly at the pantry site.
Food access	HSA	Meal Support - CFAT	Eligibility Criteria: 1) For family meals: Low-income SF resident with children aged five or younger; income eligibility is determined by their existing enrollment with an organization that serves low-income communities, like a Head Start site. 2) Dining Room: SF resident 3) Grab-and-Go Meals: SF resident 4) SRO meals: SF resident, SRO resident Access: The community dining room is open to all. For the family meals, clients must be part of a referring organization like a Head Start of Family Resource Center. Meal pick-ups for other residents are offered at a small scale through select providers and participants must register directly with that organization. There are a limited number of spots.
Food access	HSA	Nutrition as Health - DAS	Eligibility criteria:☑ Clients must be residents of San Francisco who meet one of the following eligibility criteria: 1) An older adult OR an adult with a disability with diagnosis of one or more of the following qualifying chronic diseases: heart disease, congestive heart failure, chronic obstructive pulmonary disease, and type two diabetes. Access:☑Applications requiring a signature from a licensed medical provider can be submitted to the service provider, Project Open Hand, via fax, email, mail or in person.
Food access	HSA	Pantries - DAS	Eligibility criteria: ☑Clients must be residents of San Francisco who meet one of the following eligibility criteria: 1) A person who is 60 years of age or older (older adult). 2) A person who is 18 years of age or older living with a disability. Access: ☑Clients can enroll for the service directly at any San Francisco Marin Food Bank pantry across the City during operating hours to successfully enroll. Enrolled clients are assigned to one pantry location based on a number of factors, and may join a waitlist for a specific pantry of their choosing while still accessing services at another pantry until their 1st choice becomes available.
Food access	Rec & Parks	Aleman Farm - Food Security Farm	No screening. Individuals may sign up to join a workday at this website: https://alemanyfarm.org/get-involved/ or obtain produce from the Free Farm Stand that operates in the Mission on Sunday morning. All San Francisco residents are eligible, though all produce is grown and distributed in the 94110 zip code.
Food access	SFUSD	NSLP - National School Lunch Program	One breakfast and lunch are provided to students enrolled at SFUSD schools; at no cost to them as a result CA Universal Meal Program
Infrastructure	DEC	Early Care and Education Integrated Services, Nutrition Services	For #3, training and support are provided to all licensed child care settings expressing need.
Infrastructure	DEC	Family Child Care - Child Health and Nutrition Mini-Grants	For #1 above, eligibility was based on licensed family child care homes that met DEC's quality standards and were admitted to our funding network. .
Infrastructure	DEC	Family Resource Center Enhancement Grants	For #2, FRCs typically provided basic needs and food support to all families expressing need without taking formal applications (except for gift card tracking)

Table 3: Program Qualifications, by Program Type, FY 22-23

Program Type	Reporting Department	Program Name	Program Qualifications
Infrastructure	SFE	Kitchen Zero SF	Any business required to comply with SB 1383 edible food recovery and apply and get funding. And food recovery organization or service receiving or transporting food from SB 1383 donors can apply. Roughly the program can support 10-15 partnerships between SB 1383 donors and food recovery orgs/services
Infrastructure	OEWD	Healthy Retail SF Program	Healthy Retail SF operates a comprehensive model to assist corner stores. Stores participate in the program for an average of three to five years.
Infrastructure	Rec & Parks	Community Gardens Program	Individuals must be adult San Francisco residents or participate in a youth education program operating at the site. The majority of gardens are plot based; individuals sign up for first-come-first-serve waitlists by garden site, through RPD's website. We also have "communal gardens" where everything is managed together (no individual plot assignments) and "associate members" (individuals who are garden members that do not have plot assignments) which are typically accessed through attending public workdays that the garden membership hosts. All adult San Franciscans are eligible.
Infrastructure	Rec & Parks	Garden Resource Day	Individuals must be San Francisco residents at least 14 years old (or accompanied by an adult) to attend the events and must sign our day-of waiver to participate.. The program is drop-in, no waitlists of sign ups. All San Franciscans may attend.

Table 4: Total Number of Individuals/Households Served by Reporting Department Programs, by Race/Ethnicity, FY 22-23

			Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
			n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)
Total population in San Francisco for which poverty is established (% Margin of Error)			852,231 (± 0.1)	4,179 (±18.1)	294,351 (±0.7)	43,704 (±0.3)	129,574 (±0.2)	3,094 (±15.4)	370,416 (±0.6)	71,346 (±4.2)	65,141 (±4.2)	N/A
Total population below 100% FPL (% Margin of Error)			87,874 (±0.4)	1,300 (±12.6)	29,342 (±0.7)	11,524 (±2.5)	17,236 (±1.3)	448 (±6.5)	28,687 (±0.6)	6,873 (±1.0)	9,700 (±1.9)	N/A
Department	Program name ^{b-d}	Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown	
		n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers	120	---	---	120 (100%)	---	---	---	---	---	---
Financial Resources	DPH	Healthy Food Purchasing Supplement ^a	14,839	38 (0.3%)	941 (6.3%)	432 (2.9%)	883 (6%)	---	226 (1.5%)	1,064 (7.2%)	76 (0.5%)	11,179 (75.3%)
Financial Resources	DPH	WIC ^b	11,723	0 (0%)	3,282 (28%)	1,120 (9.6%)	6,777 (57.8%)	103 (0.9%)	441 (3.8%)	---	---	---
Financial Resources	HSA	CalFresh - BFS	130,468	345 (0.3%)	31,784 (24.4%)	11,724 (9%)	15,038 (11.5%)	3,391 (2.6%)	11,731 (9%)	101 (0.1%)	5,696 (4.4%)	50,658 (38.8%)
Financial Resources	HSA	Grocery Vouchers - CFAT ^a	3,044	21 (0.7%)	1,055 (34.7%)	362 (11.9%)	1,155 (37.9%)	---	204 (6.7%)	69 (2.3%)	55 (1.8%)	123 (4%)
Food Access	HSH	Shelter and Navigation Center Meals	4,050	187 (4.6%)	112 (2.8%)	795 (19.6%)	1,009 (24.9%)	59 (1.5%)	1,374 (33.9%)	207 (5.1%)	Unknown	307 (7.6%)
Food Access	HSH	Safe Sleep Site Meals	939	40 (4.3%)	24 (2.6%)	184 (19.6%)	180 (19.2%)	17 (1.8%)	428 (45.6%)	44 (4.7%)	---	22 (2.3%)
Food Access	HSH	Food Pantry in Permanent Supportive Housing ⁺⁺⁺	255	0 (0%)	13 (5.1%)	72 (28.2%)	30 (11.8%)	Less than 11	97 (38%)	20 (7.8%)	Less than 11	+++
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	2,524	0 (0%)	512 (20.3%)	459 (18.2%)	894 (35.4%)	57 (2.3%)	171 (6.8%)	214 (8.5%)	132 (5.2%)	85 (3.4%)
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	3,531	0 (0%)	924 (26.2%)	660 (18.7%)	1,162 (32.9%)	55 (1.6%)	159 (4.5%)	293 (8.3%)	122 (3.5%)	156 (4.4%)

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Table 4: Total Number of Individuals/Households Served by Reporting Department Programs, by Race/Ethnicity, FY 22-23

			Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
			n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)
Total population in San Francisco for which poverty is established (% Margin of Error)			852,231 (± 0.1)	4,179 (±18.1)	294,351 (±0.7)	43,704 (±0.3)	129,574 (±0.2)	3,094 (±15.4)	370,416 (±0.6)	71,346 (±4.2)	65,141 (±4.2)	N/A
Total population below 100% FPL (% Margin of Error)			87,874 (±0.4)	1,300 (±12.6)	29,342 (±0.7)	11,524 (±2.5)	17,236 (±1.3)	448 (±6.5)	28,687 (±0.6)	6,873 (±1.0)	9,700 (±1.9)	N/A
Department	Program name ^{b-d}	Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown	
		n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Food Access	DPH Groceries and Prepared meals for people living with HIV ⁺⁺⁺	919	Less than 11	36 (3.9%)	165 (18%)	194 (21.1%)	Less than 11	427 (46.5%)	41 (4.5%)	0 (0%)	+++	
Food Access	HSA Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	2,173	2 (0.1%)	877 (40.4%)	12 (0.6%)	297 (13.7%)	2 (0.1%)	74 (3.4%)	7 (0.3%)	6 (0.3%)	896 (41.2%)	
Food Access	HSA Community Centered Grocery Access - CFAT ^a	30,460	127 (0.4%)	18,390 (60.4%)	964 (3.2%)	5,463 (17.9%)	70 (0.2%)	1,453 (4.8%)	124 (0.4%)	127 (0.4%)	3,742 (12.3%)	
Food Access	HSA Meal Support - CFAT ^a	2,972	29 (1%)	1140 (38.4%)	722 (24.3%)	482 (16.2%)	---	69 (2.3%)	32 (1.1%)	27 (0.9%)	471 (15.8%)	
Food Access	HSA Congregate Meals - DAS	18,281	53 (0.3%)	11,921 (65.2%)	1,854 (10.1%)	1,881 (10.3%)	102 (0.6%)	1,536 (8.4%)	0 (0%)	8 (0%)	926 (5.1%)	
Food Access	HSA Home-Delivered Groceries - DAS	5,506	25 (0.5%)	2,601 (47.2%)	909 (16.5%)	699 (12.7%)	87 (1.6%)	852 (15.5%)	0 (0%)	10 (0.2%)	323 (5.9%)	
Food Access	HSA Home-Delivered Meals - DAS	7,033	46 (0.7%)	2,401 (34.1%)	1,257 (17.9%)	907 (12.9%)	117 (1.7%)	2,107 (30%)	0 (0%)	15 (0.2%)	183 (2.6%)	
Food Access	HSA Nutrition as Health - DAS	637	9 (1.4%)	70 (11%)	149 (23.4%)	265 (41.6%)	5 (0.8%)	113 (17.7%)	0 (0%)	6 (0.9%)	20 (3.1%)	

Table 4: Total Number of Individuals/Households Served by Reporting Department Programs, by Race/Ethnicity, FY 22-23

		Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
		n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)	n (%ME)
Total population in San Francisco for which poverty is established (% Margin of Error)		852,231 (± 0.1)	4,179 (±18.1)	294,351 (±0.7)	43,704 (±0.3)	129,574 (±0.2)	3,094 (±15.4)	370,416 (±0.6)	71,346 (±4.2)	65,141 (±4.2)	N/A
Total population below 100% FPL (% Margin of Error)		87,874 (±0.4)	1,300 (±12.6)	29,342 (±0.7)	11,524 (±2.5)	17,236 (±1.3)	448 (±6.5)	28,687 (±0.6)	6,873 (±1.0)	9,700 (±1.9)	N/A
Department	Program name ^{b-d}	Total sample	American Indian or Alaska Native	Asian ^a	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
		n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Food Access	HSA Pantries - DAS	3,435	3 (0.1%)	2,812 (81.9%)	136 (4%)	158 (4.6%)	9 (0.3%)	260 (7.6%)	0 (0%)	2 (0.1%)	55 (1.6%)
Food Access	SFUSD NSLP - National School Lunch Program	50,013	250 (0.5%)	15,004 (30%)	3,501 (7%)	16,504 (33%)	250 (0.5%)	7,002 (14%)	3,501 (7%)	2,001 (4%)	2,001 (4%)

--- Indicates program provided some demographic data but not for this table

+++ Data is suppressed to align with Reporting Agency guidelines

^a For the following programs: Meal Support (Division: Citywide Food Access Team), Grocery Vouchers (Division: Citywide Food Access Team), and Healthy Food Purchasing Supplement, Asian Pacific Islander is reported as a single category (Asian), which is why the Native Hawaiian or Other Pacific Islander field is low or missing data.

^b Race/ethnicity data was not provided for the following programs: Real Estate Division- GSA: Alemany Farmers Market; DPH: Bulk Food Distribution to housing sites for people living with HIV, Food Bridge to Health (FB2H), Food Pharmacies funded by DKl in partnership with DPH and OEWD, and Sugary Drinks Distributor Tax (soda tax) community based grants.

^c Feeding 5000 and the Food Production -CFAT programs collect race/ethnicity data but this data is measured differently and is not translatable to this reporting structure.

^d The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

Instructions for using Table 5:

Table 5 is provided in two formats: full format or divided into parts A, B and C.

Differences between the two versions of table 5:

1. Full format: Has all zip code data in one table. This table is printable on 3 ledger sized pages (11x17). We recommend using this version of the table when viewing this Appendix on the computer.
2. Table 5 parts A, B, and C: These tables have all zip code data separated into three parts. Each part is formatted to print easily on letter sized paper (21 separate pages). Table 5 parts A, B and C can be printed and laid out in a grid that aligns with the full format version of Table 5.

Layout Table 5 parts A, B, C in the following order to recreate the full format version of Table 5:

Table 5 Part A - Page 1	Table 5 Part B - Page 1	Table 5 Part C - Page 1
Table 5 Part A - Page 2	Table 5 Part B - Page 2	Table 5 Part C - Page 2
Table 5 Part A - Page 3	Table 5 Part B - Page 3	Table 5 Part C - Page 3
Table 5 Part A - Page 4	Table 5 Part B - Page 4	Table 5 Part C - Page 4
Table 5 Part A - Page 5	Table 5 Part B - Page 5	Table 5 Part C - Page 5
Table 5 Part A - Page 6	Table 5 Part B - Page 6	Table 5 Part C - Page 6
Table 5 Part A - Page 7	Table 5 Part B - Page 7	Table 5 Part C - Page 7

We recognize that printing and laying out Table 5 parts A, B, and C is cumbersome and may not be feasible. We are in the process of stratifying the zip code data by resource type and specific population served. By summarizing the zip code data further, we hope to improve interpretation and printability.

Once finalized, these additional tables will be posted on the Food Security Task Force website (<https://sf.gov/departments/food-security-task-force>) on the Biennial Food Security and Equity Report page, and also available by request (foodsecurity@sfdph.org).

Table 5: Total Individuals/Households Served by Reporting Department Programs by Zip Code, 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				
		n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n					
Highest rates of poverty			19%	16%	22%			20%			18%										18%			42%		15%									
Margin of error for poverty rates (%) (only included those > 7%)					(±16.7)						(±19.3)													(±10.9)											
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³																																			
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)			2	7	1			3	9			10						11					5		8		6								
Population for whom poverty status is determined		852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542						
Total number of people below 100% FPL*		87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440	940	141	1,309	1,535	3,512	3,808	4,747	1,123						
Total number of people below 200% FPL*		174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712						
Total number of people below 300% FPL*		253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021						
Total number of people who are unsheltered (2022 Homeless)		4,393	1084	837	6	82	220	29	166	447	27	68	74	41	34	175	73	29	184	64	398	18	2	9	26	129	43	86	45						
Category	Department	Program Name ^{22,24-26}	City wide n (%)	94102 n	94103 n	94104 n	94105 n	94107 n	94108 n	94109 n	94110 n	94111 n	94112 n	94114 n	94115 n	94116 n	94117 n	94118 n	94121 n	94122 n	94123 n	94124 n	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n			
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Vouchers)																																	
Financial Resources	DPH	Healthy Food Purchasing Supplement																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (\$10 Vouchers)																																	
Financial Resources	DPH	WIC²¹																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Participants)																																	
Financial Resources	HSA	CalFresh - BFS																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Individuals)																																	
Financial Resources	HSA	Grocery Vouchers - CFAT¹⁰																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (\$10 Vouchers)																																	
Financial Resources		Ecology Center Market Match																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (\$10 Vouchers)																																	
Food Access	HSH	Food Pantry in Permanent Supportive Housing																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Grocery bags: once/week x 52 weeks)																																	
Food Access	HSH	Safe Sleep Site Meals																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Meals: 2/day x 365)																																	
Food Access	HSH	Shelter and Navigation Center Meals																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Meals: 2/day x 365)																																	
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Meals)																																	
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (Meals)																																	
Food Access	DPH	Feeding 5000⁶																																	
		Holiday Groceries																																	
		Total individuals served																																	
		Total households served																																	
		Total Units of Service (grocery bags)																																	
		Senior Meals																																	
Total individuals served																																			
Total households served																																			
Total Units of Service (meals)																																			

Table 5: Total Individuals/Households Served by Reporting Department Programs by Zip Code, 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	
		n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n		
Highest rates of poverty			19%	16%	22%			20%			18%										18%			42%		15%						
Margin of error for poverty rates (%) (only included those > 7%)					(±16.7)						(±19.3)													(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³																																
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)			2	7	1			3	9			10						11			4			5		8		6				
Population for whom poverty status is determined		852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*		87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*		174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*		253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless)		4,393	1084	837	6	82	220	29	166	447	27	68	74	41	34	175	73	29	184	64	398	18	2	9	26	129	43	86	45			
Category	Department	Program Name	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
			n (%)	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	
Food Access	DPH	Groceries and Prepared meals for people living with HIV⁷																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Meals and grocery bags)																														
Food Access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD⁸																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Grocery bags)																														
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Grocery bags)																														
Food Access	HSA	Community Centered Grocery Access - CFAT⁵																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Grocery bags)																														
Food Access	HSA	Meal Support - CFAT																														
		Total individuals served ¹																														
		Total households served ¹																														
		Total programs/locations																														
		Total Units of Service (Meals)																														
		Family Meal Pack - CFAT Meals Support¹⁴																														
		Total individuals served																														
		Total households served																														
		Total programs/locations																														
		Total Units of Service (Meals)																														
Food Access	HSA	Congregate Meals - DAS⁴																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Meals)																														
Food Access	HSA	Home-Delivered Groceries - DAS²																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Grocery bags)																														
Food Access	HSA	Home-Delivered Meals - DAS²																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Meals)																														
Food Access	HSA	Nutrition as Health - DAS²																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (grocery bags)																														
Food Access	HSA	Pantries - DAS⁵																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Grocery bags)																														
Food Access	SFUSD	NSLP - National School Lunch Program																														
		Total individuals served																														
		Total households served																														
		Total Units of Service (Meals)																														

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94102 n	94103 n	94104 n	94105 n	94107 n	94108 n	94109 n	94110 n	94111 n	
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers											
		Total individuals served											
		Total households served	120										
		Total programs/locations	1										
Financial Resources	DPH	Healthy Food Purchasing Supplement											
		Total individuals served	14,839										
		Total households served	14,839	11,681	679	-	15	44	30	164	534	9	
		Total programs/locations	2,430										
Financial Resources	DPH	WIC ^{2,11}											
		Total individuals served	12,646	721	712		128	283	183	606	1,465	57	
		Total households served											
		Total programs/locations											
Financial Resources	HSA	CalFresh - BFS											
		Total individuals served	130,468	13,386	9,964	109	1,085	3,514	2,931	7,889	8,584	751	
		Total households served	104,500	12,022	8,604	90	829	2,922	2,263	6,879	6,844	555	
		Total Units of Service (Individuals)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Financial Resources	HSA	Grocery Vouchers - CFAT ¹⁰											
		Total individuals served	25,064	1,496	1,350	27	233	502	255	797	2,126	126	
		Total households served	7,946	582	437	8	68	155	105	297	745	59	
		Total Units of Service (\$10 Vouchers)	250,797										

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n (%)	n	n	n	n	n	n	n	n	n	
Financial Resources		Ecology Center Market Match											
		Total individuals served											
		Total households served											
		Total programs/locations	4	1							2	1	
		Total Units of Service (\$10 Vouchers)	220,064	202,540							10,403	7,121	
Food Access	HSH	Food Pantry in Permanent Supportive Housing											
		Total individuals served	520	172	145					118	85		
		Total households served											
		Total programs/locations	25	10	3					10	2		
		Total Units of Service (Grocery bags: once/week x 52 weeks)	27,040	8,944	7,540					6,136	4,420		
Food Access	HSH	Safe Sleep Site Meals											
		Total individuals served ²²	465		80					290			
		Total households served											
		Total programs/locations	5		1					2			
		Total Units of Service (Meals: 2/day x 365)	339,450		58,400					211,700			
Food Access	HSH	Shelter and Navigation Center Meals											
		Total individuals served ²²	2,478	232	347			462	179	795	39		
		Total households served	259	112	30			26			25		
		Total programs/locations	32	6	4			4	1	7	3		
		Total Units of Service (Meals: 2/day x 365)	1,998,010	251,120	275,210	-	-	356,240	130,670	580,350	46,720	-	
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)											
		Total individuals served											
		Total households served											
		Total programs/locations											
		Total Units of Service (Meals)	269,210	34,233	2,662			18,799	30,230	11,236	64,430		

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n (%)	n	n	n	n	n	n	n	n	n	
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)											
		Total individuals served											
		Total households served											
		Total programs/locations											
		Total Units of Service (Meals)	125,178	14,817	7,405	-	-	6,951	10,202	4,940	21,548	14,207	
Food Access	DPH	Feeding 5000⁶											
		Holiday Groceries											
		Total individuals served											
		Total households served	6,228	600				250				270	
		Total programs/locations	47	2				1				3	
		Total Units of Service (grocery bags)	6,228	600	-	-	-	250	-	-		270	-
		Senior Meals											
		Total individuals served											
		Total households served	2,435	260				40				197	
		Total Units of Service (meals)	2,435	260				40				197	
Food Access	DPH	Groceries and Prepared meals for people living with HIV ⁷											
		Total individuals served											
		Total households served											
		Total programs/locations											
		Total Units of Service (Meals and grocery bags)	909	228	176		13	17	8	141	57	4	
Food Access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD ⁸											
		Total individuals served											
		Total households served											
		Total programs/locations	6					1					
		Total Units of Service (Grocery bags)	3,239					689					
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS											
		Total individuals served	6,577		241				1,468	573	2,648		
		Total households served	2,595		119				645	275	936		
		Total programs/locations	10		1				2	1	4		
		Total Units of Service (Grocery bags)	91,970		3,416				31,490	12,740	21,834		

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111
			n	n	n	n	n	n	n	n	n	n
Highest rates of poverty				19%	16%	22%			20%			18%
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³												
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9		
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111
			n (%)	n	n	n	n	n	n	n	n	n
Food Access	HSA	Community Centered Grocery Access - CFAT ⁵										
		Total individuals served	108,194	6,198	1,411	---	---	5,488	4,150	67	20,872	---
		Total households served	42,378	4,251	3,874	---	---	2,069	4,150	17	7,255	---
		Total programs/locations	71	9	6	---	---	2	1	1	9	---
		Total Units of Service (Grocery bags)	1,115,227	68,299	23,389	---	---	84,215	4,150	360	177,401	---
Food Access	HSA	Meal Support - CFAT										
		Total individuals served ¹	4,187	173					548			
		Total households served ¹	2,062	165					315			
		Total programs/locations	16	2					1			
		Total Units of Service (Meals)	548,474	440,581					39,969			
		Family Meal Pack - CFAT Meals Support¹⁴										
		Total individuals served	5,378	517	343	8	78	96	153	231	433	57
		Total households served	1,295	111	88	2	20	23	40	58	115	14
Total programs/locations												
Total Units of Service (Meals)	126,000	2,901	4,279	366	1,988	1,562	5,652	3,793	3,179	1,349		
Food Access	HSA	Congregate Meals - DAS⁴										
		Total individuals served	18,182	1,961	1,885	---	---	413	1,838	1,080	766	-
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations	45	3	5	-	-	1	3	2	3	-
		Total Units of Service (Meals)	1,344,062	189,311	112,750			15,790	64,552	84,224	29,177	
Food Access	HSA	Home-Delivered Groceries - DAS ²										
		Total individuals served	4,755	388	237	6	19	94	74	415	283	24
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations										
		Total Units of Service (Grocery bags)	212,624	15,601	10,516	265	730	4,473	3,372	19,421	11,880	1,007
Food Access	HSA	Home-Delivered Meals - DAS ²										
		Total individuals served	7,033	797	646	1	34	124	127	548	480	32
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations										
		Total Units of Service (Meals)	2,609,100	353,624	274,716	862	13,761	41,882	44,680	236,295	183,404	11,859

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n (%)	n	n	n	n	n	n	n	n	n	
Food Access	HSA	Nutrition as Health - DAS ²											
		Total individuals served	637	83	85	2	2	13	6	70	79	3	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations											
		Total Units of Service (Meals)	44,412	6,276	6,817	129	623	976	487	4,182	4,243	161	
		Total Units of Service (grocery bags)	8,811	1,144	1,052	51	50	176	84	983	1,019	43	
Food Access	HSA	Pantries - DAS ³											
		Total individuals served	2,819	293	95		4	91	239	100	158	7	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations	90	9	5			2	4	2	7		
		Total Units of Service (Grocery bags)	130,871	13,730	4,372		205	4,244	11,158	4,749	6,921	350	
Food Access	SFUSD	NSLP - National School Lunch Program											
		Total individuals served	48,362	322	832	-	37	1,194	742	2,295	3,605	23	
		Total households served	-										
		Total programs/locations	120	2	4	-	1	4	2	3	10	1	
		Total Units of Service (Meals)	6,927,351	56,106	130,077	-	2,880	173,295	146,961	219,789	655,155	9,636	
Food Access	Rec & Parks	Alemany Farm - food security farm											
		Total individuals served	About 200								About 200		
		Total households served									About 200		
		Total programs/locations											
		Total Units of Service (pounds of produce grown annually)	28,000							28,000			
Food Access	San Francisco Free Meal Programs	Saint Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services (fka Mother Brown's Kitchen), Third Baptist Church											
		Total individuals served											
		Total households served											
		Total programs/locations											
		Total Units of Service (grocery bags)	15,190	5,814	9,376								
		Total Units of Service (meals)	727,875	591,825	136,050								

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n (%)	n	n	n	n	n	n	n	n	n	
Food Access	SFMFB	Non-Government Funded Pantries ^{16,17}											
		Total individuals served											
		Total households served ¹⁸	16,848	1,759	1,325		119	1,294	1,311	404	1,705		
		Total programs/locations	129	24	17		1	6	4	2	14		
Total Units of Service (bags/grocery portions)			846,658	98,438	71,471		4,850	59,310	85,820	19,640	74,739		
Food Access	Children's Council of SF and Wu Yee Children Services ¹⁹	CACFP -Family Child Care ²⁰											
		Total individuals served											
		Total households served											
		Total programs/locations	406	2	8	-	1	6	6	5	16	-	
Total Units of Service (Meals and snacks)			1,388,958	4,997	21,509	-	243	13,932	17,693	15,607	42,951	-	

Table 5A: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty				19%	16%	22%			20%			18%	
Margin of error for poverty rates (%) (only included those > 7%)						(±16.7)						(±9.3)	
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				2	7	1			3	9			
Population for whom poverty status is determined			852,231	32,098	32,098	504	13,671	28,345	11,783	55,213	70,283	4,707	
Total number of people below 100% FPL*			87,874	6,092	5,202	112	1,570	2,206	2,322	6,850	6,939	858	
Total number of people below 200% FPL*			174,457	11,554	9,880	209	2,506	5,179	4,716	12,498	13,593	1,416	
Total number of people below 300% FPL*			253,599	16,775	13,200	404	2,880	6,674	6,002	16,563	20,971	1,913	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	1084	837	6	82	220	29	166	447	27	
Category	Department	Program Name ^{12,24-26}	City wide	94102	94103	94104	94105	94107	94108	94109	94110	94111	
			n (%)	n	n	n	n	n	n	n	n	n	
Food Access		Food Productive Gardens in SF ²¹											
		Total individuals served											
		Total households served											
		Total programs/locations	112	10	8		1	9	1	3	19		
		Total Units of Service											

¹ Individual and household counts are not deduplicated. Analysis based on site address. The majority of meals documented in the table are through community meal site, Glide, which does not track individuals and households. Therefore this table underestimates number

² Based on client residential zip code

³ Based on distribution site location with the exception of a portion of clients for whom groceries were delivered while their assigned sites were closed

⁴ Based on service site zip code. Because clients may visit multiple sites, the sum of individuals served by zip code exceeds the total served citywide

⁵ Individual and household counts are not deduplicated. Analysis based on site address. Some sites are locations used for one-time distributions, for example an annual event.

⁶ Other category for this program combines data from the following zip codes: 94159 and 94612

⁷ Other category for this program combines data from the following SF zip codes: 94113, 94140, 94142, and 94155 and Non-SF Zip codes: 93426, 94533, 94572, 94596, 94606, 94901, 94947, 95677, 95816

⁸ Other category for this program is data from the following zip code: 94143

⁹ Other category for this program includes data from the follow zip codes: 94140, 94141, 94142, 94143, 94156, 94172, 94188

¹⁰ Analysis based on client address. Units cannot be individually tied to clients, so only citywide unit count is provided.

¹¹ Other category for WIC program comprised of the followin non-SF zip codes: 94014, 94015, 94080, and 94509

--- indicates data was not provided.

¹⁴ This analysis is separated from the first Meal Support table because it is based on client zip rather than site zip, as this program involves families redeeming meals at restaurants, not picking up meals at a site.

¹⁵ Food Empowerment Market will serve residents of District 10 zip codes

¹⁶ SF Marin Food Bank program data only includes non-government funded pantry data.

¹⁷ SF Marin Food Bank Other category includes the following zip code: 94143

¹⁸ Average number of households served by zip code for FY22-23.

¹⁹ Love Little Children has 6 sites, not meal data was provided

²⁰ CACFP other category includes the following Zip Codes: 94010,94014,94015,94025,94030,94038,94044,94063,94066,94070,94080,94401,94402,94403,94404

²¹ Food Productive Gardens in SF Other category includes the following zip code: 94066

²² Point in time count as an example number of people served in a day.

²³ Blue indicates the zip codes which ranked among the top 6 zip codes for highest age-adjusted rates of hospitalizations due to diabetes, hypertension and/or heart failure

²⁴ In FY22-23, The Sugary Drinks Distributor Tax (soda tax) community based grants served 10,551 participants

²⁵ The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

²⁶ Food Production - CFAT program collects reach data but this data is measured differently and is not translatable to this reporting structure.

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty													18%	
Margin of error for poverty rates (%) (only included those > 7%)														
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4	
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813	
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440	
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552	
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398	
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124	
			n (%)	n	n	n	n	n	n	n	n	n	n	n
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers												
		Total individuals served												
		Total households served	120			120								
		Total programs/locations	1			1								
Financial Resources	DPH	Healthy Food Purchasing Supplement												
		Total individuals served	14,839											
		Total households served	14,839	395	7	42	36	24	26	28	37	2	358	
		Total programs/locations	2,430											
Financial Resources	DPH	WIC^{2,11}												
		Total individuals served	12,646	2,386	35	268	299	129	180	245	278		2,115	
		Total households served												
		Total programs/locations												
Financial Resources	HSA	CalFresh - BFS												
		Total individuals served	130,468	13,262	1,440	5,017	4,081	2,611	3,119	4,036	5,166	554	12,375	
		Total households served	104,500	9,456	1,318	4,193	3,046	2,357	2,576	3,141	4,173	506	8,811	
		Total programs/locations												
Financial Resources	HSA	Grocery Vouchers - CFAT¹⁰												
		Total individuals served	25,064	2,823	91	947	634	150	195	355	521	8	5,274	
		Total households served	7,946	778	29	333	198	47	62	112	174	4	1,531	
		Total programs/locations												
		Total Units of Service (\$10 Vouchers)	250,797											

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n	n	n	n	n	n	n	n	n	n	n
Highest rates of poverty													18%
Margin of error for poverty rates (%) (only included those > 7%)													
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n (%)	n	n	n	n	n	n	n	n	n	n
Financial Resources		Ecology Center Market Match											
		Total individuals served											
		Total households served											
		Total programs/locations	4			1		1	1		1		
		Total Units of Service (\$10 Vouchers)	15,751			2,367		1,402	10,519		1,463		
Food Access	HSH	Food Pantry in Permanent Supportive Housing											
		Total individuals served	520										
		Total households served											
		Total programs/locations	25										
		Total Units of Service (Grocery bags: once/week x 52 weeks)	27,040										
Food Access	HSH	Safe Sleep Site Meals											
		Total individuals served ²²	465										95
		Total households served											
		Total programs/locations	5										2
		Total Units of Service (Meals: 2/day x 365)	339,450									69,350	
Food Access	HSH	Shelter and Navigation Center Meals											
		Total individuals served ²²	2,478					18					331
		Total households served	259										66
		Total programs/locations	32					2					4
		Total Units of Service (Meals: 2/day x 365)	1,998,010	-	-	-	-	13,140	-	-	-	-	289,810
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)											
		Total individuals served											
		Total households served											
		Total programs/locations											
		Total Units of Service (Meals)	269,210	6,445		3,462	2,920						25,019

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124		
			n	n	n	n	n	n	n	n	n	n	n		
Highest rates of poverty													18%		
Margin of error for poverty rates (%) (only included those > 7%)															
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³															
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4		
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813		
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440		
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552		
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914		
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398		
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124		
			n (%)	n	n	n	n	n	n	n	n	n	n	n	
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)													
		Total individuals served													
		Total households served													
		Total programs/locations													
		Total Units of Service (Meals)	125,178	-	4,063	2,349	-	2,629	824	-	-	-	-	7,516	
Food Access	DPH	Feeding 5000⁶													
		Holiday Groceries													
		Total individuals served													
		Total households served	6,228	510	150	150		200						2,368	
		Total programs/locations	47	3	1	3		1						25	
		Total Units of Service (grocery bags)	6,228	510	150	150	-	200	-	-	-	-	-	2,368	
		Senior Meals													
		Total individuals served													
		Total households served	2,435	279		186									1,008
		Total Units of Service (meals)	2,435	279		186									1,008
Food Access	DPH	Groceries and Prepared meals for people living with HIV⁷													
		Total individuals served													
		Total households served													
		Total programs/locations													
		Total Units of Service (Meals and grocery bags)	909	14	48	41	8	35	5	6	9			24	
Food Access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD⁸													
		Total individuals served													
		Total households served													
		Total programs/locations	6					1						2	
		Total Units of Service (Grocery bags)	3,239					180						1,327	
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS													
		Total individuals served	6,577								838				
		Total households served	2,595								377				
		Total programs/locations	10								1				
		Total Units of Service (Grocery bags)	91,970								12,290				

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n	n	n	n	n	n	n	n	n	n	n
Highest rates of poverty													18%
Margin of error for poverty rates (%) (only included those > 7%)													
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n (%)	n	n	n	n	n	n	n	n	n	n
Food Access	HSA	Community Centered Grocery Access - CFAT⁵											
		Total individuals served	108,194	9,865	---	6,357	8,581	---	3,775	3,062	---	---	10,992
		Total households served	42,378	3,053	---	2,346	2,675	---	1,411	1,586	---	---	3,323
		Total programs/locations	71	5	---	8	2	---	2	2	-	---	12
		Total Units of Service (Grocery bags)	1,115,227	118,884	---	82,007	53,698	---	30,070	30,070	---	---	94,802
Food Access	HSA	Meal Support - CFAT											
		Total individuals served ¹	4,187			1,597							1,869
		Total households served ¹	2,062			520							1,062
		Total programs/locations	16			1							12
		Total Units of Service (Meals)	548,474			31,695							36,229
		Family Meal Pack - CFAT Meals Support¹⁴											
		Total individuals served	5,378	625	16	112	155	45	127	199	118	7	685
		Total households served	1,295	145	3	27	38	11	32	47	29	2	163
Total programs/locations													
Total Units of Service (Meals)	126,000	8,392	249	1,585	5,106	208	3,343	4,728	3,250	138	8,961		
Food Access	HSA	Congregate Meals - DAS⁴											
		Total individuals served	18,182	916	150	2,484	3,859	-	2,987	1,485	1,880	-	1,379
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations	45	3	1	3	2	-	2	2	1	-	1
Total Units of Service (Meals)	1,344,062	42,419	7,398	159,762	80,663		83,381	85,454	7,884		136,308		
Food Access	HSA	Home-Delivered Groceries - DAS²											
		Total individuals served	4,755	797	65	244	123	68	166	266	186	12	528
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations											
Total Units of Service (Grocery bags)	212,624	37,284	2,541	10,342	5,327	3,152	7,367	11,997	8,252	434	24,968		
Food Access	HSA	Home-Delivered Meals - DAS²											
		Total individuals served	7,033	508	125	255	437	107	289	367	477	41	271
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations											
Total Units of Service (Meals)	2,609,100	165,090	46,933	82,658	143,069	37,174	81,679	111,645	148,372	16,076	112,362		

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty													18%	
Margin of error for poverty rates (%) (only included those > 7%)														
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4	
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813	
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440	
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552	
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398	
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124	
			n (%)	n	n	n	n	n	n	n	n	n	n	n
Food Access	HSA	Nutrition as Health - DAS²												
		Total individuals served	637	65	9	26	8	9	4	6	7	4	49	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations												
		Total Units of Service (Meals)	44,412	5,772	392	1,616	443	718	165	896	690	567	2,564	
		Total Units of Service (grocery bags)	8,811	1,269	88	361	110	169	34	128	108	55	584	
Food Access	HSA	Pantries - DAS³												
		Total individuals served	2,819	378	5	196	82	34	59	110	126		212	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations	90	8		8	3	2	3	4	3		10	
		Total Units of Service (Grocery bags)	130,871	17,152	251	8,319	3,940	1,366	2,841	5,174	5,836		9,632	
Food Access	SFUSD	NSLP - National School Lunch Program												
		Total individuals served	48,362	4,832	3,822	1,287	4,698	1,463	1,652	4,362	3,836	1,505	1,491	
		Total households served	-											
		Total programs/locations	120	11	10	4	6	6	6	5	8	4	7	
		Total Units of Service (Meals)	6,927,351	687,384	467,361	177,075	506,403	198,738	266,067	378,504	509,508	273,861	356,499	
Food Access	Rec & Parks	Aleman Farm - food security farm												
		Total individuals served	About 200											
		Total households served												
		Total Units of Service (pounds of produce grown annually)	28,000											
Food Access	San Francisco Free Meal Programs	Saint Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services (fka Mother Brown's Kitchen), Third Baptist Church												
		Total individuals served												
		Total households served												
		Total programs/locations												
		Total Units of Service (meals)	14,545			14,545								96,000

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty													18%	
Margin of error for poverty rates (%) (only included those > 7%)														
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4	
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813	
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440	
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552	
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914	
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398	
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94112 n	94114 n	94115 n	94116 n	94117 n	94118 n	94121 n	94122 n	94123 n	94124 n	
Food Access	SFMFB	Non-Government Funded Pantries^{16,17}												
		Total individuals served												
		Total households served ¹⁸	16,848	1,396	119	896	312	642	459	387	331			1,432
		Total programs/locations	129	7	1	11	3	3	2	3	2			10
		Total Units of Service (bags/grocery portions)	846,658	64,115	6,073	47,805	14,785	28,760	23,391	19,296	15,275			67,112
Food Access	Children's Council of SF and Wu Yee Children Services ¹⁹	CACFP - Family Child Care²⁰												
		Total individuals served												
		Total households served												
		Total programs/locations	406	101	-	1	24	1	5	13	18	-	-	35
		Total Units of Service (Meals and snacks)	1,388,958	395,333	-	5,020	124,746	4,178	18,726	38,163	74,612	-	-	68,929

Table 5B: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n	n	n	n	n	n	n	n	n	n	n
Highest rates of poverty													18%
Margin of error for poverty rates (%) (only included those > 7%)													
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)				10						11			4
Population for whom poverty status is determined			852,231	83,375	34,387	33,846	45,302	40,009	39,175	43,755	59,477	25,918	35,813
Total number of people below 100% FPL*			87,874	7,560	1,979	4,195	2,680	2,892	2,538	4,224	5,001	1,129	6,440
Total number of people below 200% FPL*			174,457	16,742	4,049	6,874	6,439	5,836	5,062	7,973	9,293	1,927	13,552
Total number of people below 300% FPL*			253,599	29,201	6,141	9,085	9,937	8,114	7,733	12,299	13,824	3,206	18,914
Total number of people who are unsheltered (2022 Homeless Count)			4,393	68	74	41	34	175	73	29	184	64	398
Category	Department	Program Name ^{12,24-26}	City wide	94112	94114	94115	94116	94117	94118	94121	94122	94123	94124
			n (%)	n	n	n	n	n	n	n	n	n	n
Food Access		Food Productive Gardens in SF²¹											
		Total individuals served											
		Total households served											
		Total programs/locations	112	4	5	7	1	1	2	2	4	1	12
		Total Units of Service											

¹ Individual and household counts are not deduplicated. Analysis based on site address. The majority of meals documented in the table are through community meal site, Glide, which does not track individuals and households. Therefore this table underesti

² Based on client residential zip code

³ Based on distribution site location with the exception of a portion of clients for whom groceries were delivered while their assigned sites were closed

⁴ Based on service site zip code. Because clients may visit multiple sites, the sum of individuals served by zip code exceeds the total served citywide

⁵ Individual and household counts are not deduplicated. Analysis based on site address. Some sites are locations used for one-time distributions, for example an annual event.

⁶ Other category for this program combines data from the following zip codes: 94159 and 94612

⁷ Other category for this program combines data from the following SF zip codes: 94113, 94140, 94142, and 94155 and Non-SF Zip codes: 93426, 94533, 94572, 94596, 94606, 94901, 94947, 95677, 95816

⁸ Other category for this program is data from the following zip code: 94143

⁹ Other category for this program includes data from the follow zip codes: 94140, 94141, 94142, 94143, 94156, 94172, 94188

¹⁰ Analysis based on client address. Units cannot be individually tied to clients, so only citywide unit count is provided.

¹¹ Other category for WIC program comprised of the followin non-SF zip codes: 94014, 94015, 94080, and 94509

--- indicates data was not provided.

¹⁴ This analysis is separated from the first Meal Support table because it is based on client zip rather than site zip, as this program involves families redeeming meals at restaurants, not picking up meals at a site.

¹⁵ Food Empowerment Market will serve residents of District 10 zip codes

¹⁶ SF Marin Food Bank program data only includes non-government funded pantry data.

¹⁷ SF Marin Food Bank Other category includes the following zip code: 94143

¹⁸ Average number of households served by zip code for FY22-23.

¹⁹ Love Little Children has 6 sites, not meal data was provided

²⁰ CACFP other category includes the following Zip Codes: 94010,94014,94015,94025,94030,94038,94044,94063,94066,94070,94080,94401,94402,94403,94404

²¹ Food Productive Gardens in SF Other category includes the following zip code: 94066

²² Point in time count as an example number of people served in a day.

²³ Blue indicates the zip codes which ranked among the top 6 zip codes for highest age-adjusted rates of hospitalizations due to diabetes, hypertension and/or heart failure

²⁴ In FY22-23, The Sugary Drinks Distributor Tax (soda tax) community based grants served 10,551 participants

²⁵ The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

²⁶ Food Production - CFAT program collects reach data but this data is measured differently and is not translatable to this reporting structure.

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty						42%			15%					
Margin of error for porverty rates(%) (only included those > 7%)						(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6				
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45			
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n	
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers												
		Total individuals served												
		Total households served	120											
		Total programs/locations	1											
Financial Resources	DPH	Healthy Food Purchasing Supplement												
		Total individuals served	14,839											
		Total households served	14,839	7	3	12	17	76	44	240	92	120	117	
		Total programs/locations	2,430											
Financial Resources	DPH	WIC ^{2,11}												
		Total individuals served	12,646	40		66	103	356	295	1,533	163	349		
		Total households served												
		Total programs/locations												
Financial Resources	HSA	CalFresh - BFS												
		Total individuals served	130,468	793	129	628	1,456	3,978	5,040	9,378	1,569	7,623	-	
		Total households served	104,500	641	117	471	1,168	3,209	3,858	6,533	1,128	6,790	-	
		Total programs/locations												
Financial Resources	HSA	Grocery Vouchers - CFAT ¹⁰												
		Total individuals served	25,064	62	39	1,109	113	528	448	2,719	294	632	1,210	
		Total households served	7,946	19	9	325	35	164	168	798	75	192	437	
		Total programs/locations												
		Total Units of Service (\$10 Vouchers)	250,797											

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty						42%			15%					
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6				
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45			
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n	
Financial Resources		Ecology Center Market Match												
		Total individuals served												
		Total households served												
		Total programs/locations	1						1					
		Total Units of Service (\$10 Vouchers)	12,833					12,833						
Food Access	HSH	Food Pantry in Permanent Supportive Housing												
		Total individuals served	520											
		Total households served												
		Total programs/locations	25											
		Total Units of Service (Grocery bags: once/week x 52 weeks)	27,040											
Food Access	HSH	Safe Sleep Site Meals												
		Total individuals served ²²	465											
		Total households served												
		Total programs/locations	5											
		Total Units of Service (Meals: 2/day x 365)	339,450											
Food Access	HSH	Shelter and Navigation Center Meals												
		Total individuals served ²²	2,478									75		
		Total households served	259											
		Total programs/locations	32										1	
		Total Units of Service (Meals: 2/day x 365)	1,998,010	-	-	-	-	-	-	-	-	54,750		
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)												
		Total individuals served												
		Total households served												
		Total programs/locations												
		Total Units of Service (Meals)	269,210	2,853				8,107	11,856	46,958				

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty						42%			15%					
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6				
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45			
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n	
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)												
		Total individuals served												
		Total households served												
		Total programs/locations												
		Total Units of Service (Meals)	125,178	443	-	1,516	-	1,332	4,242	19,626	568			
Food Access	DPH	Feeding 5000⁶												
		Holiday Groceries												
		Total individuals served												
		Total households served	6,228					390		1,150			190	
		Total programs/locations	47					1		5			2	
		Total Units of Service (grocery bags)	6,228	-	-	-	-	390	-	1,150	-		190	
		Senior Meals												
		Total individuals served												
		Total households served	2,435					125		290			50	
		Total Units of Service (meals)	2,435					125		290			50	
Food Access	DPH	Groceries and Prepared meals for people living with HIV ⁷												
		Total individuals served												
		Total households served												
		Total programs/locations												
		Total Units of Service (Meals and grocery bags)	909	4	1	1	17	11	4	10	19	15	8	
Food Access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD ⁸												
		Total individuals served												
		Total households served												
		Total programs/locations	6					1		1			3	
		Total Units of Service (Grocery bags)	3,239					443		470			130	
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS												
		Total individuals served	6,577								809			
		Total households served	2,595								243			
		Total programs/locations	10								1			
		Total Units of Service (Grocery bags)	91,970								10,200			

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty						42%			15%					
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6				
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45			
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n	
Food Access	HSA	Community Centered Grocery Access - CFAT⁵												
		Total individuals served	108,194	---	---	---	---	---	8,330	4,742	6,892	---	4,952	---
		Total households served	42,378	---	---	---	---	---	2,776	1,830	2,774	---	1,451	---
		Total programs/locations	71	---	---	---	---	---	2	2	7	---	1	---
		Total Units of Service (Grocery bags)	1,115,227	---	---	---	---	72,134	87,700	46,128	---	58,080	---	
Food Access	HSA	Meal Support - CFAT												
		Total individuals served ¹	4,187											
		Total households served ¹	2,062											
		Total programs/locations	16											
		Total Units of Service (Meals)	548,474											
		Family Meal Pack - CFAT Meals Support¹⁴												
		Total individuals served	5,378	12	4	17	37	86	83	629	170	93	-	-
		Total households served	1,295	3	1	3	8	23	322	145	37	23	-	-
		Total programs/locations												
		Total Units of Service (Meals)	126,000	3	43	14	240	1,264	9,771	11,865	2,843	1,239	37,689	
Food Access	HSA	Congregate Meals - DAS⁴												
		Total individuals served	18,182	519	142	-	1,004	1,080	992	848	90	-	-	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
		Total programs/locations	45	1	1	-	1	4	2	3	1	-	-	
		Total Units of Service (Meals)	1,344,062	15,950	13,328		30,608	61,641	61,816	51,790	9,856	-	-	
Food Access	HSA	Home-Delivered Groceries - DAS²												
		Total individuals served	4,755	52	22	20	57	152	143	246	65	3		
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
		Total programs/locations												
		Total Units of Service (Grocery bags)	212,624	2,472	1,105	621	2,411	6,364	6,652	11,123	2,905	42		
Food Access	HSA	Home-Delivered Meals - DAS²												
		Total individuals served	7,033	99	8	20	125	174	203	216	50	30	442	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
		Total programs/locations												
		Total Units of Service (Meals)	2,609,100	42,535	4,278	8,221	45,616	61,464	66,381	75,245	17,005	9,131	173,083	

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown	
			n	n	n	n	n	n	n	n	n	n	n	
Highest rates of poverty						42%			15%					
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)								
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³														
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6				
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542			
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123			
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712			
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021			
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45			
Category	Department	Program Name ^{12,24-26}	City wide n (%)	94127 n	94129 n	94130 n	94131 n	94132 n	94133 n	94134 n	94158 n	Other n	Unknown n	
Food Access	HSA	Nutrition as Health - DAS ²												
		Total individuals served	637	2		4	6	4	4	38	4	2	43	
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		Total programs/locations												
		Total Units of Service (Meals)	44,412	119		337	679	126	71	2,979	231	41	2,112	
Total Units of Service (grocery bags)	8,811	17		49	123	49	74	617	35	20	319			
Food Access	HSA	Pantries - DAS ³												
		Total individuals served	2,819	9		15	182	103	319	2				
		Total households served	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
		Total Units of Service (Grocery bags)	130,871	417		752	8,533	5,251	15,587	91				
Food Access	SFUSD	NSLP - National School Lunch Program												
		Total individuals served	48,362	2,161	-	-	237	3,428	1,367	3,171	-			
		Total households served	-											
		Total Units of Service (Meals)	6,927,351	326,502	-	-	338,508	309,870	231,075	506,097	-			
Food Access	Rec & Parks	Aleman Farm - food security farm												
		Total individuals served	About 200											
		Total households served												
		Total Units of Service (pounds of produce grown annually)	28,000											
Food Access	San Francisco Free Meal Programs	Saint Anthony's Foundation, CityTeam Ministries, Martin de Porres House of Hospitality, United Council of Human Services (fka Mother Brown's Kitchen), Third Baptist Church												
		Total individuals served												
		Total households served												
		Total Units of Service (grocery bags)	-											
		Total Units of Service (meals)	-											

Table 5C: Total Individuals/households served by Reporting Department programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown
			n	n	n	n	n	n	n	n	n	n	n
Highest rates of poverty						42%			15%				
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)							
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6			
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542		
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123		
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712		
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021		
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45		
Category	Department	Program Name ^{12,24-26}	City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown
			n (%)	n	n	n	n	n	n	n	n	n	n
Food Access	SFMFB	Non-Government Funded Pantries ^{16,17}											
		Total individuals served											
		Total households served ¹⁸	16,848			154	155	1,279	284	660	214	212	
		Total programs/locations	129			1	1	7	2	5	2	1	
		Total Units of Service (bags/grocery portions)	846,658			7,845	7,905	63,475	14,768	31,090	10,570	10,125	
Food Access	Children's Council of SF and Wu Yee Children Services ¹⁹	CACFP -Family Child Care ²⁰											
		Total individuals served											
		Total households served											
		Total programs/locations	406	3	-	-	11	12	7	38	8	93	-
		Total Units of Service (Meals and snacks)	1,388,958	12,104	-	-	35,316	41,023	14,704	160,101	22,323	345,887	-

Table 5C: Total Individuals/Households Served by Reporting Department Programs by Zip Code, FY 22-23

			City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown
			n	n	n	n	n	n	n	n	n	n	n
Highest rates of poverty						42%			15%				
Margin of error for poverty rates (%) (only included those > 7%)						(±10.9)							
Highest rates of hospitalizations for Diabetes, Hypertension and Heart Failure ²³													
Lack of household income self-sufficiency (ranked from 1 to 11. 1 = worst)						5		8		6			
Population for whom poverty status is determined			852,231	20,009	4,199	3,109	29,062	26,985	26,090	41,574	10,542		
Total number of people below 100% FPL*			87,874	940	141	1,309	1,535	3,512	3,808	4,747	1,123		
Total number of people below 200% FPL*			174,457	1,924	543	1,801	3,114	6,620	8,782	10,663	1,712		
Total number of people below 300% FPL*			253,599	3,110	836	2,225	4,246	9,200	10,887	16,238	3,021		
Total number of people who are unsheltered (2022 Homeless Count)			4,393	18	2	9	26	129	43	86	45		
Category	Department	Program Name ^{12,24-26}	City wide	94127	94129	94130	94131	94132	94133	94134	94158	Other	Unknown
			n (%)	n	n	n	n	n	n	n	n	n	n
Food Access		Food Productive Gardens in SF ²¹											
		Total individuals served											
		Total households served											
		Total programs/locations	112		5	2	3	2	2	4	3	1	
		Total Units of Service											

¹ Individual and household counts are not deduplicated. Analysis based on site address. The majority of meals documented in the table are through community meal site, Glide, which does not track individuals and households. Therefore this table underestimates

² Based on client residential zip code

³ Based on distribution site location with the exception of a portion of clients for whom groceries were delivered while their assigned sites were closed

⁴ Based on service site zip code. Because clients may visit multiple sites, the sum of individuals served by zip code exceeds the total served citywide

⁵ Individual and household counts are not deduplicated. Analysis based on site address. Some sites are locations used for one-time distributions, for example an annual event.

⁶ Other category for this program combines data from the following zip codes: 94159 and 94612

⁷ Other category for this program combines data from the following SF zip codes: 94113, 94140, 94142, and 94155 and Non-SF Zip codes: 93426, 94533, 94572, 94596, 94606, 94901, 94947, 95677, 95816

⁸ Other category for this program is data from the following zip code: 94143

⁹ Other category for this program includes data from the follow zip codes: 94140, 94141, 94142, 94143, 94156, 94172, 94188

¹⁰ Analysis based on client address. Units cannot be individually tied to clients, so only citywide unit count is provided.

¹¹ Other category for WIC program comprised of the followin non-SF zip codes: 94014, 94015, 94080, and 94509

--- indicates data was not provided.

¹⁴ This analysis is separated from the first Meal Support table because it is based on client zip rather than site zip, as this program involves families redeeming meals at restaurants, not picking up meals at a site.

¹⁵ Food Empowerment Market will serve residents of District 10 zip codes

¹⁶ SF Marin Food Bank program data only includes non-government funded pantry data.

¹⁷ SF Marin Food Bank Other category includes the following zip code: 94143

¹⁸ Average number of households served by zip code for FY22-23.

¹⁹ Love Little Children has 6 sites, not meal data was provided

²⁰ CACFP other category includes the following Zip Codes: 94010,94014,94015,94025,94030,94038,94044,94063,94066,94070,94080,94401,94402,94403,94404

²¹ Food Productive Gardens in SF Other category includes the following zip code: 94066

²² Point in time count as an example number of people served in a day.

²³ Blue indicates the zip codes which ranked among the top 6 zip codes for highest age-adjusted rates of hospitalizations due to diabetes, hypertension and/or heart failure

²⁴ In FY22-23, The Sugary Drinks Distributor Tax (soda tax) community based grants served 10,551 participants

²⁵ The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

²⁶ Food Production - CFAT program collects reach data but this data is measured differently and is not translatable to this reporting structure.

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Financial resource	DPH	Black Infant Health (BIH) Grocery Vouchers						Actual funding in FY 22-23 includes carryover from FY 21-22. Units of service TBD
		Federal						
		State						
		Local Public	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	
		Local Private						
		Other						
		Total dollars	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	
		Total units of service (vouchers)						
Cost per unit of service								
Financial resource	DPH	Healthy Food Purchasing Supplement						- Subcontractors bill on \$ value of vouchers distributed. EatSF overdisistributes based on projected redemption (~80%). For UOS in Fy 22-23 and FY 21-22 we used reported UOS from subcontractors' final reports. -\$700,000 in funding for FY 23-24 and FY 24-25 was transferred to DPH Maternal Child and Adolescent Health budget. Those funds are still reflected in the table.
		Federal						
		State						
		Local Public		\$1,600,000	\$1,553,941	\$1,400,000	\$1,400,000	
		Local Private						
		Other						
		Total dollars		\$1,600,000	\$1,553,941	\$1,400,000	\$1,400,000	
		Total units of service (\$10 voucher)		140,039	154,932			
Cost per unit of service		\$11.43	\$10.03					
Financial resource	DPH	WIC						HSA Funds 1 FTE staff, renewed annually. Total WIC benefits redeemed were the following: FY20-21= \$8,284,677 FY21-22- \$ 9,698,774 FY22-23- \$10,712,412
		Federal	\$3,028,039	\$3,028,039	\$3,043,039	\$3,043,039	\$3,043,039	
		State						
		Local Public	\$130,000	\$130,000	\$130,000	\$130,000	\$130,000	
		Local Private						
		Other						
		Total dollars	\$3,158,039	\$3,158,039	\$3,173,039	\$3,173,039	\$3,173,039	
		Total units of service		N/A	N/A	N/A		
Cost per unit of service		N/A	N/A	N/A				
Financial resource	HSA	CalFresh - BFS						SFHSA clients received \$318 million in CalFresh benefits in FY22-23. Please note that Emergency Allotments were authorized for the first nine months of the year and provided a significant boost to benefits.
		Federal			\$39,748,158	\$35,637,322	\$35,637,322	
		State			\$22,938,741	\$23,083,027	\$23,083,027	
		Local Public			\$16,809,417	\$12,554,295	\$12,554,295	
		Local Private						
		Other						
		Total dollars			\$79,496,316	\$71,274,644	\$71,274,644	
		Total units of service			N/A	N/A	N/A	
Cost per unit of service			N/A	N/A	N/A			
Financial resource	HSA	Grocery Vouchers - CFAT						
		Federal						
		State						
		Local Public			\$2,892,514	\$2,250,000	\$2,250,000	
		Local Private						
		Other						
		Total dollars			\$2,892,514	\$2,250,000	\$2,250,000	
		Total units of service (\$10 per voucher)			248,000	192,912	192,912	
Cost per unit of service (vouchers)			\$11.66	\$13.00	\$13.00			

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Food Access	HSH	Food Pantry in Permanent Supportive Housing						As of 12/21/23: Budget totals were as follows: FY 20-21: \$116,836 FY 21-22: \$237,298 FY 22-23: \$245,602 FY 23-24: \$171,511 FY 24-25 does not have a finalized budget yet
		Federal						
		State						
		Local Public	\$116,836	\$222,600	\$245,602			
		Local Private						
		Other						
		Total dollars	\$116,836	\$222,600	\$245,602			
		Total units of service (grocery bag)	20,054	32,560	32,560			
Food Access	HSH	Safe Sleep Site Meals						
		Federal						
		State						
		Local Public	\$3,413,314.20	\$2,096,082.00	\$1,166,272.50			
		Local Private						
		Other						
		Total dollars	\$3,413,314.20	\$2,096,082.00	\$1,166,272.50			
		Total units of service (meal)	773,070	229,950	153,300			
Food Access	HSH	Shelter and Navigation Center Meals						Data is only for Navigation Center meals, not all navigation and shelter meals.
		Federal						
		State						
		Local Public			\$4,189,055.89	\$4,116,290.89		
		Local Private						
		Other						
		Total dollars			\$4,189,055.89	\$4,116,290.89		
		Total units of service (meal)			848,814	862,616		
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)						- FY 20-21: DCYF was able to utilize several waivers as a result of COVID, including using SFSP beyond just summer months. Instead of providing meals only during summer, we were able to supplement extra meals during the school-year, which was vital for DCYF's learning hub operations during SFUSD distance learning and beginning stages of COVID such as the Emergency Care Youth for Essential workers (ECYC). Waiver expired September 2021. - In alignment with Controller's office reporting, June is included as part of the next year's fiscal data. For example, June 2021 is included in FY21-22. Units of service includes breakfast, lunch, supper and snacks. The pricing is the average. Total dollars does not include staffing costs (strictly food costs). We were also able to work with a vendor whose cost was significantly lower than our previous vendor which helped reduce cost and total units of service. - FY 22-23 - DCYF was not able to claim a few months of meals thus a higher amount of funding came from local resources rather than federal resources. - FY 23-24 and 24-25 are projections.
		Federal	\$552,874.06	\$488,980.08	\$380,854.98	\$580,948.16	\$609,995.60	
		State						
		Local Public	\$85,848.89	\$93,277.14	\$310,750.00	\$145,237.04	\$152,498.90	
		Local Private						
		Other						
		Total dollars	\$638,722.95	\$582,257.22	\$691,604.98	\$726,185.20	\$762,494.50	
		Total units of service (meal)	434,701	303,164	368,595	387,025	406,376	
Food Access	DCYF	Summer Meals Program (SFSP - Summer Food Service Program)						
		Federal	\$501,910.56	\$328,112.43	\$264,898.65	\$278,143.58	\$292,050.76	
		State						
		Local Public	\$85,848.89	\$52,194.59	\$148,196.44	\$155,606.26	\$163,386.58	
		Local Private						
		Other						
		Total dollars	\$587,759.45	\$380,307.02	\$413,095.09	\$433,749.84	\$455,437.34	
		Total units of service (meal)	217,351	225,926	201,181	211,240	221,802	
Cost per unit of service	\$2.70	\$1.68	\$2.05	\$2.16	\$2.26			

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Food Access	DPH	Bulk Food Distribution to housing sites for people living with HIV						
		Federal						
		State						
		Local Public	\$108,964	\$115,600	\$115,600	\$115,600	\$115,600	
		Local Private						
		Other						
		Total dollars	\$108,964	\$115,600	\$115,600	\$115,600	\$115,600	
		Total units of service (pounds of food)	479,771	479,771	479,771	479,771	479,771	
Cost per unit of service	\$0.23	\$0.24	\$0.24	\$0.24	\$0.24			
Food Access	DPH	Feeding 5000						
		Federal						
		State						
		Local Public		\$250,000.00	\$400,000.00	\$500,000.00	\$500,000.00	
		Local Private						
		Other						
		Total dollars		\$250,000.00	\$400,000.00	\$500,000.00	\$500,000.00	
		Total units of service (households/grocery bags)			6,228			
Total units of service (households/meals)			2,435					
Cost per unit of service			\$46.17					
Food Access	DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD						Grocery bags in FY 22-23 are being delivered in calendar year 2023
		Federal						
		State						
		Local Public		\$90,000	\$180,000			
		Local Private						
		Other						
		Total dollars		\$90,000	\$180,000			
		Total units of service (grocery bags)		2,000	4,000			
Cost per unit of service		\$45	\$45					
Food Access	DPH	Groceries and Prepared meals for people living with HIV						
		Federal (passed through to State)	\$1,398,831	\$1,408,026	\$1,347,885	\$1,347,885	\$1,347,885	
		State						
		Local Public	\$351,745	\$373,166	\$373,166	\$373,166	\$373,166	
		Local Private						
		Other						
		Total dollars	\$1,750,576	\$1,781,192	\$1,721,051	\$1,721,051	\$1,721,051	
		Total units of service (meals and grocery bag)	105,710	101,639	99,132	99,132	99,132	
Cost per unit of service	\$16.56	\$17.52	\$17.36	\$17.36	\$17.36			
Food Access	DPH	Sugary Drinks Distributor Tax (Soda Tax) community based grants						
		Federal						
		State						
		Local Public	\$1,593,360	\$1,537,106	\$1,466,931	\$1,325,000		
		Local Private						
		Other						
		Total dollars	\$1,593,360	\$1,537,106	\$1,466,931	\$1,325,000		
		Total units of service						
Cost per unit of service								

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Food Access	HSA	Community Centered Grocery Access - CFAT						Budgets for FY 23-24 and FY 24-25 are projections.
		Federal						
		State						
		Local Public			\$21,556,875	\$16,370,811	\$5,745,000	
		Local Private						
		Other						
		Total dollars			\$21,556,875	\$16,370,811	\$5,745,000	
		Total units of service (grocery bag)			985,788	535,806	102,521	
Cost per unit of service			\$21.87	\$30.55	\$56.04			
Food Access	HSA	Congregate Meals - DAS						
		Federal			\$1,575,275	\$1,674,219	\$1,674,219	
		State			\$295,637	\$295,637	\$295,637	
		Local Public			\$8,264,249	\$9,028,494	\$9,028,494	
		Local Private						
		Other						
		Total dollars			\$10,135,161	\$10,998,350	\$10,998,350	
		Total units of service (meals)			1,364,533	1,263,919	1,263,919	
Cost per unit of service			\$7.43	\$8.70	\$8.70			
Food Access	HSA	Food Empowerment Market Pilot - CFAT						This program budget was a result of one-time funding that only extends through FY 23-24. The potential for future funding has not been determined at the time of this report.
		Federal						
		State						
		Local Public			\$2,244,525	\$2,755,475		
		Local Private						
		Other						
		Total dollars			\$2,244,525	\$2,755,475		
		Total units of service (TBD)			NA	TBD		
Cost per unit of service			NA	TBD				
Food Access	HSA	Home-Delivered Groceries - DAS						The cost per unit values primarily reflect the cost of coordinating and distributing Home-Delivered Groceries. It includes funding for a smaller number of supplemental grocery bags that provide tailored cultural food items (~21,000 bags annually).
		Federal						
		State						
		Local Public			\$1,931,427	\$1,595,707	\$1,595,707	
		Local Private						
		Other						
		Total dollars			\$1,931,427	\$1,595,707	\$1,595,707	
		Total units of service (grocery bag)			214,830	155,637	152,337	
Cost per unit of service			\$8.99	\$10.25	\$10.47			
Food Access	HSA	Home-Delivered Meals - DAS						
		Federal			\$2,115,319	\$2,207,902	\$2,207,902	
		State			\$1,729,094	\$1,729,094	\$1,729,094	
		Local Public			\$9,587,288	\$10,695,129	\$10,695,129	
		Local Private						
		Other						
		Total dollars			\$13,431,701	\$14,632,125	\$14,632,125	
		Total units of service (meals)			2,392,931	2,275,565	2,275,565	
Cost per unit of service			\$5.61	\$6.43	\$6.43			

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS						
		Federal						
		State						
		Local Public			\$569,339	\$592,113	\$592,113	
		Local Private						
		Other						
		Total dollars			\$569,339	\$592,113	\$592,113	
		Total units of service (grocery bag)			45,794	45,794	45,794	
Cost per unit of service			\$12.43	\$12.93	\$12.93			
Food Access	HSA	Meal Support - CFAT						SFHSA partners with one organization that covers part of the meal cost. The cost/unit listed here is the cost to the City. Budgets for FY 23-24 and FY 24-25 are projections.
		Federal						
		State						
		Local Public			\$6,993,488	\$5,311,471	\$4,826,695	
		Local Private						
		Other						
		Total dollars			\$6,993,488	\$5,311,471	\$4,826,695	
		Total units of service (meals)			623,564	558,587	531,087	
Cost per unit of service			\$11.22	\$9.51	\$9.09			
Food Access	HSA	Nutrition as Health - DAS						
		Federal						
		State						
		Local Public			\$546,364	\$568,218	\$568,218	
		Local Private						
		Other						
		Total dollars			\$546,364	\$568,218	\$568,218	
		Total units of service (meals and grocery bags)			51,193	49,446	49,446	
Cost per unit of service			\$10.67	\$11.49	\$11.49			
Food Access	HSA	Pantries - DAS						The DAS Pantries cost per unit value reflect the contracted cost for grocery bags the SF-Marine Food Bank prepares for all DAS Pantry sites and for distribution through our Home-Delivered Groceries provider network.
		Federal						
		State						
		Local Public			\$2,464,722	\$2,707,575	\$2,707,575	
		Local Private						
		Other						
		Total dollars			\$2,464,722	\$2,707,575	\$2,707,575	
		Total units of service (grocery bag)			191,400	191,400	191,400	
Cost per unit of service			\$8.11	\$8.11	\$8.11			
Food Access	HSA	Food Production - CFAT						
		Federal						
		State						
		Local Public			\$1,436,000	\$1,777,474	\$900,000	
		Local Private						
		Other						
		Total dollars			\$1,436,000	\$1,777,474	\$900,000	
		Total units of service (Meals or produce)			NA	NA	NA	
Cost per unit of service			NA	NA	NA			

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Food Access	Rec & Parks	Aleman Farm - food security farm						Outside of the staffing that has already been reported, we expend approximately \$15k per year in materials and contracts to operate the farm, not including other RPD staff time, major repairs, or the budgets of non-profit partners to operate.
		Federal						
		State						
		Local Public	\$8,291	\$16,277	\$20,231			
		Local Private						
		Other						
		Total dollars	\$8,291	\$16,227	\$20,231			
		Total units of service (pounds of produce)						
Cost per unit of service								
Food Access	SFUSD	NSLP - National School Lunch Program						
		Federal	\$17,700,434.00	\$30,617,348.00	\$23,528,991.00	\$22,048,982.00	\$22,048,982.00	
		State	\$2,331,087.00	\$1,564,581.00	\$11,866,653.00	\$14,402,637.00	\$14,402,637.00	
		Local Public	\$420,694.00	\$3,746,289.00	\$3,840,215.00	\$4,562,410.00	\$4,562,410.00	
		Local Private	\$951,620.00	\$1,162,718.00	\$1,358,109.00	\$684,149.00	\$690,000.00	
		Other						
		Total dollars	\$21,403,835.00	\$37,090,936.00	\$40,593,968.00	\$41,698,178.00	\$41,704,029.00	
		Total units of service (meals)	5,568,763	6,096,681	6,735,092	6,303,361	6,300,000	
Cost per unit of service	\$3.84	\$6.08	\$6.03	\$6.62	\$6.62			
Infrastructure	DEC	Family Child Care - Child Health and Nutrition Mini-Grants						
		Federal						
		State						
		Local Public			\$156,000.00			
		Local Private						
		Other						
		Total dollars			\$156,000.00			
		Total units of service						
Cost per unit of service								
Infrastructure	DEC	Family Resource Center Enhancement Grants						
		Federal						
		State						
		Local Public			\$1,126,871.97			
		Local Private						
		Other						
		Total dollars			\$1,126,871.97			
		Total units of service						
Cost per unit of service								
Infrastructure	DEC	Early Care and Education Integrated Services, Nutrition Services						
		Federal						
		State						
		Local Public		\$253,268.00	\$315,000.00	\$323,430.00		
		Local Private						
		Other						
		Total dollars		\$253,268.00	\$315,000.00	\$323,430.00		
		Total units of service						
Cost per unit of service								

Table 6: Food Program Funding Data

	Department	Program Name	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25	Notes
Infrastructure	SFE	Kitchen Zero SF						
		Federal						
		State						
		Local Public						
		Local Private						
		Other						
		Total dollars	\$250,000.00	\$250,000.00	\$106,000.00	\$106,000.00		
		Total units of service						
		Cost per unit of service						
Infrastructure	Rec & Parks	Community Gardens Program						Outside of the staffing that has already been reported, we expend approx 40K a year in materials and contracts to operate the community gardens, not including other RPD staff time, capital investment in new garden development, major repairs, or the budgets of nonprofit partners to operate programming on-site. Funding data provided includes capital expense and materials
		Federal						
		State						
		Local Public						
		Local Private						
		Other						
		Total dollars	\$320,233	\$869,386	\$546,993			
		Total units of service						
		Cost per unit of service						
Infrastructure	Rec & Parks	Garden Resource Day						FY22-23 funding includes \$14,391 from SB1383
		Federal						
		State						
		Local Public						
		Local Private						
		Other						
		Total dollars	\$3,960	\$4,898	\$16,731			
		Total units of service						
		Cost per unit of						

^a Budget data reported are based in data collected from July 2023 through November 2023, additional changes to program budgets may have occurred since that are not reflected in our analyses.

Table 7: Total Number of Individuals/Households Served by Reporting Department Programs, by Sexual Orientation

	Department	Program Name ¹⁻³	Total sample	Bisexual	Lesbian or gay	Straight-heterosexual	Choose not to disclose	Other	Unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Financial Resources	HSA	CalFresh - BFS	130,468	905 (0.7%)	1,738 (1.3%)	34,025 (26.1%)	93,648 (71.8%)	152 (0.1%)	0 (0%)
Financial Resources	HSA	Grocery Vouchers - CFAT	3,044	32 (1.1%)	46 (1.5%)	2,316 (76.1%)	635 (20.9%)	15 (0.5%)	0 (0%)
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers	---	---	---	---	---	---	---
Financial Resources	DPH	Healthy Food Purchasing Supplement	---	---	---	---	---	---	---
Financial Resources	DPH	WIC	---	---	---	---	---	---	---
Food Access	HSH	Shelter and Navigation Center Meals	3,081	129 (4.2%)	169 (5.5%)	2,213 (71.8%)	54 (1.8%)	27 (0.9%)	489 (15.9%)
Food Access	HSH	Safe Sleep Site Meals	---	---	---	---	---	---	---
Food Access	HSH	Food Pantry in Permanent Supportive Housing	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	2,175	20 (0.9%)	16 (0.7%)	945 (43.4%)	142 (6.5%)	43 (2%)	1,009 (46.4%)
Food Access	HSA	Community Centered Grocery Access - CFAT	30,441	108 (0.4%)	117 (0.4%)	8,202 (26.9%)	2,156 (7.1%)	326 (1.1%)	19,532 (64.2%)
Food Access	HSA	Congregate Meals - DAS	18,281	158 (0.9%)	284 (1.6%)	15,238 (83.4%)	1,835 (10%)	110 (0.6%)	656 (3.6%)

Table 7: Total Number of Individuals/Households Served by Reporting Department Programs, by Sexual Orientation

	Department	Program Name ¹⁻³	Total sample	Bisexual	Lesbian or gay	Straight-heterosexual	Choose not to disclose	Other	Unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Food Access	HSA	Home-Delivered Groceries - DAS	5,506	66 (1.2%)	148 (2.7%)	4,546 (82.6%)	447 (8.1%)	39 (0.7%)	260 (4.7%)
Food Access	HSA	Home-Delivered Meals - DAS	7,033	96 (1.4%)	362 (5.1%)	5,996 (85.3%)	273 (3.9%)	46 (0.7%)	260 (3.7%)
Food Access	HSA	Nutrition as Health - DAS	637	12 (1.9%)	41 (6.4%)	547 (85.9%)	19 (3%)	5 (0.8%)	13 (2%)
Food Access	HSA	Pantries - DAS	3,435	28 (0.8%)	18 (0.5%)	2,756 (80.2%)	532 (15.5%)	69 (2%)	32 (0.9%)
Food Access	HSA	Meal Support - CFAT	2,924	11 (0.4%)	15 (0.5%)	2,053 (70.2%)	145 (5%)	6 (0.2%)	694 (23.7%)
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	---	---	---	---	---	---	---
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	---	---	---	---	---	---	---
Food Access	DPH	Groceries and Prepared meals for people living with HIV	---	---	---	---	---	---	---
Food Access	SFUSD	NSLP - National School Lunch Program	---	---	---	---	---	---	---

N/A = Not applicable

--- Indicates program provided some demographic data but not for this table

+++ Data is suppressed to align with Reporting Agency guidelines

¹ No demographic data was provided for the following programs: Real Estate Division-GSA: Alemany Farmers Market; DPH: Bulk Food Distribution to housing sites for people living with HIV, Feeding 5000, Food Bridge to Health (FB2H), Food Pharmacies funded by DKI in partnership with DPH and OEWD , and Sugary Drinks Distributor Tax (soda tax) community based grants/

² The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

³ Food Production -CFAT collects sexual orientation data but this data is measured differently and is not translatable to this reporting structure.

Table 8: Total Number of Individuals/Households Served by Reporting Department Programs, by Gender Identity

	Department	Program Name ¹⁻³	Total Sample	Male	Female	Non-binary	Trans-gender	Choose not to disclose	Other	Unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Financial Resources	HSA	CalFresh - BFS	130,371	20,028 (15.4%)	22,005 (16.9%)	199 (0.2%)	181 (0.1%)	87,958 (67.5%)	0 (0%)	0 (0%)
Financial Resources	HSA	Grocery Vouchers - CFAT	3,044	832 (27.3%)	2,080 (68.3%)	2 (0.1%)	2 (0.1%)	124 (4.1%)	4 (0.1%)	0 (0%)
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers	---	---	---	---	---	---	---	---
Financial Resources	DPH	Healthy Food Purchasing Supplement	---	---	---	---	---	---	---	---
Financial Resources	DPH	WIC	---	---	---	---	---	---	---	---
Food Access	HSH	Shelter and Navigation Center Meals	3,041	1,910 (62.8%)	960 (31.6%)	31 (1%)	61 (2%)	78 (2.6%)	0 (0%)	1 (0%)
Food Access	HSH	Safe Sleep Site Meals ⁺⁺⁺	759	535 (70.5%)	199 (26.2%)	Less than 10	17 (2.2%)	0 (0%)	0 (0%)	+++
Food Access	HSH	Food Pantry in Permanent Supportive Housing ⁺⁺⁺	266	181 (68%)	64 (24.1%)	Less than 10	12 (4.5%)	Less than 10	---	+++
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	2,175	590 (27.1%)	1,537 (70.7%)	7 (0.3%)	1 (0%)	0 (0%)	6 (0.3%)	34 (1.6%)
Food Access	HSA	Community Centered Grocery Access - CFAT	30,998	10,308 (33.3%)	17,602 (56.8%)	12 (0%)	12 (0%)	1,710 (5.5%)	51 (0.2%)	1,303 (4.2%)
Food Access	HSA	Congregate Meals - DAS	18,281	7,533 (41.2%)	10,049 (55%)	14 (0.1%)	46 (0.3%)	6 (0%)	0 (0%)	633 (3.5%)
Food Access	HSA	Home-Delivered Groceries - DAS	5,506	1,823 (33.1%)	3,536 (64.2%)	9 (0.2%)	30 (0.5%)	0 (0%)	0 (0%)	108 (2%)

Table 8: Total Number of Individuals/Households Served by Reporting Department Programs, by Gender Identity

	Department	Program Name ¹⁻³	Total Sample	Male	Female	Non-binary	Trans-gender	Choose not to disclose	Other	Unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Food Access	HSA	Home-Delivered Meals - DAS	7,033	3,611 (51.3%)	3,350 (47.6%)	9 (0.1%)	57 (0.8%)	1 (0%)	0 (0%)	5 (0.1%)
Food Access	HSA	Nutrition as Health - DAS	637	361 (56.7%)	262 (41.1%)	2 (0.3%)	8 (1.3%)	0 (0%)	0 (0%)	4 (0.6%)
Food Access	HSA	Pantries - DAS	3,435	1,005 (29.3%)	2,410 (70.2%)	0 (0%)	6 (0.2%)	1 (0%)	0 (0%)	13 (0.4%)
Food Access	HSA	Meal Support - CFAT	2,936	638 (21.7%)	1,794 (61.1%)	3 (0.1%)	2 (0.1%)	12 (0.4%)	3 (0.1%)	484 (16.5%)
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	---	---	---	---	---	---	---	---
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	---	---	---	---	---	---	---	---
Food Access	DPH	Groceries and Prepared meals for people living with HIV	919	774 (84.2%)	84 (9.1%)	---	60 (6.5%)	---	---	1 (0.1%)
Food Access	SFUSD	NSLP - National School Lunch Program	---	---	---	---	---	---	---	---

--- Indicates program provided some demographic data but not for this table

+++ Data is suppressed to align with Reporting Agency guidelines

¹ Data was not provided for the following programs: Real Estate Division- GSA: Alemany Farmers Market; DPH: Bulk Food Distribution to housing sites for people living with HIV, Feeding 5000, Food Bridge to Health (FB2H), Food Pharmacies funded by DKI in partnership with DPH and OEWD, and Sugary Drinks Distributor Tax (soda tax) community based grants.

² The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

³ Food Production -CFAT collects gender identity data but this data is measured differently and is not translatable to this reporting structure.

Table 9: Total Number of Individuals/Households Served by Reporting Department Programs, by Age

	Department	Program Name ¹⁻³	Total sample	0 to 17	18 to 24	25 to 59	60+	Other or unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)
Financial Resources	HSA	CalFresh- BFS	130,468	22,329 (17.1%)	8,877 (6.8%)	49,509 (37.9%)	49,753 (38.1%)	0 (0%)
Financial Resources	HSA	Grocery Vouchers - CFAT	3,044	72 (2.4%)	75 (2.5%)	1,899 (62.4%)	925 (30.4%)	73 (2.4%)
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers	---	---	---	---	---	---
Financial Resources	DPH	Healthy Food Purchasing Supplement	---	---	---	---	---	---
Financial Resources	DPH	WIC	18,796	13,670 (72.7%)	---	---	---	5,126 (27.3%)
Food Access	HSH	Shelter and Navigation Center Meals	3,041	302 (9.9%)	182 (6%)	2,144 (70.5%)	410 (13.5%)	3 (0.1%)
Food Access	HSH	Safe Sleep Site Meals	759	0 (0%)	20 (2.6%)	700 (92.2%)	39 (5.1%)	---
Food Access	HSH	Food Pantry in Permanent Supportive Housing ⁺⁺⁺	267	0 (0%)	Less than 11	159 (59.6%)	96 (36%)	+++
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	2,175	0 (0%)	7 (0.3%)	515 (23.7%)	1,653 (76%)	0 (0%)
Food Access	HSA	Community Centered Grocery Access - CFAT	30,460	17 (0.1%)	389 (1.3%)	12,854 (42.2%)	17,060 (56%)	140 (0.5%)

Table 9: Total Number of Individuals/Households Served by Reporting Department Programs, by Age

	Department	Program Name ¹⁻³	Total sample	0 to 17	18 to 24	25 to 59	60+	Other or unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)
Food Access	HSA	Congregate Meals - DAS	18,281	0 (0%)	30 (0.2%)	1,217 (6.7%)	16,755 (91.7%)	279 (1.5%)
Food Access	HSA	Home-Delivered Groceries - DAS	5,506	0 (0%)	18 (0.3%)	684 (12.4%)	4,713 (85.6%)	91 (1.7%)
Food Access	HSA	Home-Delivered Meals - DAS	7,033	0 (0%)	6 (0.1%)	740 (10.5%)	6,284 (89.4%)	3 (0%)
Food Access	HSA	Nutrition as Health - DAS	637	0 (0%)	3 (0.5%)	273 (42.9%)	342 (53.7%)	19 (3%)
Food Access	HSA	Pantries - DAS	3,435	0 (0%)	0 (0%)	2 (0.1%)	3,433 (99.9%)	0 (0%)
Food Access	HSA	Meal Support - CFAT	2,936	37 (1.3%)	26 (0.9%)	1,492 (50.8%)	1,347 (45.9%)	34 (1.2%)
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	---	---	---	---	---	---
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	---	---	---	---	---	---
Food Access	DPH ⁺⁺⁺	Groceries and Prepared meals for people living with HIV	919	0 (0%)	Less than 11	527 (57.3%)	385 (41.9%)	+++
Food Access	SFUSD	NSLP - National School Lunch Program	50,013	49,038 (98.1%)	975 (1.9%)	0 (0%)	0 (0%)	0 (0%)

--- Indicates program provided some demographic data but not for this table

+++ Data is suppressed to align with Reporting Agency guidelines

¹ Data was not provided for the following programs: Real Estate Division- GSA: Alemany Farmers Market; DPH: Bulk Food Distribution to housing sites for people living with HIV, Feeding 5000, Food Bridge to Health (FB2H), Food Pharmacies funded by DKI in partnership with DPH and OEWD, and Sugary Drinks Distributor Tax (soda tax) community based grants.

² The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

³ Food Production -CFAT collects gender identity data but this data is measured differently and is not translatable to this reporting structure.

Table 10: Total Number of Individuals/Households Served by Reporting Department Programs, by Language Spoken

	Department	Program Name ^{c-e}	Total sample	Chinese ^b	English	Korean	Russian	Spanish	Vietnamese	Other or unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Financial Resources	HSA	CalFresh - BFS	130,468	31,096 (23.8%)	80,754 (61.9%)	366 (0.3%)	2,774 (2.1%)	11,423 (8.8%)	2,102 (1.6%)	1,953 (1.5%)
Financial Resources	HSA	Grocery Vouchers - CFAT	3,044	97 (3.2%)	77 (2.5%)	0 (0%)	0 (0%)	146 (4.8%)	0 (0%)	2,724 (89.5%)
Financial Resources	DPH	Black Infant Health (BIH) Grocery vouchers	---	---	---	---	---	---	---	---
Financial Resources	DPH	Healthy Food Purchasing Supplement	---	---	---	---	---	---	---	---
Financial Resources	DPH	WIC ^a	12,699	2,568 (20.2%)	4,966 (39.1%)	---	41 (0.3%)	4,710 (37.1%)	108 (0.9%)	306 (2.4%)
Food Access	HSH	Shelter and Navigation Center Meals ⁺⁺⁺	2,859	25 (0.9%)	2,121 (74.2%)	Unknown	15 (0.5%)	623 (21.8%)	Less than 11	+++
Food Access	HSH	Safe Sleep Site Meals	---	---	---	---	---	---	---	---
Food Access	HSH	Food Pantry in Permanent Supportive Housing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food Access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	2,174	1,339 (61.6%)	231 (10.6%)	3 (0.1%)	56 (2.6%)	411 (18.9%)	83 (3.8%)	51 (2.3%)
Food Access	HSA	Community Centered Grocery Access - CFAT	30,460	14,816 (48.6%)	6,289 (20.6%)	127 (0.4%)	264 (0.9%)	3,388 (11.1%)	485 (1.6%)	5,091 (16.7%)
Food Access	HSA	Congregate Meals - DAS	18,281	6,215 (34%)	4,486 (24.5%)	55 (0.3%)	194 (1.1%)	1,428 (7.8%)	128 (0.7%)	5,775 (31.6%)

Table 10: Total Number of Individuals/Households Served by Reporting Department Programs, by Language Spoken

	Department	Program Name ^{c-e}	Total sample	Chinese ^b	English	Korean	Russian	Spanish	Vietnamese	Other or unknown
			n	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Food Access	HSA	Home-Delivered Groceries - DAS	5,506	1,827 (33.2%)	1,839 (33.4%)	35 (0.6%)	370 (6.7%)	506 (9.2%)	75 (1.4%)	854 (15.5%)
Food Access	HSA	Home-Delivered Meals - DAS	7,033	1,247 (17.7%)	4,133 (58.8%)	43 (0.6%)	201 (2.9%)	592 (8.4%)	42 (0.6%)	775 (11%)
Food Access	HSA	Nutrition as Health - DAS	637	11 (1.7%)	193 (30.3%)	0 (0%)	1 (0.2%)	34 (5.3%)	2 (0.3%)	396 (62.2%)
Food Access	HSA	Pantries - DAS	3,435	2,202 (64.1%)	267 (7.8%)	23 (0.7%)	205 (6%)	133 (3.9%)	73 (2.1%)	532 (15.5%)
Food Access	HSA	Meal Support - CFAT	2,936	1,022 (34.8%)	1,104 (37.6%)	0 (0%)	3 (0.1%)	407 (13.9%)	5 (0.2%)	395 (13.5%)
Food Access	DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	---	---	---	---	---	---	---	---
Food Access	DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	---	---	---	---	---	---	---	---
Food Access	DPH	Groceries and Prepared meals for people living with HIV	---	---	---	---	---	---	---	---
Food Access	SFUSD	NSLP - National School Lunch Program	---	---	---	---	---	---	---	---

--- Indicates program provided some demographic data but not for this table

+++ Data is suppressed to align with Reporting Agency guidelines

^a For WIC, the other category includes the following languages: Thai (n = 18), Tagalog (n = 11), Portuguese (n = 21), Nepali/Nepalese (n = 32), Bengali (n = less than 11), Arabic (n = 104), Other (n = 30)

^b Chinese is a combined category of Cantonese and Mandarin

^c Data was not provided for the following programs: Real Estate Division- GSA: Alemany Farmers Market; DPH: Bulk Food Distribution to housing sites for people living with HIV, Feeding 5000, Food Bridge to Health (FB2H), Food Pharmacies funded by DKJ in partnership with DPH and OEWD, and Sugary Drinks Distributor Tax (soda tax) community based grants.

^d The Food Empowerment Market Pilot-CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

^e Food Production -CFAT collects gender identity data but this data is measured differently and is not translatable to this reporting structure.

Table 11A: Overall Funding Summaries From Reporting Departments, by Fiscal Year

	FY22 - 23	FY23-24	FY24-25
Total reported funding for Agency food programs	\$200,710,419.43	\$184,945,012.93	\$165,272,077.84
Federal	\$72,004,420.63	\$66,818,440.74	\$66,861,395.36
State	\$36,830,125.00	\$39,510,395.00	\$39,510,395.00
Local	\$91,284,040.80	\$79,603,502.19	\$59,110,287.48

Please see Table 6 for additional information on program funding, units of service, and cost over time

Table 11B: Overall Number of Programs with Fundings Changes

	FY 23 to 24 (n = 33)	FY 24 to 25 (n = 33)
Number of programs projecting decreases in funding	8	3
Number of programs projecting increases in funding	12	3
Number of programs not reporting future funding	8	13
Number of programs with no changes in future funding	5	14

Please see Table 6 for additional information on program funding, units of service, and cost over time

Table 11C: Programs Projecting Funding Decreases

Reporting Department	Program	FY22-23 total funding	Change in overall funding FY22-23 to FY 23-24	Change in overall funding FY 23-24 to FY 24-25	Total number of people served by program in FY22-23	Total number of households served by program in FY22-23	Unit of service	Total units of service in FY22-23	Cost per unit of service in FY22-23	Top 5 zip codes this program serves	Total sample	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
DPH	Healthy Food Purchasing Supplement	\$1,553,941	-\$153,941	\$0	14,839	14,839	\$10 voucher	157,932	\$10.03	94102, 94103, 94110, 94112, 94124	14,839	0.3%	6.3%	2.9%	6.0%	Combined with "Asian" category	1.5%	7.2%	0.5%	75.3%
HSA	CalFresh - BFS	\$79,496,316	-\$8,221,672	\$0	130,468	104,500	Electronic Benefit Transfer	NA	NA	94102, 94112, 94124, 94103, 94134	130,468	0.3%	24.4%	9.0%	11.5%	2.6%	9.0%	0.1%	4.4%	38.8%
HSA	Grocery Vouchers - CFAT	\$2,892,514	-\$642,514	\$0	25,064	7,946	\$10 voucher	250,797	\$11.66	94124, 94112, 94134, 94110, 94102	3,044	0.7%	34.7%	11.9%	37.9%	Combined with "Asian" category	6.7%	2.3%	1.8%	4.0%
HSH	Shelter and Navigation Center Meals	\$4,189,055.89	-\$72,765		2,478	259	Meals	1,998,010	\$4.94	94109, 94107, 94103, 94124, 94102	4,050	4.6%	2.8%	19.6%	24.9%	1.5%	33.9%	5.1%	unknown	7.6%
DPH	Sugary Drinks Distributor Tax (soda tax) community based grants	\$1,466,931	-\$141,931		10,551		Participants													
HSA	Community Centered Grocery Access - CFAT	\$21,556,875	-\$5,186,064	-\$10,625,811	108,194	42,378	Grocery bag	1,115,227	\$21.87	94110, 94124, 94112, 94116, 94132	30,460	0.4%	60.4%	3.2%	17.9%	0.2%	4.8%	0.4%	0.4%	12.3%
HSA	Home-Delivered Groceries - DAS	\$1,931,427	-\$335,720	\$0	4,755	NA	Grocery bag	212,624	\$8.99	94112, 94124, 94109, 94102	5,506	0.5%	47.2%	16.5%	12.7%	1.6%	15.5%	0.0%	0.2%	5.9%

Table 11C: Programs Projecting Funding Decreases

Reporting Department	Program	FY22-23 total funding	Change in overall funding FY22-23 to FY 23-24	Change in overall funding FY 23-24 to FY 24-25	Total number of people served by program in FY22-23	Total number of households served by program in FY22-23	Unit of service	Total units of service in FY22-23	Cost per unit of service in FY22-23	Top 5 zip codes this program serves	Total sample	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander ^a	White	Multi-race	Other	Unknown
HSA	Meal Support - CFAT ^b	\$6,993,488	-\$1,682,017	-\$484,776	9,565	3,357	Meals	674,474	\$11.22	94124, 94115, 94108, 94102, 94134	2,972	1%	38.40%	24.30%	16.20%	Combined with "Asian" category	2.30%	1.10%	0.90%	15.80%
HSA	Food Production - CFAT	\$1,436,000	\$341,474	-\$877,474	NA	NA	Pounds of Produce and Meals	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA indicates that the program's response was "NA" and the question does not apply to them. Blank values mean that the data were not provided. Please see Table 6 for additional information on program funding, units of service, and cost over time

^a For the following programs: Meal Support -CFAT, Grocery Vouchers - CFAT, and Healthy Food Purchasing Supplement, Asian Pacific Islander is reported as a single category (Asian), which is why the Native Hawaiian or Other Pacific Islander field is low or missing data.

^b Combined totals reported for Meal Support and Meal Support - Family Meal Pack

Table 11D: Programs Projecting Funding Increases

Reporting Department	Program	FY22-23 total funding	Change in overall funding FY22-23 to FY 23-24	Change in overall funding FY 23-24 to FY 24-25	Total number of people served by program in FY22-23	Total number of households served by program in FY22-23	Unit of service	Total units of service in FY22-23	Cost per unit of service in FY22-23	Top 5 zip codes this program serves	Total sample	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander	White	Multi-race	Other	Unknown
DCYF	Afterschool Meals/Child and Adult Food Program At-Risk (CACFP)	\$691,605	\$34,580	\$36,309			Meals	269,210	\$1.88	94110, 94134, 94102, 94108, 94124	2,524	0.0%	20.3%	18.2%	35.4%	2.3%	6.8%	8.5%	5.2%	3.4%
DCYF	Summer Meals Program (SFSP – Summer Food Service Program)	\$413,095	\$20,655	\$21,688			Meal support	125,178	\$2.05	94110, 94134, 94102, 94111, 94108	3,531	0.0%	26.2%	18.7%	32.9%	1.6%	4.5%	8.3%	3.5%	4.4%
DPH	Feeding 5000	\$400,000	\$100,000	\$0		8,663	Household grocery bags/meals	8663	\$46.17	94124, 94134, 94102, 94112, 94132	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HSA	Congregate Meals - DAS	\$10,135,161	\$863,189	\$0	18,182	NA	Meals	1,344,062	\$7.43	94116, 94118, 94115, 94102, 94103	18,281	0.3%	65.2%	10.1%	10.3%	0.6%	8.4%	0.0%	0.0%	5.1%
HSA	Food Empowerment Market Pilot - CFAT ^a	\$2,244,525	\$510,950	NA	NA	NA	Grocery bags	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HSA	Home-Delivered Meals - DAS	\$13,431,701	\$1,200,424	\$0	7,033	NA	Meals	2,609,100	\$5.61	94102, 94103, 94109, 94112, 94110	7,033	0.7%	34.1%	17.9%	12.9%	1.7%	30.0%	0.0%	0.2%	2.6%

Table 11D: Programs Projecting Funding Increases

Reporting Department	Program	FY22-23 total funding	Change in overall funding FY22-23 to FY 23-24	Change in overall funding FY 23-24 to FY 24-25	Total number of people served by program in FY22-23	Total number of households served by program in FY22-23	Unit of service	Total units of service in FY22-23	Cost per unit of service in FY22-23	Top 5 zip codes this program serves	Total sample	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino, all races	Native Hawaiian or other Pacific Islander	White	Multi-race	Other	Unknown	
HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	\$569,339	\$22,774	\$0	6,577	2,595	Grocery bags	91,970	\$12.43	94110, 94108, 94121, 94134, 94109	2,173	0.1%	40.4%	0.6%	13.7%	0.1%	3.4%	0.3%	0.3%	41.2%	
HSA	Nutrition as Health - DAS	\$546,364	\$21,854	\$0	637	NA	Meals and grocery bags	53,223	\$10.67	94103, 94102, 94110, 94109, 94112	637	1.4%	11.0%	23.4%	41.6%	0.8%	17.7%	0.0%	0.9%	3.1%	
HSA	Pantries - DAS	\$2,464,722	\$242,853	\$0	2,819	NA	Grocery bags	130,871	\$8.11	94112, 94134, 94102, 94108, 94124	3,435	0.1%	81.9%	4.0%	4.6%	0.3%	7.6%	0.0%	0.1%	1.6%	
SFUSD	NSLP - National School Lunch Program	\$40,593,968	\$1,104,210	\$5,851	48,362		Meals	6,927,351	6.03	94112, 94116, 94121, 94122, 94110	50,013	0.5%	30.0%	7.0%	33.0%	0.5%	14.0%	7.0%	4.0%	4.0%	
DEC	Early Care and Education Integrated Services, Nutrition Services	\$315,000	\$8,430	\$0			Not reported														

NA indicates that the program's response was "NA" and the question does not apply to them. Blank values mean that the data were not provided.

Please see Table 6 for additional information on program funding, units of service, and cost over time

^a The Food Empowerment Market Pilot- CFAT is a new program that has not opened yet so in FY22-23 demographic data and zip code level data were not available for reporting.

Table 11E: Inventory of Programs with Missing Funding Data by Fiscal Year

Reporting Department	Program name	Programs without funding data in FY22-23	Programs without funding data in FY23-24	Programs without funding data in FY24-25
HSH	Safe Sleep Site Meals		X	X
DPH	Food Pharmacies funded by DKI in partnership with DPH and OEWD		X	X
Rec & Parks	Alemany Farm - food security farm		X	X
DEC	Family Child Care - Child Health and Nutrition Mini-Grants		X	X
DEC	Family Resource Center Enhancement Grants		X	X
Rec & Parks	Community Gardens Program		X	X
Rec & Parks	Garden Resource Day		X	X
HSH	Shelter and Navigation Center Meals			X
DPH	Sugary Drinks Distributor Tax (soda tax) community based grants			X
DEC	Early Care and Education Integrated Services, Nutrition Services			X
SFE	Kitchen Zero SF			X

*"without funding data" indicates that program left data collection fields blank and did not provide context for the missing data

Table 12: Funding Overview, by Reporting Department

Reporting Department	FY22 -23	FY23-24	FY24-25
HSA	Total Food Programs = 12		
Number of food programs reporting funding	12	12	11
total funding	\$143,698,432	\$130,833,963	\$116,090,427
Federal	\$43,438,752	\$39,519,443	\$39,519,443
State	\$24,963,472	\$25,107,758	\$25,107,758
Local public	\$75,296,208	\$66,206,762	\$51,463,226
DPH	Total Food Programs = 9		
Number of food programs reporting funding	8	7	6
total funding	\$8,860,562	\$8,484,690	\$7,159,690
Federal	\$4,390,924	\$4,390,924	\$4,390,924
State	\$0	\$0	\$0
Local public	\$4,469,638	\$4,093,766	\$2,768,766
HSH	Total Food Programs = 3		
Number of food programs reporting funding	3	1	0
total funding	\$5,600,930	\$4,116,291	\$0
Federal	\$0	\$0	\$0
State	\$0	\$0	\$0
Local public	\$5,600,930	\$4,116,291	\$0
DCYF	Total Food Programs = 2		
Number of food programs reporting funding	2	2	2
total funding	\$1,104,700	\$1,159,935	\$1,217,932
Federal	\$645,754	\$859,092	\$902,046
State	\$0	\$0	\$0
Local public	\$458,946	\$300,843	\$315,885
Rec & Parks	Total Food Programs = 3		
Number of food programs reporting funding	3	0	0
total funding	\$583,955	\$0	\$0
Federal	\$0	\$0	\$0
State	\$0	\$0	\$0
Local public	\$20,231	\$0	\$0
SFUSD	Total Food Programs = 1		
Number of food programs reporting funding	1	1	1
total funding	\$40,593,968	\$41,698,178	\$41,704,029
Federal	\$23,528,991	\$22,048,982	\$22,048,982
State	\$11,866,653	\$14,402,637	\$14,402,637
Local (public and private)	\$5,198,324	\$5,246,559	\$5,252,410
DEC	Total Food Programs = 3		
Number of food programs reporting funding	3	1	0
total funding	\$1,597,872	\$323,430	\$0
Federal	\$0	\$0	\$0
State	\$0	\$0	\$0
Local public	\$1,597,872	\$323,430	\$0
SFE	Total Food Programs = 1		
Number of food programs reporting funding	1	1	0
total funding	\$106,000	\$106,000	\$0
Federal	\$0	\$0	\$0
State	\$0	\$0	\$0
Local public	\$0	\$0	\$0

Table 13A: Department Responses on Infrastructure, by Reporting Department in FY22-23

Department	In FY 22-23, did you fund infrastructure for food security	Please describe what you funded	How much funding was dedicated?
DEC	Yes	We funded three distinct food/nutrition programs: (1) Child Health and Nutrition Mini-Grants up to \$1,200 to purchase appliances and equipment to increase food and nutrition security among children zero to five years old; (2) Family Resource Center Enhancement Grants that included funding for basic needs, inclusive of food delivery, food resources, and food security gift cards; and (3) within the context of Early Care and Education Integrated Services, Nutrition Services to support early care and education programs to participate in the Child and Adult Care Food Program and improve nutrition practices through the Healthy Apple Program.	\$156,000 for #1 above; \$1,126,872 for #2; and \$323,430 for #3
SFE	Yes	Allocated \$71,170.00 for FY 22-23 with San Francisco Recreation and Parks Department to promote compost use and distribute compost to community gardens and at Garden Resource Days. Hosted collaborative Compost Giveaway event during Climate Action Month 2023. Compost may support urban agriculture and food security.	Allocated \$71,170.00 for FY 22-23 with San Francisco Recreation and Parks Department to promote compost use and distribute compost to community gardens and at Garden Resource Days.
HSH	Yes	Van purchase for Meals on Wheels contract -- \$72,776 SF food pantry contract includes operations, transportation, trucks, supplies and storage, warehouse capacity, staff training, and volunteer management --\$22,105 Two large freezers and four microwaves for Safe Sleep and Vehicle Triage Center sites -- \$1516.40	
SFHA	No		.
OEWD	Yes	The Healthy Retail SF (HRSF) program partners with merchants of local retail shops, or corner stores, to revitalize and strengthen their stores and offer healthier food options in their communities. Healthy Retail SF's goals are to promote healthy eating, strengthen small independent businesses, and increase community cohesion while reducing visibility and denormalizing unhealthy products so that all residents and children have access to healthy, fresh, and affordable foods. Healthy Retail SF is an incentive-based voluntary program that offers small business owners three key areas of support: 1) store redesign and physical environment improvements; 2) business operations advising and technical assistance; and 3) community engagement. Healthy Retail SF helps small business owners shift their business models to become healthy food retailers in their community.	150000
ORE			
SF Planning	No		
Real Estate	No		
Rec & Parks	Yes	UA and gardening - garden development and improvements to public garden spaces to increase use and access; Community education and facilitation/coordination to build capacity and increase sites' use and useability; Work force training in our program (4 current trainees), plus supporting workforce development performed by NGOs on RPD UA program sites; Delivering produce from Alemany Farm to pantries.	\$514K in staffing + \$570K in captial and program expenses (including \$500K for a new garden build) = \$1.087M
SFUSD	Yes	Freezers, ovens, nutrition and culinary training	96171
SF Treasurer	No		
DCYF	No		

Table 13A: Department Responses on Infrastructure, by Reporting Department in FY22-23

Department	In FY 22-23, did you fund infrastructure for food security	Please describe what you funded	How much funding was dedicated?
DPH	Yes	<p>In 2022, SFDPH Population Health/Food Security Program funded an initiative to support community-based organizations to be ready for CalAim (California Advancing and Innovating Medi-Cal)'s integration of Medically Supportive Food and Nutrition. The primary goals of the CalAim initiative are to address the social determinants of health, improve quality outcomes, and delivery system improvements through value-based initiatives. Medically Supportive Food and Nutrition is a spectrum of food-based preventions to help prevent, reverse, and treat chronic disease when integrated into health care (April 2023 FSTF Meeting Minutes). SFDPH dedicated \$100,000 to this effort and eight community-based organizations were supported with technical assistance. Implementation of medically supportive food and nutrition programs will involve collaboration between the Managed Care Plan, CBOs, other stakeholders and will follow guidance and timelines from California Department of Health Care Services. Through the SDDT grants, additional infrastructure supported the Tenderloin Neighborhood Development Corporation (TNDC) to convene a food policy council comprised of Tenderloin residents. They will develop food security policy priorities for Tenderloin residents and begin implementing those priorities. In FY 22-23, three additional programs were funded to provide urban agriculture and/or nutrition education: Community Grows and Urban Sprouts offers urban agriculture, while 18 Reasons offers nutrition education which supports infrastructure for food security. SFDPH dedicated \$375,889 to the 18 Reasons program, \$140,000 to Community Grows and \$100,000 for Urban Sprouts. Shape Up SF led the two key learning programs related to decolonizing the food system including a virtual conversation with a diverse panel of experts and food advocates who shared their unique perspectives and offer insights into how we may decolonize the food system, and the Sugar and Decoloniality series with Dr. Amber McZeal. The 4-part series delved into why decolonizing sugar matters and how we may undo the impacts of coloniality on our communities experiencing the greatest health disparities. Nutrition Education and Obesity Prevention (NEOP) works with the San Francisco Unified School District and Children's Council of San Francisco to implement policy, system and environment (PSE) change strategies for upstream efforts to promote student well-being. This program services whole households, communities, schools, and daycares for Medical and CalFresh eligible residents. Addressing health disparities is embedded in the program model. NEOP achieves this by focusing efforts and distribution out of 7 clinic sites located in communities with the greatest health disparities in San Francisco. \$803,720 of federal funding was allocated to NEOP in FY 22-23. Finally, SFDPH staffs the city's Food Security Task Force which brings together city agencies, SFUSD, community-based organizations, and the public to collaborate on addressing food insecurity in San Francisco. SFDPH also has 2 membership seats on the task force. SFDPH also leads the development of the new Biennial Food Security and Equity Report</p>	

Table 13A: Department Responses on Infrastructure, by Reporting Department in FY22-23

Department	In FY 22-23, did you fund infrastructure for food security	Please describe what you funded	How much funding was dedicated?
HSA	Yes	<p>Through a one-time grant from the California Department of Food and Agriculture, DAS funded capacity building and infrastructure as a component of their congregate and home delivered meal programs. These investments included a broad range of infrastructure, including equipment for commercial kitchens, refrigerators and freezers, food delivery vehicles, and energy efficient light fixtures for kitchens and congregate meal sites. DAS also allocated additional local funding as needed for emergent infrastructure needs, like repairs, replacement of aging office equipment, and congregate dining furniture. Through the Citywide Food Access Team (CFAT), SFHSA has also begun funding food infrastructure at a larger scale. In FY 22-23, the agency supported four community kitchens across Chinatown, the Tenderloin, and Haight Ashbury in increasing their capacity for community meal production. Many community kitchens in San Francisco cannot meet their full potential due to lack of adequate space and appropriate equipment or materials as well as the funds to purchase them. These programs support the City’s vision to weave food sovereignty principles into the City’s food security efforts. By increasing the capacity of these kitchens, more meals were produced by community, for community, and the availability of culturally relevant foods increased. The grantees used the funds in a variety of ways to enhance capacity and food infrastructure, from purchasing a commercial fridge and freezer at the Chinatown YMCA where volunteers prepare meals for local SRO residents, to providing culinary training to apprentices who lack other job opportunities at the Tenderloin-based Farming Hope. In addition, the agency released a Request for Proposals this year to fund urban farms in developing their operations and intern and volunteer programs. In addition to supporting community-led food production and distribution, the program will increase equity in San Francisco’s urban agriculture infrastructure by funding paid opportunities for trainees who might otherwise lack access to such opportunities. Two farms in the southeast portion of the city were awarded as a result of the RFP. They began their grants at the end of FY 22-23, and reporting on impact will be available at the end of FY 23-24.</p>	2699232

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
DEC		Each year, children entering kindergarten in SFUSD are assessed using the Kindergarten Readiness Inventory. Part of this assessment includes teacher observations of how often children appear to be tired, sick, or hungry, as these indicators of wellness are highly associated with children's readiness skills. 55% of African American children were tired, sick, or hungry at least some of the time, compared to 35% of Hispanic/Latino children, 19% of white children, and 12% of Asian children. Another area of disparity appears in the incidence of special needs, where African American children are twice as likely to be diagnosed as having a special need as white children (20% vs. 10%). Past research into chronic absenteeism in City-funded preschools also showed that African American and Latino children experienced disproportionate rates of chronic absenteeism, most often due to illness.	Most of DEC's investments do not directly address health disparities. However, many of them may have indirect effects. For example, our Family Resource Center initiative primarily serves children and families with the greatest needs, and FRCs often help to address basic needs like food and nutrition, as well as providing referrals to other programs and services. Our efforts to support developmental screening in early care and education settings, FRCs, and health care settings are aimed at linking children with developmental concerns to early intervention services, and the latter is critical due to evidence that children with developmental concerns or special needs, especially those from Latino families, tend not to receive services to address those needs.	We are actively planning new efforts to support universal developmental screening and early intervention for children ages birth through 5.
DCYF		food security, diabetes, weight, dietary intake	DCYF sponsors SFSP and CACFP at-risk programs, which are federal grants funded by USDA to help feed youth during out of school time (summer and afterschool). Programs must adhere to USDA food standards that encourage healthy meals and increased access to meals. Eligibility for these programs are based on free/reduced price meals data which is geographically based on where student attendance zones are. SFSP eligibility also use census data which is geographically based as well. DCYF can address health disparities by continuing to sponsor SFSP and CACFP at-risk programs.	DCYF plans on continuing sponsorship of SFSP and CACFP at-risk programs. DCYF also released its 2024-2029 Request for Proposals (RFP), with a result area focusing on Children & Youth are Physically & Emotionally Healthy.
SFE				
SFHA	Yes	There isn't much information on the health data for these various populations.	Yes; targeted initiative for extremely low-income households within HOPE SF, public housing, and RAD.	N/A
OEWD	Racial Health Inequities	The partnership increased incentives for small businesses to offer affordable and healthy food products and combat food swamps.	Twelve corner stores in the Tenderloin, Bayview-Hunters Point, and Oceanview neighborhoods have participated	N/A

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
SF Planning		Our work is citywide, but we have some policy initiatives focused on supporting “Priority Equity Geographies” and “EJ Communities” in the southern and eastern parts of the city, which are more underserved and underrepresented in planning processes and face worth health outcomes. These are typically the areas that have less healthy food access, lower incomes, and greater food insecurity.	Our Environmental Justice Framework (described below) focused on developing long-range policies to improve health and quality of life in EJ Communities, which are typically the areas facing the greatest food security and access challenges. At a neighborhood and development level, the Planning Department sometimes can support opportunities to improve access to healthy foods, either through supporting the addition of retail/restaurant locations or other elements of the food system (such as supporting food distribution and urban agriculture). These are typically opportunistic cases that are not core to our function, but we are supportive when they arise and there is community desire, resources, and political will to implement.	The Environmental Justice Framework (https://generalplan.sfplanning.org/Environmental_Justice_Framework.htm) was adopted into the San Francisco General Plan in early 2023, becoming the first citywide policy that directs all City agencies to advance environmental justice in accordance with state legislation (Senate Bill 1000). One of the policy areas is healthy food access, and it contains guiding priorities that the city should work towards to increase access to both healthy food and to healthy / resilient / equitable food systems in San Francisco. These priorities were developed in collaboration with leaders from the EJ Communities.
ORE				
SFUSD				Expanded Refresh Programs at school sites, bringing nutritious meals to students and also focused on organic produce options for students.

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
SF Treasurer	n/a	n/a	n/a	n/a
HSH	Referenced below	<p>Health disparities among people experiencing homelessness are extensively documented. Chronic health issues, medical events, and disabling conditions make people more vulnerable to experiencing homelessness. Moreover, once a person experiences homelessness, especially unsheltered homelessness, they are much more likely to face significant health challenges and risk factors. Every two years, the Department of Housing and Urban Development (HUD) requires communities to conduct a Point in Time (PIT) count – a census of homelessness in that community on one given day. In addition to the one-day count, this is an opportunity for the Homelessness Response System to collect more detailed information from people experiencing homelessness through surveys and interviews. San Francisco’s most recent PIT count and survey (2022) showed the following data for people experiencing homelessness in San Francisco as it relates to each of the areas of health disparities outlined in the Food Security Framework: Income/Poverty (PIT report pages 39-40) Economic barriers related to employment and income is a primary cause of homelessness. Income from all sources varied between employed and unemployed survey respondents, but overall income was higher among those who were employed. In 2022, the jobless rate for homeless survey respondents was 83%.</p>	<p>HSH programs providing food to participants are site-based. HSH provides two meals per day for guests and residents at all of our Navigation Centers (11 sites), Safe Sleep Sites (5 sites funded in 2022-23, one still open) and all of our shelters, as well as food pantries at 11 of our Permanent Supportive Housing sites. While HSH is not primarily responsible for food security in San Francisco, the design of homeless system response programs recognize the important relationship between improving food security and housing security, and the impact on the social determinants of health. People who have exited homelessness and are living in permanent supportive housing are often paying most of their limited income to rent and sometimes have to choose between paying rent and buying enough food. There are many touchpoints where HSH’s programs intersect with services provided by DPH, the Human Services Agency, and other city partners to address health disparities. This includes services such as benefits enrollment support for residents, referrals to community-based programs that offer ongoing food support, and planned wellness hubs and resource centers where food is available.</p>	<p>Social determinants of health include access to safe housing, which significantly impacts a person’s wellbeing. HSH recently published (April 2023) a city-wide five-year plan to prevent and end homelessness called Home by the Bay, which articulates 5 core action areas that contain goals and strategies on housing solutions and reducing racial disparities in homelessness, which can be found here: https://hsh.sfgov.org/about/research-and-reports/home-by-the-bay/ While food security is not a primary goal that HSH is funded to achieve, Home By the Bay’s goals and strategies are intended to impact health and racial disparities among people experiencing homelessness through housing and connection to services and community supports, including improved access to nutritious food. The following strategies with which HSH is the primary implementing agency are those that most directly address health disparities faced by people who experience homelessness: (paraphrased for brevity) (1.03)</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
HSH, continued		<p>Nearly half (48%) of unemployed respondents reported an income of \$99 or less per month, in comparison to 6% of those who were employed. Alternatively, 45% of employed respondents reported making \$1,100 or more per month, compared to 10% of unemployed respondents. Food Security (page 41) Over half (51%) of respondents reported experiencing a food shortage in the four weeks prior to the survey, compared to 59% in 2019. Mortality (page 41, national statistic, no local data readily available) The average life expectancy for individuals experiencing homelessness is up to 36 years shorter than the general population. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. (Koachanek, M.A., et al. (2017). Mortality in the United States, 2016. NCHS Data Brief, no 293. Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db293.pdf) Mental Health 7% cited mental health issues as the primary cause of their homelessness, broken out as 13% for those who were chronically homeless and 4% for those who were not chronically homeless. (page 35) .</p> <p>52% of survey respondents reported a substance use issue, 38% reported post-traumatic stress disorder, and 36% reported a psychiatric or emotional condition (page 41) No disaggregated information is readily available for the following specific health measures: diabetes, hypertension/cardiovascular disease, pre-term birth, low birth weight, weight, or dietary intake. However, the following is information about general health conditions and disparities. (Page 41) Sixty percent (60%) of respondents reported living with one or more health conditions. These conditions included chronic physical illnesses, physical disabilities, chronic substance use, and severe mental health conditions. Thirty-nine (39%) of respondents reported their condition limited their ability to hold a job, live in stable housing, or take care of themselves. The most frequently reported health condition was drug or alcohol abuse (52%, which represents a 10 percentage point increase from 2019), followed by post-traumatic stress disorder (PTSD) (38%) and psychiatric or emotional conditions (36%). Twenty-two percent (22%) reported living with a chronic health problem, 21% a physical disability, 13% a traumatic brain injury, and 8% an AIDS or HIV related illness. More info from the PIT count can be found here: https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19</p>	<p>Furthermore, HSH is expanding partnerships with the Office of Financial Empowerment and Office of Economic and Workforce Development to support residents and other program participants in increasing their income; a primary protective factor for food security.</p>	<p>Embedding a focus on inequities and disparities in all data analysis, including how well City-funded interventions are addressing these disparities (1.15) Increasing geographic diversity of HSH’s programs across neighborhoods (2.08) Strengthen partnership and strategic planning efforts with the Department of Public Health to focus on populations who are unsheltered, have co-occurring behavioral health care needs, need higher levels of care/support, are older adults or people with disabilities, have chronic or long-term health needs, and/or are from populations overrepresented across the homelessness response system. (3.34) Assess the need for additional or enhanced drop-in centers where people experiencing homelessness can get respite from the street, have their basic needs met, and connect to shelter, housing, and other services. (4.25)</p> <p>Enhance the continuum of residential settings and housing options for people exiting homelessness who are recovering from substance use disorders (2.09 and 4.03) Implement CalAIM, a state Medicaid waiver program intended to help to lower disparities by taking a whole-person care approach to funding services that address the social determinants of health.</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
Real Estate	<p>Available data suggest that the diets of many San Franciscans do not meet minimum recommendations for vitamins and water and exceed maximum recommendations for salt, fat, and added sugar. Two thirds of children and teens in San Francisco report less than 5 servings of vegetables and fruit daily. • Not meeting dietary recommendations is associated with low income, Hispanic and Black/African American race-ethnicity, and neighborhood, Southeastern San Francisco and Treasure Island, in particular. • Food insecurity is prevalent among students in public school, low-income pregnant women, housing insecure adults and older adults with disabilities. 53 percent of students in San Francisco Unified School District qualify for free or reduced-price meals; 72 percent of pregnant women participating in the WIC-Eat SF program report food insecurity; 84 percent of people living in single-residency-occupancy hotels (SROs) report food insecurity; An estimated 20,000 older adults with disabilities are estimated to be food insecure. • Despite increases in the number of food outlets in San Francisco, the number of vendors that accept SNAP decreased by 7 percent, widening disparities in access to food (2018)</p>	<p>We (RED) don't serve any populations specifically. We have the Alemany Farmers' Market - residents come and shop for fruits and vegetables - we do not keep track of populations attending the Market. But with Food Assistance Programs get all of the above.</p>	<p>No</p>	<p>None - we are a real estate division</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
HSA		<p>At SFHSA, we serve over 200,000 San Franciscans – one in four – reaching most of the City’s low-income population as well as specific populations for whom our services are tailored, including older adults and adults with disabilities. As a social services agency, we administer benefits and related supports but do not collect or readily have access to the health conditions of most of our clients. Most of our clients are BIPOC and live in low-income neighborhoods. For many, English is not their primary language. We observe in the Preliminary Data Set that these populations face significant health disparities in disease burden, lifespan, and quality of life as compared to the general population.</p> <p>As documented in the Preliminary Data Set and a vast body of literature on the subject, our service population is likely to face health disparities based on social determinants of health. BIPOC have lower median income than their white counterparts in San Francisco, and poverty is a major social determinant of health. The same groups who have the lowest income tend to face more serious health disparities. According to a survey administered by the Department of Children, Youth, and Their Families, food insecurity rates were highest among members of our client population: Medi-Cal and CalWORKs recipients. Race also plays a significant role in health outcomes, a reality highly pertinent to our client base. Black or African American residents have life expectancies lower than all other races in San Francisco, by a margin of 10 years compared with White, Asian, and Hispanic/Latino individuals. The infant mortality rate for Black or African American babies is five times higher than for white babies. Finally, people of color face higher rates of chronic diet-related illness like Type II diabetes and heart disease, and Black/African Americans are diagnosed with these diseases at younger ages. Chronic stress from living in poverty is also a health issue relevant to our service population. This type of persistent stress has been shown to negatively impact children’s developing brains, which in turns makes it more likely low-income kids of color will develop health issues during and after childhood.</p>	<p>Given the importance of food and nutrition in addressing these disparities, we employ a variety of strategies to support greater health equity through improved access to food resources and with a primary focus on CalFresh. Our agency works to increase access to this foundational safety net service in diverse ways. We co-locate benefit enrollment staff at community sites, easing accessibility for low-income seniors and disabled populations, immigrants, formerly incarcerated individuals, people experiencing homelessness, and families. We also conduct CalFresh outreach through a variety of channels. We partner with the San Francisco Marin Food Bank, whose staff do onsite benefit applications at pantries. We collaborate with other agencies to identify under-enrolled populations and develop strategies to increase access. We also recently began a pilot to test messaging, outreach, and enrollment tactics in community-based settings to improve engagement among the City’s immigrant population.</p> <p>In addition to prioritizing enrollment in CalFresh, SFHSA advances health equity indirectly by boosting income and offers other layers of support through public benefit programs. Programs like CalWORKs and the County Adult Assistance Program (CAAP) address a key piece of the social determinants of health, working to remediate health disparities correlated with poverty and income inequality. Program offerings are numerous, but as one example the Families Rising program through CalWORKs promotes child development and school readiness, parent education, sustainable employment and earnings, mental health, and economic and social mobility through a two-generation approach that engages both parents and their children.</p> <p>In the context of aging and disability services, In-Home Supportive Services (IHSS) provides older adults and adults with disabilities critical and free support with personal care and chores. In our child welfare division, we have been promoting prevention for years through the Title I-VE waiver and are now developing new holistic, community-driven strategies through funding shifts under the Families First Prevention Services Act. Given the disproportionality across race in the child welfare system and the trauma caused by system-involvement, anything that prevents kids from entering child welfare to begin with can help lessen disparities.</p>	<p>We continually strive to leverage resources towards greater health and racial equity in our service populations. Given the current budget conditions, we are looking for creative ways to support these efforts. Just this year, we have invested in two exciting new models. In spring 2023, SFHSA applied for and received a grant to fund an enrollment van that roams around San Francisco to engage residents in public benefits. This program will allow eligibility workers to meet clients where they are, convenient for people living in more remote regions of the City and helpful for those who are uncomfortable coming to a government office.</p> <p>In addition, the agency has funded an innovative food security program in Bayview Hunters Point which will operate like a free grocery store and offer a more consistent and dignified form of food support than has historically been available in a neighborhood well documented as a food desert. The market will offer nourishing and diverse food options multiple days a week to meet the needs of residents. One day, the market will also offer referrals to public benefits and health services, closing the loop on remaining gaps in need that allow health disparities to persist. Eventually, the site will also include culinary training for community members, offering a steppingstone to employment that could lead to longer term economic mobility and wellbeing.</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
HSA, Continued			<p>Beyond these public benefit programs, we address health disparities through tailored local food resources provided by community-based organizations. Through these programs we aim to meet the unique cultural and nutritional needs of populations that face disparities to improve both food security and health. The agency partners with 19 community providers to offer diverse cultural cuisine options for older adults and adults with disabilities, with all menus approved by nutritionists. Our Nutrition as Health program offers medically tailored meals to older and disabled adults with specific medical conditions. Our Family Meal Pack Program provides meals to low-income San Francisco households with at least one child five years old or younger. The program is designed to counter the time, labor, and expense families face when grocery shopping and cooking for children not yet old enough to benefit from free or reduced-price school meals.</p> <p>To further fill gaps in need, we fund supplemental grocery and grocery voucher programs for those who are under-served or unserved by federal programs. We work to ensure these programs are offered in diverse geographies, and with flexible hours of operation to meet the needs of working families. These programs are especially important for ameliorating the end-of-month food insecurity that many households experience as their benefits run dry. By offering another layer of support, we hope to help food insecure residents avoid the stress, health issues, and emergency room visits that often spike at the end of the month. Through these supplemental programs, we also increase the capacity of BIPOC-led organizations so communities can better serve their own members. For example, we supported the I.T. Bookman Community Center to become an in-house meal provider for older adults. The opportunity for I.T. Bookman to become a leader in their community and get food to individuals in a part of the City that has historically lacked sufficient food resources, has been transformational. Similarly, SFHSA has provided technical assistance to Dolores Street Community Services to build capacity and provide culturally relevant groceries that increase food security in the Mission.</p>	<p>We are also working within our Disability and Aging Services division to increase equity through tailored food programs. We provide home-delivered meals, nutrition education, and health promotion for older adults and adults with disabilities, with the goal of promoting physical health and wellbeing. These services increase community stability and independence, assist with food security, and help clients build healthy nutrition habits.</p> <p>The agency also offers a program that assists with chronic disease management for those who need services tailored to their specific health condition. This helps ensure that people who face higher risk of chronic disease can at least avoid worsening outcomes.</p> <p>In addition to these food programs, SFHSA will be opening the Disability Community Cultural Center this year, which will offer information and referral to food services. This model is a promising strategy for linking new clients to food security supports. In addition to these supports, our agency has worked to improve healthcare access. As the State has expanded healthcare options to undocumented residents, HSA has partnered with the Department of Public Health, the San Francisco Health Plan, Healthy SF, and community providers to ensure that newly eligible community members know about and successfully enroll in Medi-Cal. We are excited to continue these data sharing, outreach, and enrollment partnerships as Medi-Cal will soon be available to all undocumented residents who qualify financially.</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
HSA, Continued			<p>Finally, at SFHSA, we aim to address the multi-faceted and holistic nature of health by providing opportunities to socialize and engage with the community, while accessing culturally relevant food and services that cultivate a sense of belonging. San Francisco has a disproportionate number of older adults living alone, and social and physical isolation lead to poorer health outcomes. Our Department of Aging and Disability Services funds community centers that offer group exercise classes and other opportunities for social connection, like senior choir. In addition, low-income people face significant stressors, which can negatively impact their mental health. Our food programs play a significant role in interrupting the isolation that many of our clients face, especially as we emerge from the pandemic. Social cohesion and connectivity help all populations, and, whenever possible, we work to ensure this additional layer is intentionally incorporated into our programming.</p>	<p>Finally, we will continue to build on our analytical approach to identifying and addressing inequities through data and qualitative research efforts. Our in-house data experts conduct ongoing analyses of the client portfolio for our public benefit programs and supplemental services. Through this approach, we better understand where there may be gaps across race, language, geography, and other demographic factors, and target outreach and services through a data-informed equity lens.</p> <p>More holistically, we aim to ensure that all San Franciscans regardless of background, neighborhood, or socioeconomic status, have food, shelter, healthcare, supportive services, and community connection to thrive.</p> <p>As we identify inequities and disparities in our service population we ameliorate them through innovative strategies, from improving access to healthcare for undocumented San Franciscans and offering peer support and navigators for people who identify as LGBTQ, to providing housing and disability application support through programs like the Housing and Disability Advocacy Program.</p>

Table 13B: Department Responses About Health Disparities, by Reporting Department in FY 22-23

Department	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.	What relevant health disparities are seen in local health data for the populations you serve?	Do you target funds/programs/initiatives geographically or demographically to address health disparities? Please provide details or ways your department could address health disparities.	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...
Rec & Parks	n/a	<p>Following extensive research, RPD staff recommended adoption of the methodology developed by the Environmental Planning Division of the San Francisco Planning Department, called Environmental Justice (EJ) Communities. California Senate Bill 1000 requires that cities and counties adopt policies in their General Plan to address environmental justice and develop a map of Environmental Justice Communities (aka “Disadvantaged Communities”). To comply, City Planning staff conducted extensive public outreach to develop and refine the Environmental Justice Framework and accompanying mapping model, with the goal of “advancing healthy, sustainable, and equitable communities ... to ensure all San Francisco residents and workers live in and enjoy healthy, clean environments”. Other City departments, including RPD, participated in the effort that received thousands of public comments over two years. Formal adoption by the Planning Commission of EJ Communities into the General Plan is expected in winter 2022-2023.</p>	<p>In addition to what we described in Q10, we have tracked participants in the Garden Resource Day programming by zip code, which has identified that the majority of participants come from distressed communities in the southern part of the city. We identified a location for the brick-and-mortar SF GROW Center in the area of our highest user group to ensure easier accessibility. We are also providing data on the locations of our gardens (and all gardens in the city) by zip code. To update the list of gardens, we used the previous list as base data. We then requested updates from organizations that oversee multiple gardens and made updates based on the replies we received; made updates based on staff knowledge of garden openings and closing; and additionally made updates based on information gathered from online searches to determine if a garden or organization has closed since the last update. Gardens were removed from the list if the area was transitioned to other uses.</p>	<p>50% of SFRPD gardens are in equity zones; in the last five years, we have opened 4 new gardens, 3 of which are in equity zones. Additionally, Alemany Farm and the proposed location for the SF GROW Center are both within equity zones. Altogether, SFRPD's Urban Agriculture Program oversees 42 locations, of which 22 are in equity zones = 52% of all program sites. We have also increased support for Alemany Farm activities to ensure our primary food security program site is able to maximize the number of families served, increasing production to an anticipated harvest of 30K pounds of produce for the community next year. All food grown at Alemany is produced and distributed in equity zones. We have tracked participants in the Garden Resource Day programming by zip code, which has identified that the majority of participants come from distressed communities in the southern part of the city. We identified a location for the brick-and-mortar SF GROW Center in an equity zone area in the SE sector of the City, close to our highest user group, to ensure easier accessibility.</p>

Table 13C: Reporting Department Responses About Data Collected from Food Insecure Residents, by Agency in FY 22-23

Department	Q7: Since 2020, has your department or the programs you fund collected information from food insecure San Francisco residents ?	Please provide information describing the population of focus, how the data was collected, and a summary of the results.	If you have any supporting data you'd like to share, please upload it here
DEC	No		
DPH	Yes	The following programs screen for food security: The WIC program uses the Hunger Vital Signs and Food Bridge to Health. Additionally, in FY 2021-2022, the Emergency Department at Zuckerberg San Francisco General Hospital conducted a randomized sample a representative sample of the ED population. The rate of food insecurity, 60% of all-comer adults experienced food insecurity in the last year. DPH's Social Determinants of Health (SDoH) committee prioritized food insecurity as the first SDoH to address collaboratively and is exploring expanding the screening for food insecurity in clinical settings.	
SFHA	No		
OEWD	No		
ORE			
SF Planning	No		
Real Estate	No		
DCYF	No		
HSA	Yes	Please see data provided by program in the program responses section.	
Rec & Parks	No		
SFUSD	No		
SF Treasurer	No		
SFE	No		

Table 13C: Reporting Department Responses About Data Collected from Food Insecure Residents, by Agency in FY 22-23

Department	Q7: Since 2020, has your department or the programs you fund collected information from food insecure San Francisco residents ?	Please provide information describing the population of focus, how the data was collected, and a summary of the results.	If you have any supporting data you'd like to share, please upload it here
HSH	Yes	<p>HSH collects data from program participants in many ways across various interventions, but does not disaggregate data based on food security status. However, because so many people who experience homelessness or are at risk of homelessness also experience food insecurity, the information HSH has collected from participants is relevant. During HSH's strategic planning process, we engaged approximately 400 people with lived expertise in homelessness. Two key themes emerged related to food security: -A need to increase housing options where residents can buy and prepare their own food (I.e. units that include kitchens and pantry space) -Better support for people within the Homelessness Response System to access and maintain public benefits and food security – primarily to be led by HSA Additionally, we have some limited information from our programs focusing on food security. The San Francisco Food Bank Housing First Pantry program collects surveys from participants annually to assess satisfaction. In the most recent report, 81% of respondents said they were satisfied with the food they got from the pantry. 95% said the pantry volunteers/staff provide good service, and 91% of survey respondents indicated they feel healthier since participating in the program. 69% of respondents reported that they receive enough food, and 68% indicated they have enough variety of protein. 79% said that in their culture, they eat the kinds of foods available through the pantry. The Meals on Wheels program provides food to our Navigation Centers. The most recent survey was completed in early 2022 and was used to revise the menus available at each site. In that survey, 53% reported the meals were either good or excellent, and another 31% reported they need improvement. Core themes from qualitative feedback included a need for: more variety including especially vegetarian options, larger portions, and more than two meals a day. Additionally, the feedback included compliments and gratuity for the meals as well as a noted improvement with the new</p>	<p>https://sfgov1.sharepoint.com/sites/DPH-FoodEquity%26Security/Shared%20Documents/Apps/Microsoft%20Forms/Food%20Program%20Framework/Question/Home-by-the-Bay-Single_Page-Layout_Adar%20Schneider.pdf; https://sfgov1.sharepoint.com/sites/DPH-FoodEquity%26Security/_layouts/15/Doc.aspx?sourcedoc=%7B815DE541-7243-4AA6-B5B3-722B036F21F6%7D&file=Navigation%20Meal%20Program%20Client%20Satisfaction%20S_Adar%20Schneider.pptx&action=edit&mobileredirect=true; https://sfgov1.sharepoint.com/sites/DPH-FoodEquity%26Security/_layouts/15/Doc.aspx?sourcedoc=%7B6E649023-476B-4EE9-BFEB-86F0A07A0847%7D&file=H1st%202023%20Contract%20Reporting%20(1)_Adar%20Schneider.docx&action=default&mobileredirect=true</p>

Table 13D: Reporting Department Recommendations, by Agency in FY 22-23

Department	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 disparities
SFUSD	
SF Treasurer	n/a
DEC	
DPH	<p>Improve food and nutrition security through: Strengthening WIC in the federal FY24 budget. The Appropriations bills currently being considered in the House and Senate would not provide WIC with the resources necessary to serve all participants, putting the program in danger of reverting to waitlists for the first time in nearly 30 years. Maintain the expanded fruit and vegetable funding. Focusing services for racial/ethnic and sexual and gender minority populations due to existing and long-standing health disparities Maintain the current programs targeted to populations with health disparities like Black Infant Health grocery vouchers. Identify additional funding sources to support food programs. Leveraging opportunities to support health care to offer medically supportive food and nutrition programs through CalAIM. Exploring interventions that target root causes of food insecurity such as initiatives to reduce poverty, promote economic stability, and workforce development.</p>
SFE	<p>Continue current outreach, education, and technical assistance to generators and FROs Improve matching between FRS, FROs, and Generators: Communicate about available resources (e.g. map, listings, or existing apps/services), and ideally create a position to carry out this work consistently (e.g. part-time in-house position at SFE) Encourage generators and FROs to partner with FRSs in addition to or besides the San Francisco and Marin Food Bank (SFMFB), such as Food Runners and smaller organizations that accept a wider variety of food Ensure that the SFMFB cannot require generators to have exclusive donation relationships Encourage Food Runners donors to ask for a contract and track their donations to ensure SB1383 compliance Draft local SB1383 ordinance to implement this new regulation, including penalties for non-complying businesses, and solicit stakeholder input Include language in the ordinance allowing Food Recovery Organizations to sell the food they receive, just as Goodwill is allowed to sell donating clothing, to help them cover the cost of recovery. Provide grants to enable FRO to acquire the resources and equipment needed to increase and improve donations (see above). Inventory potential unused resources within the City such as refrigerator and freezer space and refrigerated vehicles from other businesses that could be used as backup storage space (e.g. partnership with Seven Eleven in Orange County). Conduct outreach to help FROs determine how to reduce the amount of food they cannot use Enable FROs to privately report pounds of spoiled food donated to improve quality of donations Encourage Department of Education and Department of Homelessness and Supportive Housing (HSH) to improve the quality of donations in their contracts Do not over emphasize tracking by FROs and focus outreach efforts on encouraging donors to track; provide grants to purchase scales if needed Hold press conference about what SFE is doing to comply with the edible food recovery requirements of SB1383 Offer an electronic platform where organizations can upload and store their donation contracts and/or regular donation quantity tracking reports</p>
HSH	<p>-Funding to improve the quality and variety of the meals. -More accessible connections to ongoing food resources (e.g. CalFresh) that are targeted within the Homelessness Response System -Affordable and healthy food options located in or adjacent to permanent supportive housing buildings. -Expand access to meals that are healthy, complete, and do not require cooking facilities -Expand access to the Calfresh Restaurant Meal Program (https://www.cdss.ca.gov/rmp) which is particularly helpful for people experiencing unsheltered homelessness who do not have access to prepare or cook meals -Increase the Calfresh minimum benefit or other ways to increase the amount available for food through public benefits.</p>
SFHA	Given the fact that we don't have much of the information on food insecurity we can't give a proper recommendation.
SF Planning	There are no specific planning department initiatives at this time, but we are happy to support food access initiatives when there is the opportunity and alignment to do so. Planning code policies have been incrementally changed to be more supportive to urban agriculture and healthy food access projects, so hopefully that is not the barrier it once was.
Real Estate	None - we cannot offer something we do not deal with - we deal with purchases/sales, leases and other real property agreements.
DCYF	<p>Encouragement of open sites (youth not enrolled in programs) is encouraged as it allows maximum participation in programs. Flexibility or strategies on how to combat waste, particularly unused food (such as unopen milk or fresh fruit) delivered to entities that may benefit. Increased in infrastructure to support hot foods and funding to support staff and other resources to have more libraries and housing sites to become sites. Having partnering strategies (including feeding adults or providing groceries on weekend) is also a strategy to look into.</p>
OEWD	<p>Healthy Retail SF is a comprehensive partnership of several key public, private, and community-based partners working to make a collective impact on healthy-food-access issues in San Francisco. Healthy Retail SF supports and benefits small business owners, corner stores, and community members. The program has engaged 12 stores during the last three years, with nearly half of those stores graduating. Trends in data suggest that participating stores can expect increased revenue, increased produce sales, reduced reliance on tobacco and alcohol sales, and improved relationships with their customers and key San Francisco City and County departments. Participating store owners are more financially stable and secure in their neighborhoods after participating in this program. There are no gaps in resources for the Healthy Food Retailers program.</p>

Table 13D: Reporting Department Recommendations, by Agency in FY 22-23

Department	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 disparities
ORE	<p>The City and County of San Francisco has tremendous power to shape the food system through its budget, programs, and policies. For instance, according to the initial data compiled in this report, departments have allocated almost \$65 million in FY23-24 and \$45 million FY 24-25 across 20 food assistance programs. Over the last five years, 70 to 80 percent of the funding for these food assistance programs has come from local public sources. The Biennial Food Security and Equity Report has the potential to help the City align these public investments around closing its widest and most persistent racial disparities. Recent Census data continues to show that Black, American Indian, and Pacific Islander residents in San Francisco face the most disproportionate levels of poverty. Black and Pacific Islander residents are hospitalized for hypertension, heart failure, and diabetes at the highest rates, and this disparity has worsened in recent years; American Indian residents experience homelessness more than any other community in San Francisco, yet government datasets continue to have inaccurate data about their experiences, or no data at all. In this first Biennial Food Security and Equity Report, it is encouraging to see that departments are using the same instruments for screening for food insecurity, and that many of them are already collecting demographic data about their services. This baseline data can be used to assess how these programs are collectively serving residents, and to identify whether specific communities or neighborhoods may be underserved compared to the level of food insecurity they are facing. In future Biennial Food Security and Equity Reports, the Office of Racial Equity recommends expanding the data framework, analysis, and recommendations to include:</p> <p>Strategies and interventions for City-funded food programs: What specific strategies, supports, or interventions are department programs currently using? Where do they need to be better aligned to increase their collective impact for the communities that face the most persistent hunger? What should each program prioritize for the next two years? People's experiences with City-funded food programs: What are people's experiences and desires for healthy, delicious, culturally and religiously affirming foods in these programs? How might this vary across and within racial/ethnic communities in San Francisco? How can City food dollars be better used to support different communities and cultures? Purchasing and sourcing by City-funded food programs: Where are departments and service providers purchasing food from? Who is growing, processing, and transporting this food? How can City food dollars be used to prevent exploitation of food workers and support equity and sustainability for food businesses? Updated race/ethnicity data practices: ORE and DataSF have developed an updated Citywide Race/Ethnicity Data Standard that includes disaggregated race/ethnicity categories and is inclusive of people who identify as multiracial. What support would departments need to collect data using the guidelines in the Citywide Race/Ethnicity Standard, while maintaining privacy for program participants? Broader food system in San Francisco, beyond City-funded food programs: In 2022, the Food Security Task Force recommended that the City consider equity and sustainability in the local food system - from production to distribution to consumption - in order to meet its food goals. A Michigan State University report, Measuring Racial Equity in the Food System, provides example metrics that other jurisdictions have used to assess racial equity in their food systems. How equitable is our food system in San Francisco today? What vision does each of our communities have for food sovereignty? What investments and policies does the City need to enact to support them? Fortunately, much of the data outlined above is already being collected by individual programs and departments on a regular basis. The Biennial Report is an excellent opportunity to streamline data and synthesize learnings across departments for a greater collective impact. ORE looks forward to supporting DPH and departments in whatever way needed.</p>

Table 13D: Reporting Department Recommendations, by Agency in FY 22-23

Department	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 disparities
HSA	<p>The San Francisco Human Services Agency (SFHSA) is the City’s anchor social services provider. Whether it be food support, healthcare, social connection, home care, a job, or protective services, we work hard to help San Franciscans through all stages of life. We strive to support people to meet not only their basic needs in a high-cost city, but ultimately to reach their full potential. At the center of our work lies a vision of a San Francisco where all communities have equitable access to the resources they need to thrive.</p> <p>Given our role, we have a deep understanding of the multitude of issues facing low-income San Franciscans, including food insecurity, and have developed strategies to help these households meet their food needs with ease and dignity. As part of these efforts, we also advocate for policy changes at the state level to increase benefit amounts, ease the burden of applying for and maintaining benefits, and expand access to all populations regardless of immigration status. From our vantage point, we see several opportunities to address food insecurity. Federal and state advocacy should be a top priority. Much of our funding and our food program mandates are impacted by state and federal budget and policy. Currently, almost half of our food program funding comes from federal and state sources; we anticipate this will rise to closer to 55%. Resolving food insecurity is beyond the capacity of a local municipality, even one as progressive and well-resourced as San Francisco. Particularly given the City’s economic projections, it is even more imperative that we pursue actions like:</p> <p>Keeping CalFresh accessible through the Farm Bill Reauthorization: Advocate to ensure that no additional work requirements are imposed for the Supplemental Nutrition Assistance Program (implemented in California as CalFresh)</p> <p>Increasing funds for community-based services via the Older Americans Act and Older Californians Act: Advocate for funding increases to keep pace with the ongoing and rising need among the aging population so that we can adequately support nutrition services, evidence-based wellness programs, medication management, and many more services provided at home and in the community.</p> <p>Expanding access to the California Food Assistance Program (CFAP): Support efforts to expand to all eligible Californians, regardless of immigration status.</p> <p>Improving allocations within State-administered food programs: Advocate for the State to update funding formulas to reflect local cost of living and the actual number of people served by county.</p> <p>In addition to these recommendations, we provide below locally focused strategies, many of which are currently underway and can be bolstered through collaboration with City and community partners.</p> <p>CalFresh is the foundational food security safety net program — we must continue to support eligible San Franciscans to take full advantage of it. While not all are eligible, as a large federal entitlement program it is a significant resource for those who can access it. The program is backed by federal dollars, which our agency should make use of to our maximum capacity. Annually, we draw down about \$40 million to support food insecure residents with CalFresh. We also have a responsibility to promote services that further leverage CalFresh, like the Market Match program, which provides additional funds to individuals who spend CalFresh on produce at participating markets. Last year, CalFresh recipients spent \$5.3 million in CalFresh benefits at SF Farmers’ Markets; in fact, the Heart of the City Farmers' Market – held weekly at the Civic Center – is the top market in the nation for food stamp purchases.</p> <p>We also collaborate with local organizations to increase CalFresh access—we must consistently seek opportunities to develop new outreach partnerships to reach those who remain unserved and encourage organizations to reach out to us for collaboration. Currently, we interweave benefits outreach into our other relevant programming and engage in cross-departmental collaborations for benefits outreach, including connecting CalFresh families to WIC and offering CalFresh referrals through schools and the Social Security Administration. We formally partner with community-based organizations to support outreach and engagement. For example, we work with the San Francisco Marin Food Bank, which does application assistance and trains a variety of other providers. Through a recent immigrant outreach pilot, the agency is deepening relationships with community providers and supporting them as they test innovative outreach and messaging strategies with the city’s large foreign-born community. We will continue to learn - from community - what messages, tactics, and outreach strategies are most effective and embed those learnings into our larger practices.</p> <p>In addition to CalFresh, we must continue to invest in locally funded food support strategies to fill gaps in the larger social safety net. Supplemental resources are necessary to fill service gaps and provide support to those who are ineligible for this public benefit. We understand that no one program or benefit is going to be sufficient to meet a household’s food needs. We therefore prioritize a wrap-around approach that offers holistic services that are responsive to community needs. Where possible we leverage additional federal and state funds, such as the Older Americans Act to support senior meal programs.</p> <p>As part of this, we must continue to pilot and evaluate innovative, community-driven responses to combat hunger in San Francisco. We supplement the insufficiency of major government benefits and funding streams by developing creative and effective strategies to bridge gaps. In the area of food programming specifically, we pilot new models, work to centralize the City’s food budget, and collaborate and coordinate across agencies. These types of efforts are an essential part of a responsive City effort to address health disparities.</p> <p>Finally, in developing strategies to serve San Franciscans who need food support, it’s important that we as a City employ an equity lens. To do this, SFHSA regularly engages the community through listening sessions, surveys, and other strategies to gain insights on program satisfaction, barriers to access, and opportunities for improvement. Through ongoing data analyses, we ensure equitable distribution of services across populations and geography. We tailor resources to reflect the cultural preferences and cuisines of our diverse populace. And at every turn, we commit to identifying opportunities to address racial and health inequities in our service population.</p>

Table 13D: Reporting Department Recommendations, by Agency in FY 22-23

Department	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 disparities
Rec & Parks	<p>We are holding our Garden Resource Day pop-up events and locating our brick-and-mortar SF GROW Center in the SE sector, within equity zones, to ensure highest accessibility for our neighbors that have the lowest access to fresh produce. This program provides material and education support to reduce barriers for anyone who wants to garden in the city. Program demand has increased by over 600% in the past five years; SFRPD's UA program are now at maximum capacity for these services, running eight pop up events per year, though demand continues to grow. We intend to provide weekly service once the SF GROW Center opens. SFRPD is in the project scoping phase, developing initial design concepts to develop a project cost estimate. SFRPD recommends that the FSTF advocate for the creation of the SF GROW Center. There are approximately 110 community gardens and farms throughout San Francisco. SFRPD oversees 40 of the community garden locations, plus Alemany Farm, (41 sites total). Starting in 2017, RPD began a program overhaul that included increasing staffing resources and skill sets - as a result of our increased service, all sites are producing more fresh produce. Several garden communities that are not managed by RPD have reported to our team that their garden would benefit from more supportive services for ongoing site maintenance and program operations; RPD does provide services to these gardens where possible, through our city-wide resource, technical assistance, and educational programs, but our reach is limited and these gardens need more day-to-day operational support. RPD has also received requests to incorporate garden spaces under our program umbrella, but we lack the staffing resources to provide the full scope of service support that we'd like to provide to the gardens currently within our program. Our program serves 2500 garden members and 20k program participants per year with 3 full-time permanent staff, plus trainees. Increasing program staffing will result in staff ability to further increase educational programs and (critically) tackle under-utilization of sites, which in turn will lead to better overall utilization of the garden sites, increasing the number of residents that are able to access the program to grow more fresh produce for themselves and the amount each participant grows. Our program needs an additional 6 permanent FTE to provide the full scope of services that our current garden members are asking us to provide. Under direction of the Federal government, UCANR is responsible for developing and disseminating agricultural based research to the public. San Francisco is the only county in the State of California that doesn't provide direct support to UCANR's community programs focused on farm and garden research and public education - including the Master Gardeners, Master Food Preservers, and 4-H programs. Our local Master Gardeners, Master Food Preservers, and 4-H leaders currently perform the majority of their volunteer service hours in San Mateo County, which provide staffing, continuing education, and coordination support for San Francisco based program volunteers. SFRPD is working on a contract with UCANR that will provide San Francisco with a part-time staff coordinator to manage volunteer public education programs in the city, improving our residents' access to these programs. The SFPUC has provided SFRPD with funding to support a .5FTE MG and MFP coordinator and .2FTE 4-H coordinator for two years. RPD recommends that the FSTF advocates for dedicated ongoing funding to support UCANR advisor research, a full-time coordinator serving the MG and MFP programs, and a .5FTE coordinator supporting the 4-H program.</p>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Infrastructure	DEC	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	DEC	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	DEC	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	DPH	Black Infant Health (BIH) Grocery vouchers	Yes	Yes, the program is embedded in BIH to address high levels of early preterm births

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	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	DPH	Feeding 5000	Yes	Yes, the program focuses on populations with the highest rates of diet related health disparities.
Food access	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.

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	DPH	Food Pharmacies funded by DKJ in partnership with DPH and OEWD	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.
Food access	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.
Financial resources	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	DPH	Sugary Drinks Distributor Tax (soda tax) community based grants		
Financial resources	DPH	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.
Infrastructure	SFE	Kitchen Zero SF		

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	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	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	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	SFHA	N/A		
Infrastructure	OEWD	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

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
	ORE			
N/A	SF Planning	N/A		
Food access	Real Estate	Alemany Farmers Market		
Food access	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	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	HSA	CalFresh - BFS	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.

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Community Centered Grocery Access - CFAT	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 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.</p>
Food access	HSA	Congregate Meals - DAS	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Food Empowerment Market Pilot - CFAT	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Food Production - CFAT	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>
Financial resources	HSA	Grocery Vouchers - CFAT	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Home-Delivered Groceries - DAS	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Home-Delivered Meals - DAS	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Immigrant Food Assistance (IFA) and Pantry Food Assistance (PFA) Pantries - BFS	Yes	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 & 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.
Food access	HSA	Meal Support - CFAT	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.

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Nutrition as Health - DAS	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	HSA	Pantries - DAS	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>

Table 13E: Program Responses on Addressing Racial Health Disparities, FY 22-23

Program Type	Department	Program Name	Does this program address racial health disparities?	Description
Food access	Rec & Parks	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	Rec & Parks	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	Rec & Parks	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	SFUSD	NSLP - National School Lunch Program		
N/A	SF Treasurer	N/A		

Appendix F:

Infrastructure Information

Infrastructure Categories Funded by Reporting Departments

- ❑ Transportation/Home Delivery Services*** (DEC, HSH, DAS)
- ❑ Equipment***** (DEC, HSH, HSA, SFUSD, OEWD)
- ❑ Information and Referral
- ❑ Health Care & Food* (DPH)
- ❑ Food Recovery* (SFE)
- ❑ Urban agriculture***** (DPH, SFE, HSA, Park& Rec)
- ❑ Data systems
- ❑ Coordination***** (DEC, DPH, HSA, SFE, RPD) (policy and programmatic)
- ❑ Interagency
- ❑ Public/Private
- ❑ Workforce*** (DPH, HSA, SFUSD)
- ❑ Food supply** (Real Estate, OEWD)

*reporting department funding

Appendix F: Document 2: Analysis of System Infrastructure to Support Food Security

Integrated Notes: The Biennial Food Security and Equity Report Project Team did preliminary research on system infrastructure related to the categories listed below on current state, gaps, and what’s needed. This information was presented at the November 6, 2023 Food Security Task Force Special Meeting. Meeting attendees then provided their knowledge and expertise for each infrastructure category. Below is a summary of the integrated notes.

Public Transportation/Delivery Services	
Current State	<ul style="list-style-type: none"> • Transportation to get food is a challenge, especially for pregnant people, families with children, seniors, and people with disabilities. • There’s a new shuttle service in Bayview-Hunters Point. • Public safety on buses is an issue. • There are stories and experiences of bus drivers not wanting to pick up individuals or families with carts. • SFMTA supports a Shop-a-Round Program.
Gaps	<ul style="list-style-type: none"> • It is unknown the SFMTA’s level of funding supporting Shop-a Round Program or if they have any other program supporting transportation access to food resources. It is also unknown whether SFMTA has policies prioritizing food access in transportation planning. • SFMTA is facing a budget shortfall. However, with the newly allocated state funding to support transit until 2026, SFMTA will avoid service cuts. • Upcoming reduction of San Francisco Marin Food Bank home delivered grocery program by 40%. They currently serve 13,000 households of older adults, people with disabilities, families with small children and pregnant people. • Need a shuttle service in Bayview-Hunters Point (currently doesn’t include rides to food resources). • Previous partnerships such as Door Dash partnership with SFMFB for grocery deliveries has ended.
What’s Needed	<ul style="list-style-type: none"> • Ensure access to food is prioritized in transportation planning. • Develop public-private partnerships – leveraging food delivery systems with the new fleet of self-driving cars. • CSAs/Grocery delivery needed for childcare programs.

Equipment	
Current State	<ul style="list-style-type: none"> • 5 departments reported funding equipment (for CBOs and corner stores)
Gaps	<ul style="list-style-type: none"> • HSH received feedback from clients identifying the following gaps: <ul style="list-style-type: none"> ○ Need to increase housing options where residents can buy and prepare their own food (units include kitchens and pantry space) ○ Need better support for food for people in the Homeless Response System • Approximately 18,300 housing units in San Francisco without complete kitchens. <ul style="list-style-type: none"> ○ Zip codes: 94102, 94103, 94104, 94108, 94109, 94133, 94111 • Space constraints for equipment, storage, refrigeration, and kitchens in home-based childcare programs.
What’s Needed	<ul style="list-style-type: none"> • Equipment grants to Food Recovery Organizations • Food kiosks and smart refrigerators for people without kitchens • Certain populations need personal equipment to store food (e.g., people living in SROs or in housing without access to kitchens) • Need for refrigerated trucks and/or freezer/cooler bags so that after school meal and summer lunch sites can store uneaten food to later donate.

Healthcare and Food	
Current State	<ul style="list-style-type: none"> • Opportunities exist through CalAIM, but: <ul style="list-style-type: none"> ○ Takes time to scale ○ Patients are on programs for 12 weeks only • Leadership: <ul style="list-style-type: none"> ○ Project Open Hand and CalFIMC ○ Food as Medicine Collaborative and SPUR coordinating learning community • Programs exist such as medically tailored meals, food pharmacies, and produce prescriptions.
Gaps / What's Needed	<ul style="list-style-type: none"> • Managed Care Plans need to fund more food. • Increase variety of food offered through healthcare – certain populations can only eat pureed/ground/thickened liquid. • Embed food screening into healthcare. • Improve contracting infrastructure for CBOs to contract with Managed Care Plans.

Information and Referral	
Current State	<ul style="list-style-type: none"> • SF Marin Food Bank has a call center – 211. • Unite Us is expanding in San Francisco. • Several websites have links to resources. <ul style="list-style-type: none"> ○ Our415.org is a new resource website sponsored by Mayors Office for Youth and Families. • Provided or funded by HSA: <ul style="list-style-type: none"> ○ DAS Benefits and Resource Hub ○ Aging Disability and Resource Centers ○ Economic Support and Self-Sufficiency Information and Referral Line • City service – SF 311
Gaps	<ul style="list-style-type: none"> • No fully integrated information and referral system. • Our415.org doesn't have all food resources, there's currently only two staff working on the webpage. • Loss of Free Eats Chart/Food Pantry chart. • There's no referral system for medically supportive food/medically tailored meals, produce RX. • Services are siloed by categories – seniors, homeless, etc.
What's Needed	<ul style="list-style-type: none"> • Develop universal enrollment forms. • Standardize questions for City agencies and CBOs to use in forms. • Technical assistance/labor support for implementing CBOs tracking data. • Explore Commcare, which can text information to people and act as a connector to all systems. • Develop a centralized hub/platform for information showing program status and eligibility. <ul style="list-style-type: none"> ○ Live dashboard showing real-time information ○ Link SF type of system – opensource webpage that needs to be updated

Food Recovery	
Current State	<ul style="list-style-type: none"> • SB 1383 requires edible food recovery and redistribution. • SFE convening SF Edible Food Recovery Committee. • Current conflicting guidance between Good Samaritan Laws and SFDPH Environmental Health about safety and process of food donations.
Gaps	<ul style="list-style-type: none"> • Lack of knowledge about accountability built into SB1383. • There is no protocol or standardized system on how to give surplus food from one organization/program to another.
What's Needed	<ul style="list-style-type: none"> • Maintain high quality standards for donated food. • SF Environment needs additional staff capacity for food recovery coordination. • Equipment grants for Food Recovery Organizations. • Expand partnerships with Food Recovery Services. • Increase donors' data tracking. • Inventory potential refrigerator/freezer space and refrigerated vehicles as these could be underutilized. • Food recovery from after school and summer meals. • Electronic platform for data tracking and storage of food recovery contracts. • Develop local SB1383 implementation ordinance. <ul style="list-style-type: none"> ○ Need to be aware of dumping costs/logistics on CBOs, and the quality of food being provided. Need to be careful about how we use recycled foods to meet people's needs. • Consistent policy and guidance on food safety.

Urban Agriculture/Food Production	
Current State	<ul style="list-style-type: none"> • Approximately 110 community gardens and farms in San Francisco. • SFRPD – small staff of 3 <ul style="list-style-type: none"> ○ Supports 41 community gardens and 2,500 gardeners. ○ All gardens are growing amount more food, but underutilization still exists ○ Holds 8 Garden Resource Day pop-up event annually for all households in San Francisco (20,000 program participants annually). ○ Program demand increased 600% in the past five years. ○ Initial stages for developing SF GROW Center in southeast sector (equity zone). ○ RPD funding UCANR for Master Gardener & Master Food Preserver (0.5 FTE), 4-H (0.2 FTE) for two years. • Independent gardens don't have support/resources for water to maintain their gardens.
Gaps / What's Needed	<ul style="list-style-type: none"> • Support creation of SF Grow Center. • Additional RPD staff to support technical assistance and resources for expanded food production. • Ongoing funding for UCANR. • Expand water access for urban food production especially for independent gardens.

Data Systems	
Current State / Gaps	<ul style="list-style-type: none"> • No central database for tracking food programs offered by both the City and CBOs. • Disjointed, duplicative or non-existent tracking efforts makes it difficult to aggregate data and see larger landscape of food security in San Francisco. • Burden on community organizations to use multiple data systems. • No electronic platform for food recovery. • There's no city-wide data on food programs/assessments.
Gaps / What's Needed	<ul style="list-style-type: none"> • Our systems need transformation, need one integrated and central data base. • Develop and track key performance indicators. • Utilize new technology (food kiosks/smart fridges in permanent supportive housing). • Embed food screenings into healthcare (also in Healthcare and Food category). • Develop universal enrollment forms, have standardized questions between city agencies and CBOS (also under Information and Referral category). • Develop ways to track food people want to donate, such as ExtraFood Marin.

Food Coordination	
Current State	<ul style="list-style-type: none"> • Approximately 10 city agencies/SFUSD with food programs, many CBOs/FBOs working on food. • Some neighborhood, district-based, and other coalitions working on food. • The FSTF and other stakeholders are interested in restructuring how San Francisco organizes around food, with a focus centering on communities and residents with experience of utilizing food programs. • FSTF launched subcommittee "Reimagining Food Coordination" - target late spring/summer 2024 for recommendations.
Gaps	<ul style="list-style-type: none"> • No inter-agency City coordination around programs and budgets.
What's Needed	<ul style="list-style-type: none"> • Support for convening City agencies (Mayor's Office). • Breakdown City department siloes. • Community involvement in decision making. • Engaging private sector. • Train CBOs on all programs that people can access. • Improve contracting infrastructure for CBOs and medically supportive food so there's less burden on participants (also in Healthcare and Food category).

Food Supply	
Current State	<ul style="list-style-type: none"> • Healthy Retail • Alemany Farmers Market • New Model in D10 – Food Empowerment Market
Gaps	<ul style="list-style-type: none"> • Huge gap left as budget cuts are impacting food programs.
What's Needed	<ul style="list-style-type: none"> • Explore the idea of restaurants offering community meals to address food insecurity. • City support for small food operators and prioritize these for permits. • Small businesses to help feed young children in Early Childhood Education (ECE). • Emergency food programming due to budget cuts.

Appendix G:
San Francisco Marin Food Bank
Organizational Update from
November 1, 2023 Food
Security Task Force Meeting

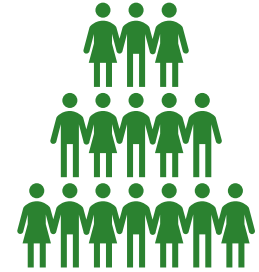
San Francisco-Marin Food Bank

Organization Update, October 2023

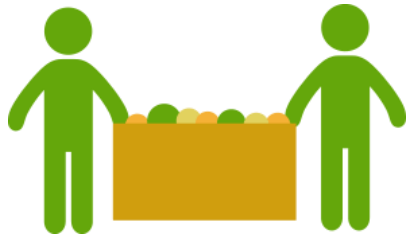
San Francisco Food Security Taskforce

Pressure From All Sides

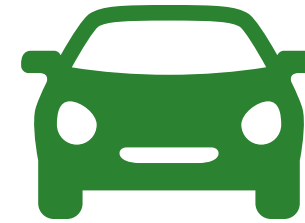
- Need and demand for our service continues to increase.
- We had a \$16M increase in food costs (5X more)
- Government support – both financial and food allocations – is plunging



How Many People Projected to Be Impacted



Phase out Pop-Ups by
June 30, 2025

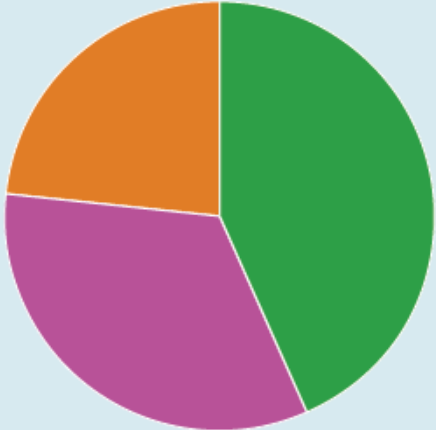
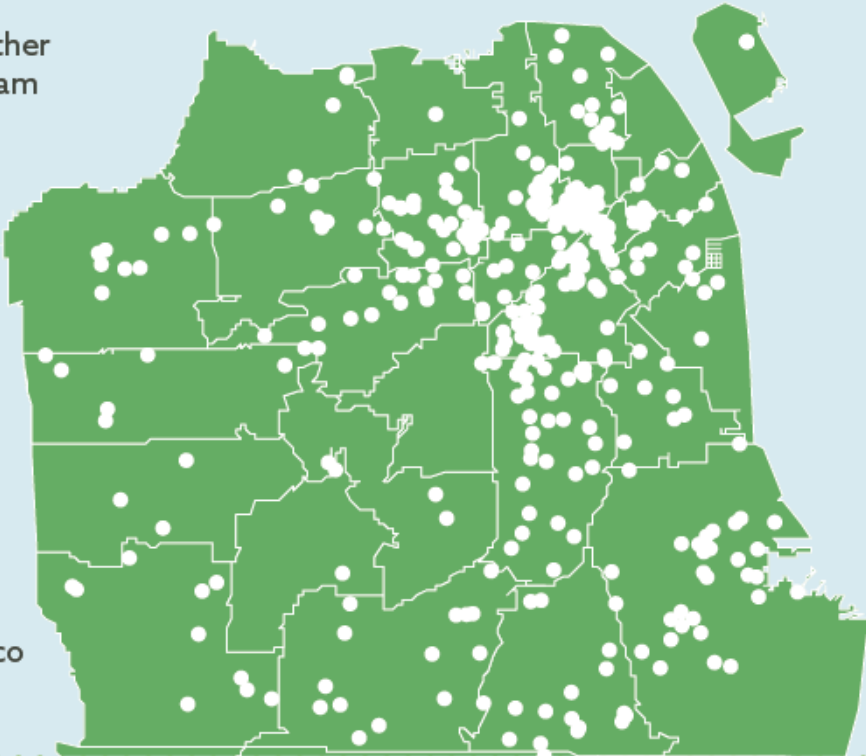


Reduce participants
served through Pantry
at Home by 40%

Which Neighborhoods Will Be Impacted

WHERE WE ARE

● Pantry & Other Food Program Locations



HOUSEHOLDS SERVED THROUGH:

- 43% Neighborhood Pantries
- 33% Pop-up Pantries
- 23% Home-Delivered Groceries

**Projected for FY23*



Which Population Will be Affected

Demographics

Our Participants

55,000 HOUSEHOLDS SERVED WEEKLY



67% female



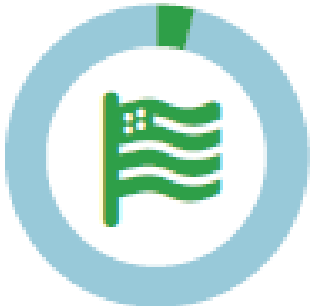
66% senior



37% have children



39% disability in household



4% veteran in household



3% unhoused

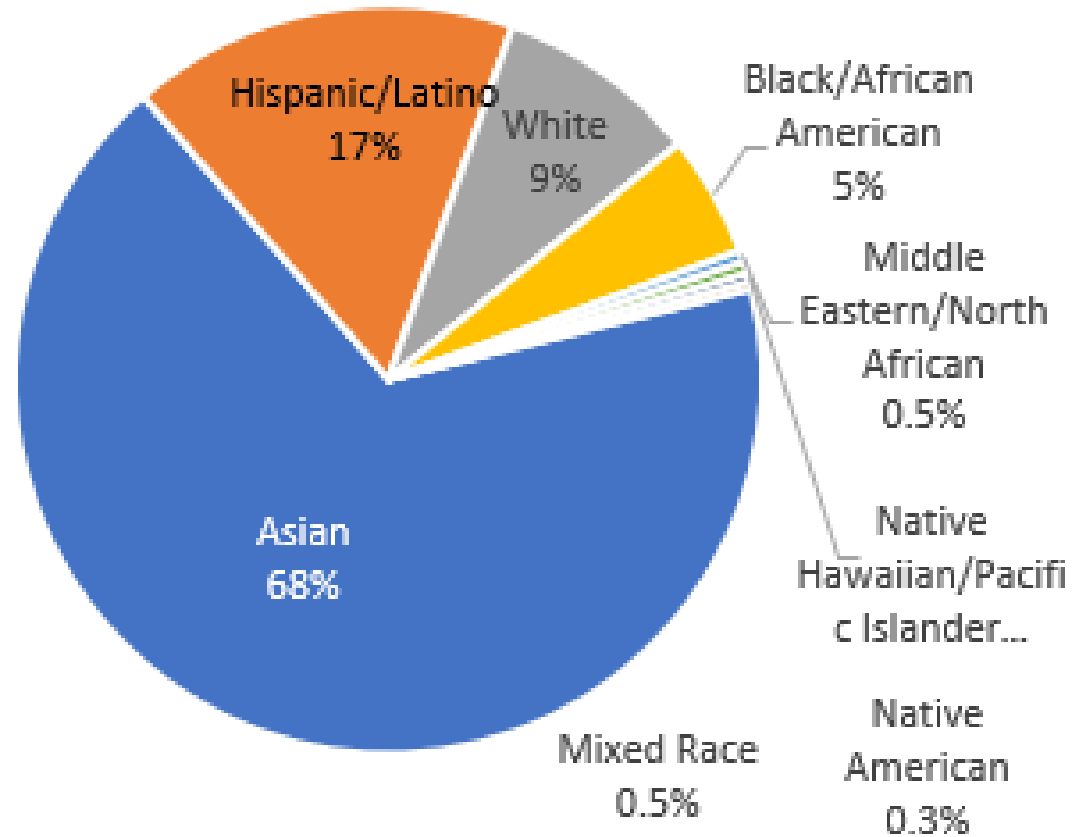


39% single parent



73% first language other than English

Race of PUP, PES Pantry, PAH & HDG Participants



Where to From Here?

Any Questions



Appendix H: Data Sources

Data Sources

- American College Health Association. (2021). *National College Health Assessment. San Francisco State University Data Report. Spring 2021.*
- Berkowitz, S. A., Basu, S., Gundersen, C., & Seligman, H. K. (2019). State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Preventing Chronic Disease, 16*. <https://doi.org/10.5888/pcd16.180549>.
- California. (n.d.). Self Sufficiency Standard. Retrieved September 2023, from <https://selfsufficiencystandard.org/california/>.
- California Department of Health Care Access and Information. (n.d.). *Dataset 2017-2021*. Retrieved August 1, 2023, from <https://hcai.ca.gov/data-and-reports>.
- California Department of Public Health. (n.d.). *Maternal and Infant Health Assessment (MIHA) Survey, County data. 2018-2020*.
- California Department of Public Health. (n.d.). *Vital Records Business Intelligence System death statistical master file. 2016-2021*.
- Cano, R. (2023, November 26). BART, Muni to receive bulk of Bay Area transit's \$776 million bailout, if they address fare evasion. *San Francisco Chronicle*. <https://www.sfchronicle.com/bayarea/article/bart-muni-bailout-776-million-18507102.php>.
- Chun, S. (2023, May 26). Press Statement - Muni's Impending Fiscal Cliff. SFMTA. <https://www.sfmta.com/press-releases/press-statement-munis-impending-fiscal-cliff>.
- Livings, M. S., Bruin, W. B. de, Wilson, J. P., Lee, B. Y., Xu, M., Frazzini, A., Chandra, S., Weber, K., Babboni, M., & Haye, K. de la. (2023). Food insecurity is under-reported in surveys that ask about the past year. *American Journal of Preventive Medicine, 0(0)*. <https://doi.org/10.1016/j.amepre.2023.03.022>.
- Minimum Wage Ordinance | San Francisco. (n.d.). Sf.gov. Retrieved September 2023, from <https://sf.gov/information/minimum-wage-ordinance>
0#:~:text=and%20temporary%20employees.-.
- Office of the Assistant Secretary for Planning and Evaluation. (2023, January 19). Poverty guidelines. ASPE. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- San Francisco Department of Children, Youth, and their Families, Stanford Center on Early Childhood, & San Francisco Department of Public Health - Maternal, Child and Adolescent Health Epidemiology. (n.d.). *RAPID-SF survey. 2022*.
- San Francisco Department of Homelessness and Supportive Housing. (2023). . *Homeless Count and Survey 2022 Comprehensive Report*. <https://hsh.sfgov.org/wp-content/uploads/2022/08/2022-PIT-Count-Report-San-Francisco-Updated-8.19.22.pdf>.
- San Francisco Food Security Task Force. (n.d.). *Food Security Framework FY 22-23 dataset*.

Social Security - The Red Book - What's New In 2023? (n.d.). www.ssa.gov. Retrieved September 2023, from <https://www.ssa.gov/redbook/newfor2023.htm#:~:text=For%202023%2C%20the%20Supplemental%20Security>.

UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Available at: <http://ask.chis.ucla.edu>. Exported on September 15, 2023.

U.S. Census Bureau. (2021). MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS). *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1903*. Retrieved September 2023, from <https://data.census.gov/table/ACSST5Y2021.S1903?q=san francisco median income>.

U.S. Census Bureau. (2021). MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS). *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1903*. Retrieved September 2023, from [https://data.census.gov/table/ACSST5Y2021.S1903?q=san francisco median income&g=050XX00US06075\\$8600000](https://data.census.gov/table/ACSST5Y2021.S1903?q=san francisco median income&g=050XX00US06075$8600000).

U.S. Census Bureau. (2021). POVERTY STATUS IN THE PAST 12 MONTHS. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved September 2023, from <https://data.census.gov/table/ACSST5Y2021.S1701?q=san francisco poverty>.

U.S. Census Bureau. (2021). POVERTY STATUS IN THE PAST 12 MONTHS. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. Retrieved September 2023, from <https://data.census.gov/table/ACSST1Y2021.S1701?q=san francisco poverty by race>.

U.S. Census Bureau. (2021). POVERTY STATUS IN THE PAST 12 MONTHS. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved September 2023, from [https://data.census.gov/table/ACSST5Y2021.S1701?q=san francisco poverty by race&g=050XX00US06075\\$8600000](https://data.census.gov/table/ACSST5Y2021.S1701?q=san francisco poverty by race&g=050XX00US06075$8600000).

USDA Economic Research Service, U.S. Department of Commerce, Bureau of the Census. (n.d.). 2021 Current Population Survey Food Security Supplement. Retrieved September 2023, from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/>.